Commission on
Collegiate Nursing
Education

Serving the
Public Interest
Through Quality
Accreditation

May 24, 2010

Kristine Reuss, PhD
Department Head
Department of Health Sciences
Mesa State College
1100 North Avenue
Grand Junction, CO 81501

Dear Dr. Reuss:

On behalf of the Commission on Collegiate Nursing Education (CCNE), I am pleased to advise you that the CCNE Board of Commissioners acted at its meeting on April 22-24, 2010, to grant accreditation of the baccalaureate degree program in nursing at Mesa State College for the term of 10 years, extending to June 30, 2020. The accreditation action is effective as of November 9, 2009, which is the first day of the program's recent CCNE on-site evaluation. You should plan for the next on-site evaluation to take place in the fall of 2019.

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At its meeting, the Board determined that the program met all four accreditation standards. The Board additionally determined that there are no compliance concerns with respect to the key elements.

As is required for all accredited programs, the Board requested that the program submit a Continuous Improvement Progress Report (CIPR) at the mid-point of the accreditation term. The CIPR should address the nursing program's continued compliance with all accreditation standards. The deadline for submitting the progress report to CCNE is June 1, 2015. The Report Review Committee, and then the Board of Commissioners, will review the progress report in the fall of 2015. For more information about CIPRs, please refer to the CCNE *Procedures for Accreditation of Baccalaureate and Graduate Degree Nursing Programs*, available at http://www.aacn.nche.edu/Accreditation/pdf/Procedures.pdf.

Beginning January 1, 2010, all programs are required to comply with the CCNE *Standards for Accreditation of Baccalaureate and Graduate Degree Nursing Programs*, amended April 2009. The aforementioned CIPR will need to address the standards that are in effect at the time of submission. In the reminder letter sent approximately 5 months prior to the CIPR due date, CCNE will inform the program of the specific standards to be used and will provide guidance for the preparation of the report.

A copy of the accreditation report that was sent to you earlier, along with your response to it, is being transmitted to the institution's chief executive officer as the Commission's official report to Mesa State College. We hope that both the results of your self-study process and the accreditation report will be useful to the continued growth and development of the nursing program. A certificate of accreditation is enclosed.

As a reminder, programs are expected to continue to comply with the CCNE standards and procedures throughout the period of accreditation. This includes advising CCNE in the event of any substantive change in your nursing program or of any major organizational changes that may affect the program's administration, scope, or quality. Substantive change notifications must be submitted to CCNE no

earlier than 90 days prior to implementation or occurrence of the change, but no later than 90 days after implementation or occurrence of the change. These reporting requirements are discussed further in the CCNE *Procedures.*

We appreciate the many courtesies and the helpfulness extended to the CCNE evaluation team in the fall of 2009. The Commissioners join me in expressing our best wishes as you proceed with tasks important to the future of your nursing program.

Sincerely,

Carol Ledbetter, PhD, FNP, BC, FAAN
Chair, Board of Commissioners

cc: President Timothy Foster
CCNE Board of Commissioners
CCNE Accreditation Review Committee
CCNE Evaluation Team

CERTIFICATE OF ACCREDITATION

In accordance with its accreditation standards and procedures, the

Commission on Collegiate Nursing Education

has accredited
the

Baccalaureate Degree Program in Nursing

at

Mesa State College

Director of the Commission on Collegiate Nursing Education

April 24, 2010

Date of Accreditation Action

The Commission on Collegiate Nursing Education is listed by the U.S. Secretary of Education as a nationally recognized accrediting agency.

This certificate is effective for the duration of the period of accreditation.

Commission on Collegiate Nursing Education
One Dupont Circle, NW, Suite 530 ▪ Washington, DC 20036

MESA STATE COLLEGE
Department of Health Sciences
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December 10, 2009

Jennifer Butlin, EdD
Director
Commission on Collegiate Nursing Education
One Dupont Circle, NW
Suite 530
Washington, DC

Dear Dr. Butlin,

We received the team report for our accreditation site visit and have reviewed it carefully. We appreciate the time and effort the team devoted to this site visit. This letter is in response to the team report and includes specific information that addresses compliance concerns in the team report.

I-C. Expected faculty outcomes in teaching scholarship, service, and practice are congruent with the mission, goals and expected student outcomes.

The team identified an inconsistency between the faculty evaluation tool and the 14 faculty outcomes. This was an accurate evaluation. The 14 faculty outcomes were established by faculty and updated annually to reflect important initiatives the faculty desired to work on as a whole group. It was explained to the site visitors that our interpretation of this standard was to create outcomes for the whole group that were different than the individual outcomes reviewed in their annual performance evaluation. The site visitors recommended that we align our faculty outcomes with the individual performance evaluations. Since the site visit, the faculty has revised our faculty outcomes (Appendix A) based on this recommendation and created a table (Appendix B) that links program goals, expected student outcomes, outcome measurements, and faculty outcomes.

III-A. The curriculum is developed, implemented, and revised to reflect clear statements of expected individual student learning outcomes that are congruent with the program's mission, goals, and expected student outcomes.

The team identified a need for greater clarity between the four program goals and the seven expected student outcomes. Since the site visit, faculty created a table which clearly articulates the relationship between the program goals and the expected student outcomes with examples of individual student learning outcomes and associate learning activities from BSN courses (Appendix C).

III-F. Individual student performance is evaluated by the faculty and reflects achievement of expected individual student learning outcomes. Evaluation policies and procedures for individual student performance are defined and consistently applied.

The team identified an area of concern in NURS 412: Senior Specialty, the final precepted clinical course. The program uses preceptors in two courses: Nursing Leadership (NURS 411L) and Senior Specialty (NURS 412L). Our use of preceptors is in alignment with the Colorado Department of Regulatory Agencies (State Board of Nursing)- Chapter II: Rules and Regulations for Approval of Nursing Education Programs. 1.12.C: Preceptor: " ... a professional or practical nurse who assumes joint teaching responsibility with a Faculty member ...". In both courses faculty ultimately are responsible for evaluating, calculating, and assigning course grades based in individual student learning outcomes.

We appreciate the team's feedback regarding Senior Specialty (NURS 412L): "During a visit to a local hospital, a preceptor stated that she assigns a daily grade to the student. The preceptor's feedback and daily grades are used, in part, to determine the course grade."

- This comment suggests that wording in the syllabus needs to be clearer. **We have revised the Senior Specialty syllabus (as of Spring 2010). It now states that the Clinical Evaluation (versus Preceptor Evaluation) will count for 25% of the course grade.** The role/responsibility of the preceptor is to evaluate the student's progress in meeting his/her objectives. Additionally the preceptor provides feedback to the student and to the faculty member on an ongoing basis. The clinical evaluation tool is reviewed by the faculty member who assigns the clinical course grade.
- Senior Specialty students develop individualized learning objectives; they are approved by the faculty member and then reviewed by the preceptor with the student. In addition, students complete a daily journal which provides faculty with a link to what is occurring in the clinical environment. The journals are collected periodically throughout the student's clinical experience. Additionally, faculty keeps in touch with each student's preceptor by phone, email, and visits periodically throughout the experience.
- We believe there was a possible misunderstanding between the staff nurse and the site team member. This staff nurse has precepted students for an extended period of time. She, as well as other individuals assisting us in this manner, **provides daily feedback – not a daily grade.** The feedback provided to a faculty member by each preceptor is taken into consideration during formative and summative evaluation processes. Faculty assigns the final grade which is based on his/her observations of student performance in meeting objectives and ongoing feedback from the staff member who mentors each student.

NOTE: on page 16 of the team report it was suggested that "Instructors have the freedom to alter the grading scale for individual courses." In reality, all faculty members utilize the same grading scale in theory and clinical courses.

IV-B. Aggregate student outcome data are analyzed and compared with expected student outcomes.

The team identified lack of evidence that supported the consistent use of EBI data to assess achievement of the expected student outcomes. During the site visit interviews, the BSN program director and department head discussed review of EBI data during faculty meetings. Faculty meeting minutes were available for site visitor review and, although the minutes did not capture the full scope of the discussion, review of EBI data was documented during faculty meetings on a yearly basis for the two years we have utilized EBI for data collection. The faculty immediately reviewed our minute-taking process and measures were taken to ensure more specific documentation of our work during faculty meetings.

Aggregate student outcome data are analyzed and compared with expected student outcomes. Faculty recognizes evaluation is a continuous process which results in program improvement. Faculty has determined benchmarks for each method of assessment (please see the program SEP included in Appendix I.B.1 of original self-study document). The Evaluation and Curriculum Committees, sub-committees of the BSN Faculty, have been reinstated and are charged with reviewing all sources of data on a formal basis. This includes: review of the philosophy, mission, goals, and expected student outcomes; evaluation of resources available for the program; program implementation; faculty and program outcomes; and overall satisfaction with the curriculum (students, graduates, and employers).

After data are gathered and analyzed, the entire faculty discusses the results in biweekly faculty meetings. Discussions focus on program strengths, perceived weaknesses in meeting expected student outcomes, and strategies to improve program effectiveness.

The following outcome data is evaluated:

- NCLEX-RN Pass rate – these data are reviewed when notification is received from the Colorado Board of Nursing; data are aggregated for each cohort and for the academic year.

- Employer Satisfaction: EBI is utilized to collect the data; faculty analyzes the annual reports.
- Senior Exit Program Satisfaction: EBI is utilized to collect the data; faculty analyzes the annual reports.
- Current Student Satisfaction: A variety of evaluation processes are used to obtain feedback from current students. This data is collected with the use of formal course and clinical evaluations (campus-wide form, I-Clicker). These evaluations processes provide data regarding student achievement of expected learning outcomes, as well as valuable information regarding effectiveness of teaching/learning practices and satisfaction with course materials.
- Graduation Rates: graduation rates are defined by those students in a cohort who graduate within five semesters. These data are reviewed by semester and academic year.
- ATI Testing: the expected level of achievement is a score at or above the mean for Baccalaureate students. These data are collected and reviewed each semester and academic year.

The site visitors also noted that the SEP does not list these student outcomes or the evaluative measures by which to assess them. The site visitors recommended modification of the current SEP to include missing categorical information and a formal process for the collection of aggregate data, its review, and documentation of the formal review process. Revision of the SEP is underway and will be submitted to CCNE.

IV-C. Aggregate student outcome data provide evidence of the program's effectiveness in achieving its mission, goals and expected student outcomes.

The site visitors indicated lack of evidence of using EBI data to evaluate program goals. The faculty uses a variety of data sources to examine student outcomes. Faculty created a series of tables summarizing aggregated data to review our progress in meeting expected student outcomes over the past three academic years (Appendix D). This aggregated data was reviewed by the faculty on November 13, 2009 (Appendix E).

IV-E. Aggregate faculty outcomes are consistent with and contribute to achievement of the program's mission, goals, and expected student outcomes.

The site visitors identified lack of aggregated faculty outcome data. Since the faculty had interpreted faculty outcomes as group outcomes or initiatives, the only documentation of our faculty outcomes was in the faculty meeting minutes, which reflect annual review of these initiatives. Since our faculty outcomes have been subsequently revised based on the recommendation of our site visitors, we have now created a new table that documents an aggregated summary of our faculty outcomes (Appendix F). In addition, we are submitting additional documentation of specific information from each faculty member that was present in annual faculty evaluations available during the site visit in the evidence room (Appendix G).

The BSN faculty at Mesa State College appreciates your review of this additional documentation at the meeting of the Accreditation Review Committee on February 11-13, 2010. I do wish to participate via conference call in this meeting. If you have any additional questions, please contact me.

Sincerely,

Kristine L. Reuss

Kristine L. Reuss RN, Ph.D.
Department Head, Professor

Appendix A: I-C. Expected faculty outcomes in teaching, scholarship, service, and practice are congruent with the mission, goals, and expected student outcomes.

MESA STATE COLLEGE
BSN FULL-TIME FACULTY OUTCOMES
Revised November 2009

Faculty has established four outcomes that are reflective of the mission, philosophy, and goals of the BSN program. Additionally, the identified outcomes are consistent with the mission of Mesa State College. Each faculty annually reviews his/her ability in meeting thee outcomes. Results from specified evaluation processes are reviewed annually, aggregated, and included as part of the individual's annual program review report. Results are discussed and reviewed, with each faculty, annually by the Program Director and Department Head. Evaluative data are then aggregated for the program to determine if the desired benchmark has been achieved; if the benchmark is not achieved a quality improvement plan (individually and/or program) is developed.

1. Faculty will demonstrate effectiveness in **Teaching**. Effectiveness will be evaluated based on the following activities:
   a. Student evaluations (Objective and Qualitative)
   b. Classroom or clinical assessment by Department Head, Program Director, or peer
   c. Honors and recognition for contributions to the field of teaching
   d. Formal and informal Mentoring (Mentoring new faculty; Professional role modeling as an educator)
   e. Accreditation (Collaborating with other faculty to obtain and sustain program accreditation activities)
   f. Other evidence of teaching effectiveness
      - Evidence of continuing improvements to courses based on program or course evaluation feedback
      - Integrating evidence-based practice and teaching strategies into educator practice
      - Devising formal and informal course and/or curriculum evaluative methods
      - Creating new courses and or/programs
      - More than three different preparations per semester
      - Providing effective course coordination
      - Teaching classes/courses above and beyond normal academic contract (honors, outreach, online, distance, independent study)
      - Contribution to student learning beyond typical classroom involvement
      - Responsive to department faculty/staffing needs
      - Team teaching, collaboration, guest lecturing
      - Initiating and supportive engagement in the change process

Benchmark:
80% of the faculty will achieve a composite ranking score of 4.0 on each semester's student course and/or clinical evaluations.

2. Faculty will demonstrate effectiveness in **Scholarly Activities**. Effectiveness will be evaluated based on the following activities:
   a. Publications
      - Evidence –based publications for practice or refereed journals
      - Non-refereed journals or other articles
      - Textbook author or co-author
      - Chapter author or co-author
      - Article, chapter, or textbook reviewer

   b. Other scholarly contributions
      - Test item writing
      - Software development
      - Development of audio/video presentations

   c. Presentations and poster sessions
      - Developing and presenting evidence-based presentations
      - Disseminating teaching and learning methods

   d. Current research or other study related to the discipline
      - Conducting and or/supporting original research
      - Proposal development
      - Literature review
      - Data collection or analysis
      - Writing results
      - Reviewing, evaluating, and critiquing research

   e. Professional development (Attendance at professional meetings or courses related to professional growth)
      - Post-graduate coursework
      - National/international conference
      - Regional/local conference
      - Professional intensive workshops
      - Professional meetings
      - Engaging in reflective self-inquiry
      - Self study activities (i.e. online or module) to maintain certification

   f. Recognizing excellence in practice (Maintains ongoing certification and/or clinical competence through faculty practice or consultation in related field)

   g. Grants/Awards
      - Research and development of grants and/or other funding sources (i.e. self, program, department)
      - Recognition by professional bodies as a scholar in defined area
      - Scholarly awards (i.e. self, program, department, community)

h. Other evidence of outside scholarly work (Projects benefitting college, department and students, mentoring undergraduate research

Benchmarks:
90% of the faculty will complete a minimum of one scholarly activity each year.
100% of the faculty will demonstrate ongoing progress in their scholarly activities.
25% of the faculty will publish an article or chapter annually.
40% of the faculty will give a scholarly presentation annually.
25% of the faculty will hold doctorates.

3. Faculty will demonstrate effectiveness in **Service.** Effectiveness will be evaluated based on the following activities:
   a. College service
      - College committee member
      - Faculty Senate or Curriculum Committee
      - Leadership role on college committee
      - Search committee member
      - Participation in campus committee work
      - Leadership role on departmental committee
      - Significant public relations, fundraising, securing scholarships
      - Contributing to academic climate of the college
      - Collaborating across disciplines
      - Developing and engaging in interdisciplinary programs and/or service projects

   b. Departmental service
      - Department committee member
      - Participation in campus committee work
      - Leadership role on department committee
      - Search committee member
      - Contributing to academic climate of the department
      - Participates in public relations of the department
      - Collaborating across programs in the department
      - Conducting policy analysis

   c. Professional service
      - Leadership in national or state professional organization
      - Leadership in local professional organization
      - Actively contributes to professional organization
      - Membership in professional organization
      - Formal consulting
      - Developing and engaging in interdisciplinary programs and/or service projects
      - Conducting policy analysis (i.e. community facility)

   d. Community service
      - Health fairs, volunteer activities related to professional field
      - Community board member in discipline related agency/organization
      - Active membership in community organization

- Developing and engaging in interdisciplinary programs and/or service projects
- Conducting policy analysis (i.e. community facility)

Benchmark:
100% of the faculty will actively participate in college, department, program, or community activities.
35% of the faculty will be involved in clinical practice on a regular basis.

4. Faculty will demonstrate effectiveness in **Advising.** Effectiveness will be evaluated based on the following activities:
   a. Professional service
      - Demonstrate effective advising of students through accurate information provided to students regarding course completion, graduation requirements, completion of program sheets
      - Participates in campus advising and orientation programs
      - Participates in career days and other recruitment efforts
      - Serves as advisor for campus role
      - Participates in other activities related to advising pre-degree students

Benchmark:
100% of the faculty will actively participate in college, department, or program advising activities.

Program Benchmarks:
80% of the program's faculty will achieve a rating of Highly Proficient or above for each outcome on their annual performance evaluation.
80% of the program's faculty will achieve a rating of Highly Proficient or above as an aggregate outcome on their annual performance evaluation.

Appendix B: I-C. Expected faculty outcomes in teaching, scholarship, service, and practice are congruent with the mission, goals, and expected student outcomes.

Integration of Program Goals, Expected Student Outcomes, Outcome Measurements, and Faculty Outcome Measurements

Program Goals and Expected Student Outcomes	Outcome Measurements	Faculty Outcomes
Goal: Practice as a professional nurse. **Corresponding Expected Student Outcomes:** **Critical Thinking:** demonstrates intellectual curiosity, rational inquiry, and effective problem-solving skills while maintaining empathy, creativity, faith in reason, and compassion for another. **Collaborative Communication:** manages the collaborative health care of individuals, families, and communities through use of clear, effective, thorough, and accurate communication. **Professionalism:** practices within the American Nurses Association's standards of practice, including legal basics, principles for delegation, and principles of documentation while maintaining a culture of respect and safety. **Coordination of Care:** facilitates access to resources necessary to meet the diverse health care needs of individuals, families, and communities within cultural, ethical, legal, social, economic, and professional parameters. **Evidence Based Practice:** provides nursing care, which includes health promotion and maintenance, illness and restorative care, and health counseling and education based on a systematic assessment that is reflective of current nursing theory and research.	• ATI : Critical Thinking and Comprehensive Predictor (comparison of student's scores with national benchmark) **Benchmark:** 80% of students will score at or above the national benchmark. • ATI Mastery Examinations (comparison of student's scores with national benchmark) **Benchmark:** 80% of students will score at or above the national benchmark. • Objective and essay examination • Reflective paperwork • Clinical Evaluation processes • Preceptored Senior Specialty experience • Evidence-based practice projects throughout curriculum • Graduation rates **Benchmark:** 90% of students will complete the program within five semesters. • NCLEX first-time pass rates **Benchmark:** 80% of students will pass the state board examination on their first attempt.	**Teaching:** It is expected that faculty will role-model the attitude and behaviors expected of a professional. **Benchmark:** 80% of the faculty will achieve a composite ranking score of 4.0 on each semester's student course and /or clinical evaluations. **Advising:** It is expected that faculty will provide appropriate advising to assist students to assume the role of a professional. **Benchmark:** 100% of faculty will actively participate in college, department, or program advising activities.
Goal: Pursue graduate education. **Corresponding Expected Student Outcome:** **Professional Development:** enrolls in graduate education, continuing education programs, professional reading, participation in professional organizations, and community service.	• EBI survey process (exiting seniors, alumni, employers) **Benchmark:** 90% of those being surveyed will indicate overall satisfaction with the program.	**Scholarship:** It is expected that faculty will role-model the attitude and behaviors expected of a scholar. **Benchmarks:** 90% of the faculty will complete a minimum of one scholarly activity each year. 100% of the faculty will demonstrate ongoing progress in their scholarly

		activities. 25% of the faculty will publish an article or chapter annually. 40% of the faculty will complete a scholarly presentation annually. 25% of the faculty will hold doctorates. **Advising:** It is expected that faculty will provide appropriate advising to assist students in their pursuit of graduate educational experiences.	
Goal: Assume leadership roles. **Corresponding Expected Student Outcomes:** **Leadership:** directs the delivery of care across settings and among caregivers, including oversight of licensed and unlicensed personnel in any assigned or delegated tasks. **Professionalism:** practices within the American Nurses Association's standards of practice, including legal basics, principles for delegation, and principles of documentation while maintaining a culture of respect and safety. **Coordination of Care:** facilitates access to resources necessary to meet the diverse health care needs of individuals, families, and communities within cultural, ethical, legal, social, economic, and professional parameters.	• Preceptored experience in Leadership clinical • ATI : Mastery Leadership Exam (current student's scores compared to national benchmark) • EBI survey process • Feedback from communities of interest (i.e. NEAC) **Benchmark:** 90% of those being surveyed will indicate satisfaction with the program.	**Teaching:** It is expected that faculty will role-model the attitude and behaviors expected of a leader. **Service:** It is expected that faculty will role-model the attitude and behaviors of one who is service-minded. **Benchmark:** 100% of faculty will actively participate in college, department, program, or community activities. 35% of faculty will be involved in clinical practice on a regular basis.	
Goal: Participate in learning as a life long process. **Corresponding Expected Student Outcomes:** **Professional Development:** enrolls in graduate education, continuing education programs, professional reading, participation in professional organizations, and community service. **Evidence Based Practice:** provides nursing care, which includes health promotion and maintenance, illness and restorative care, and health counseling and education based on a systematic assessment that is reflective of current nursing theory and research.	• EBI survey process	**Teaching:** **Scholarship:** **Service:** **Advising:**	It is expected that faculty will provide appropriate advising to assist students in recognizing the value of life long learning.

Appendix C: III-A. The curriculum is developed, implemented, and revised to reflect clear statements of expected individual student learning outcomes that are congruent with the program's mission, goals, and expected student outcomes.

RELATIONSHIP AMONG PROGRAM GOALS, EXEPECTED STUDENT OUTCOMES, INDIVDUAL STUDENT LEARNING OUTCOMES, AND ASSOCIATED LEARNING ACTIVITY

PROGRAM GOAL AND RELATED EXPECTED STUDENT OUTCOME	EXAMPLE INDIVIDUAL STUDENT LEARNING OUTCOME AND ASSOCIATED LEARNING ACTIVITY
Program Goal: Practice as a professional nurse. **Critical Thinking:** demonstrates intellectual curiosity, rational inquiry, and effective problem-solving skills while maintaining empathy, creativity, faith in reason, and compassion for another.	**Level V:** Senior Specialty (NURS 412L) Course Objective: consistently utilize the nursing process to maximize the health of selected individuals, families, groups, and communities. Student Learning Activity: students present a case study to their peers (i.e. history, diagnosis and related pathophysiology assessment, diagnoses with related outcomes, and interventions).
Program Goal: Practice as a professional nurse. **Collaborative Communication:** manages the collaborative health care of individuals, families, and communities through use of clear, effective, thorough, and accurate communication.	**Level I:** Nursing Fundamentals (NURS 201) Course Objective: utilize the communication process in relating to the patient and health care professionals in a variety of settings. Student Learning Activity: students must identify barriers to an effective communication process and techniques used to foster therapeutic communication.
Program Goal (s): Practice as a professional nurse. Assume leadership roles. **Professionalism:** practices within the American Nurses Association's standards of practice, including legal basics, principles for delegation, and principles of documentation while maintaining a culture of respect and safety.	**Level II:** Theory and Foundations (NURS 204) Course Objective: identify key concepts core to the ANA *Code of Ethics* including responsibility, accountability, advocacy, safety, duty, and rights. Student Learning Activity: students write a beginning philosophy of nursing that is reflective of their personal beliefs and values; they evaluate how their philosophy aligns with established professional nursing standards and guidelines.
Program Goal (s): Pursue graduate education. Participate in learning as a life long process. **Professional Development:** enrolls in graduate education, continuing education programs, professional reading, participation in professional organizations, and community service.	**Level IV:** Nursing Research (NURS 407) Course Objective: evaluate potential research questions related to nursing and interdisciplinary health care. Student Learning Activity: students present a research proposal (with poster) during a Sigma Theta Tau-Nu Kappa meeting. This activity emphasizes the need for viewing learning as a continuous professional goal/process.
Program Goal (s): Practice as a professional nurse. Assume leadership roles.	**Level V:** Senior Specialty (NURS 412L)

Coordination of Care: facilitates access to resources necessary to meet the diverse health care needs of individuals, families, and communities within cultural, ethical, legal, social, economic, and professional parameters.	Course Objective: collaborate with patients, families, and interdisciplinary health team members to provide continuity of care Student Learning Activity: students must demonstrate specific nursing skills (delegation, communication with healthcare team, organization and management of increased numbers of patients per shift) that facilitate coordination of care.
Program Goal: Assume leadership roles. **Leadership:** directs the delivery of care across settings and among caregivers, including oversight of licensed and unlicensed personnel in any assigned or delegated tasks.	**Level V:** Leadership (NURS 411L) Course Objective: describe the nature, process, and purpose of the management phase of controlling and its relationship to evaluation and total quality management Student Learning Activity: students propose a quality improvement project based on their evaluation of a specific care delivery system.
Program Goal(s): Practice as a professional nurse. **Evidence Based Practice:** provides nursing care, which includes health promotion and maintenance, illness and restorative care, and health counseling and education based on a systematic assessment that is reflective of current nursing theory and research.	**Level IV:** Advanced Medical Surgical Nursing (406L) Course Objective: analyze the impact of stressors which affect patient and family systems stability in complex care situations. Student Learning Activity: students present a patient based on a case study approach as part of their clinical grade. The case study includes a scenario and pertinent discussion questions.

Appendix D: IV-C. Aggregate student outcome data provide evidence of the program's effectiveness in achieving its mission, goals and expected student outcomes.

RESPONSE RELATED TO CONCERNS REGARDING ANALYSIS AND EVALUATION OF AGGREGATED DATA

STUDENT OUTCOMES
Critical Thinking: demonstrates intellectual curiosity, rational inquiry, and effective problem-solving skills while maintaining empathy, creativity, faith in reason, and compassion for another.
Collaborative Communication: manages the collaborative health care of individuals, families, and communities through use of clear, effective, thorough, and accurate communication.
Professionalism: practices within the American Nurses Association's standards of practice, including legal basics, principles for delegation, and principles of documentation while maintaining a culture of respect and safety.
Professional Development: enrolls in graduate education, continuing education programs, professional reading, participation in professional organizations, and community service.
Coordination of Care: facilitates access to resources necessary to meet the diverse health care needs of individuals, families, and communities within cultural, ethical, legal, social, economic, and professional parameters.
Leadership: directs the delivery of care across settings and among caregivers, including oversight of licensed and unlicensed personnel in any assigned or delegated tasks.
Evidence-Based Practice: provides nursing care, which includes health promotion and maintenance, illness and restorative care, and health counseling and education based on a systematic assessment that is reflective of current nursing theory and research.

AGGREGATED ATI DATA RELATED TO MEETING EXPECTED STUDENT OUTCOMES

Benchmark: 80% of students will score at or above the national benchmark for each ATI test.

Test	Academic Year 2006/2007	Academic Year 2007/2008	Academic Year 2008/2009
RN Nutrition			Benchmark met
RN Fundamentals	Benchmark met	Benchmark met	Benchmark met
RN Pharmacology	Benchmark met	Benchmark met	Benchmark met
RN Mental Health	Benchmark met	Benchmark met	Benchmark met
RN Maternal Newborn	Benchmark met	Benchmark met	Benchmark met
RN Nursing Care of	Benchmark met	Benchmark met	Benchmark met

Children			
RN Adult Medical Surgical Nursing	Benchmark met	Benchmark met	Benchmark met
RN Community Health Nursing	Benchmark met	Benchmark met	Benchmark met
RN Leadership	Benchmark met	Benchmark met	Benchmark met
RN Critical Thinking - entrance	Benchmark met	Benchmark not met Fall 2007*	Benchmark met
RN Critical Thinking – exit	Benchmark not met Spring 2007*	Benchmark not met*	Benchmark not met Fall 2008*
RN Comprehensive Predictor	Benchmark met	Benchmark met	Benchmark met

*Data indicates our graduates generally score lower than the national average for baccalaureate nursing students on the Critical Thinking Exam. Faculty examined these results and implemented some curricular changes. These include incorporating critical thinking challenges as a component of objective tests at each level emphasizing the need for utilizing critical thinking skills while delivering safe care as a nurse generalist.

In general, because the ATI benchmarks were met (other than Critical Thinking), the data suggests that expected student outcomes are appropriate and are being met.

EBI DATA: PROGRAM SATISFACTION OF EXITING SENIORS and ALUMNI

Benchmark: 90% of each group will express satisfaction with the program. For the previous two academic years this benchmark has been met 100% of the time.

	2007/2008	**2008/2009**
Exiting Seniors	98% of graduating seniors were satisfied with the program as compared to the national benchmark.	98% of graduating seniors were satisfied with the program as compared to the national benchmark.
Alumni	100% of alumni believe the program prepared them for success as a professional nurse	100% of alumni believe the program prepared them for success as a professional nurse

Because EBI benchmarks were met for exiting seniors and alumni, faculty view this data as measurement of preparing them to assume the role of a professional nurse generalist who is able to perform his/her tasks in a manner that reflects the program's expected student outcomes.

GRADUATION RATES

Benchmark: 90% of enrolled students in the cohort will complete coursework within 5 semesters

Semester Admitted	Number Admitted	Graduation Rate
Spring 2006 Fall 2006	31 29	90% 90%
Spring 2007 Fall 2007	30 27	73% *** Fall 2009

** Spring 2007: two students were dismissed from the program due to academic failure; four students continued in the program but slowed their educational progress; one student left the program for personal reasons.

Note: Upon reviewing this data faculty implemented additional criteria included in the admission process. Further, changes were made to specific course syllabi to better evaluate ongoing student progress in meeting program objectives.

Because the graduation benchmark was met for 2006 the aggregated data indicates ongoing students are able to meet the program's expected student outcomes.

NCLEX®-RN Pass Rate

Benchmark: NCLEX-RN® PASS RATE: 90% of enrolled students in a cohort to pass NCLEX-RN® on the first attempt.

Testing Period Calendar	Number of Graduates Taking NCLEX©-RN	Percent Passing
2006	57	86%
2007	60	87.5%
2008	51	89%
2009	58	99%

- Upon reviewing this data faculty implemented additional criteria included in the admission process. Further, changes were made to specific course syllabi to better evaluate ongoing student progress in meeting program objectives.
- A review of this aggregate data led faculty to further utilize ATI testing to assess success of students in meeting our expected student outcomes. ATI testing is now a graded component of each course.
- A review of ATI data led to development of Nursing Therapeutics (NURS 416) in spring 2009. This course was developed to strengthen those areas of weakness identified by the Comprehensive Predictor. Subsequently, NCLEX pass rates increased to 99% in 2009.

Because the NCLEX benchmark is currently being met the aggregated data graduates have met the program's expected student outcomes.

ALUMNI DATA SUMMARY (2006 – prior to EBI)

Benchmark: 90% of alumni and exiting seniors will express satisfaction with their preparation to assume the role of a professional nurse generalist.

Number of respondents 14 (data gathered using Survey Monkey) – the process for obtaining data was revised in 2007 and is obtained using EBI.
Respondents strongly agree the program required the use of general education concepts. A majority of individuals were satisfied with their overall educational experience and would recommend MSC's BSN program to others interested in nursing. 85.7% currently employed in a variety of nursing specialty areas.

Respondents strongly agree the program provided a strong foundation for the following skills as they related to expected student outcomes: **critical thinking**; **collaborative communication** (health educator); **coordination of care** (application of the nursing process, technical skills, information technology health care technologies, receptive to change, cultural sensitivity); **evidence-based practice** (illness and disease management, health promotion, risk reduction, disease prevention, life span considerations; **professionalism** (caring ethics, autonomy, human dignity, integrity, social justice/advocacy, accountability); **leadership** (initiative-complete a plan or task in an efficient and energetic manner, organization, time management); **professional development** (42.8% are interested in pursuing a graduate nursing degree within the next five years; 21.4% are unsure at this time; majority are interested in nurse practitioner or doctoral programs).

EXITING SENIORS AND ALUMNI DATA (2007-2009, EBI)

EXPECTED STUDENT OUTCOME	20007-2008	2008-2009
Critical Thinking: demonstrates intellectual curiosity, rational inquiry, and effective problem-solving skills while maintaining empathy, creativity, faith in reason, and compassion for another.	97% of exiting seniors and 98% of alumni indicate the program provided knowledge and skills necessary to apply a systematic approach to solving nursing problems and to therapeutically intervene to solve patient problems.	98% of exiting seniors and 96% of alumni indicate the program provided knowledge and skills necessary to apply a systematic approach to solving nursing problems and to therapeutically intervene to solve patient problems.
Collaborative Communication: manages the collaborative health care of individuals, families, and communities through use of clear, effective, thorough, and accurate communication.	95 % of exiting seniors and 92% of alumni indicate the program enhanced their ability to make effective presentations and form partnerships to manage interdisciplinary care.	94 % of exiting seniors and 93% of alumni indicate the program enhanced their ability to make effective presentations and form partnerships to manage interdisciplinary care.

Professionalism: practices within the American Nurses Association's standards of practice, including legal basics, principles for delegation, and principles of documentation while maintaining a culture of respect and safety.	96% of exiting seniors and 92% of alumni indicate the program provided knowledge and skills necessary to have a successful career as a professional nurse, incorporate professional nursing standards into practice, and articulate the values of the profession as they relate to patient welfare.	93% of exiting seniors and 94% of alumni indicate the program provided knowledge and skills necessary to have a successful career as a professional nurse, incorporate professional nursing standards into practice, and articulate the values of the profession as they relate to patient welfare.
Professional Development: enrolls in graduate education, continuing education programs, professional reading, participation in professional organizations, and community service.	39 individuals completed the survey. 94% viewed faculty as role models. We believe an inherent part of this behavior is to encourage ongoing professional development, participation in professional organizations, and community service. 33 alumni responded to the survey. Seven have completed graduate educational programs and 21 belong to a professional organization.	30 individuals completed the survey. 93% viewed faculty as role models. We believe an inherent part of this behavior is to encourage ongoing professional development, participation in professional organizations, and community service. 67 alumni responded to the survey. Fourteen individuals have completed a masters degree program and 1 has completed a doctorate; 43 belong to a professional organization.
Coordination of Care: facilitates access to resources necessary to meet the diverse health care needs of individuals, families, and communities within cultural, ethical, legal, social, economic, and professional parameters.	93 % of exiting seniors and 95% of alumni indicate the program provided knowledge and skills necessary to coordinate care across environments, provide culturally competent care, function as a member of a team of health care providers, use appropriate technologies to assess patients, and supervise care given by others while retaining accountability for quality of care given to the patient.	94 % of exiting seniors and 96% of alumni indicate the program provided knowledge and skills necessary to coordinate care across environments, provide culturally competent care, function as a member of a team of health care providers, use appropriate technologies to assess patients, and supervise care given by others while retaining accountability for quality of care given to the patient.
Leadership: directs the delivery of care across settings and among caregivers, including oversight of licensed and unlicensed personnel in any assigned or delegated tasks.	92% of exiting seniors and 95% of alumni indicate the program provided knowledge and skills necessary to understand how health care delivery systems are organized, incorporate knowledge of cost factors when delivering care, and appreciate the intricacies of the global health care environment.	94% of exiting seniors and 3% of alumni indicate the program provided knowledge and skills necessary to understand how health care delivery systems are organized, incorporate knowledge of cost factors when delivering care, and appreciate the intricacies of the global health care environment.

Evidence-Based Practice: provides nursing care, which includes health promotion and maintenance, illness and restorative care, and health counseling and education based on a systematic assessment that is reflective of current nursing theory and research.	95% of exiting seniors and 92% of alumni indicate the program provided knowledge and skills necessary to have a therapeutically intervene to solve patient problems, assist patients in interpreting the meaning of health information, and apply research based knowledge as a basis for practice.	97% of exiting seniors and 96% of alumni indicate the program provided knowledge and skills necessary to have a therapeutically intervene to solve patient problems, assist patients in interpreting the meaning of health information, and apply research based knowledge as a basis for practice.

Because the benchmarks established for exiting seniors and alumni currently are being met the aggregated data suggests the expected student outcomes are appropriate and being met.

EBI DATA: PROGRAM SATISFACTION OF EMPLOYERS

Benchmark: 90% of employers will express satisfaction with the program. For the previous two academic years this benchmark has been met 100% of the time.

EXPECTED STUDENT OUTCOME	2007/2008	2008/2009
Critical Thinking: demonstrates intellectual curiosity, rational inquiry, and effective problem-solving skills while maintaining empathy, creativity, faith in reason, and compassion for another. **Collaborative Communication:** manages the collaborative health care of individuals, families, and communities through use of clear, effective, thorough, and accurate communication. **Coordination of Care:** facilitates access to resources necessary to meet the diverse health care needs of individuals, families, and communities within cultural, ethical, legal, social, economic, and professional parameters. **Professional Development:** enrolls in graduate education, continuing education programs, professional reading, participation in professional organizations, and community service.	100% of employers (n = 13) were very/extremely satisfied (rating of 6-7 on a 7 point scale) with our graduates regarding the following behaviors: • Abilities to act as an advocate for vulnerable patients • Provides culturally competent care • Applies an ethical decision-making framework to clinical situations	98% of employers (n = 16) were very/extremely satisfied (rating of 6-7 on a 7 point scale) with our graduates regarding the following behaviors: • Abilities to act as an advocate for vulnerable patients • Provides culturally competent care • Applies an ethical decision-making framework to clinical situations • plans for professional career development • critical thinking as a basis for nursing practice, clinical judgment, and ethical decision making 94% of employers described graduates as demonstrating (agree to strongly agree): • the ability to make sound nursing judgments and clinical decisions;

Leadership: directs the delivery of care across settings and among caregivers, including oversight of licensed and unlicensed personnel in any assigned or delegated tasks. **Professionalism:** practices within the American Nurses Association's standards of practice, including legal basics, principles for delegation, and principles of documentation while maintaining a culture of respect and safety. **Evidence-Based Practice:** provides nursing care, which includes health promotion and maintenance, illness and restorative care, and health counseling and education based on a systematic assessment that is reflective of current nursing theory and research.	92% of employers described graduates as demonstrating (agree to strongly agree): • the ability to make sound nursing judgments and clinical decisions; • responsibility for life long learning and plans for professional career development • critical thinking as a basis for nursing practice, clinical judgment, and ethical decision making • leadership in the planning, delivery, evaluation, and management of care • preparation needed to provide safe, competent nursing care to clients • professional values, ethics, and standards in their nursing practice • the ability to communicate effectively	• responsibility for life long learning and leadership in the planning, delivery, evaluation, and management of care • preparation needed to provide safe, competent nursing care to clients • professional values, ethics, and standards in their nursing practice • the ability to communicate effectively

	85% of employers described graduates as demonstrating (rating of 6-7 on 7 point scale) the abilities needed to : • assist patients to interpret the meaning of health information ACTION PLAN: Faculty will observe students do discharge planning, pre- and post-op teaching, and any other opportunity that require translation of medical information to lay understanding. • coordinate care across all environments ACTION PLAN: Faculty will develop scenarios that require the student to demonstrate understanding of elements needed to coordinate care across environments (i.e. transfer out of ICU settings to other clinical units; assist with coordination of home care).	93% of employers described graduates as demonstrating (rating of 6-7 on 7 point scale) the abilities needed to : • assist patients to interpret the meaning of health information • coordinate care across all environments
	100% of respondents rated our graduate's academic preparation as compared to all other employees from other institutions with the same level of education as meeting or exceeding expectations.	100% of respondents rated our graduate's academic preparation as compared to all other employees from other institutions with the same level of education as meeting or exceeding expectations.

	100% of respondents rated our graduate's academic preparation as compared to all other employees from other institutions with the same level of education as meeting or exceeding expectations.	100% of respondents rated our graduate's academic preparation as compared to all other employees from other institutions with the same level of education as meeting or exceeding expectations.

Because EBI data indicates employers are satisfied with the program's preparation of new graduates the expected student outcomes appear to be appropriate and are being met in a successful manner.

