

**TEXAS BOARD OF NURSING**  
**NURSING FACULTY MODULE**  
**The Education Rules**  
**2015**

This module is not inclusive of all regulations in Rules 214 and 215 but is designed to provide an overview for faculty. The reader may want to have the rules open while reviewing this document. **Principles** are included to help programs remain in compliance with rules.

**Note: Items with an asterisk (\*) are suggested activities for the faculty group.**

**Principle #1: Have a process to stay abreast of changes to the Nursing Practice Act and Board Rules**

***Rules 214.1 and 215.1 General Requirements***

“The Director/Coordinator **and faculty** are accountable for complying with the Board’s rules and regulations and the Nursing Practice Act (NPA).” This module is designed to help faculty consider their responsibility for compliance with the Board’s Rules and Regulations.

The NPA and Board Rules change in response to legislative mandates, regular rule reviews, responses to charges from the Board, and initiatives from the public that suggest need for a change in rules. Rule changes occur through a process of constituent input, committee recommendations, public feedback to proposed rules in verbal and written formats, and Board action to approve suggested changes. Public Forums are scheduled at every Board meeting to allow public comment on any issue involving nursing regulation.

**\*Explore the website ([www.bon.texas.gov](http://www.bon.texas.gov)) and find these items:**

- a list of all Texas Board-approved vocational and professional nursing programs with contact information;
- NCLEX examination pass rates for the past five years;
- proposed changes to Board rules;
- information about advisory committee meetings;
- Board agenda items;
- nursing education: rules, guidelines, FAQs, other helpful reports;
- nursing practice: rules, NPA, position statements, FAQs, interpretive guidelines;
- licensing information and forms;
- a list of fraudulent nursing programs in the state; and
- the Differential Essential Competencies for Graduates of Texas Nursing Programs.

**\*What did you learn that you did not know?**

**Rules 214.2 and 215.2 Definitions:**

The section on Definitions provides meanings for commonly used words and phrases in the rules.

**\*Scan the definitions for meanings relevant to your teaching responsibilities.**

**Rules 214.3 and 215.3 Program Development, Expansion, and Closure:**

This section describes the required rules and processes for developing a new nursing education program and for establishing an extension site/campus. If an extension site/campus offers the same curriculum using the same program objectives, the extension is considered part of the main campus. However, the program shall ensure that the students receive the same educational program and have the advantage of the same resources as the main campus. The outcomes for an extension site/campus should be identical to the main campus.

Board Staff approval is required for the establishment of an extension site/campus.

**\*Consider if the program's extension site provides the same educational experience for the students as is afforded students on the main campus.**

**\*See Education Guideline 3.1.2.a. Initiating or Reactivating an Extension Site/Campus.**

This section also contains rules related to notifying the Board when closing a program or when there are changes in administrative control of the program.

**\*See Education Guideline 3.1.5.a. Closing a Nursing Education Program or an Extension Site/Campus.**

**Rules 214.4 and 215.4 Approval:**

A program's approval status is based upon NCLEX examination pass rate, compliance with rules, accreditation status (as applicable), and other pertinent information.

Factors which may jeopardize a program's approval status include:

- deficiencies in compliance with Board rules;
- utilization of students to meet staffing needs in health care facilities during their clinical learning experiences;
- noncompliance with school's stated philosophy/mission, program design, objectives/outcomes and/or policies – i.e. the program is not following its plan for the program of study;
- failure to submit records and reports to the Board office within the designated time frames;
- failure to provide a sufficient variety and number of clinical learning opportunities for students to achieve stated objectives/outcomes;
- failure to comply with Board requirements or to respond to Board recommendations within the specified time;

- student enrollments without resources to support the program including sufficient qualified faculty, adequate educational facilities, and appropriate clinical affiliating agencies to provide clinical learning experiences;
- failure to maintain an 80% passing rate on the licensing examination during the identified examination year by first-time candidates;
- failure of the program dean or director to verify the currency of faculty licenses; or
- other activities or situations that demonstrate to the Board that a program is not complying with Board Rules.

