Date _____________________

Please indicate which degree the TTUHSC graduate received

- Traditional Bachelor of Science in Nursing
- Bachelor of Science in Nursing – Second Degree
- Bachelor of Science in Nursing – Nursing Veteran to BSN
- Bachelor of Science in Nursing – Nursing RN to BSN
- Master of Science in Nursing
- Post-Master's Certificate
- Doctorate of Nursing Practice (BSN-DNP)
- Doctorate of Nursing Practice (Post-Master DNP)
Assessment Tool Completion Instructions:

Please score the degree of agreement with each objective statement and the degree of importance of each statement accordingly.

The rationale for scoring both degree of agreement with and degree of importance of the statement is to discriminate between where we are (agreement) and where we strive to be (importance). The two scores are used in calculation of the gap analysis value (importance - agreement = gap analysis value) for clear identification of areas of strength and opportunities for improvement. Thank you!

Response Key to Objective Statements

<table>
<thead>
<tr>
<th>Agreement with Objective Statement</th>
<th>Importance of Objective Statement</th>
</tr>
</thead>
<tbody>
<tr>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
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<td>3</td>
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<tr>
<td>5</td>
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<tr>
<td>6</td>
<td>6</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>AGREEMENT</th>
<th>OBJECTIVE STATEMENT</th>
<th>IMPORTANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 2 3 4 5 6 NA</td>
<td>a. participate in continuous quality improvement processes</td>
<td>NA 1 2 3 4 5 6</td>
</tr>
<tr>
<td>1 2 3 4 5 6 NA</td>
<td>b. communicate clearly as a member of an inter-professional team</td>
<td>NA 1 2 3 4 5 6</td>
</tr>
<tr>
<td>1 2 3 4 5 6 NA</td>
<td>c. use an ethical framework</td>
<td>NA 1 2 3 4 5 6</td>
</tr>
<tr>
<td>1 2 3 4 5 6 NA</td>
<td>d. determine legal impact of my actions</td>
<td>NA 1 2 3 4 5 6</td>
</tr>
<tr>
<td>AGREEMENT</td>
<td>OBJECTIVE STATEMENT</td>
<td>IMPORTANCE</td>
</tr>
<tr>
<td>-----------</td>
<td>---------------------</td>
<td>------------</td>
</tr>
<tr>
<td>1 2 3 4 5 6 NA</td>
<td>e. demonstrate or oversee safe care practices</td>
<td>NA 1 2 3 4 5 6</td>
</tr>
<tr>
<td>1 2 3 4 5 6 NA</td>
<td>f. provide or oversee patient-centered care</td>
<td>NA 1 2 3 4 5 6</td>
</tr>
<tr>
<td>1 2 3 4 5 6 NA</td>
<td>g. effectively use evidence-based guidelines</td>
<td>NA 1 2 3 4 5 6</td>
</tr>
<tr>
<td>1 2 3 4 5 6 NA</td>
<td>h. safely use information systems to manage patient information</td>
<td>NA 1 2 3 4 5 6</td>
</tr>
</tbody>
</table>

**RETENTION COUNSELING SERVICES ITEM**

* (Applicable for Second Degree, Vertern-BSN, and Traditional Students Only)

1. Study sessions with the Retention Counselor were effective in facilitating my learning (if applicable)  

**OVERALL ITEM**

2. I am highly satisfied with the education I received at TTUHSC School of Nursing.

**COMMENTS**

1. Please provide a strength in the program you completed. If you have not identified a strength, please leave this portion blank.
2. Please provide a strategy to continue for the strength you identified.

3. Please provide at least one opportunity for improvement in the program you completed. Again, if you have not identified an opportunity for improvement, please leave the portion blank.

4. Please give a strategy to improve the opportunity you identified.

5. Other comments:
In an effort to improve our education program, the TTUHSC SON gathers information from employers regarding the performance of our graduates in the workplace.

- Has your employment status changed from what you submitted at the time of your graduation? Check the box below

  Yes [ ]  No [ ]

- If yes, please choose one of the following:

  Continuing Current Employment
  Continuing Education - Not Seeking
  Pending Job
  Continuing Education - Working While Attending
  New Position
  Military Service
  Seeking Employment
  Not Seeking Employment

- If you selected Not Seeking employment, skip to the next question. Otherwise, please choose one of the following:

  Ambulatory (non-hospital) Administrative or Executive Position
  Ambulatory (non-hospital) Clinical Position
  Faculty Position - Other type of school
  Faculty Position - School of Nursing
  Federal or State Governmental Agency
  Hospital Administrative or Executive Position
  Hospital Clinical Position
Military

Private Consultation or Consulting Firm

Not applicable

Other

If other chosen, enter here


Employer feedback provides opportunities for continuous quality improvement in the School of Nursing and to meet accreditation requirements. May we contact your employer?

Yes   No

If yes, please provide Employer's Contact Information

Company Name

Supervisor's Name

Address Line 1

Address Line 2

City

State

Zip

Foreign Country

Supervisor's or Employer’s contact e-mail (if available)

Has your permanent mailing address changed since graduation?
If yes, please provide updated information

Address Line 1

Address Line 2

City

State

Zip

Foreign Country

Thank you again for assisting the School of Nursing with continuous quality improvement.

Drafted: O&E TF 7/02
Revised & Approved: O&E TF 8/02
Revised: OEC 2/03; OEC 5/7/2012
Reviewed: OEC 7/03; YM 11/05; 8/06; 10/07; 02/10, 6/11; OEC 5/7/2012, YM 6/13, 6/15;
DO/LO 7/17, YM 8/19, EC 2/20, YM 4/21, PIEC 8/21

50.180-02 ATTACHMENT B - Alumni Satisfaction Assessment Tool.docx