Appendix E: Faculty Meeting Minutes

Standard I-Student and Fac. Outcomes/Governance
Standard II-Institutional Support
Standard III-Curriculum
Standard IV-Evaluation of Aggregate Data

Program Goals: 1.Professionalism, 2. Higher Ed, 3. Leadership 4.LLL

MESA STATE COLLEGE
Department of Health Sciences
MINUTES
BSN Faculty Meeting

Date: 11/13/09

PRESENT: Judy Williams, Judy Brock, Bethany Hoffman, Sue Mathews, Kelly Coffin, Deb Bailey, Sandy Forrest, Cheri Roy, Alma Jackson, Cindy Thomas, Jen Zadronzy, Sue Goebel

ABSENT:

TOPIC	DISCUSSION	ACTION [who, when]	Link (to Standard, Program Goal or Student Learning Outcome)
Approval of DATE Minutes	Approval of Minutes of 10/16/09 not approved.	Alma will review action items for completion then resubmit at next meeting.	
Additions to Agenda	ATI: Note that many Level 3 students were ill this semester. Also need to relook at ATI scheduling.	Motion : Faculty will be the only people to give out codes and only to their specific levels. Passed.	St. IV Use of aggregate data
Announcements	STTI/NuKappa 1.Monday Nov. 23 5PM-Poster Session , Gallegoes Board Room Encourage and possibly incentivize student s to attend. 7 PM-Induction Dinner, Museum of W.C. 2. See Renae and schedule end of semester course evaluation times.	Invite Kelly Losher (scheduler) to come discuss issue. Based on the fact that courses vary	St. IV- Use of Aggregate data St. IV- Use of Aggregate data

TOPIC	DISCUSSION	ACTION [who, when]	Link (to Standard, Program Goal or Student Learning Outcome)
	Question raised about consistent use of ATI score rates and their impact on grades.	so much in content, impact on NCLEX, etc. it was again decided that as along as courses weighted ATI outcomes in the 5-10% range, that was adequate consistency.	
College Committee Reports	Deferred for this meeting.		
Program Committee Reports	Deferred for this meeting.		
Next Agenda Items	1-ATI Scores and need for curriculum changes 2-BSN Essentials – Judy B stated that the teleconference related to the Essentials was very helpful and we all should review that at a future faculty meeting.	1. Noted aggregate data collection done for accreditation. Recommended review at next faculty meeting. 2. Perhaps semester-end agenda item	
Unfinished Business **Accreditation**	Sandy shared some post visit actions. Cindy shared a potential new grid which was discussed in detail.	Several additions to the grid were suggested. With changes (see attached) grid was accepted as a working draft.	Standard 1.B.1 SEP "Mission, goals, and expected student outcomes are reviewed periodically and revised, as appropriate, to reflect professional standards and guidelines; and the needs and expectations of the community of interest.
New Business **Review of Bylaws**	Deb offered an annual plan that we carefully review and asses our compliance to standards on an annual basis.	Suggestion tabled until further information is received.	
	Significant changes to bylaws were discussed. Alma will integrate suggestions into an updated document. She will bring the updated version of the Bylaws to the next meeting for faculty approval.	Alma to take to Dept. Head for acceptance	
	*Under Committees a discussion ensued regarding several specific committees such as Archives. Suggestion made that Archives be delegated to an Administrative Assistant and be deleted as a committee. Also SNA committee needs a descriptor.	Cindy to submit.	St. IV: Need for linking aggregate data together. Alma to discuss delegation of

TOPIC	DISCUSSION	ACTION [who, when]	Link (to Standard, Program Goal or Student Learning Outcome)
Review of Committee Membership	*Added were the requirements that agenda additions and committee reports be electronically submitted to Program Chair at least 48 hours prior to meeting.		Archiving function to Admin. Assistant with Kristy.
Student Matters	See Attached list.		
Adjournment	Level I-OK Level II-A large group (4-6) students in Level II are at risk of not passing courses within Level II. Progression is a concern. Names will be submitted to the Program Director. Level III- Level IV- Level V-	Related to academic competency of this larger group, a discussion ensued regarding additional point for second admission application. Tabled for now.	
Minutes submitted by: Cindy Thomas			

Appendix F: IV-E. Aggregate faculty outcomes are consistent with and contribute to achievement of the program's mission, goals, and expected student outcomes.

Faculty Outcome Evaluation Summary

Benchmark	2006-2007		2007-2008		2008-2009	
80% of the program's faculty will achieve a rating of Highly Proficient or above for each outcome on their annual performance evaluation.	Teaching	100%	Teaching	100%	Teaching	91%
	Advising	78%*	Advising	50%*	Advising	55%*
	Scholarly	100%	Scholarly	80%	Scholarly	82%
	Service	100%	Service	90%	Service	82%
80% of the program's faculty will achieve a rating of Highly Proficient or above as an aggregate outcome on their annual performance evaluation.	100%		100%		91%	
80% of the faculty will achieve a composite ranking score of 4.0 on each semester's student course and/or clinical evaluations.	75%		100%		82%	
90% of the faculty will complete a minimum of one scholarly activity each year.	100%		100%		100%	
100% of the faculty will demonstrate ongoing progress in their scholarly activities.	100%		100%		100%	
25% of the faculty will hold doctorates.	22%		27%		36%	
25% of the faculty will publish an article or chapter annually.	11%		30%		27%	
40% of the faculty will give a scholarly presentation annually.	78%		60%		55%	
35% of the faculty will be involved in clinical practice on a regular basis.	67%		80%		64%	
100% of the faculty will actively participate in college, department, program, or community activities.	100%		100%		100%	
100% of the faculty will actively participate in college, department, or program advising activities.	100%		100%		100%	

*Faculty will be assigned on a rotating basis to incoming pre-nursing students. They will then follow that student throughout the program. It is hoped that this will allow us to achieve our advising benchmark.

Appendix G: IV-E. Aggregate faculty outcomes are consistent with and contribute to achievement of the program's mission, goals, and expected student outcomes.

Faculty Outcomes Aggregate Data Tracking Report

Annual Performance Evaluation	**2006-2007**				**2007-2008**				**2008-2009**			
80% of the program's faculty will achieve a rating of Highly Proficient or above for each outcome on their annual performance evaluation.	**Tch**	**Adv**	**Sch**	**Ser**	**Tch**	**Adv**	**Sch**	**Ser**	**Tch**	**Adv**	**Sch**	**Ser**
	100%	**78%**	**100 %**	**100 %**	**100 %**	**50%**	**80%**	**90%**	**91%**	**55%**	**82%**	**82%**
80% of the program's faculty will achieve a rating of Highly Proficient or above as an aggregate outcome on their annual performance evaluation.	**100%**				**100%**				**91%**			
Bailey, Debra	Highly Proficient				Excellent				Excellent			
	HP	P	HP	HP	E	P	E	HP	E	P	E	E
Brock, Judith	Highly Proficient				Highly Proficient				Excellent			
	HP	HP	HP	HP	HP	P	P	HP	E	P	P	E
Forrest, Sandy	Highly Proficient				Highly Proficient				Excellent			
	HP	E	E	HP	HP	P	E	HP	HP	E	E	E
Goebel, Susan	Excellent				Excellent				Excellent			
	E	HP	HP	E	E	HP	E	E	E	HP	E	E
Goodhart, Judy	Highly Proficient				Excellent				Excellent			
	HP	E	E	E	E	E	P	E	E	E	HP	E
Hoffman, Bethany	Excellent				Excellent				Excellent			
	E	HP	HP	E	E	E	HP	HP				
Jackson, Alma (new tenure-track faculty hired 2007-2008)					Highly Proficient				Excellent			
					HP	P	E	HP	E	P	E	HP
Reuss, Kristine	Excellent				Excellent				Excellent			
	E	E	HP	E	E	E	HP	E	E	E	HP	E
Roy, Cheryl	Excellent				Excellent				Excellent			
	E	E	E	E	E	HP	HP	E	E	HP	HP	E
Thomas, Cynthia (on sabbatical 2006-2007)	Excellent (E,P, HP, E)				Excellent (E,P, E, P)				Excellent (E,P, E, P)			
	E	P	HP	E	E	P	E	P	E	P	E	P
Zadrozny, Jennifer (new tenure-track faculty hired 2008-2009)									Proficient (P,P, P, P)			
									P	P	P	P

Teaching Student evaluations (Objective and Qualitative)	**2006-2007**		**2007-2008**		**2008-2009**	
	Mean	Median	Mean	Median	Mean	Median
80% of the faculty will achieve a composite ranking score of 4.0 on each semester's student course and/or clinical evaluations.	75%	100%	100%	100%	82%	100%
	Mean	Median	Mean	Median	Mean	Median
Bailey, Debra	4.5125	5.00	4.0206	4.00	4.1830	4.00
Brock, Judith	4.0918	4.00	4.4144	5.00	4.1605	4.00
Forrest, Sandy	3.6636	4.00	n/a	n/a	n/a	n/a
Goebel, Susan	4.7573	5.00	4.9129	5.00	4.9294	5.00
Goodhart, Judy	4.2050	4.00	4.6591	5.00	3.8586	4.00
Hoffman, Bethany	4.5000	5.00	4.8313	5.00	4.7311	5.00
Jackson, Alma (new tenure-track faculty hired 2007-2008)			4.6699	5.00	4.7932	5.00
Reuss, Kristine	3.9091	4.00	4.3135	5.00	4.8264	5.00
Roy, Cheryl	4.6465	5.00	4.1543	4.00	4.6962	5.00
Thomas, Cynthia (on sabbatical 2006-2007)			4.7167	5.00	4.7406	5.00
Zadrozny, Jennifer (new tenure-track faculty hired 2008-2009)					3.8488	4.00
Overall Total for all faculty	4.3399	5.00	4.4832	5.00	4.3686	5.00

Teaching Classroom or clinical assessment by Department Head, Program Director, or peer	**2006-2007**	**2007-2008**	**2008-2009**
Bailey, Debra	6.8/7.0 – NURS 302 class visitation by BSN Program Director	7.0/7.0 – NURS 315 class visitation by dept head 6.8/7.0 – NURS 302 class visitation by J. Williams	
Brock, Judith	7.0/7.0 – NURS 403 class visitation by BSN Program Director	6.9/7.0 – NURS 203 class visitation by BSN Program Director	6.8/7.0 – NURS 403 class visitation by dept head
Goebel, Susan	6.5/7.0 – NURS 288 class visitation by AAS Program Director		
Goodhart, Judy	6.9/7.0 – NURS 301 class visitation by RT Program Director		
Hoffman, Bethany	7.0/7.0 – NURS 313 visitation by Dept Head	6.9/7.0 –NURS 313 class visitation by BSN Program Director 6.9/7.0 –Level 1 orientation class visitation by BSN Program Director	7.0/7.0 – NURS 313 visitation by Dept Head
Jackson, Alma (new tenure-track faculty hired 2007-2008)		6.9/7.0 – NURS 407 visitation by Dept Head	6.9/7.0 – NURS 407 visitation by BSN Program Director
Roy, Cheryl	6.7/7.0 – NURS 407 class visitation by Dept Head	6.9/7.0 – NURS 407 class visitation by Dept Head	7.0/7.0 – NURS 406 class visitation by BSN Program Director
Thomas, Cynthia (on sabbatical 2006-2007)		6.9/7.0 NURS 406class visitation by Dept Head 6.9/7.0 – NURS 406 visitation by BSN Program Director	
Zadrozny, Jennifer (new tenure-track faculty hired 2008-2009)			6.7/7.0 class visitation by BSN Program Director

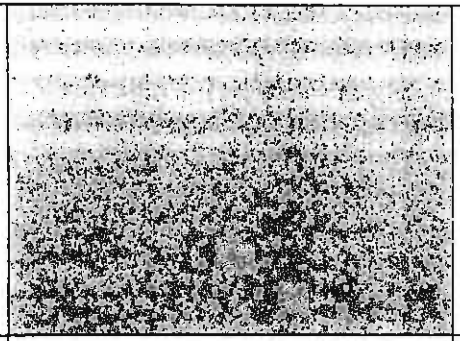
Teaching Honors and recognition for contributions to the field of teaching	**2006-2007**	**2007-2008**	**2008-2009**
Bailey, Debra			**Received Chief's Challenge Coin to recognize many years of service to the young victims of sexual abuse in Grand Junction.** The Chief's Challenge Coin is a symbol of deep respect for those who nobly serve others.
Goebel, Susan	Outstanding nurse of the year - MCHD		**Received Chief's Challenge Coin to recognize many years of service to the young victims of sexual abuse in Grand Junction.** The Chief's Challenge Coin is a symbol of deep respect for those who nobly serve others.
Goodhart, Judy	Distinguished Visitor Embarkation to Naval Aircraft Carrier, USS Abraham Lincoln representing MSC nursing program Colo Nurses Association Nurse of the Year.		Exemplary Faculty Award on annual evaluation. Keynote speaker for December BSN pinning
Reuss, Kristine		Exemplary Faculty Award on annual evaluation.	Exemplary Faculty Award on annual evaluation. Received Distinguished Faculty Award
Roy, Cheryl			**Received Chief's Challenge Coin to recognize many years of service to the young victims of sexual abuse in Grand Junction.** The Chief's Challenge Coin is a symbol of deep respect for those who nobly serve others.

Teaching Formal and informal Mentoring (Mentoring new faculty; **Professional role modeling as an educator)**	**2006-2007**	**2007-2008**	**2008-2009**
Bailey, Debra	Mentored Stacie Schreiner part time clinical faculty	Mentoring for Terressa Love clinical faculty	Mentoring for Terressa Love clinical faculty
Brock, Judith			Mentoring for Dorothy Armijo NURS 403L clinical faculty for RN-BSN program
Forrest, Sandy			Mentoring of several faculty and new program directors.
Goebel, Susan	Actively mentored Diana Bailey and Kelly Coffin (new faculty)	Actively mentored Diana Bailey and Kelly Coffin (new faculty)	Actively mentored Diana Bailey and Kelly Coffin (new faculty)
Goodhart, Judy	Mentoring of several faculty and new program directors.	Mentoring of several faculty and new program directors.	Mentoring of several faculty and new program directors, including BSN program director replacement.
Hoffman, Bethany	Mentored Marie Dapolito clinical faculty	Mentored Marie Dapolito clinical faculty	Mentored Kari Weirath clinical faculty
Jackson, Alma (new tenure-track faculty hired 2007-2008)			Mentored new instructor, Michelle Shiao in NURS 303
Reuss, Kristine	Mentoring for new program directors and faculty	Mentoring for new program directors and faculty	Mentoring for new program directors and faculty
Roy, Cheryl	Mentored Kelly Coffin	Mentored Kelly Coffin	

Teaching Accreditation (Collaborating with other faculty to obtain and sustain program accreditation activities)	**2006-2007**	**2007-2008**	**2008-2009**
Bailey, Debra			Worked on Standard ___ Subcommittee
Brock, Judith			Worked on Standard 1 Subcommittee
Forrest, Sandy		Began work on NLNAC accreditation for PN and AAS programs.	Began work on CCNE accreditation documentation for self study.
Goebel, Susan			Worked on Standard ___ Subcommittee
Goodhart, Judy	Led faculty meetings to address accreditation requirements. Completed AACN annual report	Led faculty meetings to address accreditation requirements. Completed AACN annual report and MSC Assessment Report for BSN program	Worked on Standard ___ Subcommittee Led faculty meetings to address accreditation requirements. Completed AACN annual report and assessment report for MSC.
Hoffman, Bethany			Worked on Standard 4 Subcommittee
Jackson, Alma (new tenure-track faculty hired 2007-2008)			Played key role in writing self study. Assisted with preparation of AACN annual report and assessment report for MSC. Worked on Standard ___ Subcommittee
Reuss, Kristine	Reviewed program evaluation data from surveys, ATI	Reviewed program evaluation data from surveys, ATI, EBI	Reviewed program evaluation data from surveys, ATI, EBI. Final reviewer for Self Study document
Roy, Cheryl			Worked on Standard 1 Subcommittee
Thomas, Cynthia (on sabbatical 2006-2007)			Worked on Standard 2 Subcommittee
Zadrozny, Jennifer (new tenure-track faculty hired 2008-2009)			Worked on Standard 2 Subcommittee

Teaching	2006-2007	2007-2008	2008-2009
Other evidence of teaching effectiveness • Evidence of continuing improvements to courses based on program or course evaluation feedback • Integrating evidence-based practice and teaching strategies into educator practice • Devising formal and informal course and/or curriculum evaluative methods • Creating new courses and or/programs • More than three different preparations per semester • Providing effective course coordination • Teaching classes/courses above and beyond normal academic contract (honors, outreach, online, distance, independent study) • Contribution to student learning beyond typical classroom involvement • Responsive to department faculty/staffing needs • Team teaching, collaboration, guest lecturing • Initiating and supportive engagement in the change process			
Bailey, Debra	Modified Family Nursing course NURS 302. New course prep for Leadership theory course NURS 411.Guest lecturer in Health Assessment. Took students while working as NP at PCP office.	Covered clinical lab in PN program. Overload class in F07 (NURS 411).	Guest lecture in Biology forensic class. Organized MSC employee and student health fairs. Took leadership students to conference in Delta.
Brock, Judith	Modified and taught NURS 403 online. Developed rubric for evaluating online discussion postings. Implemented suggestions from "Boot Camp" to NURS 403 live course. Guest speaker in NURS 118	Improvements made in courses based on student feedback. Modified paperwork in NURS 403 and emphasis on prototypes on NURS 203 exams. Developed 3 new courses for PN program. Taught 1 credit overload. Taught online and hybrid classes.	Early adopter of I-clicker technology. Support other faculty in use of this teaching tool. Orients all Level 1 students to ATI testing process. Changed NURS 203 course schedule based on student evaluation feedback. Developed new lecture for NURS 416 capstone course. Covered for faculty absences as needed.
Forrest, Sandy	Implemented new classroom activities and revised syllabus in NURS 411	Developed new online NURS 300 course for RN-BSN program. Revised syllabus and made improvements to NURS 411L clinical evaluation tools based on student evaluation feedback. Team teaching for NURS 412L clinical.	Ongoing modification to courses with positive student feedback on changes.

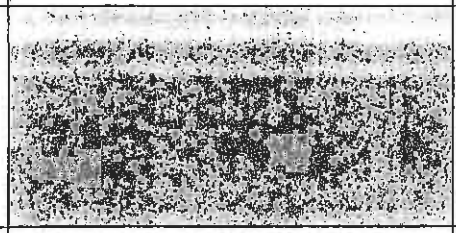
	Goebel, Susan	Revised NURS 204 & added innovative learning activities to other courses. Guest lecturer in other NURS 412L. Worked with 1 student on independent study. Team teaching in NURS 403L. Presentations for MASH Camp and NICE Conference.	Guest lecture in BIOL 101 on STDs, and AAS program on neuro assessment. Taught overload - NURS 202L	Introduced use of i-clickers in courses. Helped develop Level 1 skills rodeo. Changed NURS 403L clinical rotations and assignments. Guest lecturer in NURS 201, NURS 288, NURS 416, ENGL 111
	Goodhart, Judy	New course prep – NURS 304. Made revisions to NURS 301. Taught IV course as CE twice this year. Created new faculty orientation program (NICE) – 15 attended. Taught RN refresher course.	Updated NURS 301 and 304. Organized and taught Introduction to Clinical Education course (ICE). Taught IV course as CE twice this year. Modified course for PN students and for state board regulations. Guest lectures for NCLEX review course.	Mentored new faculty who will assume teaching responsibilities after retirement. Taught IV course as CE in J-term.
	Hoffman, Bethany	Expanded NURS 313L clinical sites to increase MH nursing experiences over life span. Implemented creative learning strategies based on student feedback in NURS 313. Completed all clinical placements for NURS 412L. Team teaching in NURS 496 Forensic nursing class. Guest lectures in NURS 201 on therapeutic communication.	Created mid-semester feedback evaluation for NURS 313 and modified course based on student feedback. Added ASSIST training for all BSN students. Increased credit hours in NURS 313 – new content development. Completed all clinical placements for NURS 412L. Team teaching in NURS 496 Forensic nursing class. Guest lectures in NURS 201 and 302.	Ongoing improvements to NURS 313 based on student eval feedback. Completed all clinical placements for NURS 412L. Team teaching in NURS 496 Forensic nursing class. Guest lectures in NURS 201 and 302.

	Jackson, Alma (new tenure-track faculty hired 2007-2008)		Revised 2 course syllabi. Taught online course in RN-BSN program. Willing to do overload assisting with PN lab and clinical rotations.	Created new online topics course. Made course improvements based on student evaluation feedback. Revised course content in Professional Devel to include ANA code of ethics, social policy statement. Taught 5 online classes. Guest lecture in NURS 217.
	Reuss, Kristine	Developed online content for NURS 407 research course. Team teaching in NURS 396. Guest lectures in NURS 302, 217, 415, 156.	Taught NURS 496 Topics course as overload. Guest lectures in NURS 302, 217, 415, 156.	Taught NURS 496 and 101 Topics course as overload. Guest lectures in NURS 302, 200, 289, 415, 156, 217.
	Roy, Cheryl	Revisions to NURS 407 course and organized successful research poster session. Lead instructor for NURS 406. Co-created new nursing course for Forensics minor	Team teaching in NURS 406. Forensic course NURS 496 is the most popular nursing elective. Worked closely with 9 students in NURS 412L as senior specialty instructor	Worked with 11 students in NURS 412L as senior specialty instructor. Team teaching in NURS 406 and 417
	Thomas, Cynthia (on sabbatical 2006-2007)		Developed new topics course NURS 496 on transplantation. Taught course in AAS program and made significant changes to course. Team teaching in NURS 406.	
	Zadrozny, Jennifer (new tenure-track faculty hired 2008-2009)			First semester as tenure-track faculty. Modified course content based on changes in healthcare trends and student feedback. Taught one course online each semester with updates based on student feedback.

Scholarly Activities	2006-2007	2007-2008	2008-2009
90% of the faculty will complete a minimum of one scholarly activity each year.	100%	100%	100%
100% of the faculty will demonstrate ongoing progress in their scholarly activities.	100%	100%	100%
25% of the faculty will hold doctorates.	22%	27%	36%
Scholarly Activities			
Publications • Evidence –based publications for practice or refereed journals • Non-refereed journals or other articles • Textbook author or co-author • Chapter author or co-author • Article, chapter, or textbook reviewer			
25% of the faculty will publish an article or chapter annually.	**11%**	30%	27%
Brock, Judith		Chapter reviewer for 2 Pharm texts.	
Forrest, Sandy Ph.D.	Peer reviewer for Journal of Nursing Scholarship, Nursing Forum, Psychiatric Review, Journal of Continuing Education in Nursing (10 articles reviewed this year) Consultant for textbook – Nursing Theories & Nursing Practice, 2nd edition.	Peer reviewer for Journal of Nursing Scholarship, Nursing Forum, Psychiatric Review, Journal of Continuing Education in Nursing (8 articles reviewed this year) Revised three nursing textbook chapters.	Revised three chapters for Teaching in Nursing: The Art & Science.
Goebel, Susan	Reviewed 4 chapters in Med Surg text.		Reviewer for new textbook- "Health Assessment for Practical Nurses: History and Interview"
Goodhart, Judy	Reviewer for 2 textbooks – *Focus on Pharmacology* and *Handbook of Diseases*	Published "Radiology Nursing" in *Journal of Orthopedic Nursing*, Jan. 2007	"Research in Radiology Nursing" – wrote chapter in *Core Curriculum for Radiologic and Imaging*

			Reviewer for 2 textbooks – *Focus on Pharmacology* and *Handbook of Diseases*	*Nursing* text. Reviewed 5 chapters for Med Surg textbook.
	Jackson, Alma Ph.D. (new tenure-track faculty hired 2007-2008)		Published paper for Amer. Society of Safety Engineers national conference – "Aging in the workforce."	Published white paper for ASSE National Professional Development Conference.
	Reuss, Kristine Ph.D.	Modified Dept strategic plan. Wrote Self Study for Colorado Board of Nursing for LPN-AAS program.	Wrote Self Study for Colorado Board of Nursing for LPN program. Wrote Self Study for Colorado Board of Nursing final approval of LPN-AAS program. Wrote Self-study for MSC nursing program review. Report of the Governor's Task Force on Nurse Workforce and Patient Care. Rural Task Force Report for the Blue Ribbon Commission for Health Care Reform, October 18, 2007	Wrote Self Study for Colorado Board of Nursing final approval of PN Program
	Thomas, Cynthia Ph.D. in 2008 (on sabbatical 2006-2007)		Reviewer for 2 FA Davis textbooks.	
Other scholarly contributions • Test item writing • Software development • Development of audio/video presentations				
	Hoffman, Bethany	Completed requirements to be test item writer for Clin Spec in Psych Nursing exam.		

Scholarly Activities	2006-2007	2007-2008	2008-2009
Presentations and poster sessions • Developing and presenting evidence-based presentations • Disseminating teaching and learning methods			
40% of the faculty will give a scholarly presentation annually.	78%	60%	55%
Bailey, Debra	Presented Diabetes update for CDE in Montrose.	National presenter for HANDS program. Two regional presentations and three state presentations.	National presenter for HANDS program. One national presentation and one state presentation.
Brock, Judith	Co-presenter at state PH advisory committee regarding implementation of PHN competencies.		
Forrest, Sandy	Presentation of findings on parental discord and child/adolescent emotional distress to local groups..		Local presentation on treatment of eating disorders.
Goebel, Susan	Multiple presentations to MSC student groups on sexual assault, safer sex, social norms of high risk behaviors. Presented "Forensics in Nursing" – Critical Care CE Course Presented "5-minute preceptor" – NICE conference Presented "Human Papilloma Virus" at MSC Faculty Colloquim.	Presented to Colo State Office of Victim's Assistance – "SANE response" Presented local 3 workshops on "Head to Toe screening" for Community Hospital Presented "Hepatitis B" for MSC Developmental Center. Presented "Head to toe screening for cancer" – Montrose County HD	State level presentation – "Ending violence against women" in Basalt, CO Presented local inservice trainings on sexual assault response to local ER nurses and physicians.
Goodhart, Judy	Invited speaker for GJ Regional Center on nurses' day		
Hoffman, Bethany	Presented "Conflict Management" and "Communication" for NICE Conference. Presented "Mental health concerns" for Stephen's Ministry training. Invited keynote address on Bipolar Illness and Substance Abuse at regional conference	Presented "Strategies for student interactions" and "Communication" for NICE Conference.	

		(Winter School).		
	Jackson, Alma (new tenure-track faculty hired 2007-2008)		Presentations at several national conferences including Amer Assoc of OH Nurses, Amer Society of Safety Engineers , National Ergonomics Conf, Pinnacol Assurance State Conf	Presented at Eastern Ergonomics Conference in NY. Local presentation for SMH on evidence-based practice.
	Reuss, Kristine		Presented to GJ Chamber Leadership Development Group (Healthcare Workforce Development) Presented "Nursing education and policy change", Governor's Taskforce for Nursing Workforce and Patient Safety Presented "Healthcare workforce", Colorado Rural Health Conference	Presented "Nursing education challenges", Health Professions Policy Collaborative
	Roy, Cheryl	Presentations on victim's advocacy to local law enforcement.	Presentation on "The Sexually Assault Victim" and "Role of the SANE" twice to local law enforcement. Also presented to local ER staff.	Presentation on "The Sexually Assault Victim" and "Role of the SANE" twice to local law enforcement. Also presented to local ER staff.

Scholarly Activities	2006-2007	2007-2008	2008-2009
Current research or other study related to the discipline • Conducting and or/supporting original research • Proposal development • Literature review • Data collection or analysis • Writing results • Reviewing, evaluating, and critiquing research			
Brock, Judith	Literature review re: online instruction principles/techniques	Ongoing literature review re: online instruction principles/techniques Review committee for CPHA conference presentation proposals.	Ongoing literature review re: online instruction principles/techniques. Review committee for CPHA conference presentation proposals.
Forrest, Sandy	Completed clinical research on parental discord and child/adolescent emotional distress. Results submitted as sabbatical report – ongoing data collection and analysis with some subjects.	Ongoing data collection and analysis for clinical research project.	
Goebel, Susan	Lit review on HPV to prepare for faculty symposium.	Lit review on Hep B, cancer screening for presentations	Lit review on hospital/resident homes policies and protocols in response to sexual assault, harassment, abuse
Goodhart, Judy	Data collection from current BSN students to analyze performance in relation to pre-requisite science courses.		
Hoffman, Bethany	Lit review to update course work in mental health, forensic nursing, teaching critical thinking and student nurse experience		
Jackson, Alma (new tenure-track faculty hired 2007-2008)			Principal investigator on two research projects – Community Hospital diabetes project and Home Care of GV pain mgt project.

	Reuss, Kristine	Analysis of data and compilation of final report for Community Assessment of Rio Blanco County, CO.		
	Roy, Cheryl	Mentored 8 student research proposals. Conducted lit review on care of sexual assault patient using conceptual framework of Transitions.	Lit review to update course work in NURS 406.	
	Thomas, Cynthia (on sabbatical 2006-2007)		Completed data collection, analysis, and writing on doctoral dissertation chapters 4 and 5 focused on transplant patients.	

Scholarly Activities	2006-2007	2007-2008	2008-2009
Professional development (Attendance at professional meetings or courses related to professional growth) • Post-graduate coursework • National/international conference • Regional/local conference • Professional intensive workshops • Professional meetings • Engaging in reflective self-inquiry • Self study activities (i.e. online or module) to maintain certification			
Bailey, Debra	IAFN national meeting on Family Violence and Child Abuse	Medical Training Academy on child physical and sexual abuse. Attended international STT conference in Baltimore as delegate for Nu Kappa Chapter. UCDavis Forensic Nursing conference. Mosby Faculty Development conference.	Post-graduate coursework Began a doctoral program UC Denver and completed 6 hours of coursework. Attended Medical Training Academy on child physical and sexual abuse in SLC. Attended Keystone conference for nurse practitioners. Attended Diabetes conference in Denver.
Brock, Judith	Attended state CPHA and PHNAC annual meeting. Attended Nurse Educator Boot Camp in Summer 06. Attended Regional Emergency Preparedness training Attended local STT, CNA,CPHA, PHNAC meetings	Attended ATI User conference in Las Vegas.	Attended state CPHA and PHNAC annual meeting. Attended WebCT and Iclicker training on campus
Forrest, Sandy	Attended conferences on use of psychotherapeutic intervention with children, ADHD, cognitive-behavioral approaches in marital and family session, reality therapy with suicidal adolescents, & solution focused techniques with depressed adults.	Attended NLNAC Self Study conference Attended Family and Martial Assessment conference. Attend STT meetings.	Attended conference on EBP in SLC. Home study courses and reading of scholarly publications.

	Goebel, Susan	Attended NIMS training, local conference and professional meetings.	Attended International Assoc of Forensic Nurses, Forensic interview training workshop, SDFI workshop Quarterly conference call with state SANE clinical coordinations. Attended Mesa County SART, SANE advisory council, WSCC advisory council	Attended Medical Training Academy on child physical and sexual abuse in SLC and Documentation Workshop in Ft. Collins, CO Attended workshops on Implanon Clinical Training, How to create and inclusive environment, Forensic Interview
	Goodhart, Judy	Attended Boot Camp for Nurse Educators and Clinical Scholars Course	Attended Colo Nurses Association convention and CE day.	Attended Colo Nurses Association convention and CE day.
	Hoffman, Bethany	Attended Winter School, GJ regional conference on counseling and addictive behaviors. Attended Pscyhopharmacology Update in Boston, MA.	Attended Winter School, GJ regional conference on counseling and addictive behaviors, STD update with CDPHE.	Attended Winter School, GJ regional conference on counseling and addictive behaviors
	Jackson, Alma (new tenure-track faculty hired 2007-2008)		Attended Amer Assoc of OH Nurses, Amer Society of Safety Engineers , National Ergonomics Conf, Cleveland Clinic Research Conf., regularly attend several professional assoc meetings.	Began MSN in Nursing Educ program at UNC. Completed 2 courses. Attended National Ergonomics Conf.
	Reuss, Kristine	Completed Helen Fuld Leadership Fellowship with AACN. Attended AACN conference (2), Colorado Council of Nurse Educators (2), NLN Summit, Colorado Nurses Association annual meeting	Attended AACN conference (2), Colorado Council of Nurse Educators (2), CCNE accreditation self study conference, NLNAC accreditation self study conference, Delmar Nursing Forum, Colorado Nurses Association annual meeting. Invited by Sen. Wayne Allard to Colorado Healthcare Summit.	Attended AACN conference (2), Colorado Council of Nurse Educators (2), National Association of Local Boards of Health annual meeting, Colorado Nurses Association annual meeting, National Nursing Workforce Summit in Washington, DC (appointed to Colorado team)
	Roy, Cheryl	Doctoral student at UCHSC. Attended SANE education reviews.	Attended IAFN Assembly in SLC, and "Interviewing the sexually abused child" in GJ"	Attended Medical Forensic Training Academy on child physical and sexual abuse in SLC.

	Thomas, Cynthia (on sabbatical 2006-2007)		Doctoral coursework focused on dissertation.	
	Zadrozny, Jennifer (new tenure-track faculty hired 2008-2009)			Attended several professional intensive workshops and professional meetings.

Scholarly Activities	2006-2007	2007-2008	2008-2009
Recognizing excellence in practice (Maintains ongoing certification and/or clinical competence through faculty practice or consultation in related field)			
35% of the faculty will be involved in clinical practice on a regular basis.	67%	80%	64%
Bailey, Debra	Obtained certification as Sexual Assault Nurse Examiner Maintain certification and clinical practice as a Diabetes Educator. Serves as a consultant to Colo. Dept of Education as Regional Diabetes Nurse Maintain certification and clinical practice as a Family Nurse Practitioner	Maintain certification as Sexual Assault Nurse Examiner Maintain certification and clinical practice as a Diabetes Educator. Serves as a consultant to Colo. Dept of Education as Regional Diabetes Nurse Maintain certification and clinical practice as a Family Nurse Practitioner	Maintain certification as Sexual Assault Nurse Examiner Maintain certification and clinical practice as a Diabetes Educator. Serves as a consultant to Colo. Dept of Education as Regional Diabetes Nurse Maintain certification and clinical practice as a Family Nurse Practitioner
Brock, Judith	Consultant to CDPHE and MCHD re: PHN competencies.	Preceptor for MPH student at MCHD.	Active in public health initiatives, public education and Marillac Clinic.
Forrest, Sandy	Maintains faculty clinical practice as a mental health practitioner.	Maintains faculty clinical practice as a mental health practitioner. Completed requirements for licensure as a professional counselor this year.	Maintains faculty clinical practice as a mental health practitioner. Supervision of individuals seeking licensure as professional counselor.
Goebel, Susan	Maintain certification and clinical practice as a Women's Health Nurse Practitioner and Sexual Assault Nurse Examiner.	Maintain certification and clinical practice as a Women's Health Nurse Practitioner and Sexual Assault Nurse Examiner.	Maintain certification and clinical practice as a Women's Health Nurse Practitioner and Sexual Assault Nurse Examiner. Consultant to Regional Center of development of policies on sexual assault, harassment, and abuse. Consultant on legal documentation Consultant to Mesa County Sheriff's Office, Justice Center, GJ

				Police Dept on sexual maturation in child pornography photos
	Hoffman, Bethany	Maintain certification and clinical practice as a Clinical Specialist in Adult Psych Mental Health Nursing providing care at Marillac Clinic one morning/week. On call at VAMC inpatient and outpatient psych service.	Maintain certification and clinical practice as a Clinical Specialist in Adult Psych Mental Health Nursing providing care at Marillac Clinic one morning/week.	Maintain certification and clinical practice as a Clinical Specialist in Adult Psych Mental Health Nursing.
	Jackson, Alma (new tenure-track faculty hired 2007-2008)		Maintains certification and clinical practice as OHN Specialist. Consultant in health and safety for general industry and oil/gas industry.	Maintains certification and clinical practice as OHN Specialist. Consultant in health and safety for Dept of Labor, general industry and oil/gas industry.
	Roy, Cheryl	Maintain certification and clinical practice as a Sexual Assault Nurse Examiner.	Maintain certification and clinical practice as a Sexual Assault Nurse Examiner. Serves as expert witness in court for SANE cases.	Maintain certification and clinical practice as a Sexual Assault Nurse Examiner.
	Thomas, Cynthia (on sabbatical 2006-2007)		Maintains clinical competencies and practice as RN at local hospital	
	Zadrozny, Jennifer (new tenure-track faculty hired 2008-2009)			Maintain certification and clinical practice as a Family Nurse Practitioner.

Scholarly Activities	2006-2007	2007-2008	2008-2009
Grants/Awards • Research and development of grants and/or other funding sources (i.e. self, program, department) • Recognition by professional bodies as a scholar in defined area • Scholarly awards (i.e. self, program, department, community)			
Hoffman, Bethany			Faculty Professional Development Award ($1162)
Jackson, Alma (new tenure-track faculty hired 2007-2008)			Co-investigator on HRSA grant submitted Dec. 2008
Reuss, Kristine	Helene Fuld Leadership Fellowship (AACN) Wrote Grant: Wagner-Peyser Workforce Development - Dept of Labor, 2005-2007, $600,000 Wrote Grant: The Colorado Trust - Health Professions Initiative, 2005-2007, $375,000	Wrote Grant: Caring for Colorado Critical Care Center Grant, 2007, $87,000	Faculty Professional Development Award ($3000) Wrote Grant: Western Healthcare Alliance, 2009-2011, $186,375
Thomas, Cynthia (on sabbatical 2006-2007)		Received CO Nursing Foundation Scholarship and Doris Kemp Research Grant.	
Other evidence of outside scholarly work (Projects benefitting college, department and students, mentoring undergraduate research			
Bailey, Debra		Research support for NURS 407student projects.	
Forrest, Sandy		Began work on LPN and AAS program accreditation self study	
Goebel, Susan	Chaired Honors Thesis -Jenna Hoem "Sexploitation & Internet Crime"		Attended HRSA workshop regarding coaching in the professional workplace and serves as a coach for local RNs Judge for high school science fair.
Goodhart, Judy		Mentored local RN seeking MSN in Psych Nursing. Assisted student to obtain scholarship to attend APNA Conference	Mentored local RN seeking MSN in Psych Nursing.

Service	2006-2007	2007-2008	2008-2009
100% of the faculty will actively participate in college, department, program, or community activities.	100%	100%	100%

Service	2006-2007	2007-2008	2008-2009
College service • College committee member • Faculty Senate or Curriculum Committee • Leadership role on college committee • Search committee member • Participation in campus committee work • Leadership role on departmental committee • Significant public relations, fundraising, securing scholarships • Contributing to academic climate of the college • Collaborating across disciplines • Developing and engaging in interdisciplinary programs and/or service projects			
Bailey, Debra		College Curriculum Committee	College Curriculum Committee Member of 2 search committees
Brock, Judith		College Distance Learning Committee	College Distance Learning Committee College Assessment Committee Member of PN Program Director search committees
Forrest, Sandy		Member of search committee	
Goebel, Susan	College Graduate Curriculum Council College Who's Who Committee College Year of the Classroom Committee Member of 3 search committees	Chair – College Professional Faculty Development Committee College IRB Committee College Year of the Classroom Committee College Who's Who Committee Member of 1 search committee	Chair – College Professional Faculty Development Committee College IRB Committee College Who's Who Committee Member of 1 search committee

			Colorado Colleges Tobacco Prevention Initiative	
	Goodhart, Judy	College Faculty Senate, Distinguished Faculty, Hall of Honor committees	Hall of Honor committee	
	Hoffman, Bethany	College Lectures & Forums Committee	College Lectures & Forums Committee and Human Relations Council	College Lectures & Forums Committee and Human Relations Council
	Jackson, Alma (new tenure-track faculty hired 2007-2008)			College IRB Committee
	Reuss, Kristine	Department Head for Health Sciences College Handbook Revision Committee Active with Nursing Alumni organization for fundraising activities	College Handbook Revision Committee	College Program Prioritization Committee College Handbook Revision Committee
	Roy, Cheryl			College Tenure & Promotion Committee and Academic Policy Committee
	Thomas, Cynthia (on sabbatical 2006-2007)		College Graduate Education Committee. Chaired 1 search committee.	
	Zadrozny, Jennifer (new tenure-track faculty hired 2008-2009)			College Library committee

Service	2006-2007	2007-2008	2008-2009
Departmental service • Department committee member • Participation in campus committee work • Leadership role on department committee • Search committee member • Contributing to academic climate of the department • Participates in public relations of the department • Collaborating across programs in the department • Conducting policy analysis			
Bailey, Debra		Participate in dept committee work	Participate in dept committee work
Brock, Judith	BSN Archives Committee	BSN Archives Committee BSN Policy Committee	BSN Archives Committee BSN Policy Committee
Forrest, Sandy	BSN Program Evaluation Committee Serves as resource to faculty and program directors on accreditation.	Participate in dept committee work. Lead role in accreditation activities. Began preparation of self study for PN and LPN-AAS programs with NLNAC	Lead role in accreditation activities for PN, AAS, BSN programs. Working with faculty committees to prepare self study.
Goebel, Susan	Participate in dept committee work	Liaison for scholarship selection process.	Liaison for scholarship selection process.
Goodhart, Judy	Leadership role as BSN Program Director and Chair of BSN faculty committee, and BSN admission committee	Leadership role as BSN Program Director and Chair of BSN faculty committee, and BSN admission committee	Leadership role as BSN Program Director and Chair of BSN faculty committee, and BSN admission committee
Hoffman, Bethany	Co-Organizer for Welcome Back each semester. Developed curriculum proposal for Forensic Minor for curriculum committee	Dept Scholarship, Archives committee. Reviewed ATL and library holdings on mental health and forensic nursing	Dept Scholarship, Archives committee.
Jackson, Alma (new tenure-track faculty hired 2007-2008)		Dept. admission and policy committee. Helped develop policies on admission criteria on essential functions, ADA requirements, post needle exposure. Organized research poster session for BSN students.	Dept accreditation and online faculty committees. Nursing Education Advisory Board

	Reuss, Kristine	Developed curriculum, recruitment materials and serve as camp director for summer MASH Camp for middle school students.	Developed curriculum, recruitment materials and serve as camp director for summer MASH Camp for middle school students.	Developed curriculum, recruitment materials and serve as camp director for summer MASH Camp for middle school students.
	Roy, Cheryl	Chair scholarship committee, member of policy and bylaws committee.	Chair scholarship committee, member of policy and bylaws committee.	Chair scholarship committee, member of policy and bylaws committee.
	Thomas, Cynthia (on sabbatical 2006-2007)		Assists with department committees as needed.	
	Zadrozny, Jennifer (new tenure-track faculty hired 2008-2009)			Assists with department committees as needed.