**\*Review the above list to see if your program is vulnerable to Board action.**

Types of Program Approval:

- Initial Approval: Approval that has been issued by the Board to a new nursing program. Change to full approval cannot occur until after the end of the NCLEX examination year when the program has graduated a group of students and has achieved a pass rate of at least 80%.
- Full Approval: The program is in compliance with all Board requirements and recommendations, including maintaining an NCLEX examination pass rate of 80% or higher.
- Full or Initial Approval with Warning: The program is not complying with Board Rules. Usually, the program has experienced an NCLEX examination pass rate below 80% for two (2) consecutive years. Other factors may also cause a program to be placed on initial approval with warning.
- Conditional Approval: The program is not in compliance with Board Rules. The program may not admit students while on conditional approval. Usually, the program has experienced an NCLEX examination pass rate below 80% for three (3) consecutive years. Other factors may affect a program being placed on conditional approval. The Board may establish specific criteria that must be met before the program's conditional approval status may be removed.
- Withdrawal of Approval: The Board may withdraw approval from a program which fails to comply with Board Rules within the specified time. Usually, if a program continues to experience an NCLEX examination pass rate below 80% after being on conditional approval for one (1) year, the Board may withdraw approval. The program shall be removed from the list of Board-approved programs. A teach-out plan for enrolled students is necessary.

Ongoing Approval Process:

All nursing education programs will receive an approval certificate from the Board biennially. Continuing approval status is based on the program's compliance audit (CANEP), the annual NCLEX examination pass rate, and other pertinent data.

Eighty percent (80%) of first-time candidates who complete the program of study are required to achieve a passing score on the NCLEX examination during the examination year. The examination year for professional programs is from October 1 through September 30 of the next year. The examination year for vocational programs is from January 1 through December 31 of the calendar year.

The question is often asked: "Why use only first-time candidates in calculating the annual pass rate for the program?" The examination pass rate for first-time candidates provides the best indicator of

the preparation of the nursing education program to produce a safe and competent entry-level nurse. However, it is important to remember that passing the NCLEX is not the only requirement for licensure. The Director of the nursing program has signed an Affidavit of Graduation for each candidate indicating they have met all program objectives and have achieved all clinical competency objectives. The Director is acknowledging that the graduate is clinically prepared and ready for the licensing examination.

When the passing score of first-time candidates is below 80% for one (1) year on the NCLEX examination, the nursing program must submit a Self-Study Report that evaluates factors that may have contributed to the graduates' performance on the examination and a description of the corrective measures to be implemented. The education consultant will send a letter to the program director advising of this requirement and providing a due date. The faculty should participate in developing the Self-Study Report. An education guideline is available on the BON website for this activity. Most programs find that writing the Self-Study Report is a valuable process and many programs' NCLEX pass rates improve the following year.

See Education Guideline 3.2.1.a. Writing a Self-Study Report.

If a program with Full Approval experiences an NCLEX examination pass rate below 80% for two (2) consecutive years, the program may be placed on full approval with warning and a survey visit will be conducted by Board Staff to assist the program to identify other areas for correction.

**\*If your program has been required to write a Self-Study Report during the past five (5) years, ask to read the report to determine if any of the risk factors remain today and whether improvements have continued.**

#### Survey Visits:

In general, regular survey visits will be conducted every six (6) years but Board Staff may survey programs more often if they determine a visit is warranted. Exceptions about survey visits are listed below.

- Programs accredited by a national nursing organization are exempt from regular survey visits.
- Board Staff are available to participate in a joint survey visit with the nursing accreditation agency.
- Board Staff may visit a program any time based upon criteria listed in Education Guideline 3.2.3.a. or other evidence of a need for a visit is indicated.

**\*See Education Guideline 3.2.3.a. Criteria for Conducting Survey Visits.**

**\*Review criteria for conducting survey visits in the above guideline.**

Nursing Programs with National Nursing Accreditation:

Accredited nursing programs are exempt from selected Board rules where accreditation standards and Board rules have been determined to be equivalent. Accredited nursing programs are still accountable to the following Board rules which relate to patient safety and protecting the public:

214.1 and 215.1	General Requirements;
214.6 and 215.6	Administration and Organization;
214.8 and 215.8	Students;
214.9 and 215.9	Program of Study; and
214.10 and 215.10	Clinical Learning Experiences.

Accredited nursing programs are accountable for seeking approvals from the nursing accreditation agency for substantive changes to the program of study. Evidence of approvals from the accreditation agency for substantive changes and all official accreditation letters shall be provided to the Board Staff. Issues which affect nursing accreditation also affect Board approval.