Service	2006-2007	2007-2008	2008-2009
Professional service • Leadership in national or state professional organization • Leadership in local professional organization • Actively contributes to professional organization • Membership in professional organization • Formal consulting • Developing and engaging in interdisciplinary programs and/or service projects • Conducting policy analysis (i.e. community facility)			
Bailey, Debra	IAFN, ANA, NANP, STT	IAFN, ANA, NANP, STT Actively contributes to IAFN and STT - Sigma Theta Tau faculty liaison	IAFN, ANA, NANP, STT Actively contributes to IAFN and STT - Sigma Theta Tau faculty liaison
Brock, Judith	STT, CNA,CPHA	STT, CNA,CPHA MSC rep on CDPHE Academic Collaborative.	STT, CNA,CPHA MSC rep on CDPHE Academic Collaborative.
Forrest, Sandy	Serves as accreditation site visitor and team leader for CCNE – 2 visits this year. STT	Serves as accreditation site visitor and team leader for CCNE – 2 visits this year. STT	Serves as accreditation site visitor and team leader for CCNE – 3 visits this year. Prepared final reports and received highest possible ratings on reports. STT
Goebel, Susan	IAFN, APSAC, STT, AANP, NPHRA, CNA, Colo SANE Association	Clinical coordinator for West Slope SANEs. Liaison to Justice system. IAFN, APSAC, STT, AANP, NPHRA, CNA, Colo SANE Association	Clinical coordinator for West Slope SANEs. Liaison to Justice system. IAFN, APSAC, STT, AANP, NPHRA, CNA, Colo SANE Association
Goodhart, Judy	ANA, CNA (treasurer), STT, Nightingale planning committee	ANA, CNA (treasurer), STT, Nightingale planning committee	ANA, CNA (treasurer), STT Nightingale planning committee
Hoffman, Bethany	ANA, CNA, STT. Monthly supervision of clinical specialists in community.	ANA, CNA, STT, APNA Monthly supervision of clinical specialists in community.	ANA, CNA, STT, APNA Monthly supervision of clinical specialists in community.
Jackson, Alma (new tenure-track faculty hired 2007-2008)		ASSE, AAOHN, STT, Infection control network.	ASSE, AAOHN, STT,

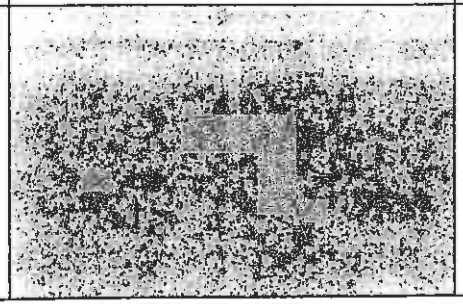
	Reuss, Kristine	CNA (elected to state board of directors and honored for outstanding contributions at state level) STT, Nightingale planning committee	CNA, STT, Nightingale planning committee. Policy Analysis as member of Colorado Summit Team for Expanding Nursing Education Capacity, Rural Taskforce of 208 Commission for Healthcare Reform in Colorado, Governor's Taskforce for Nurse Staffing and Patient Safety	CNA (District 5 president), STT, Nightingale planning committee.
	Roy, Cheryl	STT – faculty advisor. Plans poster sessions and induction of new members. IAFN, APSAC, ANA, Delta Kappa Gamma	STT – faculty advisor. Plans poster sessions and induction of new members. IAFN, APSAC, ANA, Delta Kappa Gamma	STT – faculty advisor. Plans poster sessions and induction of new members. IAFN, APSAC, ANA, Delta Kappa Gamma
	Thomas, Cynthia (on sabbatical 2006-2007)		CNA, STT, AACN, WIN	
	Zadrozny, Jennifer (new tenure-track faculty hired 2008-2009)			CNA, STT.

Service	2006-2007	2007-2008	2008-2009
Community service • Health fairs, volunteer activities related to professional field • Community board member in discipline related agency/organization • Active membership in community organization • Developing and engaging in interdisciplinary programs and/or service projects • Conducting policy analysis (i.e. community facility)			
Bailey, Debra	Member of Mesa County Board of Health. Volunteer for Museum of Western Colorado. Assists with local health fairs.	Member of Mesa County Board of Health. Volunteer for Museum of Western Colorado. Assists with local health fairs - Women's health expo, Migrant head start screening	Team leader for MASH Camp. Assists with local health fairs – Fiesta Fair, Migrant head start screening
Brock, Judith	Helped organize Health Fair, Fiesta Fair, Immunization Flu Clinics	Advisory board for B-4 Babies. Mesa County Senior Health Subcommittee Liaison between MCHD and MSC for Flu Clinics. Volunteer with Livewell – set up student BP screenings in community	Advisory board for B-4 Babies. Mesa County Senior Health Subcommittee Liaison between MCHD and MSC for Flu Clinics, health fair planning committee. Volunteer with Livewell – set up student BP and prenatal dental screenings in community
Forrest, Sandy	Assists with fundraising for community agencies. Provides clinical supervision for local therapists who work with suicidal adolescents	Active in community activities related to adolescent mental health/suicide prevention and fibromyalgia.	On-call for Mesa County Suicide Task Force. Provides grief counseling to families/friends of victims of accidental death and suicide.
Goebel, Susan	Clinical coordinator for West Slope SANEs.	SANE rep to West Slope Center for Child Board and SANE advisory council. Active in planning local flu clinics, 9 health fair, MSC employee benefits health fair, migrant head start screenings. Volunteer at Royce Hurst Humane Society	SANE rep to West Slope Center for Child Board and SANE advisory council. Active in planning local flu clinics, 9 health fair, MSC employee benefits health fair, migrant head start screenings. Volunteer at Royce Hurst Humane Society

	Goodhart, Judy	Participated in MSC benefit's fair. Involved with American Cancer Society, and serves on the board of directors for Med Prep Program and Home Care of the Grand Valley. Serves as usher at church. Lead instructor for MASH Camp.	Involved with American Cancer Society, and serves on the board of directors for Med Prep Program and Home Care of the Grand Valley (secretary). Served as usher and Stephen Minister at church. Lead instructor for MASH Camp.	Served on the board of directors for Home Care of the Grand Valley (secretary) and Red Baron Ball committee. Served as usher and Stephen Minister at church. Lead instructor for MASH Camp.
	Hoffman, Bethany	Volunteer for flu clinic, Girls on the Run (including board member), fundraising. Active member of art center and book club.	Volunteer for Girls on the Run, fundraising for March of Dimes. Active member of art center and book club.	Volunteer for Girls on the Run, fundraising for March of Dimes. Active member of art center and book club.
	Jackson, Alma (new tenure-track faculty hired 2007-2008)		Locally active in ASSE health and safety meetings for oil and gas companies.	Locally active in ASSE health and safety meetings for oil and gas companies. Volunteer at Royce Hurst Humane Society
	Reuss, Kristine	Selected for Hilltop's Hometown Hero Award. Camp Id-Ra-Ha-Je Board of Directors. Volunteer for community medical team, health fairs, flu clinics, free health screenings. Active in faith community. Member of Mesa County Medical Reserve Corps.	Appointed by county commissioners to Mesa County Board of Health (5 year term) Appointed to St. Mary's Hospital Board of Directors (3 year term). Appointed to Healthcare Development Council, Member of Mesa County Medical Reserve Corps.	Mesa County Board of Health – Elected Vice Chair St. Mary's Hospital Board of Directors-Elected Secretary Appointed to Healthcare Development Council, Member of Mesa County Medical Reserve Corps.
	Roy, Cheryl	Develop, maintain and administer Mesa County medical Society nursing scholarship. Mesa County Task Force on Domestic Violence, Americal Medical Society Alliance, CO Medical Society Alliance, Mesa County Medical Society Alliance. Active member of Center for the Arts, GJ Symphony, Book club	Develop, maintain and administer Mesa County medical Society nursing scholarship. Mesa County Task Force on Domestic Violence, Mesa County SART, Americal Medical Society Alliance, CO Medical Society Alliance, Mesa County Medical Society Alliance. Active member of Center for the Arts, GJ Symphony, Book club	Develop, maintain and administer Mesa County medical Society nursing scholarship. Mesa County Task Force on Domestic Violence, Mesa County SART, Americal Medical Society Alliance, CO Medical Society Alliance, Mesa County Medical Society Alliance. Active member of Center for the Arts, GJ Symphony, Book club

	Zadrozny, Jennifer (new tenure-track faculty hired 2008-2009)			Assists with local health fairs and serves on medical team at church.

Advising	2006-2007	2007-2008	2008-2009
100% of the faculty will actively participate in college, department, or program advising activities.	100%	100%	100%
• Demonstrate effective advising of students through accurate information provided to students regarding course completion, graduation requirements, completion of program sheets • Participates in campus advising and orientation programs • Participates in career days and other recruitment efforts • Serves as advisor for campus role • Participates in other activities related to advising pre-degree students			
Bailey, Debra	Advising for Level 1 and 2 students.	Advising for 28 Level 4 students and 5 pre-nursing students. Leader in summer MASH Camp – developed new learning activities for Level 3	Advising for 24 Level 5 students. Completed petitions to graduate and 26 letters of recommendation. Campus advising event – Mesa Madness 2/08. Health education program for 5th graders – S08.
Brock, Judith	Campus advising event – 3 SOAR sessions. Advising for pre-nursing students and completion of student program sheets.	Campus advising event – 2 SOAR sessions. Faculty advisor for Level 5 BSN students. Helped with petitions to graduate. Advising for pre-nursing students. Reviewed BSN applicants in F07.	Campus advising event – 2 SOAR sessions. Faculty advisor for Level 1 BSN students. Advising for pre-nursing students and families
Forrest, Sandy	Advising for pre-nursing students.	Advising for pre-nursing and current BSN students.	Advising for pre-nursing and current BSN students.
Goebel, Susan	Campus advising event – 3 SOAR sessions Serves as SNA advisor. Organized nursing Welcome back each semester. Advising for Level 4 students.	Campus advising event – 2 SOAR sessions, 1 MESA Madness recruitment Serves as SNA advisor. Organized nursing Welcome back each semester.	Campus advising event – 1 SOAR sessions, 2 MESA Madness recruitment Serves as SNA advisor. Advises Level 3 students. Wrote 26 letters of recommendation for students.

		Completed petitions to graduate	Group Advising for pre-nursing students. Wrote 46 letters of recommendation for students.	Organized nursing Welcome back each semester.
	Goodhart, Judy	Campus advising event – 3 SOAR sessions Lead advisor for all pre-nursing students (398). Advises students in group setting twice/week. Mentors faculty in student advising.	Campus advising event – 2 SOAR sessions, 1 MESA Madness recruitment Lead advisor for all pre-nursing students (400 encounters this year). Advises students in group setting twice/week. Mentors faculty in student advising.	Campus advising event – 1 SOAR sessions, 1 MESA Madness recruitment, 1 MSC Ambassador's mtg. Lead advisor for all pre-nursing students (436 encounters this year). Advises students in group setting twice/week. Mentors faculty in student advising.
	Hoffman, Bethany	Advises pre-nursing students in group setting twice/week plus individual appts. Created orientation program for incoming BSN students with BSN program director.	Campus advising event –1 MESA Madness recruitment Advises pre-nursing students in group setting once/week plus individual appts. Created orientation program for incoming BSN students with BSN program director. Wrote many letters of recommendation for students. Helped develop student summer internship at CWMH.	Campus advising event –1 MESA Madness recruitment Advises pre-nursing students in group setting once/week plus individual appts. Continued lead role in orientation program for incoming BSN students with BSN program director.
	Jackson, Alma (new tenure-track faculty hired 2007-2008)		Oriented to advising process as new faculty member.	Campus advising event – 1 SOAR sessions, 1 MESA Madness recruitment Advises pre-nursing and RN-BSN students in group setting once/week plus individual appts. Recruitment booth at SMH.

	Reuss, Kristine	Campus advising event – 4 SOAR sessions, 1 MESA Madness recruitment. Available for walk-in advising for all programs. Attended recruitment and advising activities at 2 other community colleges and 3 health care facilities. Review all petitions to graduate.	Campus advising event – 5 SOAR sessions, 1 MESA Madness recruitment. Available for walk-in advising for all programs. Attended recruitment and advising activities at 1 community colleges. Review all petitions to graduate.	Campus advising event – 4 SOAR sessions, 1 MESA Madness recruitment. Available for walk-in advising for all programs. Review all petitions to graduate.
	Roy, Cheryl	Advised Level 4 and 5 students. Wrote many letters of recommendation for students. Completed petitions to graduate for Level 4.	Advise current BSN students at multiple levels in program and is designated advisor for Level 1 students. Wrote many letters of recommendation for students.	Advise current BSN students at multiple levels in program and is designated advisor for Level 2-5 students. Wrote many letters of recommendation for students.
	Thomas, Cynthia (on sabbatical 2006-2007)		Assist with advising for RN-BSN students, including orientation of new students. Participated in summer MASH camp.	Campus advising event – 2 SOAR sessions. Serves as SNA faculty advisor. Participated in summer MASH camp.
	Zadrozny, Jennifer (new tenure-track faculty hired 2008-2009)			Advising for current BSN students. Completed petitions to graduate for Level 4 students.nm

EVALUATION TEAM REPORT ON THE ACCREDITATION REVIEW OF THE BACCALAUREATE DEGREE PROGRAM IN NURSING AT MESA STATE COLLEGE

COMMISSION ON COLLEGIATE NURSING EDUCATION
ON-SITE EVALUATION: November 9-11, 2009
EVALUATION TEAM:

Deborah M. Kisner, EdD, RN, Team Leader
Karin Roberts, PhD, RN, CNE
Lori Stinson, PhD, RN, CTN

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Introduction

This report presents the findings of the evaluation team from the Commission on Collegiate Nursing Education (CCNE), the accrediting body devoted exclusively to the evaluation of baccalaureate and graduate degree programs in nursing, regarding the Bachelor of Science in Nursing (BSN) at Mesa State College and its compliance with CCNE's standards for accreditation. The BSN program was granted initial accreditation by CCNE in 2000 and is under review for continuing accreditation.

Mesa State College (MSC) is a comprehensive public institution whose purpose is to promote the acquisition of skills as well as the discovery and application of knowledge. The college Web site states, "We take great pride in providing educational opportunities and tools that help students succeed in today's complex and interconnected world. Our focus is on providing quality academic programs, built on a strong liberal arts core that supports students' interests and regional employment needs, as well as technical programs that respond to vocational workforce demands."

The *Mesa State College Catalog* states "The founding of Grand Junction Junior College in 1925, with 39 students enrolled in 7 classes, marked the beginning of post-secondary education on Colorado's Western Slope." A vocational school was added in 1967, and by 1974, the college had evolved into a baccalaureate degree granting institution. In 1994, the Colorado legislature offered MSC the opportunity to add selected graduate degree programs. MSC was designated as a regional education provider by the Colorado legislature in 2003, responsible for meeting the post-secondary needs for 14 Western Slope counties. It is the only 4-year institution in Colorado to offer a full range of undergraduate programs from technical certificates to master's degrees.

MSC strives to achieve the highest degree of academic quality, affordability, and accessibility in the state as a regional education provider. MSC holds a Carnegie classification of Baccalaureate-Arts and Sciences. It is regionally accredited by The Higher Learning Commission of the North Central Association of Colleges and Schools. The most recent review was 2003-2004. The next site visit is scheduled for 2013-2014.

Governed by a nine member lay board of trustees appointed by the governor, MSC is authorized by the Colorado Commission on Higher Education to offer baccalaureate and graduate degrees in the arts and sciences and in various professional fields. It offers 33

academic programs with 52 majors and 79 concentrations. The degrees currently offered include three associate degrees, seven baccalaureate degrees, and one master's degree. The college currently employs 437 faculty and 254 staff. The part-time faculty members represent 278, or 66.4 percent, of the college faculty.

MSC values teaching and student faculty interaction, offering small classes and opportunities for applied learning that supplement classroom instruction. The college recognizes outstanding teaching as its primary responsibility, where instruction is delivered by highly qualified faculty to academically prepared students. MSC strives to achieve the highest degree of quality, affordability, and accessibility in the state, adapting as its opportunities and strengths change. In addition to traditional classroom offerings, MSC offers on-line courses, night classes, professional development opportunities, lifelong learning classes, and outreach programs.

MSC enrolls 6,665 students, with 99 percent of the students enrolled in undergraduate programs. Ten percent of the college's student body is from outside Colorado. The student population is 59 percent female, 41 percent male, and 15 percent from traditionally under represented groups. The vast majority of students, 72 percent, are traditional-aged students enrolled in full-time study. Many students attend college while also working and caring for families, and Mesa State is proud to provide evening, on-line, and distance education offerings giving non-traditional and working students the opportunity to further their educational attainment and to advance in their professions.

Mesa State's main campus encompasses 78 acres in the heart of Grand Junction, Colorado, a city of over 46,000 people serving as the cultural, educational, and commercial center for the 14 counties in western Colorado, Nestled between mountains and high-desert canyons, the area is home to some of the best outdoor recreation in the country and enjoys 300 days of sunshine a year. The community provides a diverse selection of activities in the arts, music, theatre, festivals, and cultural events.

The Bachelor of Science in Nursing (BSN) generic program was initiated at MSC in 1998 and admitted its first students in 2000. According to the director of nursing and the department head, the Registered Nurse Bachelor of Science in Nursing program (RN/BSN program) was initially implemented in Fall 2003 as an interactive televised program among three sites. Within three years, this program was converted to entirely on-line courses including the general education requirements. Leadership and community health nursing, the only clinical courses in this

program, can be arranged in the student's own community. There are usually 15 to 20 RN/BSN students enrolled each semester. Expected outcomes for these students are the same as for generic students. The BSN program is designed to respond to the emerging health care needs of individuals, families, groups, and communities and provides a foundation for excellence in nursing practice.

Western Colorado is experiencing a health care workforce shortage exceeding the national average. There is a concurrent growth in population especially in adults over age 65 that exceeds the national average. The Colorado Center for Nursing Education was commissioned to study the nursing workforce shortage. In 2003, the center issued a statement identifying that "concerted, collaborative, and strategic efforts must be undertaken to at least double the number of new graduate registered nurses and to enhance the level of preparation and ongoing workplace supports required to sustain a qualified and satisfied nursing workforce." In response to the nursing shortage, nursing faculty obtained a three year Western Healthcare Alliance grant to increase the number of students admitted into the BSN program each semester from 30 to 40 beginning in Fall 2009.

In 2004, the position of dean was eliminated at MSC. The college is currently divided into 12 academic departments with department heads. The department head for health sciences has been in place for seven years. She works closely with program directors and reports to the academic vice president. Responsibilities include program planning in relation to college's mission and goals, budgeting, course scheduling, faculty workloads, recruitment and evaluation, contracts, grant writing and student concerns. Each academic program housed within a department has a program director. The BSN program is housed within the Department of Health Sciences (DOHS). At present, 156 students are enrolled in the generic BSN program, and 15 registered nurses are enrolled in the RN/BSN program. There are 28 nursing faculty members assigned to the BSN program, 12 full-time (42.9 percent) and 16 (57.1 percent) part-time.

As part of the review, the team verified that the program afforded the opportunity for constituents to submit comments directly to CCNE. The evaluation team reviewed a copy of the e-mail and letters that were sent to the community of interest including the Nursing Education Advisory Committee and alumni. All students were informed, and the visit was announced on the nursing Web site. The team considered the responses received by CCNE in the review process.

The team was afforded full cooperation in its efforts to assess the programs and to verify the self-study document. The team would like to take this opportunity to thank program and college representatives for their hospitality and consideration during the on-site evaluation.

Meeting of CCNE Standards

While visiting the campus in Grand Junction, the evaluation team had an opportunity to interview college officials, program faculty, students, alumni, and community representatives. The team reviewed information in the self-study document and in the resource room, as well as other materials provided at its request. In addition, the team also observed classroom and clinical activities. The following assessments were made regarding compliance with the CCNE *Standards for Accreditation of Baccalaureate and Graduate Degree Nursing Programs* (2008) by the baccalaureate degree program in nursing at MSC.

STANDARD I
PROGRAM QUALITY: MISSION AND GOVERNANCE

The mission, goals, and expected aggregate student and faculty 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 interest. Policies of the parent institution and nursing program clearly support the program's mission, goals, and expected outcomes. The faculty and students of the program are involved in the governance of the program and in the ongoing efforts to improve program quality.

This standard is **met** for the baccalaureate program.

I-A. The mission, goals, and expected student outcomes are congruent with those of the parent institution and consistent with relevant professional nursing standards and guidelines for the preparation of nursing professionals.

Elaboration: The program's mission statement, goals, and expected student outcomes are written and accessible to current and prospective students. A mission statement may relate to all nursing programs offered by the nursing unit or specific programs may have separate mission statements. Program goals are clearly differentiated by level when multiple degree programs exist. Expected student outcomes are clear and may be expressed as competencies, objectives, benchmarks, or other language congruent with institutional and program norms.

The program identifies the professional nursing standards and guidelines it uses, including those required by CCNE and any additional program-selected guidelines. A program preparing students for specialty certification incorporates professional standards and guidelines appropriate to the specialty area. A program may select additional standards and guidelines (e.g., state regulatory requirements), as appropriate. Compliance with required and program-selected professional nursing standards and guidelines is clearly evident in the program.

Compliance Concerns? Baccalaureate: No

Rationale:

The mission, goals, and expected outcomes are written and accessible to current and prospective students. The expected student outcomes are congruent with institutional goals for a baccalaureate education. These outcomes were evident in the program's mission statement, philosophy statement, and program goals. Shared institutional goals include:

- Promote acquisition of skills
- Discovery and application of knowledge
- Commitment to quality instruction
- Improving the quality of human life
- Cultural sensitivity
- Utilization of critical thinking skills

Professional nursing standards and guidelines employed by the program were evident, and students and faculty were able to articulate their integration through the various levels of the BSN program. The program uses the *Colorado Nurse Practice Act: Title 12 Professions and Occupations, Article 38 Nurses,* State of Colorado (2007); the American Nurses Association's (ANA) *Principles for Practice: The Nurse's Role in Promoting a Culture of Patient Safety (2005);* and the *Guide to the Code of Ethics for Nurses: Interpretation and Application* (2008). Faculty use *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN Essentials, 1998). This is identified as a CCNE document in the self-study document, BSN Student Handbook, BSN Faculty Handbook, and course syllabi. These documents, other than the self-study document were corrected before the on-site evaluation team departed.

I-B. The mission, goals, and expected student outcomes are reviewed periodically and revised, as appropriate, to reflect:

- **professional nursing standards and guidelines; and**
- **the needs and expectations of the community of interest.**

Elaboration: There is a defined process for periodic review and revision of program mission, goals, and expected student outcomes. The review process has been implemented and resultant action reflects professional nursing standards and guidelines. The community of interest is defined by the nursing unit. The needs and expectations of the community of interest are reflected in the mission, goals, and expected student outcomes. Input from the community of interest is used to foster program improvement.

Compliance Concerns? Baccalaureate: No

Rationale:

The faculty created and implemented a systematic evaluation plan (SEP) for periodic review and revision of program mission, goals, and expected student outcomes in 2004. The document was revised and updated in November 2008 to reflect the current CCNE standards and key elements for accreditation. Review of the mission, goals, and expected outcomes occurs annually at the end of the academic year as stated in the SEP. Professional standards and guidelines are also reviewed annually. Institutional surveys and program specific surveys are administered and reviewed at the end of each academic semester by the curriculum committee.

The internal community of interest at Mesa State is defined as faculty, current students, and college administration. According to the program director, the external community of interest includes clinical staff and management, other health providers, alumni, consumers of health care services, and the Nursing Education Advisory Committee (NEAC). Members of the community of interest provide input into the BSN program in a variety of ways. Clinical faculty interact with alumni, staff, and administrators at clinical practice sites. The evaluation team met with the NEAC whose membership includes faculty from associate degree and practical nursing programs; hospital administrators; a regulatory health information organization director; Mesa County Health Department, city council, county board of health, and workforce center representatives. Hospitals that provide practice sites for MSC baccalaureate nursing students and employ graduates have financially supported multiple clinical faculty positions.

The NEAC members described past activities including: reviewing survey results, brainstorming program issues and fund raising ideas, presenting suggestions for change to meet agency or community needs, and reviewing screening and selection tools for the program. The group meets twice a year, and members look forward to the meetings. Members listed multiple ways in which they had provided suggestions for changes to improve the program. One of the local hospitals is seeking magnet status and needs to increase the number of baccalaureate prepared nurses. The change to admitting two classes per year has resulted in raising their percentage of baccalaureate nursing graduates from 36 to 50 percent. Following a brainstorming suggestion to identify funding opportunities for the program, members stated the Department of Health Sciences head took the suggestions and implemented them.

Subsequent to a campus wide review of all academic programs in 2008, the BSN program was identified as one of three programs of distinction at Mesa State College. The academic vice

president stated that one of the purposes of the review was to identify where campus resources will be directed. She shared with the evaluation team that this recognition will probably bring benefits to the Department of Health Sciences. The president indicated that interest from the community in graduate nursing education will probably result in development of a proposal for a Master of Science in Nursing program, and perhaps a doctoral program in the future. Preliminary approval for a graduate nursing program was received from the Mesa State Board of Trustees October 4, 2009. The academic vice president stated that the RN/BSN program is one of two academic programs on campus that is entirely on-line.

The on-site evaluation team met with 21 BSN students with representation from all five levels of the program and one RN/BSN student. They described changes in first level clinical rotations as a result of their input. The evaluation team also met with a group of alumnae who indicated that they have opportunities to provide feedback regarding their nursing education.

I-C. Expected faculty outcomes in teaching, scholarship, service, and practice are congruent with the mission, goals, and expected student outcomes.

Elaboration: Expected faculty outcomes are clearly identified by the nursing unit, are written, and are communicated to the faculty.

Compliance Concerns? Baccalaureate: No

Rationale:

Through review of the self-study document and discussions with faculty, it was confirmed that faculty are aware of and have participated in the identification of 14 faculty outcomes. Expected faculty outcomes are as follows:

- Modify teaching strategies based on evaluation of outcomes of teaching/learning activities.
- Implement changes in curriculum to advance student learning, as needed.
- Encourage students to participate in service learning.
- Improve transition of new students from the community, including those from diverse cultures, into the nursing program through a planned orientation program.
- Continue to meet accreditation standards.
- Utilize outcome data from standardized testing and program evaluation to enhance program curriculum.
- Utilize advisory board to provide ongoing feedback for continuous improvement.

- Modify curriculum as needed to achieve program benchmarks.
- Evaluate effectiveness of technology used in the education setting.
- Using Boyer's model of scholarship, encourage faculty to advance their professional growth.
- Continue to act as a change agent promoting professionalism among faculty and students.
- Continue to advance nursing alumni support and activities.
- Collaborate with other schools to implement graduate education in Western Colorado.
- Continue multi-disciplinary health education through collaborative efforts on campus and in the community.
- Provide career ladder options for students on the Western slope to become nurses.

The faculty are evaluated annually by the department head, based primarily on teaching, along with advising, scholarship/professional development, and service. Levels of each are specified with corresponding point values noted. There is inconsistency between the evaluation tool structure and the 14 faculty outcomes. Upon further discussion with faculty, it was determined that the identified faculty outcomes are more consistent with processes used by faculty to ensure high quality instruction, an up-to-date curriculum, collaboration with partners and to ensure that the needs of the communities of interest are met. The faculty are exploring the incorporation of Boyer's model into their evaluation process as it better captures breadth of scholarly and service activity common among the BSN faculty. The department head stated that college administration supports faculty in this endeavor and awaits final approval for implementation.

I-D. Faculty and students participate in program governance.

Elaboration: Roles of the faculty and students in the governance of the program, including those involved in distance education, are clearly defined and enable meaningful participation.

Compliance Concerns? Baccalaureate: No

Rationale:

Faculty and student participation in program and campus governance is described in the self-study document and was verified in discussions with the department head, director of nursing,

faculty, and students. The vice president for academic affairs commented that the nursing faculty are very visible and active participants on campus committees. Two faculty members have served as faculty senate president.

Roles for faculty and student participation in governance at the program level are defined in the by-laws of the BSN nursing faculty committee. All full-time and part-time nursing faculty are voting members of this committee. Review of minutes of the faculty and curriculum committee meetings indicated that all nursing faculty attend and participate in these meetings regularly. Student representatives from each level are elected by their classmates to attend and participate in nursing faculty committee meetings; however, the program director and department head stated that their attendance is sporadic. Students are non-voting members of the BSN faculty committee and sub-committees. Opportunities for students to participate in student governance are provided through the association of student government.

I-E. Documents and publications are accurate. References to the program's offerings, outcomes, accreditation/approval status, academic calendar, recruitment and admission policies, grading policies, degree completion requirements, tuition, and fees are accurate.

Elaboration: A process is used to notify constituents about changes in documents and publications. Information regarding licensure and/or certification examinations for which graduates will be eligible is accurate.

Compliance Concerns? Baccalaureate: No

Rationale:

The on-site evaluators reviewed documents, Web site materials, and publications related to the nursing program's offerings, outcomes, accreditation/approval status, academic calendar, recruitment and admission policies, grading policies, degree completion requirements, tuition, and fees. All were found to be accurate and current. Nursing course syllabi, handbooks, the college catalog and the Web site are reviewed annually by the director of nursing and the department head.

I-F. Academic policies of the parent institution and the nursing program are congruent. These policies support achievement of the mission, goals, and expected student outcomes. These policies are fair, equitable, published and are reviewed and revised as necessary to foster program improvement. These policies include, but are not limited to, those related to student recruitment, admission, retention, and progression.

Elaboration: Nursing faculty are involved in the development, review, and revision of academic program policies. Differences between the nursing program policies and those of the parent institution are identified and are in support of achievement of the program's mission, goals, and expected student outcomes. Policies are written and communicated to relevant constituencies. Policies are implemented consistently. There is a defined process by which policies are regularly reviewed. Policy review occurs and revisions are made as needed.

Compliance Concerns? Baccalaureate: No

Rationale:

Policies of the BSN program are congruent with college policies. They support the mission, goals, and expected outcomes of the program. Policies are fair, published, and reviewed and revised as necessary. College policies are available on the Web site. BSN program policies are made available to faculty and students in hard copy and on the nursing Web site. Nursing faculty provided rationale where there are differences in policies, such as admissions and selection process, admissions testing, CPR certification, math competency testing, grading system, grading criteria, performance improvement contracts, criminal background testing, ATI testing, and substance abuse. Policies are reviewed and revised annually prior to handbook publication. Policies are reviewed with new students and faculty by the director of nursing or the department head.

I-G. There are established policies by which the nursing unit defines and reviews formal complaints.

Elaboration: The program's definition of a formal complaint and the procedure for filing a complaint are communicated to relevant constituencies. The program follows its established policies/procedures for formal complaints.

Compliance Concerns? Baccalaureate: No

Rationale:

There is a grievance and appeals policy and procedure, which provide guidelines for timely and fair resolution of complaints or problems related to grades or other academic decisions for students in the health sciences programs at MSC. There is no definition of a formal complaint.

Students requested a grievance policy for the BSN program one week before the on-site evaluation visit through their class president. The director of nursing provided the SNA president with a copy of the process to share with the students and referred the to the complaint policy in

the MSC student handbook. This policy is published in the *BSN Faculty Handbook 2009-2010* but is not included in the current *BSN Student Handbook*. The department head and director of nursing both indicated this was an inadvertent oversight following the annual review and revision.

The MSC complaint policy is published in the MSC Student Handbook, which is available on the Web site. The program follows its established policy and procedure for formal complaints. The policy and procedure were added to the *BSN Student Handbook* before the on-site evaluation team left.

STANDARD II
PROGRAM QUALITY: INSTITUTIONAL COMMITMENT AND RESOURCES

The parent institution demonstrates ongoing commitment and support for the nursing program. The institution makes available resources to enable the program to achieve its mission, goals, and expected aggregate student and faculty outcomes. The faculty, as a resource of the program, enables the achievement of the mission, goals, and expected aggregate student outcomes.

This standard is **met** for the baccalaureate program.

II-A. Fiscal and physical resources are sufficient to enable the program to fulfill its mission, goals, and expected outcomes. Adequacy of resources is reviewed periodically and resources are modified as needed.

Elaboration: The budget enables achievement of the program's mission, goals, and expected student and faculty outcomes. The budget also supports the development, implementation, and evaluation of the program. Compensation of nursing unit personnel supports recruitment and retention of qualified faculty and staff. Physical space is sufficient and configured in ways that enable the program to achieve its mission, goals, and expected student and faculty outcomes. Equipment and supplies (e.g., computing, laboratory, and teaching-learning) are sufficient to achieve the mission, goals, and expected student and faculty outcomes. There is a defined process for regular review of the adequacy of the program's fiscal and physical resources. Review of fiscal and physical resources occurs and improvements are made as appropriate.

Compliance Concerns? Baccalaureate: No

Rationale:

The current budget for the BSN program is sufficient to meet its mission, goals, and expected student and faculty outcomes as well as program implementation and outcomes. Fiscal resources are allocated to the department; the department head distributes funds among the various programs. The department head has been instrumental in acquiring funds from external grant sources to support a number of activities, including expansion of the program from 30 admits every semester to 40, purchase of human simulation manikins, and creation of a critical care elective course.

Though the college faces financial challenges due to the economic downturn, an in-depth review of faculty salaries revealed insufficient salaries for BSN faculty members. Following negotiation with college administration, BSN faculty received a salary adjustment, ranging from five percent for senior faculty to 18 percent for junior faculty. According to the self-study document and department administration, faculty submit fiscal requests to the department head

who seeks to secure or allocate funding as she is able. In interviews, faculty reported diminished financial support for faculty development activities compared to past years, acknowledging this is a result of general economic trends.

The BSN program identified the need to expand its physical space and combine components of the ladder program in one place. In July 2009, the BSN and other department programs relocated to the newly remodeled Saunders Field House. Both students and faculty expressed satisfaction with the classroom and laboratory space available. Faculty reported that adequate resources are available to support teaching, and expressed appreciation that the components of the educational ladder are now present under one roof. The faculty's office space is adequate and includes the necessary technology to support their work. Replacement and management of computers is handled at the college level. Fiscal and physical resource assessment is included in the SEP and is addressed at the end of a semester and annually.

II-B. Academic support services are sufficient to ensure quality and are evaluated on a regular basis to meet program and student needs.

Elaboration: Academic support services (e.g., library, technology, distance education support, research support, admission, and advising services) are adequate for students and faculty to meet program requirements and to achieve the mission, goals, and expected student and faculty outcomes. There is a defined process for regular review of the adequacy of the program's academic support services. Review of academic support services occurs and improvements are made as appropriate.

Compliance Concerns? Baccalaureate: No

Rationale:

The academic support services are sufficient for both on-campus students and those at distant sites. The department employs two full-time administrative assistants and numerous student workers. Faculty commented that an increase in student worker hours has contributed to an efficient office environment. Students from all program levels verified in interviews that they are aware of the various campus services and readily access them as needed. The library is described as excellent by the faculty. A portion of its overall budget is devoted to nursing related on-line journals and databases. A special budget is allocated for purchase of hard copy materials. The collection is regularly reviewed by the library nursing liaison and faculty. Current books are available in all of the BSN curriculum areas. Faculty expressed satisfaction with the library holdings but indicated they would like to expand the collection even further.

In interviews, MSC personnel from student services, financial aid, admissions, and the registrar's office were noted to be knowledgeable about the unique needs and requirements of the BSN students and expressed support in meeting their needs. The various student support service departments interact regularly with BSN program faculty and administration to ensure adequacy of resources. Adjustments are made as necessary. Students have access to the campus recreation center, the health center, the testing center, tutorial services, athletic facilities, child care center, and counseling services. Support services are reviewed at the end of each semester and annually.

II-C. The chief nurse administrator:

- **is a registered nurse (RN);**
- **holds a graduate degree in nursing;**
- **is academically and experientially qualified to accomplish the mission, goals, and expected student and faculty outcomes;**
- **is vested with the administrative authority to accomplish the mission, goals, and expected student and faculty outcomes; and**
- **provides effective leadership to the nursing unit in achieving its mission, goals, and expected student and faculty outcomes.**

Elaboration: The chief nurse administrator has budgetary, decision-making, and evaluation authority that is comparable to that of chief administrators of similar units in the institution. He or she consults, as appropriate, with faculty and other communities of interest, to make decisions to accomplish the mission, goals, and expected student and faculty outcomes. The chief nurse administrator is perceived by the communities of interest to be an effective leader of the nursing unit. The program provides a rationale if the chief nurse administrator does not hold a graduate degree in nursing.

Compliance Concerns? Baccalaureate: No

Rationale:

The program director has been at MSC for three years and became director in August 2009. She works closely with the department head in day-to-day program management, and is responsible for curriculum development, clinical scheduling, student advising, community involvement, faculty by-laws, community reports, response to evaluation results, and oversight of the admissions process. The director maintains a part-time teaching load. The department head is academically and experientially qualified for the position she holds. She is a registered nurse with a PhD in nursing. She retains authority for faculty/staff evaluation, department strategic planning, resource allocation, and program expansion, consistent with other campus department heads. When queried, college administration, student support service personnel, faculty, students, alumni, and community representatives expressed strong support for her. She

is noted as a gifted and able leader who listens and responds to needs and requests. College administration, faculty, and students described her as "superwoman," and she secured external funding to support many new program and department initiatives. The Department of Health Sciences head was awarded the Distinguished Faculty Award for academic year 2008-2009 at MSC.

II-D. Faculty members are:

- **sufficient in number to accomplish the mission, goals, and expected student and faculty outcomes;**
- **academically prepared for the areas in which they teach; and**
- **experientially prepared for the areas in which they teach.**

Elaboration: 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. The mix of full-time and part-time faculty is appropriate to achieve the mission, goals, and expected student and faculty outcomes. Faculty-to-student ratios ensure adequate supervision and evaluation and meet or exceed the requirements of regulatory agencies and professional nursing standards and guidelines.

Faculty are academically prepared for the areas in which they teach. Academic preparation of faculty includes degree specialization, specialty coursework, or other preparation sufficient to address the major concepts included in courses they teach. Faculty teaching in the nursing program have a graduate degree. The program provides a rationale for the use of any faculty who do not have a graduate degree.

Faculty who are nurses hold current RN licensure. Faculty teaching in clinical/practicum courses are experienced in the clinical area of the course and maintain clinical expertise. Clinical expertise may be maintained through clinical practice or other avenues. Faculty teaching in advanced practice clinical courses meet certification and practice requirements as specified by the relevant regulatory and specialty bodies. Advanced practice nursing tracks have lead faculty who are nationally certified in that specialty.

Compliance Concerns? Baccalaureate: No

Rationale:

There are 28 BSN faculty; 12 full-time and 16 part-time. All full-time, tenure track BSN faculty hold either a master's or doctoral degree and teach in their areas of specialization. Part-time faculty without a graduate degree were chosen for their experience and clinical expertise and are used primarily in the practicum or laboratory courses. The department head identified and the team confirmed there is an error on p. 99 of the self-study appendices. In the table listing part-time faculty, instructors number five and number nine are 100 percent clinical according to the department head and the director of nursing. Most faculty members reported continued

clinical work or consultant activities to remain current in practice. All hold current RN licensure in the state of Colorado.

The faculty to student ratio varies depending on the clinical site and the course outcomes. In the acute environment, a 1:10 ratio is common. In some community settings, a 1:1 ratio is employed. Full-time faculty members teach 24 credits each academic year as documented in the faculty handbook. Theory classes are calculated on a 1:1 ratio; clinical courses on a 1:1.5 ratio.

II-E. When used by the program, preceptors, as an extension of faculty, are academically and experientially qualified for their role in assisting in the achievement of the mission, goals, and expected student outcomes.

Elaboration: The roles of preceptors with respect to teaching, supervision, and student evaluation are clearly defined; congruent with the mission, goals, and expected student outcomes; and congruent with relevant professional nursing standards and guidelines. Preceptors have the expertise to support student achievement of expected learning outcomes. Preceptor performance expectations are clearly communicated to preceptors.