**\*See Education Guideline 3.2.4.a. Nursing Education Programs Accredited by ACEN and/or CCNE: Specific Exemptions from Education Rule Requirements.**

**\*If your program is accredited by a national nursing accreditation agency, ask to read the last accreditation report. Find and review the accreditation standards on the accreditation agency website.**

***Rules 214.5 and 215.5 Philosophy/Mission and Objectives/Outcomes:***

The philosophy/mission is the heart of a nursing program and should provide the foundation for the curriculum. This section of the rules provides the first mention of the inclusion of the *Differentiated Essential Competencies of Graduates of Texas Nursing Programs Evidenced by Knowledge, Clinical Judgment, and Behaviors: Vocational (VN), Diploma/Associate Degree (Diploma/ADN), Baccalaureate Degree (BSN), October 2010 (DECs)*. This document describes the essentials for the curriculum and clinical evaluations to ensure that all Texas graduates are adequately prepared to apply to take the NCLEX examination.

**\*Review the DECs document on the BON website.**

***Rules 214.6 and 215.6 Administration and Organization:***

The governing entity shall provide adequate support to the nursing program to ensure the program objectives can be met. Support includes adequate resources such as educational facilities, equipment, fiscal support, and qualified administrative and instructional personnel.

Qualifications for Program Directors for vocational, diploma or associate degree, and baccalaureate degree programs differ, especially in the credentials and teaching experience required of the director. BON rules require that Directors for professional nursing programs have a minimum of three (3) years

teaching experience in a professional nursing program, while Directors for vocational programs must have at least one (1) year of teaching experience in a pre-licensure nursing program. Prior experience in teaching nursing education is vital in the success of the program. For other differences in qualifications for the Directors of the various nursing programs, please refer to the rules.

New Directors must be approved by the BON through the approval process described in the Education Guideline. Once approved by the BON, the school may appoint the individual as Director or Interim Director. The new Director is provided with a New Director Module, a guide to the rules for directors. All new directors are required to attend one (1) BON New Director Orientation Workshop presented by Board Staff, and these workshops are scheduled three (3) times a year.

**\*See Education Guideline 3.4.1.a. Approval Process for Appointment of a New Program Director.**

**Principle #2: The governing entity should authorize the Program Director to direct the program in all aspects.**

The rules empower the Program Director with the authority to direct the nursing education program in all its phases, including approval of teaching staff, selection of appropriate clinical sites, admission, progression, probation, dismissal of students, and enforcement of student policies. A governing entity that does not allow the Director to function in these capacities is in violation of the rule. It is suggested that the nursing program and administration come to agreement on the nursing department policies where policies differ from the parent organization.

**\*Review the guideline listing the Director responsibilities (3.4.1.b.) and look for areas where the faculty may empower the Director in the Director role.**

**Principle #3: It is essential that the program has written policies to guide the functioning of the program and policies should allow the faculty to enforce the policies. It is advised that the governing entity is provided with the policies and that they ensure their support. Faculty will continue to evaluate the policies, revise them, and add new policies as needed.**

***Rules 214.7 and 215.7 Faculty:***

Specific faculty policies that must be in the faculty handbook include:

- workload;
- faculty qualifications, responsibilities, performance evaluation criteria, and terms of employment;
- position descriptions;
- plans for faculty orientation to the institution and the nursing program; and
- faculty development; and evaluation of faculty.

**\*Check to see that all required policies are included in the Faculty Handbook.**

In addition, the Faculty Handbook should provide information to assist the nursing faculty in their role as program faculty. The Handbook may provide a description of all major documents guiding the curriculum such as:

- Philosophy;
- Program Purpose and Objectives;
- Outline of Program Requirements;
- Course Descriptions and Objectives;
- Clinical Evaluation Tools; and
- Total Program Evaluation.

The Handbook may also include the Student Policies important to the nursing faculty such as admission, progression, dismissal, classroom behavior, and grievance process.

Faculty policies to guide faculty in instructional and grading techniques should be included to ensure that all faculty are consistent in their teaching and evaluation of students. Such policies include:

- making clinical assignments;
- grading students in skills demonstrations and clinical practice;
- test construction and analysis;
- evaluation of clinical agencies; and
- selection criteria for clinical experiences.

**\*See Education Guideline 3.5.2.a. Faculty Policies.**

The program should hire sufficient qualified faculty to enable the students to meet the program goals. The number of faculty needed will be influenced by the:

- number and level of students enrolled;
- curriculum plan;
- activities and responsibilities required of faculty;
- number and location of clinical affiliating agencies; and
- level of care and acuity of clients in the clinical agencies.

Qualifications for faculty members vary according to the level of the nursing program.

Vocational nursing program faculty qualifications:

- current Texas nursing license or privilege to practice;
- actively employed in nursing for past three (3) years, or have advanced preparation in nursing, nursing education, and/or nursing administration;
- at least three (3) years of varied nursing experiences since graduation; and
- show evidence of teaching abilities and maintaining current knowledge, clinical expertise, and safety in area of teaching.

The hiring institution may have other requirements for faculty qualifications.

Licensed Vocational Nurses may be used as faculty in VN programs, but their areas of teaching are limited.

**\*See Education Guideline 3.5.3.a. Utilization of LVNs as Faculty in VN Programs**

Professional nursing program faculty qualifications:

- current Texas RN license or privilege to practice;
- show evidence of teaching abilities and maintaining current knowledge, clinical expertise, and safety in area of teaching;
- hold a master's degree or doctoral degree, preferably in nursing; and
- if master's degree is in another discipline, shall hold a BSN and, either six (6) credits of graduate nursing courses for a diploma or ADN faculty position, or twelve (12) credits of graduate nursing courses for BSN faculty position.

The hiring institution may have other requirements for faculty qualifications.

Program Directors are authorized to grant faculty waivers based upon criteria in Rules 214.8 and 215.8.

**\*See Education Guideline 3.5.1.a. Approval Process for Faculty Waivers.**

Board Staff will consider emergency waiver petitions from professional nursing education programs when the situation is critical.

Non-nursing faculty are exempt from meeting faculty qualifications as long as the teaching assignments are not nursing content or clinical nursing courses. All faculty teaching in the nursing program (nursing and non-nursing) shall have sufficient educational preparation verified by the Program Director as appropriate to the teaching responsibility. Teaching assignments shall be commensurate with the faculty member's education and experience in nursing.

Non-nursing faculty assigned to teach didactic nursing content shall be required to co-teach with nursing faculty in order to meet nursing objectives.

**Principle #4: Faculty are accountable for the supervision of students in the clinical area.**

Responsibilities of Nursing Faculty include:

- supervising of students in clinical learning experiences – Note Rule 217.12(1)(G) related to *Unprofessional Conduct* states that “Failure of a clinical nursing instructor to adequately supervise or to assure adequate supervision of student experiences” is a violation of safe nursing practice;
- following Rules 214.10 and 215.10 when supervising students in clinical learning experiences;
- supervising all initial nursing procedures performed by students in the clinical area, and determining that the student is competent before allowing the student to perform an actual procedure independently;
- participating in developing, implementing, and evaluating the curriculum; and



- participating in the development, implementation, and enforcement of standards/policies for admission, progression, probation, and dismissal of students, and in advisement and counseling of students.

**\*List other helpful information that might be included in your program's Faculty Handbook.**

Faculty Organization:

The faculty should function as an organized group in order to carry out the business of the education program. Faculty should meet regularly according to the nursing department by-laws, should function through committee work, and make decisions based upon rationale and evaluation data. The faculty shall maintain minutes of all faculty meetings which document the reasons for actions and decisions. Part-time faculty should be included in the faculty organization. The faculty workload should include time for participation in the departmental governance.

**\*Review recent faculty minutes to make sure that they include data and rationales for faculty decisions and actions.**

***Rules 214.8 and 215.8 Students:***

The number of students enrolled in a program should be determined by the number of qualified faculty, educational resources, and the availability of appropriate clinical learning experiences.

**\*See Education Guideline 3.6.1.a. Criteria for Determining Student Enrollment.**

All students shall be provided **verbal and written information** regarding conditions that may disqualify graduates from licensure and of their rights to petition the Board for a Declaratory Order of Eligibility. Information that must be provided to students is included in Rules 214.8(b)(1)-(2) and 215.8(b)(1)-(2). The program shall maintain a signed receipt from each student indicating that they have received this information.

Written student policies shall be available to students including policies about student admission, dismissal, progression, and graduation. The faculty shall participate in the development of these policies and shall have a process for enforcement of the policies. Reasons for dismissal should include violations of Rules 213.27-213.30 related to *Good Professional Character* mentioned in Rules 214.8(d) and 215.8(d).

**\*Determine how students receive eligibility information and whether a signed receipt is maintained.**

Students admitted to vocational nursing programs shall be pretested and tests shall measure comprehension and mathematical ability.