Compliance Concerns? Baccalaureate: No

Rationale:

The Clinical Preceptor Policy specifically describes the qualifications for preceptors and is reportedly followed as closely as possible. Faculty, however, stated that BSN preceptors are not always available, especially since MSC has the only baccalaureate nursing program on the western slope of Colorado. The preceptor that was interviewed during the on-site evaluators' visit to a clinical site was an associate degree nursing graduate working on an intensive care unit who had been serving as a student preceptor for at least 15 years. The preceptor reported that that she always receives a packet of course related information and a clinical evaluation tool prior to the student arriving on the unit. Her role with senior specialty students is that of mentor, role model, and educator. She is responsible for evaluating the student's clinical performance on a daily basis and documenting the student's performance on the clinical evaluation tool. Students also make entries into an on-line journal on a regular basis which is reviewed by the course faculty. The preceptor, student, and faculty member meet at least once during the rotation to discuss student progress. The preceptor then provides the faculty member with the completed evaluation tool at the end of the course. The performance evaluation

contributes to an established percentage of the course grade. Students are given the opportunity to evaluate their preceptors.

II-F. 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.

Elaboration: Institutional support is available to promote faculty outcomes congruent with defined expectations of the faculty role and in support of the mission, goals, and expected student outcomes. For example:

- *Faculty have opportunities for ongoing development in pedagogy.*
- *If research is an expected faculty outcome, the institution provides resources to support faculty research.*
- *If practice is an expected faculty outcome, opportunities are provided for faculty to maintain practice competence, and institutional support ensures that currency in clinical practice is maintained for faculty in roles which require it.*
- *If service is an expected faculty outcome, expected service is clearly defined and supported.*

Compliance Concerns? Baccalaureate: No

Rationale:

The college provides financial and non-financial support for professional development and scholarly activities. For example, faculty has received up to $600 each annually to attend conferences or pursue graduate education. Other faculty members engage in faculty practice during regular work hours, such as functioning as an FNP at the health department one-half day each week. The nursing faculty have offered summer boot camps for high school students to interest them in nursing, one faculty member is a sexual assault nurse who has taught in a forensics course for criminal justice majors, another is a legal consultant. Two faculty members are engaged in research projects that will benefit local hospitals.

The department head serves as chair of the Mesa County Board of Health; other faculty members have served on the board as well. There is an active local chapter of both Sigma Theta Tau International and the Colorado Nurses Association with participation and leadership from BSN faculty. Faculty and department minutes reflected numerous opportunities for faculty to participate in community and campus service activities. The college provides faculty development opportunities at the beginning of the fall semester and the end of spring semester.

Recent topics have been related to on-line teaching and civility in the classroom environment. The faculty has access to Web-CT experts on the college level to develop and enhance skill in on-line or hybrid instruction.

STANDARD III
PROGRAM QUALITY: CURRICULUM, TEACHING-LEARNING PRACTICES, AND INDIVIDUAL STUDENT LEARNING OUTCOMES

The curriculum is developed in accordance with the mission, goals, and expected aggregate student outcomes and reflects professional nursing standards and guidelines and the needs and expectations of the community of interest. Teaching-learning practices are congruent with expected individual student learning outcomes and expected aggregate student outcomes. The environment for teaching-learning fosters achievement of individual student learning outcomes.

This standard is **met** for the baccalaureate program.

III-A. The curriculum is developed, implemented, and revised to reflect clear statements of expected individual student learning outcomes that are congruent with the program's mission, goals, and expected student outcomes.

Elaboration: Curricular objectives (course, unit, and/or level objectives or competencies as identified by the program) provide clear statements of expected individual student learning outcomes. Expected individual student learning outcomes contribute to achievement of the mission, goals, and expected student outcomes.

Compliance Concerns? Baccalaureate: Yes

Rationale:

There is need for greater clarity between the four program goals and the seven expected student outcomes. There are seven stated expected individual student outcomes for graduates of all tracks of the baccalaureate program. The individual student learning outcomes are: critical thinking, coordination of care, collaborative communication, evidence-based practice, professionalism, leadership, and professional development. Though not well linked in the self-study document, there appeared to be a connection between the expected aggregate student outcomes, program goals, and the expected individual student learning outcomes. As an example, the program goal "practice as a professional nurse" encompasses individual outcomes one through six; and the program goal " pursue graduate education" can be linked with professional development (continuing education/graduate school) and perhaps leadership. The expected aggregate student outcomes, program goals, and the expected individual student learning outcomes are included in each course syllabus.

Syllabi for courses taught in the various tracks of the BSN program were reviewed. The individual learning outcomes contained in the course syllabi are congruent with the expected aggregate student outcomes, program goals, and the expected individual student learning

outcomes. Within each syllabus, the corresponding program goal or individual student learning outcome is listed. In the NU 201/201L Nursing Fundamentals course, one objective is "Explain the role of evidence in determining best clinical practice." It is linked with program outcomes/goals one through four. In NURS 403 Community Health Nursing, a course objective is "Demonstrate competency in interacting with diverse clients in public health and community-based settings," and is associated with all expected individual student learning outcomes except seven (professional development).

Though not always evident in meeting minutes, faculty reported spending significant time each month reviewing course syllabi and learning activities to ensure consistency within and between levels. Students were able to trace the progression of program concepts from simple to complex through the five levels toward expected student outcomes. The expected student learning outcomes and the course objectives clearly support the program's mission to prepare generalist nurse graduates who use critical thinking, leadership/management skills, and base practice on evidence. Alignment was evident with the college's mission to develop students who pursue rewarding careers and assume responsible and productive roles in society.

III-B. Expected individual student learning outcomes are consistent with the roles for which the program is preparing its graduates. Curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum, expected individual student learning outcomes, and expected student outcomes.

- **Baccalaureate program curricula incorporate *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 1998).**

  Elaboration: Each degree program and specialty area incorporates professional nursing standards and guidelines relevant to that program/area. The program clearly demonstrates where and how content, knowledge, and skills required by identified sets of standards are incorporated into the curriculum. Advanced practice master's programs (Clinical Nurse Specialist, Nurse Anesthesia, Nurse Midwife, and Nurse Practitioner) and DNP programs with a direct care focus incorporate separate graduate level courses in health/physical assessment, physiology/pathophysiology, and pharmacology. Additional content in these areas may be integrated as needed into specialty courses.

Compliance Concerns? Baccalaureate: No

Rationale:

Based on a review of the self-study document, course syllabi, and discussion with faculty, *The Essentials of Baccalaureate Education for Professional Nursing Practice's* (AACN, 1998) knowledge, skills, values, and roles were evident in the student learning outcomes and the

curricular structure. The document also served as the framework for a recent curriculum review and revision. Essential III: Scholarship for Evidence Based Practice logically links with expected student outcomes of critical thinking, coordination of care, and evidence based practice. The expected outcomes of critical thinking, collaborative communication, professionalism, coordination of care, and leadership are in synchrony with Essential IV: Inter-professional Communication and Collaboration for Improving Patient Health Outcomes. The AACN core competency of assessment is applied at the levels of the individual, family, group, and community.

Other professional standards, such as the ANA *Scope and Standards for Practice* are also used. In these cases, the standards are listed in the syllabus. For example, the ANA *Scope and Standards for Practice* focuses on the nursing process, which is woven throughout each nursing course. In the NU 301 Medical Surgical course, students are to "Apply the nursing process in the care and management of patients." In the final semester course NU 412 Nursing Specialty, students integrate patient assessment skills into their clinical practice. Students validated that the nursing process is taught in the Fundamentals course and is explained in the context of the ANA *Scope and Standards for Practice.* The BSN faculty curriculum meeting minutes of 2/29/08 noted that each faculty member is expected to reflect documents such as the ANA *Culture of Safety, Social Policy Statements, Code of Ethics and Principles of Delegation* as guiding principles in course modules or syllabi. It was noted that all syllabi contain notations of the pertinent standards.

Faculty provided illustrations of course assignments where the various standards are applied. In a beginning nursing course, students are exposed to the ANA *Code of Ethics*. They then select two key terms from the code and apply them in a guided journal assignment. The standards are also purposefully integrated into the simulation scenarios.

III-C. The curriculum is logically structured to achieve expected individual and aggregate student outcomes.

- **The baccalaureate curriculum builds upon a foundation of the arts, sciences, and humanities.**

  Elaboration: Baccalaureate program faculty and students articulate how knowledge from courses in the arts, sciences, and humanities is incorporated into nursing practice. Post-baccalaureate entry programs in nursing incorporate the generalist knowledge common to baccalaureate nursing education as delineated in The Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 1998) as well as advanced course

work. Graduate curricula are clearly based on a foundation comparable to a baccalaureate degree in nursing. Graduate programs delineate how students who do not have a baccalaureate degree in nursing acquire the knowledge and competencies comparable to baccalaureate education in nursing as a foundation for advanced nursing education. Accelerated programs that move students from basic nursing preparation (e.g., associate degree or diploma education) to a graduate degree demonstrate how these students acquire baccalaureate level knowledge and competencies delineated in The Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 1998), even if they do not award a baccalaureate degree in nursing in addition to the graduate degree. The program provides a rationale for the sequence of the curriculum for each program.

Compliance Concerns? Baccalaureate: No

Rationale:

Students and faculty were able to articulate how the program clearly builds on a foundation of general education coursework, including natural sciences and math, communications, humanities and arts, and the social sciences. A review of select course syllabi and student interviews validated that the anatomy/physiology and pathophysiology courses provide a solid base for learning disease processes and pharmacology.

As students advance through the five program levels, individual learning outcomes become more complex. Beginning course objectives focus on description, discussion, and identification such as, "Explain the role of evidence in determining best clinical practices." Later courses move to application, utilization, and synthesizing; for example, "Synthesize improved critical thinking skills pertinent to the transition from student to professional." The program requires students to integrate knowledge from semester to semester. For example, in the first semester, students learn health and wellness concepts, which they apply to stable clients. Subsequent coursework emphasizes illness and restorative aspects of nursing care, with clients requiring more complex care.

Students begin by learning the fundamental skills and principles of nursing. All practica are paired with supporting theory courses, which are completed simultaneously so clinical experiences build on and bring to life the theoretical concepts. Students from all levels were interviewed and corroborated that the curriculum is logical and builds sequentially from level to level.

III-D. Teaching-learning practices and environments support the achievement of expected individual student learning outcomes.

Elaboration: Teaching-learning practices and environments (classroom, clinical, laboratory, simulation, distance education) support achievement of expected individual student learning outcomes identified in course, unit, and/or level objectives.

Compliance Concerns? Baccalaureate: No

Rationale:

Theory course sections are small and take place in well equipped, technologically advanced classrooms. The technology promotes student participation in the classroom environment. For example, students are required to purchase the I-clicker responders for use in the classroom. Students and faculty noted that this promotes increased student involvement in class discussions and activities. One theory course was observed. Students were giving brief presentations. The instructor and classmates were responsive to and engaged with the presenters. Students validated frequent use of case studies, group activities, student presentations, and on-line enhancements such as discussions as mechanisms used to promote critical thinking and meet varied learning style preferences. Further, it was noted that faculty members are accessible, supportive, and want students to succeed.

Clinical sites are plentiful and span a wide variety of settings. Sites are evaluated for student placement based on their ability to meet the particular student learning outcomes. For example, to ensure exposure to the multiple components of public/community health, students are rotated through several programs within the county public health department. Students commented that pediatric experiences are limited due to the low number of area pediatrics units. The program is in the process of exploring alternative pediatric rotation sites such as physician's offices. Student to instructor ratios of 10:1 promote student/instructor interaction and provide for the direct supervision of students. One Level IV clinical rotation was observed. The student was assigned to work directly with a nurse; the clinical instructor managed a total of eight on-site students and was available for consultation as needed. The degree of independence in Level IV clinical labs is intended to prepare students for the Level V precepted clinical experience.

The Simulation Lab houses high fidelity human simulation manikins which give students an opportunity to safely engage in realistic patient scenarios. Five students participate in the scenario. Individually, students are graded using a special rubric. Areas evaluated include communication, technical skills, and basic theoretical knowledge. Students confirmed that simulation is a valued experience and contributes to success in the clinical environment.

The Auto-Tutorial Lab (ATL) contains computers and monitors for viewing DVDs of clinical skills or patient scenarios. Students in the ATL commented on how valuable the ATL and its resources are to their success. The ability to review a skill or scenario at one's own pace, multiple times if necessary, fosters student learning.

The four skills laboratories contain a number of low fidelity human simulation manikins as well as a birthing manikin and a high fidelity infant simulator. The environment realistically represents the acute clinical setting and, in one case, a home situation. The cameras and large flat screen monitors permit the instructor to demonstrate a skill while allowing students in any of the labs to observe.

III-E. The curriculum and teaching-learning practices consider the needs and expectations of the identified community of interest.

Elaboration: Teaching-learning practices are appropriate to the student population and build on prior learning. Teaching-learning practices consider the needs of the program-identified community of interest (e.g., use of distance technology, simulation, adult learner needs, second language students).

Compliance Concerns? Baccalaureate: No

Rationale:

The communities of interest are clearly identified as individuals within and outside the college. The students, as a community of interest, provide feedback on teaching-learning practices through end of semester college-wide course evaluations. Additionally, the I-Clicker technology is used for internal end of semester course and clinical site evaluations. Students validated that feedback provided through this mechanism is used for program change. As an example, it was noted by a Level IV student that during an early clinical course, some student groups were assigned to long-term care rotations repeatedly throughout the semester, while others were engaged in a wider variety of exposure. Students suggested that all groups rotate through each of the sites to provide the full range of clinical experiences to all students. That change was implemented the following semester. A Level III student confirmed that the rotation of sites continues and enhances clinical learning in that level.

The NEAC reported that their needs as a community of interest are considered, and that program changes result from their suggestions. Several area hospitals are seeking Magnet recognition and required flexibility in delivery of the RN to BSN curriculum to increase the

numbers of BSN prepared nurses in their facilities. The BSN program responded by moving the curriculum to an all on-line delivery format. For those close to campus, the on-site courses are available if preferred. The NEAC requested a ladder program to move LPNs to the baccalaureate level and reported that in short order, a program was established. The ladder concept was reported as meeting the needs of the greater health care community. One member of the NEAC, a local hospital director of nursing, stated that she is working with the MSC director of nursing and BSN students on a research project aligned with the agency's pursuit of Magnet status. NEAC members stated that the group participated in brainstorming ideas for fund raising for the BSN program and the department head "ran with the ideas" to implement them.

College administration, as a community of interest, reported the need for program expansion to meet identified community needs. The department head and faculty obtained funding from internal and external sources to expand enrollment from 30 to 40 students per semester for three years.

III-F. Individual student performance is evaluated by the faculty and reflects achievement of expected individual student learning outcomes. Evaluation policies and procedures for individual student performance are defined and consistently applied.

Elaboration: Evaluation of student performance is consistent with expected individual student learning outcomes. Grading criteria are clearly defined for each course, communicated to students, and applied consistently. There are processes by which the evaluation of individual student performance is communicated to students. Student performance is evaluated by faculty. In instances where preceptors facilitate students' clinical learning experiences, faculty may seek input from preceptors regarding student performance, but are ultimately responsible for evaluation of individual student learning outcomes.

Compliance Concerns? Baccalaureate: Yes

Rationale:

The preceptor's feedback and daily grades are used, in part, to determine the course grade. The program uses a variety of mechanisms and methods to evaluate the student and ensure achievement of expected student outcomes. Grading criteria are unique to the BSN program, and the policies are clearly stated in the BSN student handbook (pp.51-52) and noted in each course syllabus. Instructors have the freedom to alter the grading scale for individual courses. Students verified their awareness of the distinctive grading scale and expressed some

frustration about the impact of the scale on scholarship eligibility. Materials in the BSN handbook, including a letter from the department head, are available for student use in explaining the grading policy to scholarship providers and others.

Criteria for success in each course are clearly delineated in the syllabus. Clinical evaluation tools were reviewed on site. Several tools (e.g., NU 301L) focus on core competency areas of communication, critical thinking (nursing process), assessment and nursing skills. These core competencies are not directly linked with the seven expected student learning outcomes. Clinical courses are graded using the same scale as theory courses. Students reported receiving useful and timely feedback from faculty on their clinical and classroom performance. A remediation policy and process exists and is detailed in the student handbook.

One area of concern is NU 412 Nursing Specialty, the final precepted clinical course. During a visit to a local hospital, a preceptor stated that she assigns a daily grade to the student. The student is visited once during the rotation by a MSC BSN faculty member. The preceptor's feedback and daily grades are used, in part, to determine the course grade. This was confirmed in the NU 412L syllabus' grading criteria, which lists the preceptor's evaluation of the student as 25 percent of the course grade. The evaluation tool is included in the syllabus and requires the preceptor's signature. Other graded course elements include journaling, a case study presentation, and attendance.

III-G. Curriculum and teaching-learning practices are evaluated at regularly scheduled intervals to foster ongoing improvement.

Elaboration: Faculty use data from faculty and student evaluation of teaching-learning practices to make informed decisions that facilitate the achievement of individual student learning outcomes. Such evaluation activities may be formal or informal, formative or summative. Curriculum is regularly evaluated by faculty and other communities of interest as appropriate. Data from the evaluation of curriculum and teaching-learning practices are used to foster program improvement.

Compliance Concerns? Baccalaureate: No

Rationale:

The program has several mechanisms in place to regularly review curriculum and teaching learning practices, set forth in the Systematic Evaluation Plan (SEP). At the end of each course, students complete a college wide course/instructor tool. Results are given to individual faculty

and reviewed with the department head during the annual review process. Further, each tenured faculty member receives one classroom visitation each year by the department head or program director; non-tenured faculty receive a visit each semester. Results are reviewed annually with the department head. Faculty may be assigned a mentor or receive additional training as needed. Faculty validated that peer evaluation by an internal or external MSC colleague is optional.

Course data from the I-Clicker surveys are presented in faculty meetings. The department director stated that this mechanism allows for group problem solving and holds faculty members accountable to one another for effective teaching practices. Changes in teaching assignments have occurred, resulting in improved student satisfaction with some courses. Scores from the various Assessment Technology Incorporated (ATI) tests and Electronic Benchmarking Instrument (EBI) surveys are also reviewed with recommendations for change.

Faculty discuss teaching learning practices at meetings. In the 11/30/07 BSN faculty meeting minutes, the way clinical documentation is taught to students is addressed. Faculty were reminded that students need to be aware of the method of charting used by each clinical site, with emphasis on subjective vs. objective data.

STANDARD IV
PROGRAM EFFECTIVENESS: AGGREGATE STUDENT PERFORMANCE AND FACULTY ACCOMPLISHMENTS

The program is effective in fulfilling its mission, goals, and expected aggregate student and faculty outcomes. Actual aggregate student outcomes are consistent with the mission, goals, and expected student outcomes. Actual alumni satisfaction data and the accomplishments of graduates of the program attest to the effectiveness of the program. Actual aggregate faculty outcomes are consistent with the mission, goals, and expected faculty outcomes. Data on program effectiveness are used to foster ongoing program improvement.

This standard is **not met** for the baccalaureate program.

IV-A. Surveys and other data sources are used to collect information about student, alumni, and employer satisfaction and demonstrated achievements of graduates. Collected data include, but are not limited to, graduation rates, NCLEX-RN® pass rates, certification examination pass rates, and employment rates, as appropriate.

Elaboration: Processes are in place for regular collection of aggregate student outcome data. For entry-level programs, the program indicates whether NCLEX-RN® pass rate data represent first-time takers and/or repeat takers. The program is expected to demonstrate how RN-to-baccalaureate program graduates as well as pre-licensure graduates achieve the expected outcomes of the baccalaureate program. Program evaluation data are collected on a regular basis. For each degree program, the program calculates graduation rates (number of students completing a program divided by number of students entering a program). Programs may define the point of entry to the program and the length of time allotted for program completion. The entry point and the time frame used in the calculation are specified by the program. Individual programs may collect additional aggregate outcome data related to other aspects of their mission, goals, and expected student outcomes (e.g., enrollment in further graduate education).

Compliance Concerns? Baccalaureate: No

Rationale:

Multiple data sources are used to collect data regarding BSN students, graduates, and alumni. Prior to admission, potential students are required to take the ATI Test of Essential Academic Skills (TEAS) assessment as a part of the admission process and to determine math proficiency. During the program, course, clinical, and clinical faculty evaluative data are collected from students each semester by an administrative assistant via I-Clickers. Students also take ATI content mastery series assessments in related courses. Student strengths and weaknesses are identified by these assessments, and students who do not attain a Level II score are required to complete a focused review. Shortly before graduation, students take the ATI Comprehensive Predictor to determine readiness for taking the NCLEX-RN exam. This also fulfills the exit exam requirement mandated by the Colorado General Assembly.

MSC standard course and faculty evaluations are administered throughout the program according to institutional policy. Electronic Benchmarking Incorporated (EBI) data are collected on-line from graduating seniors six weeks after graduation as well as one year post-graduation. Employment rates are extrapolated from the EBI surveys.

Retention and attrition of students, graduation rates of students within a five semester period, as well as NCLEX scores for first time takers are tracked for each graduating class (spring and fall semesters). EBI Benchmarking data are collected on-line from employers, and the NEAC is surveyed each spring in relation to 10 items that evaluate selected graduate competencies. Narrative comments are also welcomed as a part of this evaluation.

The evaluation team was able to view the results of all of the above listed surveys and evaluation instruments for a varying number of years. The MSC nursing program has used ATI assessments since 2005 and EBI since 2008. Course, clinical, and clinical faculty evaluation data have been collected via I-Clickers in the past two semesters. All of these documents were available along with the written comments that students provided to supplement the I-Clicker data.

EBI data from employers were available for academic year 2008-2009. There were 13 respondents to this survey. Follow-up phone calls and e-mails were used to maximize the response rate. Faculty reported that additional employer data are available both formally and anecdotally from members of the NEAC who employ graduates in their health care institutions. Anecdotal information is obtained on an ongoing basis during NEAC meetings, which are held quarterly. EBI alumni satisfaction data were available for academic years 2007-2008 (n=56) and 2008-2009(n=30) and EBI graduate data were available for the same academic years (n=39 and n=30 respectively). Due to the difficulty in locating alumni, the frequency with which EBI data will be collected on this group of individuals has been changed to every 2-3 years.

IV-B. Aggregate student outcome data are analyzed and compared with expected student outcomes.

Elaboration: Actual student outcomes data are analyzed in relation to expected student outcomes to identify areas of discrepancies. Discrepancies may indicate areas for program improvement.

Compliance Concerns? Baccalaureate: Yes

Rationale:

Aggregate data from employer EBI surveys can be used to determine if several of the student outcomes are being met. However, no evidence was found that supported the consistent use of these data to assess achievement of the expected student outcomes. The self-study document reveals that faculty have identified seven student outcomes based on standards and guidelines commonly associated with baccalaureate nursing curricula. The current SEP does not list these student outcomes or the evaluative measures by which to assess them. This issue was brought to the attention of the department head and program director during the initial meeting with the on-site evaluation team. During a subsequent meeting, the SEP was reviewed and its benchmarks and format discussed. The department head and program director stated that the benchmarks were developed prior to their arrival, and the method used to determine them was unknown. The format of the previous SEP was also compared to the current SEP, and missing categorical information in the current SEP was discussed. The possibility of a revision of the previous tool with the addition of information that clearly identifies the collection of outcome-related data using current tools was acknowledged.

Aggregate data from employer EBI surveys can be used to determine if several of the student outcomes are being met. However, no evidence was found that supported the consistent use of these data to assess achievement of the expected student outcomes. Upon review of the EBI reports provided in the resource room, the reviewers were able to view outcome data included in these reports. Using a scale of one to seven, with one indicating "not at all" and seven indicating "extremely well" to measure a graduate's ability to perform a skill, employers rated graduates' ability to use critical thinking skills at a 6.25; demonstrate leadership behaviors at a 6.25; and coordinate client care at a 6.38. On a Likert scale of one to seven, with one being "strongly agree" and seven being "strongly disagree," 87.5 percent of employers rated graduates' demonstration of professional values as strongly agree or agree.

EBI allows programs to develop several institution-specific questions for their survey. Therefore, faculty can review the questions currently on surveys to ensure that all of the student outcomes are addressed, providing an efficient source of data for evaluation of these outcomes. Again, developing a formal process for the collection of aggregate data, its review, and documentation maintained of how this process was formally completed would aid in determining if student outcomes are being met.

IV-C. Aggregate student outcome data provide evidence of the program's effectiveness in achieving its mission, goals, and expected outcomes.

Elaboration: The program reports aggregate data related to its expected outcomes. Reported data include student, alumni, and employer satisfaction; graduation rates; NCLEX-RN® pass rates; certification examination pass rates; employment rates; as well as data related to other program-identified expected outcomes.

Compliance Concerns? Baccalaureate: Yes

Rationale:

The four program goals are very broad but can be measured, in part, by using NCLEX-RN pass rates and EBI survey data. However, there was no evidence of using EBI data to evaluate these program goals. Since a graduate's ability to pass the NCLEX indicates that the graduate can practice as a professional nurse, these data can be used to measure program goal number one. The NCLEX-RN pass rates have varied from 75 percent to 100 percent over the past 5 years with a 100 percent pass rate reported for the 22 Spring 2009 graduates. The above data yield an average pass rate of 89.27 percent, which is just slightly below the benchmark of 90 percent. The self-study document noted that some program changes had been made based on these data, but evidence related to how the changes were determined was unclear. The self-study document also reports that 87 percent to 100 percent of MSC graduates do obtain employment. The faculty noted that the economy has recently had a negative impact on the jobs available in Grand Junction, a significant issue since most graduates reported a desire to stay in the community.

The second and third program goals address pursuing graduate education and assuming leadership roles respectively. This information may be able to be extrapolated from the graduate and alumni EBI surveys. However, there was no evidence of using EBI data to evaluate these program goals.

The final program goal addresses the Mesa State BSN graduates' participation in life long learning. Data related to this goal can also be found on EBI surveys. On the 2008-2009 EBI survey, using a scale to of one to seven with one, "not at all," and seven, "extremely," employers rated graduates as demonstrating responsibility for life long learning as 6.12. Again, the on-site evaluators were unable to determine if program outcomes were being met in the absence of a formal process for the collection of aggregate data, its review, and documentation of the outcomes.

IV-D. Aggregate student outcome data are used, as appropriate, to foster ongoing program improvement.

Elaboration: The program demonstrates use of aggregate student outcome data for program improvement when actual outcomes are not consistent with expected outcomes. Adjustments to foster ongoing program improvement are deliberate and congruent with the mission, goals, and expected student outcomes.

Compliance Concerns? Baccalaureate: No

Rationale:

Initially, minimal evidence could be found that supported the use of data for program improvement. Faculty meeting minutes do not clearly reflect how data are systematically analyzed and used to make program changes. While multiple data sources are used during program and curriculum evaluative processes, faculty meeting minutes sporadically address what data were reviewed and the decisions made based on these data. The faculty are encouraged to formalize their evaluative processes and document decisions made relative to the various data sources. Aggregate data related to student performance on ATI assessments were available with a note indicating subsequent course changes. Minutes, however, were sparse and inconsistent in reflecting faculty discussions that precipitated these changes.

After a discussion with the department head, program director, and faculty, it became apparent that analysis of data does occur, and program changes are made after careful deliberation. There was also some confusion as to whether formal curriculum and assessment committees exist. The faculty and its administration have determined that due to the relatively small number of faculty, it would be more time efficient if these committees were made up of the entire faculty, with one faculty meeting a month focused primarily on curriculum issues and the other on general program issues and business. The faculty verbalized that they maintain a participatory philosophy, which was noted by the collaborative communication and respect demonstrated during the meeting held with the evaluation team.

Verbally, administration and faculty were able to relate the following changes based on an analysis of ATI, I-Clicker, and EBI data. Nutrition content was found to be deficient in Level I courses so a greater amount of nutrition content is now presented in several courses throughout the curriculum. The ATI Nutrition assessment has also been moved from Level I to Level V. The minutes from the September and October 2008 minutes identified that, based on EBI data from

the September 2008 graduates, five areas of weaknesses were identified to be the focus for change by each level during the next academic year. A core competency related to wound care was also identified from the graduate EBI surveys, so content on wounds was increased in Levels I, IV, and V. Anecdotal information from the NEAC prompted a revision of the dress code policy. The self-study document also related that student comments during I-Clicker surveys identified a perceived problem in reaching faculty during clinical experiences. This was acknowledged as a problem, especially due to the 1:10 ratio of faculty to students that occurs in some clinical areas. Beepers were provided to faculty to decrease the incidence of this problem. Nursing Therapeutics, a new level V course was developed in response to curricular deficiencies that were identified by graduate data.

The minutes of the December 2008 BSN nursing faculty meeting also reflected that a change in the program's math requirement two years ago based on student's TEAS scores has yielded improved math calculation skills. Aggregate ATI data related to content mastery series assessments was available with notation on the related document of course changes that were made based on these data.

IV-E. Aggregate faculty outcomes are consistent with and contribute to achievement of the program's mission, goals, and expected student outcomes.

Elaboration: Aggregate faculty outcomes reflect the program's mission, goals, and expected student outcomes. For example, if research is an identified element of the program's mission, faculty research productivity should be assessed as an expected faculty outcome. If research is not part of the identified mission, it would not be expected as a faculty outcome. Evaluation of faculty outcomes is consistent with the institution's and program's definition(s) of faculty role expectations. There is congruence between expectations of the faculty in their roles and evaluation of faculty performance.

Compliance Concerns? Baccalaureate: Yes

Rationale:

Aggregate faculty outcome data were not presented in the self-study document nor provided to the team during the accreditation visit. A document that listed the scholarly accomplishments of four faculty (one of whom was the department head), was provided in the resource room in a file labeled IV-E. Lack of aggregate faculty outcome data was discussed with the department head and program director, but additional materials were not provided.

Faculty described teaching as their primary focus in relation to the institution's defined faculty roles of teaching, scholarship, service, and advising. Based on this philosophical view of scholarship, a new promotion policy based on Boyer's model has been forwarded to the college's Evaluation Committee for review. Using this model for disciplines other than nursing is being discussed. In the meantime, faculty performance is reviewed using the current policy with the four traditional areas of focus.

As previously mentioned, an area of confusion was the list of 14 "faculty outcomes" that were also included in the SEP. (See p.9 of this report). After a lengthy discussion with administration and faculty it was determined that these 14 "outcomes" were in actuality initiatives that probably deserve re-evaluation in relation to their purpose and benefit.

IV-F. Information from formal complaints is used, as appropriate, to foster ongoing program improvement.

Elaboration: If formal complaints indicate a need for program improvement, there is evidence that action has been taken to address that need.

Compliance Concerns? Baccalaureate: No

Rationale:

A list of formal grievances was made available to the on-site evaluators, and documentation accompanied this list that indicated that the MSC policy had been followed. In most cases, resolution of the issue was achieved through student and department head dialogue. There were no documented instances of programmatic change based on a formal complaint.

The MSC on-line student handbook provides the policy for students to use when faced with a grievance. At the time of the visit, the policy was not available in the current *BSN Student Handbook* or course syllabi, but it could be found in the current *BSN Faculty Handbook*. When the on-site evaluation team met with the students, they reported that they were unaware of the policy or its location. The president of SNA had received information regarding its location the previous week from the department head in response to a student request. An addendum to the current *BSN Student Handbook* was developed during the visit and was distributed to students via e-mail.

PN and LPN-AAS in Nursing

Self Study Report

February 2-4, 2011

NLNAC-National League for Nursing Accreditation Commission

MESA STATE COLLEGE

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Section I

Executive Summary

SECTION I: EXECUTIVE SUMMARY
General Information

I. Program type:

Certificate of Practical Nursing (PN)
Associate of Applied Science in Nursing (LPN-AAS)

II. Purpose and date of visit:

The purpose of this scheduled visit is for initial accreditation of each nursing program.
The dates of the visit are February 2-4, 2011.

III. Name, address, and telephone number of governing organization:

Mesa State College
1100 North Avenue
Grand Junction, CO 81501-3122
Campus Operator: (970) 248-1020
Website: www.mesastate.edu

Buell Higher Education Campus
234 South Cascade Avenue
Montrose, CO 81401
Campus Operator: (970) 249-7009

IV. Name and title of the Chief Executive Officer:

Timothy Foster, J.D.
President, Mesa State College

V. Name of the Organization's Accrediting Body and Status of Last Review:

North Central Association of Colleges and Schools – Higher Learning Commission
30 North LaSalle Street, Suite 2400
Chicago, IL 60602-2504
Last Accreditation: 2003-2004; full accreditation
Next Accreditation: 2013-2014

VI. Name and address of the Nursing Education Unit:

Department of Health Sciences
1100 North Avenue
Grand Junction, CO 81501-3122
Phone: (970) 248-1398
Fax: (970) 248-1133

VII. Name and title of administrator of the Nursing Education Unit:

Dr. Kristine Reuss, Department Head, Department of Health Sciences
(970) 248-1129
E-mail: kreuss@mesastate.edu

VIII. Name of State Board of Nursing and Approval Status:

Colorado State Board of Nursing
1560 Broadway, Suite 1350
Denver, CO 80202
(303) 894-2430

LPN:	last reviewed 2008	next review 2013
LPN-AAS:	last reviewed 2007	next review 2013

IX. NLNAC accreditation standards and criteria used:

Standards for Practical Nursing and Associate Degree Programs (NLNAC, 2008)

INTRODUCTION

COLLEGE

Mesa State College (MSC) is a comprehensive public college whose purpose is to promote the acquisition of skills as well as the discovery and application of knowledge. This encourages students to develop the intellectual, ethical, and aesthetic sensibilities enabling an individual to pursue a rewarding career and assume a responsible and productive role in society. The college's performance contract with the Colorado Commission on Higher Education (CCHE) articulates the institution's commitment to the state's four goals for higher education:

1. Ensure widespread access to public colleges and universities with particular focus on expanding enrollment, maintaining and potentially increasing retention and graduation rates, and increasing the participation and success of underserved students.
2. Improve academic competencies and provide essential learning experiences.
3. Provide for the efficient and effective stewardship of resources.
4. Be a primary partner in educating a workforce that contributes to the economic development and growth of Colorado.

The college seeks to liberate persons from their narrow interests and prejudices, help them observe reality precisely, judge opinions and events critically, think logically, and communicate in an effective manner (Exhibit A-1, MSC catalog). MSC offers programs of value in the areas of civic and cultural life, research, and recreation. The institution desires to play a constructive role in improving the quality of human life and the environment. The college extends its services to anyone regardless of age, race, color, national origin, religion, sex, disability, veteran status, or sexual orientation. The campus is located in Grand Junction, Colorado, a city of over 46,000 serving as the cultural, educational, and commercial center for a region which includes 14 counties in Western Colorado. MSC is situated on 77 acres and consists of nine residence halls, six classroom buildings, College Center, Maverick Center (MC), Elliott Tennis Complex, Bergman Practice Field, Moss Performing Arts Center, Tomlinson

Library, Early Childhood Education Center. In July 2009 the Department of Health Sciences (DHS) faculty moved to a newly remodeled area in MC.

With MSC's designation by the legislature in 2003 as a regional education provider the institution was assigned the responsibility of meeting the educational needs for 14 Western Slope counties (Exhibit D-1, *MSC Progress Report August 2010*, p. 1-3). Currently MSC offers programs leading to awards in four levels: technical certificates, associate degrees, baccalaureate degrees, and at the graduate level, the master's degree. The college formally created, in 2005, Western Colorado Community College (WCCC), a two-year, open admission institution. Implicit in the college's two-year role and mission is the expectation of offering programs and services supporting those less prepared for postsecondary education. Meeting this diversity of needs necessitates delivering programs using a combination of site-based and distance-delivery modes.

MSC values teaching and student-faculty interaction and offers small classes and opportunities for applied learning that supplement classroom instruction. As part of its evolving role as a regional education provider, MSC strives to achieve the highest degree of academic quality, affordability, and accessibility in the state, adapting as its opportunities and strengths change. Outstanding teaching is recognized as the primary faculty responsibility and is delivered by highly-qualified individuals to academically prepared students.

MSC is comprised of 12 departments: Art; Biological Sciences; Business; Computer Science, Mathematics, and Statistics; Health Sciences; Kinesiology; Languages, Literature, and Mass Communication; Music; Physical and Environmental Sciences; Social and Behavioral Sciences; Teacher Education; and Theatre. The Certificate of Practical Nursing (PN) and Associate of Applied Science in Nursing (LPN-AAS) are two of seven programs, representing various health disciplines, in the Department of Health Sciences (DHS). A campus-wide organizational chart is provided in Appendix 1.

The college has taken aggressive steps and made significant investments in student recruitment, which, when coupled with program and campus enhancements, have resulted in increased enrollment. Fall semester 2010 credit enrollment reached an all-time high with a head count of 8,104 students, up 15.1 percent over last year's enrollment. Credit hours being

taken this semester also reached an all-time high of 98,321. The previous record of 85,799 was set in spring 2010. In addition to credit enrollment, MSC enrolls about 900 students in non-credit courses each year; this includes lifelong learning courses, business, teacher in-service, and industry training. Dual enrollment for high school students (Early Scholars) provides the opportunity to attain a high school diploma and college credits concurrently. For fall 2010 term 400 individuals are registered for Early Scholar courses. Looking ahead to 2020, and assuming a conservative growth rate of 3% annually, MSC's projected enrollment would exceed 9400 students (Exhibit D-1, *Progress Report August 2010*, p. 4).

The profile of students enrolled at MSC (fall 2010) is summarized as follows (a campus-wide demographic/academic characteristic table will be available in the document display room – Exhibit D-2):

Enrollment	8,104
Residents of Mesa County	46.8%
Males	45.3%
Females	54.7%
Ages 17 and under	1.3%
Ages 18-21	52.4%
Ages 22-24	15.6%
Ages 25-44	25.5%
Age over 45	5.2%
Enrolled part-time	21.9%
Enrolled full-time	78.1%

The top five (5) declared baccalaureate majors of study at MSC with full-time and part-time enrollment data are listed below:

Major	Full-time Students	Part-time Students
Biological Science – Biology	260	36
Liberal Arts, Elem Teaching	224	31
Criminal Justice	207	27
Kinesiology – Exercise Science	205	11
Nursing	161	50

Note: *when students initially meet with advising to declare a major the student is not asked to delineate between nursing programs; rather they are all coded as pre-nursing majors. Thus, some of these individuals may be seeking a PN certificate or LPN-AAS degree.*

The top five (4) declared AAS majors of study at MSC with full-time and part-time enrollment data are listed below:

Major	Full-time Students	Part-time Students
Pre-Nursing	163	129
Pre-Rad Tech	114	38
Criminal Justice	74	30
Culinary Arts	82	12

The top five (4) declared certificate-seeking students at MSC with full-time and part-time enrollment data are listed below:

Major	Full-time Students	Part-time Students
Pre-LPN	22	30
Electric Line Work	36	0
Nurse Aide	1	16
Culinary Arts	11	5

Appendix 2 provides a student demographic table for the most recent graduates of each nursing program. Additionally, aggregated data for students accepted since each program's inception is included.

DEPARTMENT OF HEALTH SCIENCES (DHS)

MSC and the DHS are proud of faculty in each program dedicating time and talents to nursing students each year. For purposes of this accreditation process, MSC offers the following nursing programs: Practical Nurse (PN) and Associate of Applied Science (LPN-AAS) Degree. Each program is independent and is taught concurrently. Acceptance to the PN program occurs spring semester (March 1) each year; acceptance to the LPN-AAS program occurs in October (October 1) of each year.

History of the Nursing Programs

Western Colorado is experiencing a health care workforce shortage exceeding the national average, and at the same time is experiencing population growth (with particular emphasis on the population 65+) exceeding the national average. Several years ago, the Colorado Center for Nursing Education was commissioned to study the nursing work force

shortage. Center officials issued a statement suggesting concerted, collaborative and strategic efforts must be undertaken to at least double the number of new graduate registered nurses and to enhance the level of preparation and sustain a qualified and satisfied nursing workforce.

At the same time a health care coalition was started in Mesa County to develop training opportunities addressing the health care worker shortage. This coalition has broad based membership including regional health care system and other stakeholders. The coalition focused on Mesa County and developed the first rung of the Health Care Career Ladder by receiving funding to establish the Certified Nurse Assistant Program. Then, in partnership with MSC, funding was secured to offer the LPN program from Delta/Montrose Vocational School to residents of Mesa County via teleconferencing and on-site lab time. As additional funding became available and community support grew the LPN program moved to Grand Junction. Additionally the LPN-AAS program was developed to provide another rung on the career ladder. A chart depicting the career ladder is included in Appendix 4.

Since their inception, both programs have been an integral part of MSC and promote career mobility. Each program's beliefs are reflective of and congruent with the college's mission, philosophy, and commitment to provide a variety of higher education opportunities to enrich the lives of residents of Western Colorado (see Table 1, Analysis of Congruence of Philosophy/Mission of MSC, DHS, PN, LPN-AAS). Strong support to design and deliver an accessible PN and LPN-AAS program has been demonstrated by college administration as funds were dedicated for curriculum development (Exhibit D-3, College Budget Reports). The nursing programs were originally housed in Medesy Hall with limited classrooms and skills laboratory space. In fall 2009 the DHS relocated to the Health Sciences Center located in the MC. This remodeled facility provides students, faculty, and staff with an expanded up-to-date teaching-learning environment. This includes smart classrooms, well-equipped skills laboratories, and simulation equipment. A floor plan is provided in Appendix 5.