Mechanisms shall be in place to allow students' input into the development of academic policies and procedures, curriculum planning, and evaluation of teaching effectiveness.

**\*How does your program encourage students to participate in the program governance?**

**Principle #5: Faculty should seek to provide educational experiences where all graduates have opportunities to meet all program objectives.**

***Rules 214.9 and 215.9 Program of Study:***

The program of study (the courses and learning experiences that constitute the requirements for completion of a nursing education program) shall include both didactic and clinical learning experiences (faculty-planned and guided learning activities designed to assist students to meet stated program and course outcomes and to safely apply knowledge and skills when providing nursing care to clients across the life span as appropriate to the role expectations of the graduates...) and shall be:

- a minimum of 1,398 clock hours for VN programs (558 classroom hours + 840 clinical hours);
- sufficient to meet program of study requirements for RN programs (recommended 3 hours clinical practice for every 1 hour of related didactic content) (See Education Guideline 3.8.2.a. Ratio of Faculty to Students in Clinical Learning Experiences);
- planned, implemented, and evaluated by the faculty (faculty own the curriculum);
- based on the philosophy/mission and objectives/outcomes;
- organized logically, sequenced appropriately;
- based on sound educational principles;
- designed to prepare graduates to practice according to the Standards of Nursing Practice (Rule 217.11);
- designed and implemented to prepare students to demonstrate the DEC's; and
- designed to teach students to use a systematic approach to clinical decision making and safe patient care.

Required instructional content includes:

- nursing roles (including vocational adjustment for VN programs);
- biological, physical, social, behavioral, and nursing sciences (including body structure and function, and microbiology);
- pharmacology;
- nutrition;
- signs of emotional health;
- human growth and development; and
- nursing skills.

There should be a reasonable balance between nursing and non-nursing courses.

Nursing didactic content for VN programs includes:

- nursing care of children, including a clinical component;
- maternity nursing, including a clinical component;
- nursing care of the aged, including a clinical component;
- nursing care of adults, including a clinical component; and
- nursing care of individuals with mental health problems; clinical component optional.

Nursing didactic content for RN programs includes:

- medical-surgical nursing, including a clinical component;
- maternal-child nursing, including a clinical component;
- pediatric nursing, including a clinical component;
- mental health nursing, including a clinical component; and
- health promotion, illness prevention, rehabilitation, maintenance and restoration of the health of individuals of all ages.

Other content to be included in all pre-licensure nursing programs:

- professional values: ethics, safety, diversity, and confidentiality;
- Texas Nursing Practice Act and Board Rules and Regulations; and
- other laws and regulations which pertain to various practice settings.

Baccalaureate and entry-level master's degree programs shall include nursing research, management/leadership, and community health nursing courses. Clinical practice in community health is required.

Didactic content shall be provided either prior to or concurrent with related clinical experiences.

Communication and interpersonal skills shall be included in the program of study.

**Principle #6: Faculty should design clinical evaluation tools that measure the progression of student expectations across the curriculum.**

In order to ensure competent preparation of graduates, faculty shall develop and implement clinical evaluation tools which measure progression of the students' cognitive, affective, and psychomotor achievements in clinical objectives. The expectations for student performance in clinical on the clinical evaluation tools should indicate a higher level of functioning as the student progresses in the program. Using the same clinical evaluation tool for all levels does not indicate a growth in practice. Including the DEC's in the clinical evaluation tools ensures that the graduate has gained the knowledge and skills to demonstrate the essential competencies.

**\*How has the program incorporated the DEC's in the curriculum?**

Major curriculum changes require Board approval. The distinction between major and minor curriculum changes may be found in Rules 214.9(i) and 215.9(i). Ongoing evaluation of the effectiveness of all curriculum changes should be documented until a cohort graduates using the changed curriculum.

**\*See Education Guideline 3.7.1.a. Proposals for Curriculum Changes.**

***Rules 214.10 and 215.10 Clinical Learning Experiences:***

Effective clinical learning experiences are essential to a quality nursing education program. The faculty are not only accountable for supervision and evaluation of students in the clinical area, but should be involved in developing criteria for the selection of the clinical agencies and experiences.

Faculty should make sure that signed clinical contracts are current before taking students into the clinical facility. The clinical contracts will specify the responsibilities of the program to the agency and the responsibilities of the agency to the program. Affiliation agreements are optional for those experiences that are observation only.