One method in which both programs support the importance of serving state and county residents is in relation to admissions criteria. The selection criteria for each program are based on a point system. Mesa County applicants (to either program) are awarded .5 point for residency; Colorado residents are awarded .5 point for residency. Application forms are readily

available in hard-copy in the department's offices and online on the department's Website. Application forms for both programs are provided in Appendix 6.

Table 1 Analysis of Congruence of Philosophy/Mission of MSC, DHS, PN, LPN-AAS

MSC	DHS	PN	LPN-AAS	ANALYSIS
Mission: Mesa State College (MSC) is a comprehensive public college whose purpose is to promote the acquisition of skills as well as the discovery and application of the knowledge. This encourages students to develop the intellectual, ethical, and aesthetic sensibilities that enable an individual to pursue a rewarding career and assume a responsible and productive role in society.	Taking you to the next level of health science education The DHS at MSC provides opportunities for health science students to advance their career through several levels of education. The department values life-long learning and professional development for both faculty and students. Every student is important and we strive to provide a caring environment focused on student learning. Small class sizes, dedicated faculty and personalized advising assist students to successfully complete their academic program. Our programs are focused on preparing the most qualified candidates for the healthcare workforce. Our graduates are prepared to critically think and practice in today's changing healthcare	**Mission:** The program prepares graduates having met state licensure requirements to practice in a collaborative manner as: • provider of care • manager of care • member of the discipline • lifelong learner This Certificate of Practical Nursing program is designed to respond to the emerging health care needs of individuals, families, and groups and provide a foundation for excellence in nursing practice. Practical nurses are an integral component of the nursing profession and are accountable for the ethical, personal, and professional standards that guide their delivery of care. **This program prepares** a proficient practitioner who is prepared for entry into practice to function as technical nurses and interact with individuals in a caring manner. Graduates are able to practice safe, ethical, noncomplex bedside nursing in a structured health care environment under the direct supervision of a registered nurse. As a health care provider this individual is concerned with the promotion of well being of the individual and is respectful	**Mission:** The program prepares graduates having met state licensure requirements to practice in an independent manner as: • provider of care • manager of care • member of the discipline • lifelong learner The Associate in Applied Science in Nursing program provides a foundation for excellence in nursing practice. The program prepares the graduate as a generalist to provide competent nursing care in a variety of health care settings. Graduates will recognize the value of lifelong learning and community service as characteristics of professional development. **This program prepares** a proficient practitioner who values the lifelong process of self-evaluation, self-acceptance, and learning that supports the continual acquisition of requisite skills. Graduates of the program are prepared to continue in the role of a proficient nurse who functions in a caring manner within increasingly complex health care settings.	Each mission statement reflects a commitment to quality instruction. The mission of the PN and LPN-AAS programs incorporate and are consistent with professional nursing standards and guidelines.

MSC	DHS	PN	LPN-AAS	ANALYSIS
	environment. Each program provides exposure to technological advances in the healthcare field. Students and faculty engage in interdisciplinary collaborative learning and develop strong team work skills. Graduates are prepared with the knowledge and skills to provide safe, effective, evidence-based care for patients. Each health science program emphasizes affective learning in the development of professional ethics, cultural sensitivity, emotional intelligence, and caring behaviors in each student. The DHS is a key asset in the healthcare community in Western Colorado, and faculty and students are a resource in providing service to the community. Relationships with alumni are important, and the department strives to celebrate the success of alumni in their professional practice.	of the dignity, worth, and autonomy of each person. Additionally, this person appreciates the value of advanced education in terms of personal and professional growth.		
Goals		**PN Program Goals:** **1.** Provide a balance between general education and nursing knowledge as a basis for Practical Nursing. **2.** Facilitate the development of value-based behaviors as the foundation for Practical Nursing. **3.** Utilize data related to biological, psychological, social, spiritual, cultural and developmental needs to promote maintain and restore health. **4.** Promote the transition to practice as a practical nurse.	**LPN-AAS Program Goals:** 1. Provide care competently and safely in a variety of health care settings with patients of diverse socio-cultural identities across the life span. 2. Manage the health care needs of individuals and/or groups of patients utilizing prioritization skills as well as delegation. 3. Promote nursing as an evidence-based discipline by incorporating ethical, political, economical, and social actions into one's practice.	
Competencies		**Competencies of Graduates:** derived from *The NLN Education Competencies Model* (2010): **Human Flourishing:** promote the human dignity, integrity, self-determination, and personal growth of patients, oneself, and members of the health care team. **Nursing Judgment**: provide a rationale for judgments used in the provision of safe, quality care and for decisions that promote the health of patients within a	**Competencies of Graduates:** derived from *The NLN Education Competencies Model* (2010): **Human Flourishing:** advocate for patients and families in ways that promote their self-determination, integrity, and ongoing growth as human beings. **Nursing Judgment:** make judgments in practice, substantiated with evidence, that integrate nursing science in the provision of safe, quality care and that	

MSC	DHS	PN	LPN-AAS	ANALYSIS
		family context. **Professional Identity**: assess how one's personal strengths and values affect one's identity as a nurse and one's contributions as a member of the health care team. **Spirit of Inquiry:** question the basis for nursing actions, considering research, evidence, tradition, and patient preferences.	promote the health of patients within a family and community context. **Professional Identify:** implement one's role as a nurse in ways that reflect integrity, responsibility, ethical practices, and an evolving identify as a nurse committed to evidence-based practice, caring, advocacy, and safe, quality care for diverse patients with a family and community context. **Spirit of Inquiry:** examine the evidence that underlies clinical nursing practice to challenge the status quo, question underlying assumptions, and offer new insights to improve the quality of care for patients, families, and communities. Articulation is valued by the faculty in an effort to facilitate nursing career mobility and graduates are encouraged with faculty support to return to higher educational programs to complete undergraduate and graduate nursing programs.	
Philosophy		The **philosophy** of the PN program is consistent with the general purposes of liberal education at MSC. The program prepares a proficient practitioner who values the lifelong process of self-evaluation, self-acceptance, and learning which support the ongoing attainment of clinical skills. The primary role of the entry level graduate of the	The **philosophy** of the LPN-AAS nursing program is consistent with the general purposes of liberal education at MSC and with professional nursing standards and guidelines. The program integrates general education and nursing knowledge to formulate a basis for nursing practice; facilitates the development of value-based behaviors;	

MSC	DHS	PN	LPN-AAS	ANALYSIS
		program is to provide nursing in a caring manner in structured health care settings for individual patients who are experiencing common, well-defined health problems with predictable outcomes. This is achieved through supervised clinical practice founded upon basic nursing theoretical concepts and introductory content from the various sciences. These experiences provide a foundation for advancing on the career ladder. Each **learner** possesses unique experiences, interests, values, attitudes, motivations, learning styles and capabilities that must be recognized and cultivated. Students have a responsibility to actively participate in the educational process, and join faculty in planning for this approach. **Faculty** utilize alternative and traditional teaching-learning strategies, in accordance with academic requirements of the college, recognized standards of practical nursing practice, and societal expectations to enhance learner needs. Learning is achieved through progression from simple concepts to complex concepts in an environment that is conducive to teaching-learning. The faculty further believes in continuous quality improvement in nursing education, which is apparent in outcomes based	prepares graduates to utilize data related to biological, psychological, socio-spiritual, cultural and developmental needs; and promote, maintain, and restore health. Each **learner** possesses unique experiences, interests, values, attitudes, motivations, learning styles, and capabilities that must be recognized and cultivated. Students have a responsibility to actively participate in the educational process and are encouraged to join faculty in planning for this approach. **Faculty** utilize alternative and non-traditional teaching-learning strategies, in accordance with academic requirements of the college, recognized standards of nursing practice, and societal expectations. Learning is achieved through progression from simple concepts to complex theories in an environment that is conducive to a higher level of understanding. The faculty further believes in quality improvement in nursing education, which is apparent in continuous	

MSC	DHS	PN	LPN-AAS	ANALYSIS
		assessment of the program's mission and goals. The faculty identifies **patients**, as the recipient of care across the lifespan, as those who are ill, injured, convalescent, or disabled who are in: • hospitals • medical offices • nursing homes • clinics • private and group homes • and other health care institutions. **Patients** are unique with basic needs, whose condition is stable and predictable, and whose well being is influenced by internal and external environmental factors. **Health**, when viewed on a continuum, is distinguished by patterns of interrelationships with the environment. Health and illness are not polar opposites, but are part of a rhythmic process, and part of the whole expression of life. Health is a positive state of well-being; illness is an altered state which may threaten the individual's ability to gratify basic needs. A desired outcome is for each individual to be able to function at his/her optimum level of wellness. Within this framework, the delivery of health care resources is an interdisciplinary collaborative effort among health	outcome's based assessment of the program's mission and goals. The faculty identifies **patients** as individuals, families, groups, or communities, who continuously interrelate within their environment. Patients, as recipients of knowledgeable nursing care, are complex with physiological, psychological, social, spiritual, and cultural components. Patients function in independent, interdependent, or dependent roles, and may seek to receive nursing interventions related to health promotion and maintenance, as well as health restoration and end-of-life care. **Health** is viewed as patterns of interrelationships with the environment. One of these patterns may be disease. Health and illness are not polar opposites, but are part of a rhythmic process, and part of the whole expression of life. Within this framework, the delivery of resources is an interdisciplinary collaborative effort among health care professionals.	

MSC	DHS	PN	LPN-AAS	ANALYSIS
		professionals. The **environment**, as defined by each individual, family, group, community, is the total context or health care milieu, in which people exist. Environments encompass the physical surroundings, and social, and personal beliefs that influence people's perceptions and interactions in regard to health. Environments change in response to: biologic factors; societal values and needs; gender, racial, ethnic and cultural diversity; technological advances; health care legislation; defined scope of practice; and consumer expectations. **Practical nurses**, as members of a profession, provide nursing care for individuals experiencing common well-defined health problems in structured settings. Within this setting, the practical nurse meets specific patient needs as directed and there is recourse for assistance and support from the full scope of nursing expertise. The degree of supervision that is required is subject to change as the health state or condition of the patient changes. This form of decision making requires the use of critical thinking, communication, data gathering and assessment, and technical skills that are characteristic of a health care professional. This structure allows the practical nurse to	**Environment**, as defined by each individual, family, group, community, or global population, is the total context in which people exist. Environments encompass one's physical surroundings, social values, and personal beliefs that influence people's perceptions and interactions in regard to health. Environments change in response to individuality; biological factors; societal values; cultural diversity; technological advances; health care legislation; and consumer expectations. The role of **nursing** is to assist in the promotion, maintenance, and restoration of health. This unique role is accomplished through collaborative, caring relationships which focus on identifying and responding to the needs of individuals, families, and communities along the developmental life continuum. The practice of nursing is guided by ideas, beliefs, and values which reflect cultural awareness, a concern for quality of life, and respect for human diversity.	

MSC	DHS	PN	LPN-AAS	ANALYSIS
		contribute to a plan of care that is respectful of human diversity and maintains a deliberate caring relationship. The relationship is designed to uniquely preserve and enhance the integrity, dignity, and worth of individuals. Practical nurses accept the responsibility for the provision of humanistic nursing care. In addition, they uphold ethical, legal, and moral doctrines. It is critical to collaborate with other providers to assure delivery of safe and effective care. A commitment to enhance the discipline is demonstrated by remaining active in professional organizations as well as in the political and regulatory processes.		

Practical Nurse Program: The PN program was implemented at the request of local health care agencies that subsequently made an ongoing commitment to its success. In addition, the Board of Trustees (BOT) and president of MSC expressed strong support for the program as part of the ongoing development of the community college role and mission. In December 2005 the BOT approved the program and assumed responsibility for continued support. Clinical agencies in Grand Junction are committed to providing clinical experiences to students enrolled in this program. In 2006, the budget for the program was supported by substantial grant monies, endowments, and financial commitments from MSC. Program administration recognizes the need to obtain additional grant monies as opportunities become available.

The PN program received initial approval from the board of nursing in 2005 and enrolled its first cohort in 2006. In 2008 the program received and has maintained full approval from the CSBN (Appendix 7; CSBN approval letter). The curriculum enables students to develop knowledge, skills, and competencies necessary for practice as practical. The program provides a balance between general education and nursing knowledge as a basis for practical nursing practice, facilitates the development of professional behaviors as the foundation for nursing practice, prepares graduates to utilize data related to biological, psychological, social, spiritual, cultural, and developmental needs to promote, maintain and restore health, and promotes the transition to practice as a practical nurse.

The curriculum is presented in two 16-week and one 2-week semesters consisting of 48 credit hours of course work (including general education requirements and program prerequisites). The program is designed to accommodate 30 students; retention is dependent upon student success in course work each semester. If a student exits the program in the first two weeks of the fall semester another student may be admitted. All students in the PN program must demonstrate knowledge, clinical competency, and skills in each course prior to progressing on in the curriculum. Students who are unsuccessful in one course in any semester must leave the program; they may return the following academic year depending on space availability. Students who are unsuccessful in more than one course are dismissed from the program and are encouraged to apply to an open-enrollment program. The PN Student Handbook (Exhibit A-2) discusses admission and progression policies and can be located on the

college DHS Website. Additionally, students receive a copy of the student handbook on the orientation day prior to the start of classes.

All courses within the program utilize lecture, demonstration, small group discussion, case study learning, critical thinking activities, and group presentation. Both medical-surgical clinical courses use simulation materials to enhance critical thinking, team work, and decision making. Teaching/learning strategies are intended to actively involve students in the learning process. Lecture content is designed to teach key principles of content. Small group discussion and case study learning is designed to actively involve students in application of the content in clinical settings. Group presentation engages students in collaborative learning and enhances communication processes. The PN curriculum is described in further detail in Standard 4.

The number of PN graduates to date is 100. The number of accepted students and graduation rates are summarized in the following table:

Table 2 PN Program – Student Numbers and Graduation Rates

Year	06-07	07-08	08-09	09-10	10-11
Student Numbers	30	31	22	30	30
Graduates	29 (97%)	27 (87%)	17 (77%)	27 (90%)	In progress

Note: *in the 2008-09 academic year there were 4 students enrolled who had previously failed one course; they attempted to complete the curriculum but failed a second course in the returning semester. Faculty will be implementing (2011-12) a stress inventory; students will complete this inventory after acceptance into the program. The goal is to quickly recognize students at risk of failure and delineate mechanisms to effectively minimize stress.*

Associate of Applied Science: The LPN-AAS program, which received initial approval from the CSBN in 2004, enrolled its first class of students in Grand Junction in 2005. In 2007 the program received and has maintained full approval from the CSBN (Appendix 8; CSBN approval–letter). Additionally, as of 2006, students can complete their coursework at MSC in Montrose, CO. LPNs entering the program complete four semesters consisting of 54 credit hours of coursework (including general education requirements and program prerequisites); they receive 18 credit hours for their prior PN degree and graduate with a total of 74 credits. Program length is within the standards set by the CSBN and NLNAC. Students are evaluated on eight different professional behaviors throughout the three semesters (Professional Behavior, Communication, Assessment and Clinical Decision Making, Caring Interventions/Teaching and

Learning, Collaboration, and Managing of Care). These professional behaviors provide a basis for evaluating a learner's progression in content through each of the courses.

The LPN-AAS program has clinical space for 50 students. Licensure as a practical nurse is required for entrance. Additionally interested students must have completed their expanded IV practice certification prior to admission. Students are awarded 18 credits toward their associate degree for previous education. Student numbers in the program are dependent upon student success in courses each semester. Students who are unsuccessful in one course in the spring semester leave the program and may return the following academic year. Students unsuccessful in more than one course are dismissed from the program and are not eligible for readmission. The LPN-AAS Student Handbook (Exhibit A-3) describes admission and progression policies and can be located on the DHS Website. Upon acceptance to the program students are required to sign a form stipulating they have reviewed and agree to abide by all established policies.

The number of LPN-AAS graduates to date is 130. The number of accepted students and graduation rates are summarized in the following table:

Table 3 LPN-AAS Program – Student Numbers and Graduates

Year	2005	2006	2007	2008	2009	2010
Student Numbers	14	26	39	34	36	35
Graduates	9 (64%)	21 (81%)	37 (95%)	32 (95%)	32 (89%)	33 (94%) 2 students withdrew

Note: *in 2005 and 2006 some students were admitted to the program and for a variety of reasons were unable to successfully complete coursework. As of 2007 all students admitted to the program eventually complete the curriculum. Faculty attempt to identify these students within the first several weeks of a semester and provide additional mentoring as needed.*

Each program utilizes essential components identified and delineated by the CSBN (Exhibit C-1), the *Colorado Nursing Articulation Model* (Exhibit C-2, currently undergoing revision, http://www.mesastate.edu/academics/documents/StatewideNursing.pdf), and educational competencies established by the National League of Nursing (Exhibit C-3, *Outcomes and Competencies for Graduates, 2010*). Additionally, the LPN-AAS program incorporates the *Associate Degree Role Educational Competencies* (Exhibit C-4, NLN, 2000). Faculty is committed to maintaining excellent programs and assuring graduates are able to

provide safe competent nursing care. Faculty believes the scope of nursing practice includes several categories of health care providers who differ in functional levels ranging from simple to complex and are provide care based on varying skills and competencies gained from different educational preparations (Exhibit D-4, DHS and program mission statements). Within this spectrum, the unlicensed assistive personnel assists with simple nursing tasks under the supervision of the registered nurse; the LPN functions in structured care settings, providing basic bedside nursing under the supervision of the registered nurse for the stable patient. The registered nurse may be a graduate of an associate degree program, diploma program, or a baccalaureate program. The LPN-AAS graduate is prepared to function in multiple health care settings, including community based settings. The BSN graduate is prepared to cope with more abstract, complex functions of nursing and works in structured or unstructured health and community settings. Advanced educational programs afford nurses the opportunity to expand their level of practice.

Faculty supports the major roles of the nurse as advocate and educator in the promotion of health and prevention of illness as one of the goals of both the PN and LPN-AAS programs. Thus, nursing is a major component of an increasingly complex system of health delivery. Today's health care system offers four types of services: health promotion, illness prevention, diagnosis and treatment, and rehabilitation. Within this framework nurses provide direct care to patients of various cultures, socio-economic status, and at various stages of development. Expected student outcomes are reflective of trends or changes in focus from treatment and care of patients with disease to maintenance of health and prevention of illness. The objectives for classroom and clinical components of each program incorporates experiences focusing on health promotion, preventive health education, identification of risk factors, educating patients regarding the need for completing treatment regime, and offering support.

Faculty recognizes the importance of addressing complex social and health problems currently affecting community residents. To inform people of the importance of taking responsibility for one's own state of well-being, faculty and students from both programs participate in health promotion and illness prevention activities. These experiences are incorporated into clinical objectives and include participating in health fairs (pediatrics and adult medical-surgical) and volunteering in free health screenings. The PN and LPN-AAS curriculums are described in further detail in Standard 4.

SUMMARY OF STANDARDS

STANDARD 1: MISSION AND ADMINISTRATIVE CAPACITY

The nursing education unit's mission reflects the governing organization's core values and is congruent with its strategic goals and objectives. The governing organization and program have administrative capacity resulting in effective delivery of the nursing program and achievement of identified outcomes.

MSC's mission and philosophy, demonstrating accessibility as a common theme, are congruent with those of the nursing programs. The college is directed and governed by a BOT (appointed by the governor) who works closely and effectively with the college and community to implement the institution's strategic plan. The board is comprised of nine appointees, one faculty representative, and one student representative; the appointees are the only individuals with voting rights. Information regarding the BOT can be found on the college's Website (http://www.mesastate.edu/trustees/index.html). Faculty, administrators, students, staff, and the public have many avenues to communicate their points-of-view to the board: e-mail, letters, and public comments at board meetings; each meeting's agenda is posted on the college's Human Resources office bulletin board and on the college's Website (http://www.mesastate.edu/trustees/09meetings.html).

The governing organization, department head, and program directors have administrative ability to effectively deliver each program and achieve identified outcomes. Similarly, program faculty, current students, and alumni have numerous processes available to share feedback with college and program officials. Biannual advisory council meetings allow community health facility representation and participation in decisions regarding each curriculum and corresponding program objectives (Exhibit B-1: NEAC Meeting Minutes). Table 1:1 Congruence of MSC, DHS, PN, and LPN-AAS Philosophy/Mission provides a visual representation demonstrating the alignment of values and concepts among the governing organization, health sciences department, and nursing programs.

MSC and nursing faculty ascribe great importance to the numerous community partnerships that have been developed. Each nursing program has multiple opportunities for the healthcare community to provide feedback to department/program administration and

faculty; these include employer surveys, telephone conversations, e-mail, representation at advisory board meetings, and informal dialog with faculty. Students evaluate courses, faculty, clinical sites, and facilities at the end of each course. Students have the opportunity to meet with each faculty and department/program administration as desired. Additionally, faculty meet with the program and department administration (as needed) to convey their goals and experiences through professional dialog.

At MSC each nursing program is viewed as a component of a career ladder (Exhibit D-5). Graduates of the PN program are strongly encouraged to complete an LPN-AAS degree; similarly, LPN-AAS students are encouraged to enroll in MSC's online bachelor's degree program. To date, 72 PN (72%) graduates have progressed to the LPN-AAS program; 28 LPN-AAS (26%) graduates have progressed to the BSN program.

STANDARD 2: Qualified faculty and staff provide leadership and support necessary to attain the goals and outcomes of the nursing education unit.

Faculty credentials as established by the MSC BOT and state board of nursing governing standards are met. Nursing faculty, serving as educators, facilitates achievement of program outcomes for student learning and serves as role models for professional nursing in surrounding communities. Each program's faculty has diverse clinical experiences bringing a wealth of expertise for students (Exhibit D-6, faculty curriculum vitae – community and/or volunteering participation activities included). Additionally, faculty and staff provide the leadership and support necessary to attain program outcomes. Communication among program administration and faculty is ongoing. While there are formal meetings throughout the semester, much dialog occurs on an informal basis. Part-time faculty (for each program) is strongly encouraged to attend department and program faculty meetings.

Faculty is oriented to their role by the department head. The department head of health sciences (Dr. Reuss) has a PhD (from University of Colorado) and a master's degree in nursing. Experienced faculty mentors new instructors to develop evidence-based learning environments. Assistance is also available from faculty teaching in other programs since the department is small. Faculty-student ratios, in theory and clinical settings, allow for meeting of

instructional objectives. Faculty evaluations occur with the same criteria and frequency as other faculty at the college. Full-time and part-time faculty is evaluated each year according to individualized evaluation plans. Faculty participates in continuing educational opportunities as funding is available.

Each program has a director who reports to the department head.

PN: The director of the PN program is Tonya Chapin. She has a BSN degree and is currently completing her MSN at the University of Northern Colorado as this degree is required for fulfillment of this position. Her completion date is May 2011. There are two full-time and four part-time faculty members assigned to the PN program. Besides the program director two faculty are in the process of completing their master's degree in nursing; one part-time faculty member has a master's in nursing.

LPN-AAS: The director of the LPN-AAS program is Genell Stites. She has a MSN degree from Regis University. There are two full-time and eight part-time faculty members assigned to the LPN-AAS program. Eight faculty members have a master's degree (six in nursing and one in administration); one part-time faculty will begin her master's coursework spring 2011.

STANDARD 3: Student policies, development, and services support the goals and outcomes of the nursing education unit.

Policies: Policies for students in both programs are congruent with the policies of the college. Students may access detailed explanations of campus-wide academic policies online (http://www.mesastate.edu/academics/policies.html). When a nursing student policy differs from those of the parent institution, there is sufficient rationale to defend the changes. Each policy is consistently and non-discriminately enforced. The college student code of conduct is upheld by each nursing program (*MSC Catalog 2010-2011*, p. 42). Variations to standard college policies are explicated in the student handbooks (submitted with self-study report) which are annually reviewed and revised by each program's faculty. Each program has an admission process separate from the college and addresses special requirements, such as prerequisite classes, CPR card, physical examination, immunizations, criminal background check. Students have access to college and program policies in the catalog, program informational packets (Exhibit D-7), and program handbooks; each of the publications is

available online on the DHS Website. Faculty strives to communicate changes in program policies and/or procedures in a timely manner. Communication occurs in class, faculty meetings which are attended by student representatives, and, if necessary, e-mail.

Administrative Personnel: MSC provides faculty with administrative personnel to support the goals and outcomes of the nursing programs. Academic support services for the PN and LPN-AAS program are available and sufficient to meet the needs of both programs as they continue to grow. The DHS is supported by one full-time administrative assistant, one full-time professional staff assistant, and several work study/student assistants. The administrative assistant is responsible for the clerical operation of the PN, LPN-AAS, and EMT programs. The professional staff assistant is responsible for the clerical operation of the BSN and Radiologic Technology programs. Acting independently, they provide a central source of information and referral for faculty, students, staff, and community members regarding the programs, departmental policies, and procedures. They make certain personnel, budget, and curriculum items are submitted to the appropriate campus departments. Additionally, they are responsible for professional correspondence and support of department administration and faculty related to departmental issues. They handle the clerical portion of the admission processes for the students each semester and maintain student files related to clinical requirements (i.e. immunizations, CPR certification).

Support Services: MSC provides a wide variety of support services for students. These services, provided by qualified and dedicated staff, support the academic and personal development of students. A description of the various services available to students is found in the Student Resource Guide (Exhibit A-4) and is available on the college's Website (http://www.mesastate.edu/shared/documents/2009-2010StudentResource.pdf).

Advising: The Academic Advising and Career Center assists students with undeclared majors through advising and provision of career resources. Advising personnel makes monthly contact with students to keep them on track with degree requirements and major selection, as well as instill motivation to balance academic goals with personal responsibilities. Usage of the center's services has increased 55% over the past two years (*Progress Report 2010*, p. 15).

Personnel also work with employers with implementation of recruitment strategies. The center actively invites selected companies to visit campus to conduct on-campus recruiting. Recruiting information is routinely posted on the Career Center's upcoming events page (http://www.mesastate.edu/advising/events.html). E-mails are also sent to all students announcing the employer's campus visit. Information about career fairs is posted to the Center's Website (http://www.mesastate.edu/advising/index.html). Students interested in either nursing program receive all advising from the program director.

Students who have decided on a major are directed to the appropriate academic department. A department's administrative assistant can officially declare/change the student's major/minor, provide a program sheet, and assign the student to a faculty advisor. Ongoing advising is provided by the program director. Graduates of the PN program may continue their education by applying to the LPN-AAS or BSN programs; LPN-AAS students may continue their education by applying to the RN-BSN program. Articulation agreements are in place and students interested in pursuing a baccalaureate degree may complete their courses online. Program sheets (Exhibit D-8) maybe reviewed on the college and department Websites (http://www.mesastate.edu/academics/1011_program_sheets.html).

Tomlinson Library: The campus library maintains current nursing books and resources in collaboration with the nursing faculty. The library also provides online access to journal databases at no charge to the students. An overview of library holdings specific to nursing will be available in the document display room (Exhibit D-9).

Educational and Financial Aid Records: Student's educational and financial records are securely filed by the appropriate individuals. The program director and faculty consistently advise students of graduation requirements and each semester review students' progress toward that goal. The department maintains files on each student with materials specific to their education.

College Center: A newly remodeled center is dedicated to serving students, faculty, and staff. The Center provides a wide variety of programs and services in a learning environment promoting the open exchange of thoughts and ideas, celebrates diversity, and builds community.

Hamilton Recreation Center: MSC completed a $41 million dollar renovation and expansion project resulting in a modern advanced recreational facility. Completed in December 2009, this major renovation included a new athletic training treatment area, offices, and classrooms to accommodate the expanding student enrollment. A natatorium with a 50-meter competition swimming pool and diving well includes an observation area allowing the college to host regular season swim competitions, as well as Division II championships. Other amenities include:

- A 28-foot high, 812 square foot contoured climbing wall
- Fitness/strength training area with 29 cardio stations
- 26 stations of single-station circuit training equipment, and a stretching area
- Recreation Gymnasium for basketball, indoor soccer, yoga, aerobics, and badminton
- Two championship racquetball/handball/volleyball courts
- A three-lane elevated indoor track for running, jogging, and walking

Tutoring: The Tutorial Learning Center (TLC) provides free walk-on tutoring for a variety of courses and subjects. Center staff de-stigmatizes the use of tutoring. Approximately 50 tutors support the center's activities, and tutoring contacts have grown 160% between fall 2007 and 2009 (*Progress Report 2010*, p. 15). Students who would like to improve their writing skills, work through math, science, or other technical concepts, review material for any subject, or get one-on-one assistance and support from other successful students, are encouraged to visit the TLC (http://www.mesastate.edu/tutoring/index.html). Qualified peer tutors, recommended by faculty, are trained to help students with their academic endeavors. The central goals of peer tutors are to help students become more independent with their learning and to create opportunities for student success.

Educational Access Services (EAS): MSC recognizes disability as an aspect of diversity and an integral part of society. EAS staff collaborates with students, faculty, staff, and community members to create an accessible college community. EAS provides academic accommodations and promotes universal design principles, enabling students with disabilities the opportunity to fully participate in all aspects of the educational environment as successful and independent learners. Students must initiate a request for accommodations by contacting the EAS office prior to the start of classes. A new request must be made each semester. The

student must provide documentation of the disability. Accommodations may be provided on an interim basis while the student is obtaining documentation, at the Coordinator's request.

Testing: The MSC Testing and Prometric Center is committed to providing testing services to students, alumni and the community members of Western Colorado. The center provides proctoring services for a variety of national exams, as well as services for online students and students who are taking classes through other institutions. Additionally, the center supports a variety of national testing programs including ACT, GED, PRAXIS, and LSAT.

Computer Access: MSC provides an e-mail account for all employees and students using MAVzone. The portal provides single sign-on access to information about what's going on at campus, and off-site access to a Groupwise e-mail and network drives. Employees may use MAVzone to review payroll information. Faculty members use tools on the Faculty tab in MAVzone to post grades, view rosters and schedules, and view information about students and advisees. The MSC Student wireless network is available in all of the residence halls and Academic Classroom Building. Students are required to annually register their computer to access the MSC Student wireless network. The Information Technology & Communications Help Desk is the primary point of contact for all IT related issues including:

- Usernames and passwords
- WebCT
- MAVzone
- Smart classroom equipment
- Video conferencing
- Groupwise e-mail
- Connecting to the wireless network
- Desktop computer hardware/software installation and troubleshooting
- Network file storage

Moss Performing Arts Center: The Moss Performing Arts Center, named for local MSC supporters John and Angie Moss, provides, throughout the year, music, dance and theatre students with the facilities needed to let their creativity shine. The Center, which recently underwent a $5.1 million renovation and expansion, is home to the 600-seat William S. Robinson Theatre, a 300-seat recital hall, the Walter Walker Reception Area, an experimental theatre, a design studio, numerous music practice rooms, smart technology classrooms, faculty

offices and much more. Additional renovations to the structure, adding dance studios and expanding practice area for theatre performances, have recently been completed. This expansion provides even more opportunities for MSC students and the community.

Student Engagement: A notable external recognition of the college's commitment to student engagement is the college being named to the President's Higher Education Community Service Honor Roll, the highest federal recognition a college or university can receive for its commitment to volunteering, service learning, and civic engagement (*Progress Report 2010*, p. 18). This is the fourth year the college has been named to the Honor Roll, and the first time the college was included in the category of Honor Roll with Distinction. For funding year 2009, 2,061 students engaged in community service providing 307,560 hours of service. The special focus area for this time period was youth from disadvantaged circumstances. Using the dollar estimate of volunteer time by the Independent Sector (approximately $20.25), the value of these services is estimated to be $6.2 million.

Additional services at MSC include counseling services, alcohol/drug education, health center, and mentoring. Further elaboration of availability of services is presented in Standard 3.

STANDARD 4: The curriculum prepares students to achieve the outcomes of the nursing education unit, including safe practice in contemporary health care environments.

MSC functions on the traditional semester system (three per academic year); additionally there is a J-term offered in January for those students wishing to complete courses in a shortened time-frame (Exhibit D-10, Course Schedules).

PN Program: There are 15 major nursing courses (some with assigned clinical experience), each with course objectives relevant to the content (this will be further addressed in Standard 4). Each course is delivered in a traditional class room format with online activities designed to enhance student learning. No courses are taught using distance modalities.

LPN-AAS Program: There are 13 major nursing courses, each with course objectives relevant to the content (this will be further addressed in Standard 4). Each course is delivered in a traditional class room format. As of spring 2011 three courses will taught entirely online in

a WebCT format. The rationale for this is students prefer to have enhanced flexibility to the curriculum. Additionally the program is designed to accommodate students currently working as LPNs.

Each nursing program values NLNAC accreditation and recognizes the benefits of national accreditation. The curriculums are organized from simple to complex integrating professional standards, competencies, and state/national guidelines. Each curriculum is guided by a mission, philosophy, goals, teaching and learning principles, and expected student outcomes. Learners in each program are evaluated using standardized assessment testing to strengthen performance and provide a tool for ongoing assessment of the curriculum. The assessment testing is coordinated with theory delivery across the curriculum. Students are required to participate in the testing and associated remediation processes. Clinical experiences are provided in 31 clinical sites (in Grand Junction and nearby communities). Clinical contracts are secured for all sites and are current; these will be available for review in the document display room (Exhibit D-11).

Each curriculum is regularly evaluated by faculty to assure currency, consistency in presentation among faculty, and effective preparation for the workplace and the NCLEX examination. The most recent formal review (for each program) occurred in 2010, beginning with topic content placement by semester; resulting course revisions were incorporated into course outlines providing the basis of content delivery through each program. Faculty continues to clarify the accuracy and progression of objectives and expected outcomes. Faculty utilize various resources to assure the curriculum is effective including student feedback, NCLEX test plans, feedback from the Advisory Council, input from clinical agency personnel, and reports generated from the standardized testing program.

As of fall 2010 faculty utilize Kaplan Integrated Testing Program (KITP) to assess program and student outcomes. Prior to this Assessment Technologies Institute (ATI) services were used to obtain outcome data. ATI provided written remediation for students who did not achieve benchmark scores on practice or proctored tests; KITP provides a comprehensive remediation program consisting of multiple testing remediation strategies. Applicants to the PN program complete the Admission Test. Ongoing student's complete standard specialty integrated tests:

PN: Fundamentals of Nursing, Critical Thinking, OB, Medical-Surgical Comprehensive, Gerontology, Pharmacology/Parenteral Therapy, Dosage and Calculations, Pediatrics, Predictor for NCLEX Success.

LPN-AAS: Pharmacology/Parenteral Therapy, OB, Growth and Development, Medical-Surgical Test 1, Medical-Surgical Test 2, Medical-Surgical Comprehensive, Pediatrics, Psychosocial, Management and Professional Issues, Community Health, Transitions, Predicators for NCLEX Success, and Diagnostic Test.

Additionally, students attend a live review course (delivered on campus by Kaplan officials) prior to attempting the licensing examination. Faculty expects KITP will increase mastery of course content, enhance preparation for NCLEX, and minimize attrition rate. Faculty in each program is evaluating current student's scores on each exam to determine how the score will be incorporated into a course grade. Each curriculum will be further delineated in Standard 4.

Standard 5: Fiscal, physical, and learning resources promote the achievement of the goals and outcomes of the nursing education unit.

Institutional funding for the DHS is adequate and comparable to other programs on campus (Exhibit D-3, Budget Reports). Administration is supportive of the nursing programs and provides resources necessary to achieve program goals. Annually the governor approves and signs an appropriation bill which reflects the state funding of higher education and other state funded organizations. The appropriation bill, or the Long Bill which it is most often referred as, is an accumulation of months of planning between the CCHE, the state legislature's joint budget committee and the governor's Office of Budget and Planning;. Each component provides projections and recommendations to the governor when he/she establishes the state's budget.

Parallel to the state budget process, MSC annually engages in a comprehensive budgeting process focusing on ideas and initiatives advancing and supporting the college toward accomplishing goals outlined in the strategic plan. The plan focuses on **people**, how the college can invest to attract and retain quality faculty, **programs**, where the college is committed to responding to regional needs by expanding critical and existing programs, and

develop new high demand programs, and **access**, where the college continues to invest in student aid to remove financial barriers that students may face that prevent them from having access to higher education. The process begins in December for the following fiscal year (fiscal year is July to June) where all campus departments are provided forms and documents on requesting their annual budget. Departments are requested to provide justification for any requested funding increases, how they relate to the strategic goals of the college, and how funding will benefit and effect the department's program(s) In early spring the college holds open budget meetings to discuss these requests and how they impact campus programs. Funding is based on the priorities which best help the college attain the strategic goals in conjunction with the recommendations of the academic VP on funding priorities for the academic programs.

The MC houses the DHS and its corresponding programs. Within this facility, physical and learning resources are ample and additional equipment and technology resources are available to meet the needs of each program. The facility includes faculty offices, classrooms, a computer lab, and the Center for Clinical Education,

Center for Clinical Education (CEC): The center contains skills labs, two high-fidelity simulation labs, three low-fidelity simulation labs, and a designated home room environment. The CEC offers students opportunities to learn and practice nursing skills in a non-threatening environment before going to clinical settings in the community. The center is also available for quiet study and for small group projects.

The center has several sections where students may learn and practice:

- The media section, which has audiovisual learning aids in VCR, DVD, computer formats and books. This room is also available for study, meetings, etc.
- The other section is the lab with equipment to practice skills. This area is kept locked when not in use, but will be opened upon request for practice unless set up for a special purpose. The labs also have seminar rooms and space for quiet study and special projects.

In Grand Junction, accessibility to the skills labs has been extended to evening hours to allow students additional time to enhance skill proficiency. A similar availability plan is in place in Montrose. Supplies for the skills labs, on both campuses, are ordered as

needed and equipment has been purchased to maintain a well-stocked efficient learning facility. Plans are in place to renovate the Montrose campus, including the nursing skills lab. Fiscal, physical, and learning resources are further discussed in Standard 5.

STANDARD 6: Evaluation of student learning demonstrates that graduates have achieved identified competencies consistent with the institutional mission and professional standards and that the outcomes of the nursing education unit have been achieved.

MSC is praised by the community and state officials for the quality of graduates and for a PN and LPN-AAS curriculum excelling in meeting established standards. Each program utilizes the Systematic Plan for Evaluation (Appendix 9, SPE) to assess the mission, philosophy, goals, governance, faculty/student resources, curriculum, and expected outcomes. Access to data sources within the college provides a point of reference for student success, attrition, withdrawal, and completion of the program. The faculty contract defines the role of faculty and curriculum decisions are made through faculty meetings, during which current students may share observations and/or concerns. Communities of interest such as the Nursing Education Advisory Council (NEAC) meet one time per semester to provide input to improve curriculum and student learning outcomes.

PN Program Benchmarks: Faculty utilizes the following benchmarks to evaluate curriculum effectiveness:

1. 80% of students will satisfactorily progress through each semester.
2. 80% of ongoing students will express satisfaction with their learning experience.
3. 80% of students will complete the program in three semesters.
4. 80% of graduates will express satisfaction with their learning experience.
5. 80% of students will pass NCLEX on their first attempt.
6. 80% of employers will express satisfaction regarding program graduates.

LPN-AAS Program Benchmarks: Faculty utilizes the following benchmarks to evaluate curriculum effectiveness:

1. 80% of students will satisfactorily progress through each semester.
2. 80% of ongoing students will express satisfaction with their learning experience.

3. 80% of students will complete the program in three semesters.
4. 80% of graduates will express satisfaction with their learning experience.
5. 80% of students will pass NCLEX on their first attempt.
6. 80% of employers will express satisfaction regarding program graduates.
7. 80% of alumni will express satisfaction regarding their preparation to compete in the work force.

Faculty, program directors, and the department head work together to appraise student learning outcomes through a variety of assessments including graduation/attrition rates and NCLEX reports. Program faculty continue to track and review retention/attrition issues. Students who are unsuccessful in completing either program of study are counseled to identify barriers limiting their success. Faculty of each program strives to be at or above the state and national average on NCLEX pass rates (Exhibit D-12).

Declines in NCLEX pass rates have resulted in modification of admission criteria and curricular emphasis. For example, LPN-AAS students now complete a pharmacology course; this content was added when faculty recognized incoming students often presented with a limited depth of knowledge. Aggregated data for program outcomes is presented in Tables 4 and 5.

Table 4 PN Outcome Data

OUTCOME	2006-07	2007-08	2008-09	2009	2010
Graduation Rate	29/30 (97%)	27/31 (87%)	17/22 (77%) (5 students failed 1 or more courses; 4 were attempting the program a second time)	27/30 (90%) (2 students withdrew in the first semester; 1 student failed 1 course and will repeat spring 2011)	30 admitted (3 withdrew within first semester)
Attrition Rate	3%	13%	23%	10%	
Number not taking NCLEX				3/27	
NCLEX 1st attempt	29/29 100%	26/27 96%	17/17 100%	24/24 100%	
NCLEX 2nd attempt					

Note: *Faculty is examining graduation/attrition rates. A more critical admission process is being developed to better review program applicants.*

Table 5 LPN-AAS Outcome Data

OUTCOME	2005	2006	2007	2008	2009	2010
Graduation Rate	9/14 (64%)	21/26 (81%)	37/39 (95%)	32/34 (94%)	32/36 (89%)	35 current
Attrition Rate	26%	19%	5%	6%	11%	
Number not taking NCLEX		1	1		1	
NCLEX	9/9 100%	17/21 81%	30/36 83%	29/34 85%	27/32 84%	

Note: *All graduates taking the NCLEX the 2nd attempt have been successful. Faculty continues to evaluate reasons for pass rates and inability to achieve established program benchmarks. Faculty is hopeful the live Kaplan review will assist graduates to be successful in passing NCLEX on the first attempt. Additionally, faculty is using case studies during classroom/post-conference discussion requiring students to think about appropriate nursing actions in a more critical manner; alternative format questions are being incorporated into quizzes and examinations.*

Additional outcome data used to evaluate student learning includes KITP testing program, course (student) survey, graduate survey, alumni survey, employer survey, clinical agency survey, and formative/summative instruments. These elements are further discussed in Standard 6.