It is the faculty's responsibility to assign students to clinical patients or experiences. The faculty supervise students in the clinical area and evaluate their performance based upon clinical objectives. Clinical learning experiences shall include the administration of medications, health promotion and preventive aspects, nursing care of persons throughout the life span with acute and chronic illnesses, and rehabilitative care. The clinical experience continues as students participate in clinical conferences.

Descriptions of Clinical Learning Experiences:

- faculty-planned and guided;
- designed to meet stated objectives;
- opportunities for students to safely apply knowledge and skills in providing care in actual patient care situations; and
- preparatory learning and practice experiences through skills labs, computer learning, and low to high fidelity simulation scenarios and experiences.

Scenarios for the Ratio of Faculty to Students to Promote Safety in Patient Care:

- 1 faculty supervising 10 students for hands-on patient care; or
- 1 faculty + 1 teaching assistant supervising 15 students (professional nursing programs only); or
- 1 faculty supervising 12 students with 2 of the 12 students under preceptors; or
- 1 faculty supervising 24 students with all 24 students under preceptors.

Preceptors are selected based upon established criteria and are provided an orientation to the program objectives. A preceptor may supervise only one (1) or two (2) students at a time. The faculty shall be readily available to students and preceptors during clinical learning experiences. The faculty member shall meet periodically with preceptors and students for the purpose of monitoring and evaluating the experience. Other details about preceptors may be found in Rules 214.10 and 215.10.

**\*See Education Guideline 3.8.3.a. Precepted Clinical Learning Experiences.**

These ratios do not apply to the nursing skills lab or simulation laboratory experiences. Rotating students to an observation experience does not change the required faculty to student ratios.

During the clinical learning, programs shall not permit the utilization of students for health care facility staffing.

**\*Discuss among the faculty how the clinical learning experiences have changed over the past few years. Which changes have improved the learning experiences for students?**

***Rules 214.11 and 215.11 Facilities, Resources, and Services:***

The governing entity is responsible for providing adequate educational facilities, resources, and services that support the program in meeting the objectives. The rules specifically require that the program has:

- an appropriately equipped skills laboratory with adequate storage;
- adequate secretarial and clerical assistance;
- a private office for the director;
- adequate office space for faculty with privacy for conferences and uninterrupted work;
- space for clerical staff, records, files, and equipment;
- teaching aids to support the program;
- adequate restrooms and lounges;
- current learning resources, library, and departmental holdings sufficient for the program; and
- appropriate classrooms, laboratories, and conference rooms for the number of students and educational purposes of the program.

***Rules 214.12 and 215.12 Records and Reports:***

The BON requires that a program maintain records for a two (2) year period. Otherwise, the program should follow the records retention policies of their institution. Records should be maintained in a secure area where confidentiality can be ensured. Official records include:

- student records;
- faculty records;
- current program of study with all curriculum documents;
- agreements with clinical affiliating agencies;
- master plan of program evaluation with current data; and
- copies of the program's NEPIS and CANEP forms.

**Principle #7: The Total Program Evaluation Plan is a valuable tool for ongoing assessment and revision of all aspects of the program.**

***Rules 214.13 and 215.13 Total Program Evaluation:***

The Total Program Evaluation Plan is a written document which is consistently used to evaluate all aspects of the program for program revision. If the program is accredited by a national nursing accreditation agency, their evaluation format will satisfy the BON requirements. The program should make sure that the following items are included for evaluation:

- organization and administration of the program;
- philosophy/mission and objectives/outcomes;
- program of study, curriculum, and instructional techniques (including online courses);
- educational facilities, resources, and services;
- affiliating agencies and clinical learning activities;
- students' achievement;

- graduates' performance on the licensing examination;
- graduates' nursing competence;
- faculty members' performance; and
- extension sites/campuses.

The evaluation plan should be designed to include:

- evaluative criteria;
- methodology;
- frequency of evaluation;
- assignment of responsibility; and
- indicators (benchmarks) of program and instructional effectiveness.

The faculty should routinely assess all evaluation methods and tools for effectiveness in measuring program components.

Data from the evaluation of items should be used during faculty meetings for decision-making and the process and decisions documented in the faculty minutes. This fosters an evidence-based curriculum approach.

**\*See Education Guideline 3.11.1.a. Total Program Evaluation.**

**\*How can the Total Evaluation Plan be incorporated into every faculty meeting to maintain the dynamics of program revision?**