Conclusion – Analysis of Significant Strengths and Areas Needing Development:

Preparation of this self-study provided an opportunity for faculty, in each program, to identify areas of strength as well as areas needing improvement. Plans have been developed to address areas in need of revision. One of the greatest strengths (for each program) is the support received from the college and from the community. As a small campus, there is an atmosphere of collegiality and teamwork. The limited number of faculty and campus administration allows academic planning and decision making to occur at a much quicker pace than at larger institutions.

Faculty strives to provide a quality education for nursing students enrolled in either program. Established professional standards, guidelines, and/or competencies provide a framework for each curriculum. An analysis and summary of strengths and areas needing improvement (for each program) is provided in Table 6. These elements will be further discussed in Standard 6.

Table 6 Analysis of Significant Strengths and Areas Needing Development
PN and LPN-AAS Program

Standard	Significant Strengths	Areas Needing Development	Action
Standard 1	Congruency exists between the nursing education unit, each program and governing organization.		Maintain congruency
Standard 1	Participation and representation of students, faculty, and administrators in ongoing governance activities are maintained.		Maintain and continue to encourage student participation on various committees and SNA.
Standard 1	Communities of interest have input into the nursing program; the Advisory Council has excellent representation from the respective clinical agencies, alumni, employers; input from the committee is valued and effects program decision making.	Work with new education directors at facilities to ensure best clinical experiences for students.	Continue to solicit representatives from the communities; continue to encourage vital input from its members.
Standard 1	Partnerships promote academic excellence, enhance the profession, and benefit each of the communities of interest. Each of the clinical sites provides outstanding clinical experiences.	Seek out additional community opportunities for students.	Continue to explore additional opportunities for clinical partnerships (i.e. chronic mental illness).
Standard 1	Each program's policies are comprehensive and consistent with the governing organization; complaints/ grievances receive due process according to MSC policies.		Maintain consistency

Standard	Significant Strengths	Areas Needing Development	Action
Standard 2	The majority of full-time faculty has a master's degree in nursing – others are working on degree completion. All faculty members are committed to teaching and to the profession. DHS and program faculty are close knit and work together in a collegial manner.	Continue to seek master's prepared faculty for both programs. As enrollment numbers increase, secure full-time tenure-track faculty positions for both programs. Remain alert for role strain among existing faculty – develop formal mentoring processes.	Maintain, reevaluate annually, and seek additional faculty as required based on evaluation of program needs.
Standard 2	Additional MSN faculty position was approved for each program.		Continue to seek additional faculty positions as programs expand enrollment.
Standard 2	Able to maintain a clinical instructor to student ratio of no more than 1:10.		Maintain this ratio; supported by CSBN and clinical facilities.
Standard 3	Each program's admission criteria are objective. This allows for prediction of student success; students admitted to each program have a strong academic foundation upon which to build.	Review how LPN-AAS students progress through program – did dropping TEAS impact learner progress?	Maintain
Standard 3	Policies for each program are clearly stated and accessible in each program's student handbook.	Continue to revise as needed	Have current documents available as needed.
Standard 3	MSC provides a variety of student services to assist with completion of each program.	Teach a nursing course focusing on study skills and stress reduction.	Maintain availability of services.
Standard 3	Use of up-to-date technology for student learning; each student maintains a college	Review data from Kaplan testing and NCLEX review course – how does this evaluative data	Maintain ongoing data collection and evaluation.

Standard	Significant Strengths	Areas Needing Development	Action
	e-mail address; Kaplan testing used throughout each program; good IT support services available on campus.	compare with ATI in prediction of NCLEX success?	
Standard 4	Each curriculum flows from simple to complex; is congruent and logical; content threads are introduced and amplified.	Complete a curriculum map for each program. Remain aware of new content needing to be incorporated into curriculum (i.e. global impact on nursing care/shortage).	Maintain
Standard 4	Each curriculum is reviewed annually by faculty and communities of interest.	Assess KITI data for needed curriculum revision.	Maintain
Standard 4	Clinical experiences for each program are drawn from a diverse population; a broad range of skills are evaluated during each clinical experience.	Continue to assess for revisions needed in clinical experiences.	Maintain
Standard 4	Evaluation methods of students in each program are utilized in a consistent manner. They provide an effective assessment of student outcomes and program benchmarks.	Develop additional scenarios and evaluation processes for simulation experiences.	Maintain
Standard 4	NCLEX pass rates are evaluated and curriculum is modified as needed.	Review Kaplan as a predictor of success on NCLEX.	Maintain Evaluate use of Kaplan testing as an effective predictor of student learning outcomes.
Standard 5	Resources for each program are adequate to accomplish program goals and outcomes.	Seek grant monies as they become available.	Maintain

Standard	Significant Strengths	Areas Needing Development	Action
Standard 5	There are sufficient dedicated classrooms for scheduling of courses. CEC is monitored by sufficient faculty and staff. Lab technology is adequate and continues to be expanded as needed; lab supplies are monitored and continuously replaced with up to date supplies.	Continue to seek additional CEC personnel.	Maintain
Standard 5	College physical resources are adequate, relevant, and accessible for students in each program.		Maintain
Standard 6	Each program utilizes a Systematic Evaluation Plan. Data is aggregated and reviewed providing a basis for ongoing quality improvement.	Evaluative data is reviewed by department head and program director in a timely manner. Results suggest student concerns with the program's director and faculty has been noted and addressed. It has taken awhile to hire the right individual's for these positions and it is hoped evaluative data will remain positive. Data regarding clinical facilities is being reviewed and possible adjustments will be assessed. Streamline process for	Maintain

Standard	Significant Strengths	Areas Needing Development	Action
		aggregating/evaluating outcome data.	
Standard 6	The faculty in each program evaluates student learning outcomes utilizing a variety of assessment methods.	Streamline process for aggregating/evaluating outcome data. NCLEX, graduation, attrition rates are satisfactory. Feedback from NEAC committee regarding perception of program graduates is being reviewed; curricular adjustments will be made as indicated.	Maintain

SECTION II:

STANDARDS 1-5

STANDARD 1: MISSION AND ADMINISTRATIVE CAPACITY

The nursing education unit's mission reflects the governing organization's core values and is congruent with its strategic goals and objectives. The governing organization and program have administrative capacity resulting in effective delivery of the nursing program and achievement of identified outcomes.

1.1 The mission/philosophy and outcomes of the nursing education unit are congruent with those of the governing organization.

The philosophy/mission, program and student learning outcomes of each nursing program are congruent with the mission and purposes of the governing organization. MSC is comprised of 12 departments: Art; Biological Sciences; Business; Computer Science, Mathematics, and Statistics; Health Sciences; Kinesiology; Languages, Literature, and Mass Communication; Music; Physical and Environmental Sciences; Social and Behavioral Sciences; Teacher Education; and Theatre. The Certificate of Practical Nursing (PN) and Associate of Applied Science in Nursing (LPN-AAS) are two of seven programs, representing various health disciplines, in the DHS.

MSC is a comprehensive public college whose mission is to promote the acquisition of skills as well as the discovery and application of knowledge. This encourages students to develop the intellectual, ethical, and aesthetic sensibilities enabling an individual to pursue a rewarding career and assume a responsible and productive role in society. The college seeks to liberate persons from their narrow interests and prejudices, help them observe reality precisely, judge opinions and events critically, think logically, and communicate effectively. The institution desires to play a constructive role in improving the quality of human life and the environment. The college extends its services to anyone regardless of age, race, color, national origin, religion, sex, disability, veteran status, or sexual orientation.

The PN and LPN-AAS programs derived their extant philosophies/missions and outcomes from nursing knowledge, theory, professional standards and guidelines, clinical practice as well as from the stated mission and goals of the MSC and of the DHS. The programs' philosophy/mission, goals, competencies, and expected student learning outcomes are

published in faculty and student handbooks. Table 1.1 (see summary of standards) illustrates the congruency of these elements (for the department and each program) with those of the college. Students are expected to assume responsibility for planning their academic programs in accordance with college and department policy. The college strives to provide access to courses across disciplines. Distance (online) education is available for PN and LPN-AAS students for many of the pre-requisite and general education courses. Additionally, students in either program can submit assignments and communicate with faculty using campus e-mail.

MSC extends it services to anyone regardless of age, race, color, national origin, religion, sex, disability, veteran status, or sexual orientation. Committed first to instruction, as well as service and research, the college seeks to improve the unique talents and sense of social responsibility of each student. The 2000 U.S. Census Bureau reports Mesa, Delta, and Montrose counties report 10%, 11.4%, and 14.9% Hispanic/Latino population respectively. Non Hispanic/Latino population is reported as 94.2% for Mesa, 94% for Delta, and 92% for Montrose counties.

In terms of race/ethnicity, students from underrepresented groups now comprise 16.3% of the total college undergraduate headcount (*Progress Report August 2010*, p. 8-11). Growth in the number of students from underrepresented groups has been significant, increasing to 1,119 (fall 2009), or +46.7% between 2005 and 2006. The greatest increase among these individuals is among Hispanic students (48.1%). The racial/ethnic diversity of first-time undergraduates has grown with each entering class, from 16.5% to 20.3% over the five years ending in fall 2009. Fall 2009 marked the first time in recent history an entering class was comprised of more males (52.3%) than females (47.7%). One possible factor contributing to this change could be the types of academic programs recently added which traditional attract higher proportions of male students (e.g., mechanical engineering and construction management). Additionally, the college has expanded opportunities in intercollegiate athletics and student club sports. The college delivers programming to a substantial number of students who are the first in their family to enroll in higher education. For fall 2009, the estimated number was 1,674; this level has remained consistent for the past five years.

Student diversity data, by cohort, for the PN program is presented in Table 1.2; student diversity data, by cohort, for the LPN-AAS program is presented in Table 1.3.

Table 1.2 PN – Diversity Data

Ethnicity	2006-07	2007-08	2008-09	2009-10	2010-11
Caucasian	28	23	19	28	27
Hispanic	1	2	1		
African American		1			
Asian		1			1
Native American			1		

Table 1.3 LPN-AAS – Diversity Data

Ethnicity	2005	2006	2007	2008	2009	2010
Caucasian	11	18	36	32	28	30
Hispanic	1	1	1	1		2
African American					1	
Asian		2			2	1
Native American						1

1.2 The governing organization and nursing education unit ensure representation of students, faculty, and administrators in ongoing governance activities.

Full-time faculty, in either program, attends faculty meetings twice per month. Part-time faculty is strongly encouraged to attend these meetings. These meetings allow the nursing faculty to present for discussion: curricular matters, application of policies, student disciplinary matters and student concerns. Program directors meet with the department head formally twice per month; informal meetings occur as the need arises. All students are strongly encouraged to attend faculty meetings so they may voice their concerns are seek answers to questions. Nursing students regularly participate in MSC student organizations as their schedules allow (*MSC catalog*, 2010-2011, page 30-31). The relationship of the department to the college is delineated in the administrative organizational chart; the relationship of program directors to the department head is delineated in the same organizational chart (Appendix 1).

1.3 Communities of interest have input into program processes and decision-making.

The communities of interest for each nursing program include both internal and external groups. Students, faculty, and college administration represent the internal group. The college expects each program to review and revise its own mission, philosophy, program outcomes, and expected

student learning outcomes to maintain consistency with those of the institution. College administration and department faculty welcome direct student input into the mission, philosophy, program outcomes, expected student learning outcomes, and curricular revisions. The most recent review and revision of these components, for both programs, occurred in spring 2009.

The external community of interest includes health care facilities used as clinical sites for student learning, employers, other health care professionals, alumni, and consumers of health care services. Additionally the Nursing Education Advisory Council (NEAC), comprised of health care agency personnel and community leaders, provides valuable feedback regarding curricular revisions and program effectiveness. A list of current NEAC members will be available in the document display room (Exhibit B-3).

Input is received from these communities of interest in several ways. While these processes have been in place since each program's inception, many have been extensively revised. For example, recent curricular changes and accreditation activities were made available to representatives from health care agencies, NEAC members, and current students. Additionally, as of fall 2008 NEAC members are asked annually to complete a survey affording faculty the ability to aggregate evaluative data. Results of this survey and other evaluative measures will be discussed in Standard 6 of this self-study.

1.4 Partnerships exist that promote excellence in nursing education, enhance the profession, and benefit the community.

Each nursing program maintains community partnerships with clinical partners to promote effective education of students. The faculty believes students need various opportunities to enhance their educations. Students receive clinical experiences at hospitals, treatment facilities, and at community health organizations. Without the cooperation of facilities and organizations, students would not have the opportunity for varied clinical experiences.

Faculty and program administration promote ongoing dialog allowing for formal/informal exchange of feedback, sharing of experiences, and, when needed, resolution of conflict. These partnerships strengthen each program by providing a forum for sharing ideas. Community leaders and health care organizations invite student and faculty participation in educational or health related activities which promote the nursing profession. Additionally, MSC and DHS are supportive of ongoing educational goals and support the faculty in community participation and/or volunteering endeavors (Exhibit D-6).

1.5 The nursing education unit is administered by a nurse who holds a graduate degree with a major in nursing.

Kristine Reuss, PhD, RN is Department Head of the MSC Department of Health Sciences. Dr. Reuss has been in this position for seven years of her 32 years of experience in the field of nursing. She has held an RN License in the state of Colorado since 1977. Her academic qualifications include a BSN and MS from the University of Colorado, with a focus area of study in Community Health. Dr. Reuss earned her doctorate from the University of Colorado.

Dr. Reuss's professional experience includes nursing practice and education. After graduating with a BSN she practiced as a community health nurse. She served as a staff nurse in pediatrics, telemetry, and as a discharge planner for St. Mary's Hospital, Grand Junction, CO. Dr. Reuss's additional clinical experience includes home health, wellness coordinator, cardiac rehabilitation coordinator, and diabetes educator. She was research assistant on a nurses touch study at University of Colorado Health Sciences Center in the Bone Marrow Transplant Unit. Prior to becoming the department head of DHS she was a tenured nursing faculty member for a number of years at this same institution.

Her teaching experience includes topic specialization in public health, home health, health promotion, alternative and complementary healing, spirituality, wellness, pediatrics, advanced medical surgical nursing, and psychiatric nursing. Her major accomplishments include initiating MASH Camp to recruit middle school students into health careers and pioneering the Nursing Career Ladder, development of PN, LPN-AAS, EMT-Basic and EMT-Paramedic programs at MSC. Dr. Reuss maintains current membership in numerous local, state, and national professional organizations. A current curriculum vita for Dr. Reuss will be available in the document display room (Exhibit D-13).

Tonya Chapin is the program director of the PN program. Ms. Chapin has a BSN degree from Mesa State College and is currently completing her MSN at the University of Northern Colorado. In addition to directing the PN program, Ms. Chapin has assumed the role of Department Head overseeing all associates, license, and certificate programs for the main health sciences department and the community college. Ms. Chapin is a labor and delivery nurse that maintains NRP certification. She meets with high school students to introduce the reality of health occupations. A curriculum vita will be available for Ms. Chapin in the document display room (Exhibit D-14).

Genell Stites is the program director of the LPN-AAS program. Ms. Stites has a BSN degree from the University of Northern Colorado and a MSN degree from Regis University. Ms. Stites is a labor and delivery nurse, perinatal flight nurse, and is certified in in-patient obstetrics. A curriculum vita for Ms. Stites will be available in the document display room (Exhibit D-15).

1.6 The nurse administrator has authority and responsibility for the development and administration of the program and has adequate time and resources to fulfill the role responsibilities.

Dr. Reuss holds the position of Department Head of Health Sciences at MSC. As such, the department head has the authority to direct, to supervise, and manage all programs within the department. Job descriptions for the Department Head and Program Director are found in Appendix 1.6 . The program director of the PN (Ms. Chapin) and LPN-AAS (Ms. Stites) is responsible for making classroom and clinical teaching assignments. Role responsibilities of the program administration, in addition to faculty assignments, include all day-to-day operations of the program with current and incoming students, ongoing college wide communication to staff and administrators, meeting with the advisory committee, leading program faculty meetings, and evaluation of program faculty.
Dr. Reuss's administrative role may include a teaching assignment when needed. The primary focus of the nurse administrator, however, is to fulfill the role responsibilities as noted above. Program directors each teach theory/clinical and are allotted release time to complete their administrative duties.

1.7 With faculty input, the nurse administrator has the authority to prepare and administer the program budget and advocates for equity within the unit and among other units of the governing organization.

As detailed in the department head's job description, the nurse administrator, with faculty input, has the authority to prepare and defend a budget with the direct supervisor, and administer the budget in advocacy for the nursing educational unit. At MSC, the nurse administrator reports to the Vice President of Academic Affairs, Dr. Carol Futhey, who oversees the budgets and resources for each academic department. Program needs are prepared and reviewed annually with input from the program directors and corresponding faculty. Additional budget items are secured through other resource opportunities such as grant monies and campus funding for technology and equipment. When resources are needed by faculty, they bring the request forward to the program director. Subsequently, the department head submits requests on behalf of the nursing faculty to the college administration. Faculty of each program strongly believes there is equity in the budget request process for all educational departments at MSC.

1.8 Policies of the nursing education unit are comprehensive, provide for the welfare of faculty and staff, and are consistent with those of the governing organization; differences are justified by the goals and outcomes of the nursing education unit.

Policies of the nursing educational unit are established with faculty and nurse administrator collaboration. The nursing faculty follows the same governing organization policies and guidelines as the rest of the college. Workload /assignment guidelines are based upon the MSC contract. Policies of the nursing education unit are comprehensive, provide for the welfare of faculty and staff, and are justified by the goals and outcomes of the nursing education unit (Exhibit A-5, Faculty Handbooks). Policies can be found on the MSC Website at www.mesastate.edu/academics/policies.html.

Nursing faculty adhere to additional policies as required by clinical affiliations, for example, remaining current in CPR, immunization guidelines, etc. College wide student policies are found in *MSC Academic Resources* (Exhibit A-6, 2010-2011) and are accessible via the Website to all MSC enrolled students at www.mesastate.edu/shared/documents/2010-2011_Academic_Policies_Guide.pdf. Program's policies are consistent with the governing organization's policies, yet follow more stringent program specifics where applicable. Student related policies specific to nursing are reflected in each program's handbook (available on the program's Website), which is reviewed by faculty with students at the beginning of each fall semester.

1.9 Records reflect that program complaints and grievances receive due process and include evidence of resolution.

MSC administration takes the necessary steps to achieve unbiased and fair due process is provided for students at a time of needed resolution of a conflict. The route of steps for due process at MSC is explained to students in the Academic Policies Guide, which can be found at: www.mesastate.edu/shared/documents/2010-2011_Academic_Policies_Guide.pdf. Students are able to access the procedure for due process of grade appeals and appeals of other nature from the college Website. The department head is able to confer with college administrators possessing experience and training in following due process. Occasionally a student who fails a particular course has filed a grievance asking for a grade change. These complaints were handled according to written policy; to date no grades have been altered and no grievances are currently under review.

STANDARD 2: FACULTY AND STAFF

Qualified faculty and staff provide leadership and support necessary to attain the goals and outcomes of the nursing education unit.

MSC nursing faculty members are professionally qualified and maintain expertise in nursing practice. Although continual effort has been made over several years to hire and retain faculty who are master's prepared, the standard is difficult to meet. Effective individuals have been encouraged by their peers to complete a graduate degree in nursing.

PN PROGRAM

2.1 At least 50% of the full-time faculty who provide didactic instruction hold a graduate degree in nursing. The remaining full-time faculty members hold a minimum of a baccalaureate degree in nursing.

2.1.1 The majority of part-time faculty are credentialed with a minimum of a master's degree with a major in nursing; the remaining part-time faculty hold a minimum of a baccalaureate degree with a major in nursing.

Full-time faculty for the PN Program is required to possess the minimum of a master's degree in nursing. Currently, there are three full-time faculty members in the PN program: the Director of Nursing Education (DNEP) holds a doctorate in nursing while the PN program director is currently pursuing a master's degree in nursing (she is expected to complete this in 2011). There are five part-time faculty who have a bachelor's degree in nursing; two part-time faculty have a master's degree in nursing (please see Table 2.1.1. PN Faculty Profile). Two part-time faculty positions are open. An updated PN profile will be available for review in the document display room (Exhibit D-16).

Table 2.1.1 PN – Faculty Utilization Profile
Full-Time Faculty 2010-2011

Name	% Theory	% Clinical	Advising/Tutorial	% Administration
Tonya Chapin	40%	20%	20%	20%
Christa Miller	50%	50%		
Cathy Feller	100%			

PN – Part-Time Faculty 2010-2011

Name	% Theory	% Clinical	Advising/Tutorial	% Administration
Karen Urban	100%			
Jodi Evans	100%			

Table 2.1.1 PN – Faculty Utilization Profile (continued)

Sherry Christenson	100%
Peggy Link	100%
Judy Williams	100%
Cathy Clark	100%
Loree Cutts	100%
Julie Payte	100%
Genell Stites	100%

The expertise of faculty is appropriate to their respective areas of responsibility. The academic and experiential qualifications of faculty with their major teaching assignments are identified on the faculty profile. Proficiency is maintained by attending conferences, workshops, seminars, reading professional journals, and taking advantage of various faculty development opportunities offered by community agencies. Additionally, faculty is involved in professional nursing organizations. Please note this profile is limited to faculty who currently teach or may be assigned to teach a course in the program. Additionally, it may not be inclusive of faculty who are hired by the time of the site visit.

In August, recently hired full-time nursing faculty members attend a two-day New Faculty Orientation, prior to the start of the fall semester, facilitated by the Office of Academic Affairs. New faculty members in the DHS also meet with the department head and specific program director to discuss their individual job description, responsibilities, and reporting structure. Individual professional development plans are initiated with all new full-time faculty members to initiate the evaluation process and facilitate progression through the tenure and promotion process at MSC. Clinical faculty new to nursing education is mentored by the department head, program director, and seasoned clinical instructors.

2.1.2 Rationale for the acceptance of other than the required graduate credential is provided by evidence of one of the following:
- Progress towards a graduate degree with a major in nursing

The PN program director is currently pursuing a master's degree in nursing and will complete her studies in 2011. The college strives to hire faculty with graduate degrees but continues to experience difficulty meeting this goal.

The *Nurse Educator Shortage Fact Sheet* (Exhibit C-5, NLN, 2010) concludes there are limited qualified nurse educators available to teach the number of nurses needed to ameliorate the nursing shortage. According to the survey, this situation is not expected to improve in the near future, since an inadequate number of nurse educators are currently in the education pipeline. Additionally, the shortage of masters prepared nurse educators is well documented in Colorado (Exhibit C-6, *Nurse Faculty Survey*, Colorado Health Institute, 2009-10. The Colorado Center for Nursing Excellence (CCNE) has collected data extensively indicating the shortage of masters prepared educators is near critical proportions. This data is documented in *The Colorado Nursing Faculty Supply and Demand Study* (Exhibit C-7, CCNE, 2004).

> "Colorado's shortage of qualified nursing faculty at its two-year nursing schools is three times the national average. Vacancy rates are greatest among clinical faculty, and the overall faculty shortage is expected to worsen as faculty retirements increase."

Lastly, access to advanced nursing education is an issue in western Colorado, since all graduate education programs are located on the eastern slope of the Rocky Mountains. Nurses often choose online programs to overcome barriers to access. It should be noted MSC will begin offering master's level nursing courses January 2011. Additionally, the department head continues pursuing collaborative arrangements with the University of Colorado (CU) and the University of Northern Colorado (UNC) to create additional opportunities for graduate education in our region using an online or hybrid cohort model.

- Current course work – the PN program director is currently pursuing a graduate degree and is expected to graduate in 2011.

- Related continuing education – while continuing education credits are not required for license renewal in Colorado, faculty values the expectation of maintaining expertise within their specialty area through practice and/or continuing education activities. The college supports these continuing education activities through allocated funds and leave time for professional development. Additionally, grant monies are being utilized to assist newly hired faculty in gaining skills necessary to function in an academic role. Faculty is also encouraged to engage in community service oriented activities through participation in civic and social functions.

- **Certification relevant to the current teaching role –** faculty is encouraged to achieve certification; currently no PN faculty is certified in his/her clinical area of expertise.

Table 2.1.2 Faculty Profile – Practical Nurse Program								
Faculty Name	**FT/PT**	**Date of Initial Appoint-ment**	**Rank**	**Baccalaureate Degree and Name of Institution Granting Degree**	**Master's Degree and Name of Institution Granting Degree**	**Areas of Clinical Expertise**	**Academic Teaching (T) and Other (O) Areas of Responsibility**	
Deb Brauchler	PT	5/19/08	Clinical Scholar	Bachelor of Science in Nursing from University of Iowa	Masters of Science in Nursing from University of Northern Iowa	Psychiatric Nursing Med/Surg	T	
Tonya Chapin	FT	1/22/08	Assistant Professor PN Program Director Department Head-Health Sciences-WCCC	Bachelor of Science in Nursing from Mesa State College	University of Northern Colorado – will finish Spring 2011	Labor & Delivery Nurse in Women's & Children's Services	T	O
Sherry Christensen	PT	1/22/08	Lecturer	Bachelor of Science in Nursing from Mesa State College		Occupational Health	T	
Jodi Evans	PT	2/1/09	Lecturer	Bachelor of Science in Nursing from Mesa State College		Medical Surgical Nursing	T	
Cathy Feller	FT	8/5/06	Instructor	Bachelor of Science in Nursing from the University of Maine	Master's of Science in Nursing from Walden University	Medical Surgical Nursing	T	

Table 2.1.2 Faculty Profile – Practical Nurse Program								
Christa Miller	PT	8/17/09	Instructor	Bachelor of Science in Nursing from Mesa State College	Master's of Science in Nursing from Walden University in progress	Medical Surgical Nursing	T	
Julie Payte	PT	2/1/09	Lecturer	Bachelor of Science in Nursing from Mesa State College	Master of Science in Nursing from Mesa State College-begin spring 2011	Medical Surgical Nursing	T	

2.1.1. The majority of part-time faculty are credentialed with a minimum of a master's degree with a major in nursing; the remaining part-time faculty hold a minimum of a baccalaureate degree with a major in nursing.

All part-time faculty members have BSN degrees. Two have master's degrees in nursing; another individual is currently pursuing this degree.

2.1.2 Rationale is provided for utilization of faculty who do not meet the minimum credential.

The college strives to hire faculty with graduate degrees but continues to experience difficulty meeting this goal. The college recognizes the need to employ such individuals and continues to strive to meet this goal. Actions taken to overcome obstacles in meeting this standard include:

1. Request for additional faculty lines
2. Increase range of advertising for faculty (beyond local market)
3. Online advertising for interested personnel
4. Adjustments to pay scale
5. Encourage faculty to pursue advanced degrees. MSC will offer graduate nursing courses spring 2011. It is hoped that availability of such a program will enable interested individuals to enroll in a master's program.

LPN-AAS PROGRAM

2.1.1.1 Full-time faculty is credentialed with a minimum of a master's degree with a major in nursing and maintain expertise in their areas of responsibility.

The State Board of Nursing defines faculty as having ongoing "responsibility for curriculum development and planning, teaching, guiding, monitoring, and evaluating student learning" (Exhibit C-8, *CBON Chapter II Rules and Regulations*). Further, the rules define the Associate Nursing Instructional Personnel (ANIP) as licensed nurses working under the direction and supervision of the teaching faculty and assist in laboratory and clinical settings.

Currently, there are two full-time faculty members in the LPN-AAS program. The program director and one full-time faculty have a master's in nursing. Thus, 70% hold a master degree in nursing (includes teaching faculty and ANIP). In 2009 and 2008 the percent of MSN

faculty was 72% and 72% respectively. The Director of Nursing Education (DNEP) functions as department head and holds a doctorate in nursing; as she teaches only occasionally in the program, she is not calculated in the percentage.

The expertise of LPN-AAS faculty is appropriate to their respective areas of responsibility. Flexibility in scheduling and identifying appropriate practice settings insures continued proficiency in clinical practice. Proficiency is maintained by attending conferences, workshops, seminars, reading professional journals, and taking advantage of various faculty development opportunities offered by community agencies. Additionally, faculty is involved in professional nursing organizations. Complete vitae for each of the faculty will be available in the resource for review by the site visitors. The academic and experiential qualifications of all faculty members, with their major teaching assignments, are identified on the faculty profile (see Table 2.1.4 LPN-AAS Faculty Profile Form). Please note this profile is limited to faculty who currently teach or may be assigned to teach a course in the program. It may not be inclusive of faculty who are hired by the time of the site visit. An updated faculty profile will be available for review in the document display room (Exhibit D-17).

Table 2.1.3 LPN-AAS – Faculty Utilization Profile
Full-Time Faculty (2010-2011)

Name	% Theory	% Clinical	Advising/Tutorial	% Administration
Genell Stites	40%	20%	20%	20%
Cathy Feller	50%	50%		
Anita Roberts	30%	70%		

LPN-AAS – Part-Time Faculty (2010-2011)

Name	% Theory	% Clinical	Advising/Tutorial	% Administration
Freddi Beckett	50%	50%		
Deb Brauchler		100%		
Dara Buckendahl		100%		
Jennifer Danielson	100%			
Julie Payte		100%		
Cindy Ratcliff	100%			
Bob Zweck		50%	50% Lab Asst (Montrose campus)	

Table 2.1.4 Faculty Profile – LPN-AAS								
Faculty Name	**FT/PT**	**Date of Initial Appoint-ment**	**Rank**	**Baccalaureate Degree and Name of Institution Granting Degree**	**Master's Degree and Name of Institution Granting Degree**	**Areas of Clinical Expertise**	**Academic Teaching (T) and Other (O) Areas of Responsibility**	
Dara Buckendahl	PT	8/1/10	Lecturer	Bachelor of Science in Nursing from Creighton University School of Nursing		OB/PEDS	T	
Deb Brauchler	PT	5/19/08	Clinical Scholar	Bachelor of Science in Nursing from University of Iowa	Masters of Science in Nursing from University of Northern Iowa	Psychiatric Nursing	T	
Jennifer Danielson	PT	8/18/08	Lecturer	Accelerated Bachelor of Science in Nursing from John Hopkins University	Master's in Pediatric Nursing from John Hopkins University	Pediatric Nursing	T	
Cathy Feller	FT	8/5/06	Instructor	Bachelor of Science in Nursing from the University of Maine	Master's of Science in Nursing from Walden University (began 5/08)	Medical Surgical Nursing	T	
Anita Messano	PT	9/1/09	Lecturer	Bachelor of Science in Nursing from University of Phoenix	Masters of Science in Nursing from the University of Phoenix	Medical Surgical Nursing	T	

Table 2.1.4 Faculty Profile – LPN-AAS								
Julie Payte	PT	2/1/09	Lecturer	Bachelor of Science in Nursing from Mesa State College	Master of Science in Nursing from Mesa State College-begin spring 2011	Medical Surgical Nursing	T	
Genell Stites	FT	1/15/04	Assistant Professor	Bachelor of Science in Nursing from the University of Northern Colorado	Master's of Science in Nursing from Regis University	Obstetrics	T	O
Robert Zweck	PT	1/15/08	Lecturer Lab Manager	Pediatric Nurse Practitioner from U.S.A.F School of Health Care Sciences	Master in Health Care Administration from Cornell University		OB/PEDS	T

2.2 Faculty (full- and part-time) credentials meet governing organization and state requirements.

Faculty meets the college and the CSBN minimum requirements for didactic faculty in the PN and LPN-AAS programs. The college requires faculty have a bachelor's degree for certificate programs and a master's degree for associate degree programs. The Colorado Board of Nursing has established minimum standards and expectations for faculty appointments in schools of nursing. They have identified requirements for nursing faculty (Exhibit 6-8).

- The number of faculty shall be sufficient to prepare students to achieve the objectives of the program and to ensure patient/client safety.
- There must be a minimum of two (2) full-time faculty for a program, one of whom may be the director of the nursing education program (DNEP; for MSC this would be the department head).
- There must be a sufficient number of full-time faculty for each specialty area to provide adequate supervision of part-time faculty. Department head and program directors are meeting this obligation.
- For programs granting an associate degree in nursing all full-time faculty must have a graduate degree in nursing and greater than fifty percent of part-time faculty must have a graduate degree in nursing.
- For programs granting a certificate in practical nursing all faculty must have a bachelor's degree in nursing and greater than fifty percent of the faculty must have a graduate degree in nursing. The current program director has a bachelor's degree and will be completing a master's degree spring 2011.

Clinical faculty must possess:

1. an active license in good standing as an RN in Colorado.
2. LPN: a minimum of a bachelor's degree in nursing; LPN-AAS: a minimum of a graduate degree in nursing or demonstrate ongoing progression in obtaining a graduate degree in nursing.
3. two years of full-time, or equivalent, professional nursing clinical experience in the area of instruction.

Note: Faculty records are audited once per year with the preparation of the annual report to the CSBN. License renewals are also verified during the month in which they are due to expire.

2.3 Credentials of practice laboratory personnel are commensurate with their level of responsibility.

The head of the skills laboratory is a registered nurse and a paramedic who is familiar with all equipment needed for instructing students. This person sets up the room and equipment for all teaching experiences; nursing faculty coordinates and completes all simulation activities with students. The lab coordinator has a significant level of responsibility as she coordinates use of the lab with all faculty members, participates in faculty meetings, and oversees the use of equipment/supplies. Another individual assisting in the lab is an emergency medical technician and a registered nurse with a bachelor's degree. She is employed full-time in the laboratory and is readily available to assist faculty as needed. Updated curriculum vitae for both individuals will be available in the document display room (Exhibit D-6).

The campus in Montrose has an onsite lab equipped with beds, manikins, and essential supplies to facilitate simulations and enable skill proficiency. The lab coordinator has multiple master's of arts degrees (health care related), a diploma in nursing, and is a certified pediatric nurse practitioner. The facility is scheduled to be renovated in 2011; this will provide a more functional space with up-to-date equipment. Students attending classes in Montrose are able to utilize the lab in Grand Junction.

In general, lab responsibilities include assisting students in skills proficiency, scheduling and coordination of skills check-off and testing, assisting students with needed review of drug calculations, and overall maintenance of the lab and equipment. Lab personnel facilitate utilization of new simulation equipment, respond quickly to student concerns regarding the lab, and further integrate lab policies and procedures within each program.

2.4 The number and utilization of faculty (full- and part-time) ensure that program outcomes are achieved.

Workloads are determined contractually and applied consistently to faculty in each program. These requirements are based on the structure of the course being taught. Staffing policies/procedures will be available for review in the document display room.

PN: Each faculty member is clinically competent, provide excellent instruction, and serve as role models for students. The faculty does meet the college and CSBN requirement that PN instructors possess a minimum of a bachelor's degree in nursing. The CSBN and college further requires faculty to have a minimum of at least two years of full-time clinical experience. Evidence of instructor competence is demonstrated through student evaluations of clinical instructor and evaluation by the program director.

The current number of program faculty, meets and exceeds the CSBN requirement to maintain a 1:10 faculty-to-student ratio in clinical. The CSBN does not have a stated standard for instructor-to-student ratio in theory portions of the program. The number and utilization of PN faculty is adequate to meet the needs of the program to fulfill its purposes and is consistent with the mission, philosophy, goals, and expected program outcomes. There are three full-time faculty employed in the program. Five part-time faculty members are utilized to meet program clinical needs and to provide expertise in specialty areas. Each faculty member has access to the college, faculty, and student handbooks (Exhibits A-2, A-3, and A-5) and receives mentoring from the program director, department head, and other departmental faculty.

LPN-AAS: The number and utilization of the associate degree nursing faculty are adequate to meet the needs of the program and is consistent with the mission, philosophy, goals, and expected program outcomes. The program prepares the graduate as a generalist to provide competent nursing care in a variety of health care settings. There are three full-time faculty teaching theory and clinical course work. Six part-time faculty members are responsible for theory and clinical assignments. The current number of faculty meets the CSBN requirement to maintain a 1:10 faculty to student ratio in clinical. This ratio affords the need for close supervision of students providing nursing interventions. The CSBN does not have a stated standard for instructor-to-student ratio for theory/didactic portions of the program.

Each LPN-AAS faculty member is clinically competent, provide excellent instruction, and serve as role models for students. Program faculty does meet the college and CSBN requirement that instructors possess the minimum of a bachelor's degree in nursing. The board of nursing and MSC further require a minimum of at least two years of full-time clinical experience. Evidence of instructor competence is demonstrated through student evaluations of clinical instructor and evaluation by the program director.

2.5 PN PROGRAM: Faculty (full- and part-time) expertise is maintained in areas or responsibility.

Basic expectations of faculty are described in detail in the college and faculty handbooks (Exhibit A-5). These expectations include teacher-student interaction, course management, and quality instruction.

Both full- and part-time faculty bring to the program a variety of educational experiences and background. Faculty assignments are completed with the program's overall mission and purpose in mind. The PN program mission, philosophy, goals, and expected student outcomes are designed to prepare graduates who are able to practice safe, ethical, noncomplex bedside nursing in a structured health care environment under the direct supervision of a registered nurse (Exhibit C-9). The use of faculty who are clinically proficient in specialty areas (i.e. mental health, obstetrics/newborn, pediatrics) enhances the value of student experiences. Flexibility in scheduling and indentifying appropriate practice settings insures continued proficiency in clinical practice. The college offers a variety of resources to assist all faculty members in meeting their assigned duties.

2.5 LPN-AAS PROGRAM: Faculty (full- and part-time) performance reflects scholarship and evidence based teaching and clinical practices.

Teaching is the primary mission of MSC faculty. Basic expectations of faculty are described in detail in the college and program faculty handbooks (Exhibit A-5). These expectations include teacher-student interaction, weekly office hours, course management, and quality instruction. Faculty support the definition of scholarship as presented by NLNAC:

"Activities that facilitate the enhancement of program goals. May include, but is not limited to: application of knowledge, teaching, service, practice and research". These activities are facilitated with effective teaching designed to assist learners gain proficiency. The enables the new nurse to move from dependence to independence. All PN and LPN-AAS faculty maintain expertise in their area of teaching responsibility as evidenced by recent practice experience. To support faculty an informal mentoring process is utilized including instruction to enhance teaching skills and provides peer support for newly hired faculty. In addition, the college offers a variety of resources to assist each faculty in meeting his/her assigned duties.

Faculty maintains their expertise in evidence-based teaching and clinical practices in a variety of ways. Each faculty has extensive clinical experiences and demonstrates continued proficiency in areas in which they teach. This experience comes from past and/or current clinical practice; attendance at professional conferences or workshops, or continuing education units. Additionally, faculty seeks out new information through the use of library resources, textbooks, and recognized scholarly publications. Faculty shares their learning with students with presentations in classroom, lab, and clinical presentations.

Community service activities may also enhance evidence based teaching and clinical practices. Additionally, faculty is involved in professional and community based organizations at which they provide health related education. These activities, which promote life-long learning, afford the faculty opportunities to stay current with evolving health care policies and procedures

Both full- and part-time faculty bring to the students a variety of educational experiences and background. Faculty assignments are completed with the program's overall mission and purpose in mind. Each program's mission, philosophy, goals, and expected student outcomes are designed to prepare graduates who are able to practice and provide care as specified by the CSBN (Exhibit C-9). The use of faculty who are clinically proficient in specialty areas (i.e. mental health, obstetrics/newborn, pediatrics) enhances the value of student experiences. Flexibility in scheduling and indentifying appropriate practice settings insures continued proficiency in clinical practice.

The college offers a variety of resources to assist all faculty members in meeting their assigned duties. In an effort to meet program goals and desired outcomes, faculty is encouraged to maintain expertise in technological aspects of the classroom. Faculty is encouraged to attend workshops offered on campus, through other agencies, and professional offerings regarding educational technology.

2.6 The number, utilization, and credentials of non-nurse faculty and staff are sufficient to achieve the program goals and outcomes.

PN PROGRAM: Non-nurse faculty and staff is not utilized in any teaching capacity. Two full-time administrative assistants are available to assist faculty with program needs. This is sufficient to achieve program goals and desired outcomes.

LPN-AAS PROGRAM: Preceptors are used in the Capstone course (NURS 289). Their role is to work with the student in accomplishing pre-approved clinical objectives. The preceptor is identified by the facility and approved by the faculty assigned to the course. Students submit learning objectives for this experience to the program director. Once these are approved the student then meets with the preceptor. At that time the student reviews an informational packet and establishes the clinical schedule to meet these objectives. The preceptor evaluates his/her student's performance and shares these perceptions with the student and faculty member; however, final course grades are assigned by the faculty member. In addition, students provide an evaluation of their preceptor; this evaluation is reviewed by the program director and feedback is provided to facility administration as deemed appropriate. A preceptor packet, student evaluation materials, and preceptor evaluations will be available for review in the document display room (Exhibit D-18).

2.7 Faculty (full- and part-time) are oriented and mentored in their areas of responsibilities.

Faculty are oriented and mentored at MSC largely through the work of the department head and program directors. Initial point of contact for new faculty is the department head, as she is responsible for hiring, orienting, and introducing the individual to the college and program. New faculty is expected to attend a campus-wide orientation prior to the beginning

of the academic calendar. Faculty policies and procedures are posted on the college Website and are detailed in the college faculty handbook (Exhibit A-2). The department had and program director complete and expand upon the initial college orientation.

Upon hire, all new faculty members receive program and student handbooks which outline policies and procedures for the DHS/program (Exhibits A-2, A-3, and A-5). The handbooks introduce faculty to the mission, philosophy, goals, and desired outcomes for the DHS and corresponding program. A department-wide meeting is held at the beginning of the academic year to assist in orienting new faculty.

Ongoing mentoring is provided by the program director, current faculty, and administrative personnel. New faculty may also seek assistance, as needed from individuals within any department program.

2.8. Systematic assessment of faculty (full- and part-time) performance demonstrates competencies that are consistent with program goals and outcomes.

Systematic assessment is conducted by the department head and program director (Appendix 9). All full-time faculty members are evaluated on a regular basis as outlined in the campus and faculty handbooks. Methods of assessment include classroom, clinical or lab observation, review of contractual obligations, and student evaluations (course and/or clinical). Faculty of both programs has established faculty outcome benchmarks (Exhibit D-19):

- 80% of the faculty will achieve a composite ranking score of 4.0 on each semester's student course and/or clinical evaluations.
- 35% of the faculty will be involved in clinical practice on a regular basis.
- 90% of the faculty will complete a minimum of one scholarly activity each year.
- 100% of the faculty will demonstrate ongoing progress in their scholarly activities.
- 100% of the faculty will actively participate in college, department, program, or community activities.
- 100% of the faculty will actively participate in college, department, or program advising activities.
- 80% of the program's faculty will achieve a rating of Highly Proficient or above for each outcome on their annual performance evaluation.
- 80% of the program's faculty will achieve a rating of Highly Proficient or above as an aggregate outcome on their annual performance evaluation.

Reviews are completed individually and in a private setting. The goal of the evaluation process is to provide an assessment of proficiency and afford mentoring as needed. The evaluation process can be used to identify areas of improvement and strengths that can be built upon. Documentation of evaluation is maintained in the department head's office and Human Resources department.

2.9 Non-nurse faculty and staff performance is regularly reviewed in accordance with the policies of the governing organization.

Not applicable.

2.10 Faculty (full and part-time) engages in ongoing development and receives support in distance education modalities including instructional methods and evaluation.

LPN-AAS faculty is in the process of developing three online courses. This is being accomplished with the assistance of the WebCT coordinator and DHS faculty currently facilitating online courses.

STANDARD 3: STUDENTS

Student policies, development, and services support the goals and outcomes of the nursing education unit.

3.1 Student policies of the nursing education unit are congruent with those of the governing organization, publicly accessible, non-discriminatory, and consistently applied, differences are justified by the goals and outcomes of the nursing education unit.

A careful review of college policies and those of the nursing programs demonstrate congruency (Exhibits A-2, A-3, A-4, and A-5). Additionally, policies are publicly accessible, non-discriminatory, and consistently applied. Student policies of MSC and the PN/LPN-AAS programs are available for all concerned individuals in multiple locations (please refer to Table 3.1.1: Location of Published Student Policies). Available information includes (but is not limited to) course descriptions, tuition, fees, academic integrity, academic calendar, master course schedule, and student forms. Students may review college policies online on the MSC Website (http://www.mesastate.edu/shared/catalog/MSC_Catalog_1011.pdf). Academic policies are further explicated in the college's Academic Policy Guide which is available online (http://www.mesastate.edu/shared/documents/2010-2011_Academic_Policies_Guide.pdf).

The student policies of the nursing programs can be reviewed:

- DSH Website (http://www.mesastate.edu/healthsciences/index.html)
- Faculty and Program Handbooks (http://www.mesastate.edu/healthsciences/documents/REVISEDPNStudentHandbook-8-18-10.pdf; http://www.mesastate.edu/healthsciences/documents/LPN-AASSTudenthandbookKellyF08.pdf).

The following policies are the same for nursing and non-nursing students at MSC:

- College Admission
- Academic Dishonesty
- Disciplinary Procedures
- Graduation Process
- Grievance/Complaints and Appeal Procedures
- Information Privacy
- Tuition (contact hours, course credit)

The following polices differ for students enrolled in nursing (as compared with other students on campus):

- **Academic Dishonesty:** Upon entrance into the program, all students will be required to sign a statement regarding academic dishonesty. This is in effect for the entire program of study. Students identified as violating academic honesty will be subject to disciplinary action up to and including expulsion from the program.
- **Admission (to the program as separate from the college)/Readmission:** Once students are admitted to the college, they are able to apply to the program. Applicants must meet the minimum criteria by a selected date as specified in the catalog in order to be considered for the program. Finally, they complete for the available seats through a non-biased anonymous point system incorporating characteristics faculty believe are most like to predict student success.
- **Attendance:** Attendance with punctuality is required for all classes, labs, and clinical experiences. Students should plan accordingly for traffic, weather, and family issues. One excused absence, tardy, or leaving class early – you must have called the instructor in advance (voice mail or e-mail messages are not acceptable) and received permission to make up work or a test – is permitted per semester per course. The second absence, early departure, or tardy may result in a decrease of one letter grade for the course.
- **Confidentiality:** Students will receive initial and ongoing education about confidentiality and patient privacy during their nursing education. Breach of confidentiality or patient privacy will result in disciplinary action up to and including immediate expulsion of the student(s) involved. Student nurses will be held liable for their own acts of negligence committed in the course of clinical experiences. If they are performing duties that are within the scope of professional nursing, they will be held to the same standard of skill and competence as registered professional nurses. A lower standard of care will not be applied to the actions of nursing students.
- **CPR Certification:** Applicants must submit a copy of appropriate CPR certification **card** (CPR/AED for Professional Caregiver (ARC) or CPR for the Healthcare Provider (AHA). This certification is maintained throughout the curriculum.
- **Criminal Background Check:** To maintain a safe and productive educational and clinical environment, potential students who have been accepted into one of the health sciences programs will undergo a criminal background investigation.
- **Grading/Testing:** students are held to a rigorous grading standard. The grading scale for all nursing courses is:

  A = 93 to 100%
  B = 85 – 92%
  C = 76 – 84%
  D = 70 – 75%
  F = 69% and below.

- **Health Policies (admission and throughout program completion):** Since clinical agencies have specific health requirements in order for students to attend clinical, an annual health exam is mandatory for all students and is the financial responsibility of the student. The exam must indicate students are free of infectious diseases, immune to certain diseases for which one can be vaccinated, and are able to meet delineated physical, mental, emotional, and environmental requirements.

- **Immunizations:** Students admitted to either program are required to have proof of several immunizations (Hepatitis B, TB, Tetanus, MMR, and Varicella). Students will be required to enroll in the American DataBank management system at a cost of $25.
- **Liability Insurance:** The policy must be comprehensive general liability insurance covering bodily injury and property damage liability with minimum coverage limits of $1,000,000 per occurrence/$2,000,000 general total limit, and medical professional liability insurance with minimum coverage limits of $1,000,000 per claim/$3,000,000 annual aggregate.
- **Mental and Physical Capacity Requirements:** Under the supervision of a licensed nurse the student nurse has responsibility for direct patient care for those assigned individuals during a scheduled shift. A shift varies in duration from 4 to 12 hours and may be during the day, night or weekend. They are also responsible for communication with families, caregivers, and other staff, be it written, verbal, electronic demonstration or other media in relation to their assignment. Duties may require sitting, standing, walking, lifting, bending, twisting, squatting, carrying, pushing, pulling, reaching writing, typing, pinching, gripping, bimanual dexterity.
- **Professional Behavior:** As students prepare for transition into professional life, certain behaviors are expected, consistent with safe and ethical professional nursing practices in the classroom and in the clinical setting. When student behavior interferes with the conduct of class or the clinical experience or when safety of members of the campus community is endangered, such behavior will result in disciplinary action up to and including immediate expulsion from the program.
- **Withdrawal/Probation/Dismissal/Program Progression:** Unlike other college courses, withdrawal from most nursing courses must be reviewed carefully. Clinical spaces are limited and withdrawal may prevent a student from progressing through the curriculum in a timely manner. In order to progress in either program, students must receive a "C" or better grade in each nursing course. Readmission after failure is evaluated on an individual basis.

Each program's handbooks is reviewed and revised on an annual basis by faculty. Students are either provided with copies of the handbook or directed to obtain a printed copy from the program Website. Students sign an affidavit indicating their agreement to abide by the written policies. If changes need to be made to the next review cycle, students are given written copies of the changes; additionally they are informed of the change by e-mail.

Evidence of department and program policies and procedures being consistently applied is found in faculty meeting minutes. Minutes of faculty meetings (Exhibit B-2) will be available for review in the document display room.

Table 3.1.1 Location of Published Student Policies

Policy	MSC 2010-2011 Catalog	Student and Academic Policy Guide	Student Resources Guide	Nursing Student Handbooks	DHS Brochure	College Website	Department Website
Nondiscrimination	Page 3, 8-9					√	
Tuition and Fees	Pages 24-28		Page 14		√	√	√
Selection and Admission	Pages 9-14, 18-19		Page 5	√	√	√	√
Academic Progression	Pages 37-42, 185-186			√		√	√
Student Evaluation and/or Grading	Pages 19, 34, 37-38		Page 7	√		√	
Retention	Pages 38, 185	Pages 20-25	Pages 9-10	√		√	
Withdrawals and/or Dismissal	Pages 35, 42	Pages 20-25		√		√	
Graduation Requirements	Pages 43-51	Page 7		√	√	√	√
Grievance Complaints and Appeal Procedures		Pages 8-10, 24	Page 7	√		√	
Financial Aid	Pages 21-23		Page 18		√	√	
Transfer Credit	Pages 13, 15, 23-24, 44, 49, 186		Page 11		√	√	
Recruitment					√	√	√
Restricted Directory	Pages 3, 35-36	Pages 9, 16				√	
Health Requirements		Page 14		√	√	√	
Validation of Prior Learning/Articulation	Page 186			√	√	√	√

3.2 Student services are commensurate with the needs of students pursuing or completing the AAS/PN program, including those receiving instruction using alternative methods of delivery.

A wide variety of service is available for all students at MSC. These include:

Academic and Campus Resources (Advising and Career Center, Alumni Association, AmeriCorps, Bookstore, Campus Design Services, Campus Dining Services, Child Care Center, College center, Computer Labs, Counseling Services, Educational Access Services, Financial Aid, Intramural Sports Program, Johnson Art Gallery, KMSA Radio, Outdoor Program, Student Health Center, Testing Center, Tomlinson Library, Tutorial Learning Center, Veteran's Affairs Services).

Each service is described on the college Website (Exhibit A-7, *Student Resources Guide 2009-2010*). These services are described below and in Standard 5.

MSC is implementing Touchnet, which integrates with Banner and allows the college to take student payments and conduct other business over the Internet. Included in the product is MSC Marketplace, a virtual mall with "stores" where departments can sell merchandise, tickets, tests and event registrations. Several departments have created Marketplace stores that meet their unique needs and, over time, we expect to conduct all credit/debit card business using the appropriate Touchnet application (Paypath, Touchnet cashiering and MSC Marketplace). A major benefit for using MSC Marketplace is that transactions are processed in accordance with Payment Card Industry (PCI) standards which are designed to protect consumers.

Faculty may utilize a clicker or classroom response system to significantly change the way teacher and students interact. The system enables faculty to assess the students' knowledge, keep their attention, provide immediate feedback, and encourage all students to participate. MSC has adopted the i>Clicker as its standard. Faculty may contact the Help Desk to obtain an instructor i>Clicker and to find out if the classroom in which they are teaching has an i>Clicker receiver installed. Students must purchase i>Clickers from the bookstore.

Campus Recreation Services: Students, staff, administration, and faculty have access to the health facilities located at MC. Facilities and opportunities include use of the pool, weight training equipment, aerobic equipment and classes, yoga and Pilates classes, personal trainers, and access to a wide variety of physical education classes. In addition students, staff, administration, and faculty are encouraged to participate in community wide health promotion endeavors such as the annual LiveWell Challenge. Additionally, faculty and staff have access to a health risk appraisal service on an annual basis called "My Health IQ" which includes health testing, feedback reports, progress monitoring, and health education.

Educational and Financial Aid Processes: Student educational and financial records are maintained according to the governing organizational guidelines (*MSC Catalog 2010-2011*, p. 3, 35-36). Financial aid information can also be found in the *MSC Catalog 2010-2011* (p. 21-23). Financial Aid officers are available to students for financial questions and conform to necessary

regulations regarding student repayment and responsibilities. Details regarding financial aid are located in the document display room (Exhibit A-8).

Freshman Year Initiative: The transition from high school to college is a major step. Incoming students are encouraged to get a jump-start on their college career and join other first-year freshmen in the F.Y.I. Program. Taught by MSC faculty, the F.Y.I. Program is designed to give students a better understanding of the skills needed to be successful in college including study skills, test-taking strategies, and time management techniques. In addition, they will have the opportunity to become familiar with the campus and the many resources available to assist with achieving academic and professional goals.

Leadership Academy: The academy, facilitated by faculty and campus staff, provides students with two levels of interactive experience. Participants gain knowledge relating to: mentoring, problem resolution, decision making, effective formal and informal communication strategies, networking, and development of a plan for leadership. Each student assesses his/her leadership style and ability to handle stress. Students wishing to participate in the academy complete an application form and submit an essay describing what he/she wishes to gain from the experience. Level II participants must be a sophomore or above, have a minimum of a 3.0 GPA, and provide a letter of recommendation addressing their leadership abilities.

Scholarships: The college catalog and Website list scholarship opportunities available to MSC students. There are several specific to nursing; they are described on the DHS Website. Information regarding scholarship monies will be available for review in the document display room (Exhibit A-9).

The Tutorial Learning Center (TLC): the center provides free, walk-in tutoring for a wide variety of subjects. The goals of the TLC are: to create opportunities for student success and to help students become more independent with their learning. The TLC Website provides a link for many helpful websites on the internet to assist students with a variety of issues that may come up while working on an academic project. These sites are available twenty-four hours a day and seven days a week.

Resources specific to nursing students include:

Clinical Placement: Coordination of clinical placements at Western Healthcare Alliance facilities is being expedited with the use of the Colorado Clinical Placement Platform project (http://www.coloradonursingcenter.org/placement/index.htm). Coordinating multiple clinical

rotations for all their students challenges every school of nursing, especially as growing enrollments have strained the capacity of previously existing arrangements between schools and clinical sites. Over the past several years, the Colorado Center for Nursing Excellence has utilized funding from The Colorado Health Foundation in partnership with a Robert Wood Johnson Foundation "Partners Investing in Nursing" grant to pilot implementation of the Colorado Clinical Placement Platform project.

The Clinical Placement Platform is a searchable, web-based database, which includes information about both participating clinical agencies (i.e. unit descriptions, student requirements for each facility) and nursing schools (i.e. course requirements, clinical objectives). MSC was an educational partner for the pilot project, and one healthcare facility in Western Colorado, St. Mary's Regional Medical Center, was enrolled as a healthcare agency partner during the pilot project. Benefits of the platform include:

Nursing Schools: Easier placements; enhanced relationships with existing clinical partners and opportunities to build new relationships; improved communication with clinical sites to ensure placements meet student needs and course objectives.

Clinical Settings: Less hassle and paperwork to coordinate placements; improved communication with schools to enhance preparation of clinical faculty and students.

Nursing Students: Improved access to information about clinical coursework and agency expectations.

State: Better information about capacity of the nursing education system; improved collaboration between practice and education to enhance the quality of the nursing workforce.

Computerized Testing: Students in both programs utilize a computer testing format to complete course and KITI requirements. Suitable room arrangements and electronic connections are available allowing students to test in a comfortable quite group setting.

Grant Procurement Support: The office of Sponsored Programs has provided significant support in the writing of and procurement of several recent, large grants that have allowed for expansion of the nursing programs. The process for grant writing and procurement is the DHS department head composes the initial draft of the grant, including the inclusion of

pertinent details. The Office of Sponsored Programs provides editing, compilation, and oversight grant writing services. Please see Table 3.2 for a summary of external grant funding received for the DHS programs. Grant materials will be available for review in the document display room (Exhibit D-20).

Table 3.2 Grant Monies Received by DHS

ACADEMIC YEAR	WAGNER-PEYSER WORKFORCE DEVELOPMENT (DEPARTMENT OF LABOR	THE COLORADO TRUST (HEALTH PROFESSIONS INITIATIVE)	CARING FOR COLORADO	WESTERN HEALTHCARE ALLIANCE
2009-10				$48,375
2008-09				$12,000
2007-06		$28,390	$19,500	
2006-07		$28,576		
2005-06	$16,184	$47,181		
2004-05	$ 1,398	$ 9,165		

M*A*S*H Camp: Our M*A*S*H Camp for middle school students was created to interest young adolescents in health careers and build basic skills common to all health careers (CPR, First Aid, Infection Control, etc). There are three levels of M*A*S*H Camp, which allows teens the opportunity to advance their learning over three summers. This exciting week-long day camp utilizes nursing faculty, students, and many community members from various health professions to provide fun hands-on learning. Students are exposed to a campus life, touring residence halls, eating in the college cafeteria, and utilizing the recreation center.

Student Nurses Association: all students may participate in campus student organizations and activities. These include student government and various student clubs. With a membership of approximately 53,000 nationwide, the National Student Nurses' Association mentors the professional development of future registered nurses and facilitates their entrance into the profession by providing educational resources, leadership opportunities, and career guidance. Student activities center on service projects, health fairs, fund raising, and community outreach projects.

Welcome Back: DHS faculty coordinates a "Welcome Back" involving all students in each departmental program. Members of the Student Nurses Association usually present a fashion

show with appropriate and non-appropriate professional dress. Students are also apprised of new program requirements, if applicable, and introduced to all faculty members and staff. The SNA president informs students about association details, including introduction of the student mentoring program. Vendors from the local uniform shops are in attendance and students may investigate options and/or purchase uniforms and supplies for a discount. At this time students are also informed about the AmeriCorps Program which provides service scholarship monies. The events last about one hour and then students are able to socialize, shop, and get reacquainted with each other.

3.3 Student educational and financial records are in compliance with the policies of the governing organization and state and federal guidelines.

Policies concerning educational and financial records are in compliance with the policies of the governing organization and state and federal guidelines (Exhibit A-8) including:

- Family Educational Rights and Privacy Act (http://www2.ed.gov/policy/gen/guid/fpco/ferpa/students.html)
- Title IV regulations (http://studentaid.ed.gov/PORTALSWebApp/students/english/index.jsp)
- The College Opportunity Fund (http://highered.colorado.gov/Finance/COF/)
- The Colorado Department of Education (http://highered.colorado.gov/Finance/FinancialAid/Educators.html).

Interested students receive assistance completing the Free Application for Federal Student Aid (FAFSA). Submission of this form is the first step to receiving any form of financial aid; students may file the application online at http://www.fafsa.ed.gov/.

Financial data available for end of term 2008 indicated 59% of students received some form of aid; the percentage of nursing students (for both programs combined) receiving aid was 63.4%. As of fall 2009 approximately 71% of MSC students receive some form of financial aid. For this same time period 76.4% of nursing students (both programs combined) were awarded financial aid monies. Additionally, the majority of MCS students are eligible for funding from

the Colorado Opportunity Fund at the rate of $62 per academic hour per semester in 2010-2011.

3.4 Compliance with the Higher Education Reauthorization Act Title IV eligibility and certification requirements is maintained.

MSC meets Title IV participant compliance with student loans. The college catalog, the Financial Aid Office, and the college Website provide extensive information on student loan borrowing and repayment (http://www.mesastate.edu/finaid/index.html).

3.4.1 A written, comprehensive student loan repayment program addressing student loan information, counseling, monitoring, and cooperation with lenders is available.

A written, comprehensive program addressing student load information, counseling, monitoring, and cooperation with lenders are utilized. When students accept their award they must first agree to the terms and conditions which apply to both Title IV and state regulations. In order to receive loan funds students are required to complete entrance loan counseling. As of 2009-2010 school year all Stafford loans, including parent PLUS loans, are financed by Direct Lending. This means the lender is the U. S. Department of Education rather than a bank or financial institution. Additionally students are directed to complete a Master Promissory Note online (https://www.dl.ed.gov/borrower/BorrowerWelcomePage.jsp). A student loan coordinator is responsible for tracking all documents related to awarding of funds and repayment of financial aid. Financial aid information will be available in the document display room (Exhibit A-8).

3.4.2 Students are informed of their ethical responsibilities regarding financial assistance.

A Financial Aid counselor informs students of their ethical responsibilities regarding financial assistance. Information regarding the student's ethical responsibilities related to financial assistance is found in the college catalog, financial aid office Website, and Student Resources Guide. Students may quality for one or more of the following: grants, loans (need or non-need based), and student employment through work study. Need and non-need based loans, grants,

and work-study employment are applied for by submitting the Free Application for Federal Student Aid (FAFSA). The process takes approximately four weeks. This information is brought to the student's attention during orientation to the college. Integrity and consistency exist for all information intended to inform the public, including the program's accreditation status and NLNAC contact information. Financial aid personnel are readily available to provide ongoing assistance for students seeking aid or who have questions regarding payment for monies received.

3.5 Integrity and consistency exist for all information intended to inform the public, including the program's accreditation status and NLNAC contact information.

Review of information contained in the college catalog and on the college Website clearly demonstrates integrity and consistency. MSC's PN and LPN-AAS programs are approved by the CSBN and are seeking initial accreditation by NLNAC. This information (including contact information for NLNAC) is included on the college, DHS, and program Websites.

Maintaining consistency and currency in written publications, Websites, program, and course information can be challenging. To meet this challenge all publications and online resources are reviewed annually and as needed (Appendix 9; SEP). Oversight of program information is the responsibility of the department head, program director, and administrative assistants. Every effort is made to eliminate discrepancies from all published materials. The program directors and faculty meet annually to review the handbooks and syllabi to determine if revisions are needed. When revisions are made the administrative assistant contacts the campus Webmaster to make the necessary changes. If differences exist, course syllabi take precedence over the information contained in student handbooks.

3.6 Changes in policies, procedures, and program information are clearly and consistently communicated to students in a timely manner.

Faculty reserve the right to change policies when needed and believes it is vital to communicate changes in program policies in a timely manner. Changes to program policies, procedures, and program information are clarified for students during the first day of class, postings

on bulletin boards, and, if needed, via e-mail communication. Changes are also reflected on the DHS Website. When class or clinical hours need to be altered from originally scheduled times, advance notice (when possible) is provided in class and/or via student college e-mail.
The program handbooks and policies therein are updated yearly by the faculty, program director, and department head.

3.7 Orientation to technology is provided and technological support is available to students, including those receiving instruction using alternative methods of delivery.

All students must meet the MSC computer literacy requirement prior to enrolling in a WebCT course. This consists of a mandatory online orientation module designed to orient students to the basic format of WebCT. Numerous tutorials are available on the college Website to assist students maneuver WebCT. The Coordinator of Distance Education is available for any online support needed by students or faculty. Three LPN-AAS nursing courses are being designed to utilize the same online platform as other campus programs. Periodically faculty utilizes WebCT shells as a mechanism for disseminating course information and course documents (I.e., syllabi, and PowerPoint presentations). LPN-AAS faculty will be incorporating several WebCT courses in the curriculum within the upcoming year.

STANDARD 4: CURRICULUM

The curriculum prepares students to achieve the outcomes of the nursing education unit, including safe practice in contemporary health care environments.

4.1 The curriculum incorporates established professional standards, guidelines and competencies, and has clearly articulated student learning and program outcomes.

The competencies and outcomes of each program are consistent with identified professional standards and guidelines including the CSBN's *Scope of Practice* (Exhibit C-10). The competencies and outcomes are delineated in the student handbooks which are posted on the DHS Website. PN and LPN-AAS faculty are committed to providing students with the necessary skills to be competent, safe practitioners upon graduation. Faculty members are aware an individual's health status is constantly changing and program content must be adapted to meet the needs of divergent populations and learners. Each program is guided by a mission, philosophy, and goals based on professional standards and guidelines. Clearly articulated program competencies and expected outcomes provide a basis for evaluation of student learning (Exhibit D-4).

MSC nursing programs are built on a career ladder concept. The first step is the Practical Nurse (PN) program. After completing two general education courses and three prerequisite courses (2 semesters) students can apply to the PN program. This program is completed in nine months. Students are then eligible to take the NCLEX-PN. The second step in the career ladder is the Associate in Applied Science Degree in Nursing (LPN-AAS). Students must have their LPN license to be eligible to enter this program. Students who successfully complete the LPN-AAS are eligible to take the NCLEX-RN and may proceed to the RN-BSN program.

PN PROGRAM: The philosophy of the LPN program is consistent with the general purposes of liberal education at MSC. The program provides a balance between general education and nursing knowledge as a basis for practical nursing practice, facilitates the development of professional behaviors as the foundation for nursing practice, prepares graduates to utilize data related to biological, psychological, social, spiritual, cultural and

developmental needs to promote, maintain and restore health, and promotes the transition to practice as a practical nurse.

This program prepares a **proficient practitioner** who values the lifelong process of self-evaluation, self-acceptance, and learning which support the continual acquisition of new skills. Graduates of the program are prepared for entry into practice to function as **technical nurses** in a caring manner within increasingly complex health care settings. Each learner possesses unique experiences, interests, values, attitudes, motivations, learning styles and capabilities that must be recognized and cultivated. Students have a responsibility to actively participate in the educational process, and join faculty in planning for this approach. Alternative and non-traditional teaching-learning strategies, in accordance with academic requirements of the college, recognized standards of nursing practice and societal expectations are used to enhance learner needs. Learning is achieved through progression from simple concepts to complex theories in an environment that is conducive to teaching/learning. The faculty further believes in continuous quality improvement in nursing education, which is apparent in outcomes based assessment of the program's mission.

PN Roles and Corresponding Skills: Practical nursing's ascribed roles are derived from the science and art that is inherent in a practice discipline. The essence of nursing is a deliberate caring relationship, designed to uniquely preserve and enhance the integrity, dignity and worth of individuals while upholding ethical, moral, legal and humanistic principles. Nurses, practicing from a holistic perspective, are integral members of interdisciplinary teams. They collaborate with patients and other providers to design, provide, manage, and coordinate care for individuals, families, groups and communities in an evolving health care system. This requires the use of critical thinking, communication, data gathering, and contributing to assessment within the scope of practice and technical skills characteristic of a health care professional. Furthermore, to provide professional care, nurses must demonstrate knowledge of health promotion, risk reduction, disease prevention and management, the nursing process, leadership process, information technologies, and evidence-based practice. As members of a profession, nurses advocate for quality care that is respectful of human diversity within a global

environment. A commitment to enhance the discipline is demonstrated by remaining active in professional organizations as well as in the political and regulatory processes.

PN Philosophy: The faculty identifies **patients** as individuals, families, groups, or communities, who continuously interrelate within their environment. Patients, as recipients of holistic nursing care, are complex with physiological, psychological, social, spiritual, and cultural components. Patients function in independent, interdependent, or dependent roles, and may seek to receive nursing interventions related to health promotion and maintenance, as well as health restoration and end-of-life care.

Practical nurses, as members of a profession, provide nursing care for individuals experiencing common well-defined health problems in structured settings. Within this setting, the practical nurse meets specific patient needs as directed and there is recourse for assistance and support from the full scope of nursing expertise. The degree of supervision that is required is subject to change as the health state or condition of the patient changes. This form of decision making requires the use of critical thinking, communication, data gathering and assessment, and technical skills that are characteristic of a health care professional. This structure allows the practical nurse to contribute to a plan of care that is respectful of human diversity and maintains a deliberate caring relationship. The relationship is designed to uniquely preserve and enhance the integrity, dignity, and worth of individuals. Practical nurses accept the responsibility for the provision of humanistic nursing care. In addition, they uphold ethical, legal, and moral doctrines. It is critical to collaborate with other providers to assure delivery of safe and effective care. A commitment to enhance the discipline is demonstrated by remaining active in professional organizations as well as in the political and regulatory processes.

Health is viewed as patterns of interrelationships with the environment. One of these patterns may be disease. The dynamic patterning of health, which includes illness, is characterized as becoming, transcending and unfolding. Health and illness are not polar opposites, but are part of a rhythmic process, and part of the whole expression of life. This process includes dying as a heightened awareness of the meaningfulness of life. Within this

framework, the delivery of health care resources is an interdisciplinary collaborative effort among health professionals.

The **environment** as defined by each individual, family, group, community, or global population, is the total context in which people exist. Environments encompass the physical surroundings, and social and personal beliefs that influence people's perceptions and interactions in regard to health. Environments change in response to biologic factors; societal values and needs; gender, racial, ethnic and cultural diversity; technological advances; health care legislation; and consumer expectations.

PN Program Goals:

1. Provide a balance between general education and nursing knowledge as a basis for Practical Nursing.
2. Facilitate the development of value-based behaviors as the foundation for Practical Nursing.
3. Utilize data related to biological, psychological, social, spiritual, cultural and developmental needs to promote maintain and restore health.
4. Promote the transition to practice as a practical nurse.

Competencies of PN Graduates: derived from *The NLN Education Competencies Model (2010):*

Human Flourishing: promote the human dignity, integrity, self-determination, and personal growth of patients, oneself, and members of the health care team.

Nursing Judgment: provide a rationale for judgments used in the provision of safe, quality care and for decisions that promote the health of patients within a family context.

Professional Identity: assess how one's personal strengths and values affect one's identity as a nurse and one's contributions as a member of the health care team.

Spirit of Inquiry: question the basis for nursing actions, considering research, evidence, tradition, and patient preferences.

PN Program Outcomes: The outcomes are derived from the program mission, philosophy, goals, and current professional guidelines for nurse education programs. Upon completion of the program, students will have demonstrated the ability to apply the following skills while delivering care:

1. **Professional Behavior**: Behaviors characterized by a commitment to the profession of nursing.
    a. The graduate adheres to standards of professional practice, is accountable for her/his own actions and behaviors, and practices nursing within legal, ethical, and regulatory frameworks.
    b. Professional behaviors also include a concern for others, as demonstrated by caring, valuing the profession of nursing, and participating in ongoing professional development (NLN, 2000).
2. **Communication**: An interactive process through which there is an exchange of information verbally, non-verbally, and in writing while using current information technology.
    a. Included in this process are the nurse, patient, significant others, diverse members of the healthcare team, and community agencies.
    b. Effective communication demonstrates caring, compassion, cultural awareness, is directed toward promoting positive outcomes while maintaining a trusting relationship.
    c. Therapeutic communication is an interactive verbal and non-verbal process between the nurse and patient that facilitates coping with change, developing positive interpersonal relationships, and integrating new knowledge and skills (NLN, 2000).
3. **Assessment**: The collection, analysis, and synthesis of relevant data for the purpose of evaluating the patient's health status.
    a. Comprehensive assessment provides an individualized evaluation of the patient, including physical, developmental, emotional, psychosocial, cultural, spiritual, and functional status dimensions.

b. Assessment involves the orderly collection of information that establishes the foundation for individualized competent nursing care, and includes: identification of available resources to meet patient needs; review of baseline data for future comparisons; and ongoing assessment as required to meet the patient's changing needs (NLN, 2000).

4. **Clinical Decision Making**: Encompasses the performance of accurate assessments, the use of multiple methods to access information, and the analysis and integration of this knowledge to formulate clinical judgments.
    a. Effective clinical decision-making results in the utilization of appropriate nursing interventions, providing accurate and safe care; and the promotion of the patient and significant others toward positive outcomes.
    b. Evidence based practice and the use of critical thinking provides the foundation for appropriate clinical decision making (NLN, 2000).
5. **Caring Interventions**: Nursing behaviors and actions that assist patients in meeting their needs.
    a. These interventions are based on knowledge and understanding of the natural and behavioral sciences, nursing theory, nursing research, and past nursing experiences.
    b. Caring is the "being with" and "doing for" that facilitate patients in achieving desired results.
    c. Caring behaviors are nurturing, protective, compassionate, and individualized.
    d. Caring creates an environment of hope and trust, where patient choices related to cultural values, beliefs, and lifestyle are respected (NLN, 2000).
6. **Teaching and Learning**: Processes that are used to promote and maintain health and reduce risks that are implemented in collaboration with the patient, significant others, and various members of the healthcare team.
    a. Teaching encompasses the provision of health education to promote and facilitate informed decision-making, achieve positive outcomes, and support self-care activities.

b. Integral components of the teaching process include assessing learning style and readiness to learn, prior knowledge, teaching style, evaluating responses to the teaching, and modifying teaching methods based on identified patient responses.
c. Learning involves the assimilation of information to expand one's knowledge base resulting in behavioral changes (NLN, 2000).

7. **Collaboration**: The shared planning, decision making, problem solving, goal setting, and assumption of responsibilities by those who work together cooperatively.
    a. Collaboration occurs with open professional communication among the patient, significant others, peers, interdisciplinary personnel, and community agencies.
    b. Collaboration requires consideration of patient needs, priorities and preferences, available resources and services, shared accountability, and mutual respect
    c. The nurse functions as an advocate, liaison, coordinator, and colleague while team member's work collaboratively to meet patient needs and achieve positive outcomes.
    d. The nurse participates within a team to provide individualized care across healthcare settings (NLN, 2000).
8. **Managing Care**: The efficient, effective use of human, physical, financial, and technological resources to meet patient needs and support organizational outcomes.
    a. Effective management is accomplished through the processes of planning, organizing, directing, and controlling resources.
    b. The nurse, in collaboration with the healthcare team, uses these processes to assist the patient to move toward positive outcomes in a cost efficient manner, to transition within and across healthcare settings, and to access resources (NLN, 2000).

The PN curriculum uses the following professional standards, guidelines, and or competencies – each document will be available for review in the document display room (Exhibit D- 21):

Code of ethics for nurses: Interpretation and application for nursing education and professional development. (2008). Silver Spring, MD: American Nurses Association.

International Code of Ethics for Nurses. (2006). Geneva, Switzerland: International Council of Nurses.

NLN Education Competencies Model. (2010). New York, NY: NLN.

Nursing practice standards for the licensed practical/vocational nurse. (2003). Garner, NC: National Federation of Licensed Practical Nurses.

Nursing's social policy statement. (2003). Silver Spring, MD: American Nurses Association.

State of Colorado. Colorado Nurse Practice Act: Title 12 Professions and Occupations. Article 38 Nurses (2010)

The nurse's role in promoting a culture of patient safety. (September 2005). Silver Spring, MD: American Nurses Association.

U. S. Department of Health and Human Services. (2000). *Healthy people 2010* (2nd Ed.). Washington, DC: US Government Printing Office.

Utilization guide for the ANA principles for nurse staffing. (September 2005). Silver Spring, MD: American Nurses Association.

LPN-AAS PROGRAM: This program prepares a proficient practitioner who values the lifelong process of self-evaluation, self-acceptance, and learning that supports the continual acquisition of requisite skills. The outcomes are derived from the program mission, philosophy, goals, and current professional guidelines for nurse education programs. The program integrates general education and nursing knowledge to formulate a basis for nursing practice; facilitates the development of value-based ethical behaviors; prepares graduates to utilize data related to biological, psychological, socio-spiritual, cultural and developmental needs; and promote, maintain, and restore health. Graduates of the program are prepared to continue in the role of a proficient nurse who functions in a caring manner within increasingly complex health care settings.

Each learner possesses unique experiences, interests, values, attitudes, motivations, learning styles, and capabilities that must be recognized and cultivated. Students have a responsibility to actively participate in the educational process and are encouraged to join faculty in planning for this approach. Faculty utilize alternative and non-traditional teaching-

learning strategies, in accordance with academic requirements of the College, recognized standards of nursing practice, and societal expectations. Learning is achieved through progression from simple concepts to complex theories in an environment that is conducive to a higher level of understanding. The faculty further believes in quality improvement in nursing education, which is apparent in continuous outcome's based assessment of the program's mission and goals.

LPN-AAS Philosophy: The faculty identifies **patients** as individuals, families, groups, or communities, who continuously interrelate within their environment. Patients, as recipients of knowledgeable nursing care, are complex with physiological, psychological, social, spiritual, and cultural components. Patients function in independent, interdependent, or dependent roles, and may seek to receive nursing interventions related to health promotion and maintenance, as well as health restoration and end-of-life care.

The role of **nursing** is to assist in the promotion, maintenance, and restoration of health. This unique role is accomplished through collaborative, caring relationships which focus on identifying and responding to the needs of individuals, families, and communities along the developmental life continuum. The practice of nursing is guided by ideas, beliefs, and values which reflect cultural awareness, a concern for quality of life, and respect for human diversity.

Health is viewed as patterns of interrelationships with the environment. One of these patterns may be disease. Health and illness are not polar opposites, but are part of a rhythmic process, and part of the whole expression of life. Within this framework, the delivery of resources is an interdisciplinary collaborative effort among health care professionals.

Environment, as defined by each individual, family, group, community, or global population, is the total context in which people exist. Environments encompass one's physical surroundings, social values, and personal beliefs that influence people's perceptions and interactions in regard to health. Environments change in response to individuality; biological factors; societal values; cultural diversity; technological advances; health care legislation; and consumer expectations.

LPN-AAS Program Goals:

1. Provide care competently and safely in a variety of health care settings with patients of diverse socio-cultural identities across the life span.
2. Manage the health care needs of individuals and/or groups of patients utilizing prioritization skills as well as delegation.
3. Promote nursing as an evidence-based discipline by incorporating ethical, political, economical, and social actions into one's practice.

Competencies of LPN-AAS Graduates: derived from *The NLN Education Competencies Model (2010)*:

Human Flourishing: advocate for patients and families in ways that promote their self-determination, integrity, and ongoing growth as human beings.

Nursing Judgment: make judgments in practice, substantiated with evidence, that integrate nursing science in the provision of safe, quality care and that promote the health of patients within a family and community context.

Professional Identify: implement one's role as a nurse in ways that reflect integrity, responsibility, ethical practices, and an evolving identify as a nurse committed to evidence-based practice, caring, advocacy, and safe, quality care for diverse patients with a family and community context.

Spirit of Inquiry: examine the evidence that underlies clinical nursing practice to challenge the status quo, question underlying assumptions, and offer new insights to improve the quality of care for patients, families, and communities.

LPN-AAS Expected Program Outcomes: Program outcomes are clearly articulated and are as follows:

1. **Professional Behavior**: Behaviors that are characterized by a commitment to the profession of nursing.
    a. The graduate adheres to standards of professional practice, is accountable for her/his own actions and behaviors, and practices nursing within legal, ethical, and regulatory frameworks.
    b. Professional behaviors also include a concern for others, as demonstrated by caring, valuing the profession of nursing, and participating in ongoing professional development (NLN, 2000).
2. **Communication**: An interactive process through which there is an exchange of information verbally, non-verbally, and in writing while using current information technology.
    a. Included in this process are the nurse, patient, significant others, diverse members of the healthcare team, and community agencies.
    b. Effective communication demonstrates caring, compassion, cultural awareness, is directed toward promoting positive outcomes while maintaining a trusting relationship.
    c. Therapeutic communication is an interactive verbal and non-verbal process between the nurse and patient that facilitates coping with change, developing positive interpersonal relationships, and integrating new knowledge and skills (NLN, 2000).
3. **Assessment**: The collection, analysis, and synthesis of relevant data for the purpose of evaluating the patient's health status.
    a. Comprehensive assessment provides an individualized evaluation of the patient, including physical, developmental, emotional, psychosocial, cultural, spiritual, and functional status dimensions.
    b. Assessment involves the orderly collection of information that establishes the foundation for individualized competent nursing care, and includes:

identification of available resources to meet patient needs; review of baseline data for future comparisons; and ongoing assessment as required to meet the patient's changing needs (NLN, 2000).

4. **Clinical Decision Making**: Encompasses the performance of accurate assessments, the use of multiple methods to access information, and the analysis and integration of this knowledge to formulate clinical judgments.
    a. Effective clinical decision-making results in the utilization of appropriate nursing interventions, providing accurate and safe care; and the promotion of the patient and significant others toward positive outcomes.
    b. Evidence based practice and the use of critical thinking provides the foundation for appropriate clinical decision making (NLN, 2000).
5. **Caring Interventions**: Nursing behaviors and actions that assist patients in meeting their needs.
    a. These interventions are based on knowledge and understanding of the natural and behavioral sciences, nursing theory, nursing research, and past nursing experiences.
    b. Caring is the "being with" and "doing for" that facilitate patients in achieving desired results.
    c. Caring behaviors are nurturing, protective, compassionate, and individualized.
    d. Caring creates an environment of hope and trust, where patient choices related to cultural values, beliefs, and lifestyle are respected (NLN, 2000).
6. **Teaching and Learning**: Processes that are used to promote and maintain health and reduce risks that are implemented in collaboration with the patient, significant others, and various members of the healthcare team.
    a. Teaching encompasses the provision of health education to promote and facilitate informed decision-making, achieve positive outcomes, and support self-care activities.
    b. Integral components of the teaching process include assessing learning style and readiness to learn, prior knowledge, teaching style, evaluating responses to the

teaching, and modifying teaching methods based on identified patient responses.

c. Learning involves the assimilation of information to expand one's knowledge base resulting in behavioral changes (NLN, 2000).

7. **Collaboration**: The shared planning, decision making, problem solving, goal setting, and assumption of responsibilities by those who work together cooperatively.
    a. Collaboration occurs with open professional communication among the patient, significant others, peers, interdisciplinary personnel, and community agencies.
    b. Collaboration requires consideration of patient needs, priorities and preferences, available resources and services, shared accountability, and mutual respect
    c. The nurse functions as an advocate, liaison, coordinator, and colleague while team member's work collaboratively to meet patient needs and achieve positive outcomes.
    d. The nurse participates within a team to provide individualized care across healthcare settings (NLN, 2000).
8. **Managing Care**: The efficient, effective use of human, physical, financial, and technological resources to meet patient needs and support organizational outcomes.
    a. Effective management is accomplished through the processes of planning, organizing, directing, and controlling resources.
    b. The nurse, in collaboration with the healthcare team, uses these processes to assist the patient to move toward positive outcomes in a cost efficient manner, to transition within and across healthcare settings, and to access resources (NLN, 2000).

The LPN-AAS curriculum uses the following professional standards, guidelines, and or competencies – each document will be available for review in the document display room (Exhibit D-22):

Code of ethics for nurses: Interpretation and application for nursing education and professional development. (2008). Silver Spring, MD: American Nurses Association.

Educational competencies for graduates of associate degree nursing programs. (2000). New York, NY: National League for Nursing.

International Code of Ethics for Nurses. (2006). Geneva, Switzerland: International Council of Nurses.

NLN Education Competencies Model. (2010). New York, NY: National League for Nursing.

Nursing's social policy statement. (2003). American Nurses Association.State of Colorado. Colorado Nurse Practice Act: Title 12 Professions and Occupations. Article 38 Nurses (2010)

The nurse's role in promoting a culture of patient safety. (September 2005). Silver Spring, MD: American Nurses Association.

U. S. Department of Health and Human Services. (2000). *Healthy people 2010* (2nd Ed.). Washington, DC: US Government Printing Office.

Utilization guide for the ANA principles for nurse staffing. (September 2005). Silver Spring, MD: American Nurses Association.

Note: LPN-AAS students will be held liable for their own acts of negligence committed in the course of clinical experiences. If they are performing duties that are within the scope of professional nursing, they will be held to the same standard of skill and competence as LPNs. A lower standard of care will not be applied to the actions of nursing students.

Rhodes, A. M. and Miller, R. D. (1984). *Nursing and the law* (4th Ed.). MD: Aspen Publication.

4.2 The curriculum is developed by the faculty and regularly reviewed for rigor and currency.

Faculty members are responsible for developing, evaluating, and modifying each curriculum informally on a continuous basis and formally annually (Appendix 9, SEP). Faculty meet regularly to assess progress in meeting expected program outcomes and are aware simply adding more content is not an effective teaching methodology. Rather, they strive to assist students integrate new concepts with ones already understood to facilitate synthesis and application of new knowledge. Faculty believes the readiness of adult learners depends on previous learning experiences and confidence in ability to learn. Each nursing curriculum, therefore, progresses from simple concepts to complex concepts and from known principles to

unknown principles. The programs are structured so learners are able to build upon knowledge gained in previous coursework.

For the purpose of this self-study, an extensive review of each program was completed. The review included:

1. **Mission/Philosophy/Goals/Outcomes** – accuracy, relevancy, and currency
2. **Program Competencies** – adoption of the *NLN Education Competencies Model* (2010)
3. **Progression of theory and clinical content/objectives** – simple to complex; individual to family; new concepts associated with known concepts; competent technical skills; broad range of clinical experiences
4. **Learning Environment** – positive and supportive; active vs. passive; use of current technology
5. **Teaching/Learning Practices** – learner as adult; learning vs. teaching styles; encouragement of critical thought; modeling and developing learning experiences that develop process skills, collaboration with peers, and shared decision making. Teaching strategies used by faculty members include: formal lecture; life-span approach; computer assisted instruction; incorporation of video materials; simulation scenarios; case studies; post-clinical discussions; demonstration/return demonstration
6. **Syllabi** – congruence with philosophy and program outcomes
7. **Evaluation Processes** – accuracy and consistency
8. **Program Policies** - accuracy, relevancy, and consistency
9. **Faculty and Student Handbooks** – accuracy, relevancy, and consistency

In addition, other faculty in the DHS, department head, community representatives, and current students reviewed the curriculum and self-study materials for congruence, relevance, and clarity. Feedback suggested the curriculums flow in a logical, progressive manner from basic to complex learning. Philosophical concepts (i.e. patient, nurse, health, and environment) were identified in each nursing course and were evident throughout the curriculum.

Faculty members are committed to utilizing methods of student evaluation that will lead to safe nursing practice. Evaluation data comes from a variety of sources including graduation/attrition rates, NCLEX pass rates, student and faculty surveys, and input from communities of interest. Since the inception of each program faculty have been responsible for the course development and subsequent revision. Documentation of those deliberations can be found in the faculty minutes (Exhibit B-2). Each program's faculty work closely together during these meetings to determine whether curricular changes are necessary. Revisions maybe suggested by faculty (both full- and part-time), program director, department head, students, community members, and NEAC. Proposed major revisions, such as a new course, do need to be submitted to and approved by the college-wide curriculum committee, CSBN, and accrediting bodies. Minor changes maybe integrated in the subsequent semester. Faculty members are aware of these restrictions and plan for approval of major changes to coincide with committee timelines.

Additions and deletions of curricular content are based on faculty review of learning materials. This includes, for example, textbooks, journal publications, and professional online sites. Faculty members are able to attending professional conferences and routinely incorporate content shared at these sessions. Changes are made to strengthen the curriculum when deficiencies in NCLEX exam rates are noted. Faculty review KITI (formerly ATI) test results to determine areas of deficiency. For example, LPN-AAS faculty are considering adding one-credit to Capstone (NURS 289) as this will allow students to spend an additional 12-hour shift functioning in the role of a new graduate. Additionally, in 2011, LPN-AAS students will mentor the PN students in learning fundamental skills.

Faculty members select textbooks based on currency, support materials, student feedback, and application of latest information. The small size of each program allows individual faculty to identify changes in course content and clinical experiences based on theory test results and clinical performance grading. Individual faculty brings their suggestions to faculty meetings for discussion and decisions. For example, LPN-AAS faculty and students met recently and decided (as of October 1, 2011) applicants must be currently employed as an LPN

or have had experience within the last six-months. Interested students will also need to have their LPN license and IV certification prior to submitting their application.

The program director and department head also meet biannually with members of NEAC. Council members are alerted to any anticipated program changes and, in turn, provide feedback regarding policy changes, clinical issues, equipment needs, expectations of graduates, and problems encountered with current students and/or graduates. Based on council member's input corresponding curricular changes may be implemented.

Table 4.2 delineates the curriculum for each program; course syllabi for each program will be available in the document display room (Exhibits E-1 and E-2).

Table 4.2 MSC Nursing Curriculums

PN Program		
Fall Semester	**J-Term**	**Spring Semester**
NURS 101 Pharmacology Calculations 1 Credit **NURS 106** Fund Med Surg Concepts 3 Credits **NURS 106L** Fund Med/Surg Concepts Lab, 2 Credits **NURS 107** Foundations of Nursing 3 Credits **NURS 107L** Foundations of Nursing Lab 2 Credit **NURS 11**2 Basic Concepts of Pharmacology, 2 Credits	**NURS 108** Foundations of Nursing II 3 Credits **NURS 108L** Foundations of Nursing II Lab, 1 Credit	**NURS 117** Nursing Care of Childbearing Family, 2 Credits **NURS 117L** Nursing Care of Childbearing Family Lab, 1 Credit **NURS 118** Nursing Care of Children 2 Credits **NURS 118L** Nursing Care of Children Lab 1 Credit **NURS 156** Socialization into Practical Nursing, 1 Credit **NURS 172** Fund Med Surg Concepts II 3 Credits **NURS 172L** Fund Med Surg Concepts II Lab, 4 Credits
Total 13 Credits	***Total 4 Credits***	***Total 14 Credits***
LPN-AAS Program		
Spring Semester	**Summer Semester**	**Fall Semester**
NURS 200 Role Transition 1 Credit **NURS 206** Advanced Concepts of Med-Surg I, 3 Credits **NURS 206L** Advanced Concepts of Med-Surg I Lab, 2 Credits **NURS 286** Advanced Pharmacology for Nurses, 2 Credits **NURS 288** Practicum: Health & Physical Assessment, 2 Credits	**NURS 211** Nursing Care of Psychiatric Clients, 3 Credits **NURS 211L** Nursing Care of Psychiatric clients Lab, 2 Credits **NURS 217** Leadership for Professional Nursing Practice, 2 Credits	**NURS 210** Nursing Care of Complex OB & Peds, 3 Credits **NURS 210L** Nursing Care of Complex OB & Peds Lab, 2 Credits **NURS 216** Advanced Concepts of Med-Surg II, 2 Credits **NURS 216L** Advanced Concepts of Med-Surg II Lab, 2 Credits **NURS 289** Capstone: Comprehensive Nursing Internship, 1 Credit
Total 10 Credits	***Total 7 Credits***	***Total 10 Credits***
Nursing Credits	**Support Classes for Completion**	
Credits PN Program 31 Credits Credits AAS Program 27 Credits	*English 111, 3 Credits *English 112, 3 Credits **MATH 110, 3 Credits **Hum/Soc BeH elective, 3 Credits **KINE 100 Health & Wellness, 1 Credit **KINE XXX activity, 1 Credit *BIOL 209/209L A & P I, 4 Credits *BIOL 210/210L A & P II, 4 Credits **BIOL 241 Pathophysiology, 4 Credits *PSYC 233 Human Growth and Development, 3 Credits **Total Credits 29**	**Note:** *Prerequisite for LPN Program ** Prerequisite for LPN-AAS Program

Note: *The non-nursing support courses meet the college, CCHE, and CSBN requirements providing the student with the knowledge base needed in the study of professional nursing.* These include: English (ENG 111 & 112), Human Anatomy and Physiology (BIOL 209 & 210), Human Growth and Development (PSYCH 233), Health and Wellness (KINE 100), Activity in Kinesiology, College Algebra (MATH 110), and Pathophysiology (BIOL 241).

Each curriculum is evaluated consistently (SEP, Appendix 9) ensuring students receive the most up-to-date information and training. Both programs will be incorporating additional content related to:

1. Providing competent, individualized, and humanistic care to older adults. Specific content from *Advancing Care Excellence for Seniors* (NLN, 2010) will be utilized.
2. Enhance informatics competencies; incorporate ANA-recognized nursing language and terminology into content.
3. Enhance quality and safety competencies (*Nursing Outlook*).
4. Enhance global health competencies.

Examples of recent curricular changes for each program include:

PN: Over the summer 2008-2009 the curriculum was modified allowing a greater emphasis on nutrition and wound therapy (i.e., Medical-Surgical Nursing, NURS 106). Additionally, content related to scope of practice (NURS 107/107L) and nutrition of pregnant women (NURS 117) was increased based on results from the ATI comprehensive predictor. Several curriculum changes were implemented during 2009-2010; they were based on ATI results and included offering Fundamental theory right before fundamentals lab (NURS 107), combining NURS 101 and NURS 112 (Pharmacology and Pharmacology Calculations) into one class, and modifying the way medication cards are completed (i.e. clinical use and classifications).

LPN-AAS: The curriculum is evaluated consistently to ensure students receive the most up to date information and training. The LPN-AAS program builds on the knowledge from the LPN program. Advanced concepts and in-depth pathophysiology of disease processes are used to enhance understanding. Students focus on leadership, critical thinking as they transition from an LPN to an RN. Additionally, a health assessment course provides students with the knowledge inherent in assessing patient needs and developing a more comprehensive plan of care (as compared to that of an LPN). These skills are demonstrated in advanced medical-surgical, critical care, obstetrics, and pediatrics experiences.

In fall 2009 faculty determined a pharmacology course was needed in the curriculum. Students were expected to complete more complex math calculations, administer intravenous

medications, and utilize critical thinking skills relative to medication administration. This same semester faculty determined students needed a more comprehensive understanding of the impact of patient's nutritional status on their level of well-being. Spring 2010 students were provided with enhance concepts in lecture, worked with the hospital dietician (i.e. TPN).

In summer 2010 faculty evaluated student feedback data suggesting the need to change the delivery methodology of some course offerings. Faculty decided Role Transition (NURS 200), Advanced Pharmacology (NURS 286), and Leadership for Professional Nursing Practice (NURS 217) would be offered online. This form of course delivery is consistent with the intent of the program as the curriculum is intended to be completed part time allowing students to work as an LPN. Additionally, it is hoped utilizing online testing (both course based and KITP competency examinations) will enhance preparation for the licensing examination.

4.3 The student learning outcomes are used to organize the curriculum, guide the delivery of instruction, direct learning activities, and evaluate student progress.

Expected student outcomes, learning activities, and student evaluation processes are organized around the mission, philosophy, and program competencies (*NLN Education Competencies Model, 2010*). Course content is organized around student learning outcomes and measured by specific nursing behaviors to be achieved within an identified time frame. Courses are arranged in a logical sequence from basic to complex; requiring a higher standard of functioning for successful completion of each consecutive course and expanding on the knowledge base built on previous courses. The following tables (4.3.1 and 4.3.1) demonstrate the manner in which program competencies relate to expected student outcomes.

Table 4.3.1 PN Program Competencies and Expected Student Outcomes

Program Competencies	Expected Student Outcomes
Human Flourishing: Promote the human dignity, integrity, self-determination, and personal growth of patients, oneself, and members of the health care team.	1. Demonstrate empathy for and a connection with patients. 2. Display concern for the welfare and well being of others. 3. Reflect support for patients' rights to make decisions about their health care. 4. Show respect for the inherent worth and uniqueness of others. 5. Demonstrate an appreciation for diversity among patient populations.
Nursing Judgment: Provide a rationale for judgments used in the provision of safe, quality care and for decisions that promote the health of patients within a family context.	1. Apply concepts from general education and program pre-requisites to enhance critical thinking and clinical decision making. 2. Communicate effectively in a variety of situations. 3. Contribute to the holistic assessment of the patient. 4. Provide safe and appropriate care in a professionally competent manner recognizing, understanding, and respecting physiological, psychological, social, spiritual and cultural components. 5. Provide relevant information in a clear, thorough, effective, and accurate manner. 6. Utilize related informatics technologies in patient care settings. 7. Provide direct care to patient whose conditions are stable or predictable, and under direct supervision provide care, interventions, and communicate response for patients whose condition is complex or unstable.
Professional Identity: Assess how one's personal strengths and values affect one's identity as a nurse and one's contributions as a member of the health care team.	1. Act in accordance with accepted ethical and professional standards of practice. 2. Uphold moral, legal and humanistic principles. 3. Accurately document patient needs, interventions and nursing outcomes. 4. Maintain effective interdisciplinary collaboration. 5. Demonstrate a commitment for continued professional development. 6. Engage in effective working relationships. 7. Demonstrate professional attitude and

Program Competencies	Expected Student Outcomes
	behavior.
Spirit of Inquiry: Question the basis for nursing actions, considering research, evidence, tradition, and patient preferences.	1. Assist in formulation of patient care plan. 2. Evaluate patient outcomes using critical thinking, decision-making skills, and creative problem solving of common treatments/tasks and assist with collection of evaluation data. 3. Collaborate in therapeutic interventions while retaining personal accountability.

Table 4.3.2 LPN-AAS Program Competencies and Expected Student Outcomes

Program Competencies	Expected Student Outcomes
Human Flourishing: Advocate for patients and families in ways that promote their self-determination, integrity, and ongoing growth as human beings.	1. Promote the patient's dignity while providing care. 2. Demonstrate caring behaviors toward patients, peers, self, and other members of the healthcare team that builds positive team relationships, promotes organizational goals, and contributes to a healthy work environment. 3. Manage care for groups of patient's in diverse settings by supporting the patient's needs and rights when making healthcare and end-of-life decisions.
Nursing Judgment: Make judgments in practice, substantiated with evidence that integrate nursing science in the provision of safe, quality care and that promote the health of patients within a family and community context..	1. Modify nursing care to consider the patient's values, customs, culture, spiritual beliefs, and habits. 2. Evaluate the patient's health status by completing a health history incorporating physical, cognitive, psychosocial, and functional assessments. 4. Demonstrate therapeutic communication skills when working with the healthcare team. 5. Assess the patient's response to actual and potential health problems and therapeutic interventions. 6. Assess environmental factors that may affect patient's health status. 7. Establish patient centered outcomes based on priorities of care identified in collaboration with the patient, family, and multidisciplinary healthcare team.

Program Competencies	Expected Student Outcomes
	8. Develop an individualized patient teaching plan based on an assessment of his/her learning needs. 9. Develop caring interventions for patients and their support persons to achieve desired outcomes. 10. Evaluate the understanding of the patient and significant support person(s) regarding actions needed to achieve desired outcomes. 11. Collaborate with the patient's, family, and the multidisciplinary healthcare team to determine the effectiveness of interventions and teaching plans in achieving identified patient outcomes.
Professional Identity: Implement one's role as a nurse in ways that reflect integrity, responsibility, ethical practices, and an evolving identity as a nurse committed to evidence-based practice, caring, advocacy, and safe, quality care for diverse patients within a family and community context.	1. Practice within the ethical and legal framework for nursing including the Colorado Nurse Practice Act. 2. Utilize ANA's *Standards of Practice* and the *Code of Ethics for Nurses* when evaluating nursing practice. 3. Manage the care of patients utilizing the nursing process supported by evidence based practice resulting in safe and competent patient care. 4. Contribute to the profession of nursing through mentoring, role modeling, participating in quality improvement activities, professional and organizational committees affecting healthcare. 5. Apply leadership principles and management skills using collaboration in planning, delegating, supervising, and evaluating nursing care as it relates to complex situations. 6. Delegate tasks appropriately based on complexity of the patient's problems and skills of team members.
Spirit of Inquiry: Examine the evidence that underlies clinical nursing practice to challenge the status quo, question underlying assumptions, and offer new insights to improve the quality of care for patients, families, and communities.	1. Collaborate with multidisciplinary healthcare members to achieve positive patient outcomes. 2. Identify patient healthcare needs incorporating appropriate nursing diagnoses based on analysis and interpretation of evidence-based practice within the clinical setting.

Program Competencies	Expected Student Outcomes
	3. Demonstrate critical thinking and problem solving skills in the management and delegation of patient care. 4. Make sound clinical and management decisions ensuring individualized safe quality care while incorporating the impact of developmental, emotional, cultural, and spiritual influences. 5. Apply principles of teaching/learning to identify learning needs and promote appropriate teaching strategies among diverse populations. 6. Incorporate other health care provider's assessment into the plan of care as appropriate.

The progression of general education, non-nursing, and nursing courses is designed to guide the student through related content while facilitating a balanced academic and clinical experience. This approach provides for continuity with a seamless integration of key concepts. Students are able to transition to higher levels of performance they progress through the curriculum. Additionally, there is a seamless integration of key concepts. Courses in the social sciences, humanities, and natural sciences provide a foundation for nursing courses. Additionally, these courses afford students a well-rounded exposure to general education. Faculty reviews these courses for placement in the curriculum and for continued relevance to the each nursing program. Additionally, general education faculty provides input regarding the contribution of specific non-nursing courses to the nursing curriculums. Table 4.3.3 illustrates the contribution of general education and support courses for both programs.

Table 4.3.3 Contribution of Support Courses for Both Programs

Support Course	Contribution
Both: ENGL 111 Composition I	• Critical thinking is inherent in composition classes • Argumentative, informative, regional, national, global perspectives • Ethical, cultural principles
Both: ENGL 112 Composition II	• Enables students to locate information, evaluate sources, including internet sources • Learn expression of ideas and argumentative writing skills
Both: PSYCH 233 Human Growth and Development	• APA expectations followed • Evidence-based approaches used • Physiology of brain and nervous system • Stress response • Emotion and response • Psychosomatic response • Basic personality theorists • Personality development across the life span • Pain control • Cognitive theories • Behavior modification • Sensation and perception • Scientific method • Critical thinking related to evaluating statistics and reports • Learning behaviors • Pediatrics and geriatrics (growth and development) • Leadership styles
Both: BIOL 209/L & 210/L Anatomy and Physiology I and II with Labs	• Cellular function • Body systems • Knowledge of structure, function and its application to abnormalities • How infectious disease works • Basic germ theory and transmission • Primary pathogens and diseases caused by them • Characteristics of bacteria, fungi, viruses, helminthes, and protozoa-their growth and control measures • Antibiotic use and resistance • Immune function • Basic asepsis • Scientific method • Homeostasis
AAS: MATH 110 College Mathematics or Higher	• Logic, set theory, solving equations, basic inequalities, probability, descriptive statistics, geometry, consumer mathematics
AAS: BIOL 241 Pathophysiology	• Function of the human body with emphasis on interpretation of those functions in relation to disease processes
AAS: KINE 100	• Presentation of information concerning the benefits, positive effects,

Support Course	Contribution
Health and Wellness	assessment, and implementation of healthy life styles.
AAS: KINA Elective	• Physical activity requirement
AAS: Social/Behavioral or Humanities Elective	• Enhancement of liberal education as a basis for further educational processes

Objectives become increasingly complex as the student progresses through the curriculum. Evaluation is based on attainment of criteria set forth in course objectives and grading criteria. Table 4.3.4 and Table 4.3.5 illustrate the evaluation methodologies utilized to assess student's ability to achieve program outcomes.

Table 4.3.4 PN Delivery Methods, Learning Activities and Evaluation as related to Student Learning Outcomes

Program Objectives	Delivery Methods	Learning Activities	Evaluation Methods
Critical Thinking and Communication	Lecture Audio-visual Aids	Class Discussions Pre- and Post- Clinical Conferences Reading Assignments Nursing Process Care-plans Concept mapping Little Room of Errors (QSEN Initiative) – identification of possible safety hazards In-class Writing Assignment Caring for the Garcia's (social/cultural family assessment) Internet Assignments Growth and Development Poster Board of Self	Weekly Clinical Evaluation Student-Instructor Conferences Nursing Process Care-Plans Faculty-constructed and Kaplan Exams Unannounced Quizzes Case studies Class/Lab Participation

Program Objectives	Delivery Methods	Learning Activities	Evaluation Methods
		(Erickson)	
Develop Competent Plan of Care	Clinical Assignments Audio-Visual Aids Demonstration & return of assigned lab skills	Interactive Lab (Group Process Assessment with Simulation) Observe Lewis Blackmann video in regards to medication/communication errors Case Studies (i.e. acid-base, diabetes) Lab/Skills Practice Reading from Skills Book	Weekly Clinical Evaluation Student-Instructor conferences Nursing Process Care Plans Successful Skills Testing Math Testing
Assessment	Lecture Role-Play Clinical Assignments	Interaction Analyses Communication Role Play with peers Complete Ballard and Apgar Assessment (gestational age; fetal well-being) Mental Status Assessments Reflection of group process when assisting patients with mental health issues	Weekly Clinical Evaluation Student- Instructor Conferences Nursing Process Care-Plans
Provide Direct Care	In-patient units Operating Room/ Recovery Room Pain Clinic Out Patient and Short Stay Observation	OR Reflection Prompted Journal (i.e. in fundamentals – awareness of social, cultural, religious, and ethical issues) Healthy Steps (pediatrician office – focus on high-risk population) Observe management of elderly patients being monitored for coagulation therapy	Weekly Clinical Evaluation Nursing Process Care Plans

Program Objectives	Delivery Methods	Learning Activities	Evaluation Methods
		Complete dressing changes with wound nurse at VA Develop plan of care for typical pain patient – share with clinical instructor and physician Administer vaccinations to VA patients	

Table 4.3.5 LPN-AAS Delivery Methods, Learning Activities and Evaluation as related to Student Learning Outcomes

Program Outcomes	Delivery Methods	Learning Activities	Evaluation Methods
Professional Behavior: Behaviors that are characterized by a commitment to the profession of nursing.	Lecture Audio-visual Aids Computerized Formal Testing	Class Discussions Pre- and Post-Clinical Conferences Workbook Assignments Nursing Process Care-plans Concept Mapping Research topic of interest Change Project and In-class Presentation Growth & Development Assignments	Weekly Clinical Evaluation Records Student-Instructor Conferences Nursing Process Care-plans) Faculty-constructed and KITI Exams Case studies Class/Lab Participation
Communication: An interactive process through which there is an exchange of information verbally, non-verbally, and in writing while using current information technology.	Clinical Assignments Audio-visual Aids and computer programs Demonstration & return of assigned lab skills	Interactive Lab Case Studies Lab Practice Role-Play (therapeutic communication) Simulation	Weekly Clinical Evaluation Student-Instructor conferences Nursing Process Care Plans Successful Skills Testing Math Testing
Assessment: The collection, analysis, and synthesis of relevant data for the purpose of evaluating the patient's health status.	Lecture Role-Play Clinical Assignments	Interaction Analyses Mental Status Assessments Therapeutic Group at VA – reflection paper after	Weekly Clinical Evaluation Group Process Skills Student- Instructor Conferences Nursing Process Care-Plans

Program Outcomes	Delivery Methods	Learning Activities	Evaluation Methods
		experience	
Clinical Decision Making: Encompasses the performance of accurate assessments, the use of multiple methods to access information, and the analysis and integration of this knowledge to formulate clinical judgments.	Operating Room/ Recovery Room Experience Home Care Hospice Out Patient and Short Stay Observation	OR Analysis Bingo (geared to assessment of various patients) Concept Map Pre- and Post-Clinical Conference Research Paper and presentation during post-clinical Charades (i.e. complications of newborns)	Weekly Clinical Evaluation Nursing Process Care Plans Formal Examinations
Caring Interventions: Nursing behaviors and actions that assist patients in meeting their needs.	Lecture Role-Play Clinical Assignments Audio-visual Aids and computer programs Demonstration & return of assigned lab skills	Interactive Lab Case Studies Lab Practice Simulation	Weekly Clinical Evaluation Student-Instructor conferences Nursing Process Care Plans
Teaching and Learning: Processes that are used to promote and maintain health and reduce risks that are implemented in collaboration with the patient, significant others, and various members of healthcare team.	Lecture Role-Play Clinical Assignments	Interactive Lab Case Studies Lab Practice Simulation	Weekly Clinical Evaluation Student-Instructor conferences Nursing Process Care Plans

Program Outcomes	Delivery Methods	Learning Activities	Evaluation Methods
Collaboration: The shared planning, decision making, problem solving, goal setting, and assumption of responsibilities by those who work together cooperatively.	Lecture Role-Play Clinical Assignments	Case Studies Lab Practice Simulation	Weekly Clinical Evaluation Student-Instructor conferences Nursing Process Care Plans
Managing Care: The efficient, effective use of human, physical, financial, and technological resources to meet patient needs and support organizational outcomes.	Lecture Role-Play Clinical Assignments Audio-visual Aids and computer programs Demonstration & return of assigned lab skills	Case Studies (to be incorporated in online pharmacology course) You-Tube Simulation Reflection paper after each clinical Crossword Puzzle (pharmacology)	Weekly Clinical Evaluation Student-Instructor conferences Nursing Process Care Plans

Students in both programs are evaluated using a variety of strategies to provide a more complex picture of their strengths and areas for focused growth. Course outcomes provide useful guidelines for sorting content into levels of complexity and for planning appropriate learning activities for that complexity level. Faculty believes grading (assessment of learning) must be clear and relevant to facilitate optimal learning. Grading criteria for course objectives and learning assignments are found in the course syllabus. This includes outcome statements with the defining behaviors; these serve as valid tools for assessing clinical competencies attained. Faculty is provided with a benchmark against which student progress can be assessed. In order to facilitate understanding and successful achievement of course objectives, students are encouraged to ask questions about course objectives or assignments at any time. Examples of syllabi, evaluation tools, and grading criteria will be available for review in the document display room (Exhibit E-1 and E-2).

4.4 The curriculum includes cultural, ethnic, and socially diverse concepts, and may also include experiences from regional, national, or global perspectives.

Faculty views cultural diversity as reflective of the various norms and practices of different groups that are learned and shared and which ultimately guide one's thinking, decisions, and actions. Nurses provide culturally appropriate care incorporating an individual's (patient and/or family) cultural values, beliefs, and practices. This includes sensitivity to the environment from which the individual comes and to which the individual may ultimately return.

Each curriculum utilizes three interrelated teaching/learning modalities as well as various approaches to enable each student to understand the values and practices of individuals from other cultures. Students understand how they dispense health care is strongly dependent on the patient's ethnicity and cultural diversity.

- The didactic component provides theoretical knowledge base for safe clinical practice. Emphasis is placed on the development of cultural competence and cultural humility.
- The skills and simulation laboratory allows the development of psychomotor skills and integration of theoretical knowledge. This may include exploring how quality, safety, and diversity are intertwined.
- Professional values related are to caring are evaluated. Values refer to beliefs or ideas to which an individual is committed and which guide behavior. Values include advocacy, altruism, ethical reasoning, equality, autonomy, human dignity, diversity, morality, social justice, and integrity. Caring encompasses the nurse's empathy for and connection with the patient, and the nurse's ability to translate these affective characteristics into compassionate, culturally sensitive care for each patient's diverse needs.
- The clinical component provides the opportunity for the student to utilize knowledge, skills and critical thinking in the delivery of nursing care to patients in a variety of care settings experiencing various health related needs. This stimulates awareness of actions needed to promote positive social and political change.

- Global health care knowledge includes an understanding of the effects of the culturally diverse community from individual to global perspectives on such areas as disease transmission, violence, health policy, and health care economics.
- Recipients of care are assessed in terms of their history, communication style, territorial and space needs, biological variations, community concerns, and food patterns.

Tables 4.4.1 and 4.4.2 delineate course descriptions, course objectives, and expected student learning outcomes for each program.

Note: Cultural/social/ethnic diversity concepts are incorporated in detail with each course description.

Table 4.4.1 PN Curriculum

Fall Semester

NURS 101 Pharmacology Calculations introduces the concepts and techniques of dosage calculations and medication administration by a variety or routes. Utilizes application of basic math concepts to complex conversion of dosages between and among various systems of weights and volumes, and application of critical thinking skills to the calculation and administration of medications by oral and parenteral (including intravenous) routes of administration.

NURS 106 Fundamental Medical Surgical Concepts I introduces the role of the nurse in assessing and meeting the medical-surgical, developmental, and cultural needs of adults across the lifespan in various health care settings. Knowledge from foundations of nursing, the sciences, pharmacology, and nutrition provide foundations for nursing care for medical/surgical patients.

NURS 106L Fundamental Medical Surgical Concepts I Laboratory provides the opportunity to incorporate theory into practice lab and clinical settings.

NURS 107 Foundations of Nursing introduces the applications of critical thinking and the nursing process to patients in a variety of community and acute care settings. Emphasis is in holistic health care wellness-illness continuum. Students are introduced to concepts in caring

related to differences in age, ethnicity, socio-cultural status, and the special need's population. Through journaling students gain a better understanding of their own spirituality, beliefs about religion, and how these elements impact their ability to provide care. Students explore how different cultures deal with death and mourn loss.

NURS 107L Foundations of Nursing Laboratory continues the theoretical applications into clinical practice settings.

NURS 112 Basic Concepts of Pharmacology course introduces the basic concepts of pharmacology related to actions, therapeutic and adverse effects, medication interactions, drug classification and the basic pharmacology of commonly used medications. Emphasis is placed on nursing considerations and patient education. Culturally content focuses on availability of medications for different socio-economic statuses, alternative therapies used by various cultures, and how patient age affects pharmacodynamics.

J-Term

NURS 108 Foundations of Nursing II introduces more complex concepts and behaviors of nursing roles within the cohort of the nursing process, holistic care, and health care. Emphasizes theoretical and practical aspects of more complex nursing skills required to meet the needs of patients in a variety of settings. Students gain a better understanding of how to be flexible in dealing with individuals with mental health issues including developmental issues, cultural and ethnic backgrounds, socio-cultural status, and societal subcultures.

NURS 108L Foundations of Nursing II Laboratory is the companion lab to NURS 108 and provides students with an opportunity to practice more complex nursing skills necessary when meeting the needs of patients in a variety of settings.

Spring Semester

NURS 117 Nursing Care of the Childbearing Family Fundamentals course in the nursing care of the childbearing family. Focus on normal pregnancy, physiologic and psychological changes experienced, and care of the normal newborn. Students develop a better understanding of the dominant subculture in the area of practice in relation to birth.

NURS 117L Nursing Care of the Childbearing Family Laboratory allows the student to integrate theoretical concepts into the clinical setting.

NURS 118 Nursing Care of Children course introduces the role of the nurse in meeting the individual needs of the child from infancy through adolescence in health and illness. Beginning assessment and use of the nursing process, basic growth and development, pathophysiology, nutrition, relevant emotional needs, and family concepts are integrated throughout the course. Students gain an appreciation of the relationship between cultural diversity and family dynamics. This includes diet, dress, avoidance of certain foods, people or places, and customary rituals or people used to treat the illness

NURS 118L Nursing Care of Children Laboratory provides the opportunity for students to apply theory and knowledge to the pediatric patient.

NURS 156 Socialization into Practical Nursing includes introduction to time management; examines legal and ethical responsibilities of the practical nurse. Emphasis is given to the Colorado Nurse Practice Act. Job seeking skills are discussed. This course examines the legal implications of communication, confidentiality, Patient Bill of Rights, scope of practice, negligence, report of abuse, and abuse of the elderly.

NURS 172 Fundamental Medical-Surgical Concepts II continues to introduce the student to advancing medical-surgical nursing concepts. Integrates knowledge from foundational nursing, the sciences, pharmacology, and nutrition along with the integration of mental health and socio-cultural concepts.

NURS 172L Fundamental Medical-Surgical Concepts II Laboratory course offers the clinical practicum to apply related theory in medical-surgical nursing using the nursing process to assist patients with more complex health care needs.

Table 4.4.1 (cont) – PN: Relationship among Program Philosophy & Course Objectives

NURS 101 Basic Concepts of Pharmacology

Philosophy	Theory Objective	Lab Objective
Patient: individuals, families, groups, or communities, who continuously interrelate within their environment. Patients, as recipients of holistic nursing care, are complex with physiological, psychological, social, spiritual, and cultural components. Patients function in independent, interdependent, or dependent roles, and may seek to receive nursing interventions related to health promotion and maintenance, as well as health restoration and end-of-life care.	Identify the cultural considerations of administering medications to all patients. Demonstrate knowledge of the classification of drugs and their physiologic and therapeutic effects on the body.	Practice the administration of emergency medications in a safe environment during simulation. Discuss factors influencing drug action and interaction. Recognize the importance of therapeutic dosage range of drugs.
Health is viewed as patterns of interrelationships with the environment. One of these patterns may be disease. The dynamic patterning of health, which includes illness, is characterized as becoming, transcending and unfolding. Health and illness are not polar opposites, but are part of a rhythmic process, and part of the whole expression of life. This process includes dying as a heightened awareness of the meaningfulness of life. Within this framework, the delivery of health care resources is an interdisciplinary collaborative effort among health professionals.	Relate significant patient assessments pertaining to specific drug therapy.	Integrate patient assessment pertaining to specific drug therapy in a safe environment.

Philosophy	Theory Objective	Lab Objective
Nursing Practice Prepares a proficient practitioner who values the lifelong process of self-evaluation, self-acceptance, and learning that supports the continual acquisition of requisite skills. Graduates of the program are prepared to continue in the role of a proficient nurse who functions in a caring manner within health care settings.	Define and identify terminology and abbreviations associated with the administration of medications. Calculate correctly with 90% accuracy required dosages of drugs. Calculate and describe drug therapy for pediatric patients.	Utilize appropriate terminology as well as calculating medications with adults and pediatric patients in a simulated situation and in the clinical environment. Demonstrate knowledge of selected drugs, their specific therapeutic, adverse and side effects and related nursing considerations in drug therapy for patients across the lifespan. Demonstrate critical thinking skills related to the recognition of pharmacologic concepts within the scope of practice for the practical nurse of the professional nurse.
Nursing Profession Nursing's ascribed roles are derived from the science and art that is inherent in a practice discipline. The essence of nursing is a deliberate caring relationship, designed to uniquely preserve and enhance the integrity, dignity and worth of individuals while upholding ethical, moral, legal and humanistic principles. Nurses, practicing from a holistic perspective, are integral members of interdisciplinary teams. They collaborate with patients and other providers to design, provide, manage, and coordinate care for individuals, families, groups and communities in an evolving health care system. This requires the use of critical thinking, communication, data gathering and contributing to assessment within the scope of practice and technical skills characteristic of a health care professional. Furthermore, to provide professional care, nurses must demonstrate knowledge of health promotion, risk reduction, disease prevention and management, the nursing	Practice the role of the professional nurse in the administration of medications.	Incorporate all information in the administration of medications to all age groups. Describe how the knowledge of pharmacology enhances the role of the practical nurse as a care provider, educator, and patient advocate.

Philosophy	Theory Objective	Lab Objective
process, leadership process, information technologies, and evidence-based practice. As members of a profession, nurses advocate for quality care that is respectful of human diversity within a global environment. A commitment to enhance the discipline is demonstrated by remaining active in professional organizations as well as in the political and regulatory processes.		
Educational Process Faculty utilize alternative and non-traditional teaching-learning strategies, in accordance with academic requirements of the College, recognized standards of nursing practice, and societal expectations. Learning is achieved through progression from simple concepts to complex theories in an environment that is conducive to higher level of understanding. The faculty further believes in quality improvement in nursing education, which is apparent in continuous outcome's based assessment of the program's mission and goals.	Describe the pharmacokinetics, Pharmacodynamic and pharmacotherapeutics of specific drug classifications within the body. Propose teaching necessary for identified patients and drugs. Demonstrate the ability to use appropriate reference materials when seeking information about drugs that are to be administered.	Incorporate the pharmacokinetic, Pharmacodynamic and pharmacotherapeutic into the clinical environment when taking care of patients.
Environment: defined by each individual, family, group, community, or global population, is the total context in which people exist. Environments encompass the physical surroundings, and social and personal beliefs that influence people's perceptions and interactions in regard to health. Environments change in response to biologic factors; societal values and needs; gender, racial, ethnic and cultural diversity; technological advances; health care legislation; and consumer expectations.	Discuss legal and ethical implications involved with the administration of drugs.	Utilize legal and ethical implications with the administration of drugs.

NURS 106/106L Fundamental Medical Surgical Concepts 1

Philosophy	Theory Objective	Lab Objective	Clinical Objective
Patient Individuals, families, groups, or communities, who continuously interrelate within their environment. Patients, as recipients of holistic nursing care, are complex with physiological, psychological, social, spiritual, and cultural components. Patients function in independent, interdependent, or dependent roles, and may seek to receive nursing interventions related to health promotion and maintenance, as well as health restoration and end-of-life care	Discriminate between focusing on disease versus optimal functioning when planning nursing care for adult patients across the life span.	Integrate strategies in simulation that will be used to take care of patients in the clinical setting.	Advocate for patient rights and responsibilities. Act in accordance with accepted ethical and professional standards of practice by upholding moral, legal and humanistic principles.
Health: is viewed as patterns of interrelationships with the environment. One of these patterns may be disease. The dynamic patterning of health, which includes illness, is characterized as becoming, transcending and unfolding. Health and illness are not polar opposites, but are part of a rhythmic process, and part of the whole expression of life. This process includes dying as a heightened awareness of the meaningfulness of life. Within this framework, the delivery of health care resources is an interdisciplinary collaborative effort among health professionals.	Integrate prior and current learning concepts about diagnostics, dietetics, and pharmacology with nursing care.	Incorporate all skills to take care of patients in a safe setting.	Assume responsibility for the care of adult patients in settings across the health care continuum using technology, analyzing information, and selecting and integrating resources effectively . Collaborate with multidisciplinary team through documentation and communication to promote client optimal wellness.
Nursing Practice Prepares a proficient practitioner	Integrate critical thinking skills with the nursing process for care of the	Using critical thinking skills to process care in the simulation lab.	Utilize the nursing process in collaboration withhte RN, to analyze

Philosophy	Theory Objective	Lab Objective	Clinical Objective
who values the lifelong process of self-evaluation, self-acceptance, and learning that supports the continual acquisition of requisite skills. Graduates of the program are prepared to continue in the role of a proficient nurse who functions in a caring manner within the health care settings.	adult across the life span with health problems.		needs and develop nursing care plans in consultation with the patient and the multidisciplinary delivery team.
Nursing Profession Nursing's ascribed roles are derived from the science and art that is inherent in a practice discipline. The essence of nursing is a deliberate caring relationship, designed to uniquely preserve and enhance the integrity, dignity and worth of individuals while upholding ethical, moral, legal and humanistic principles. Nurses, practicing from a holistic perspective, are integral members of interdisciplinary teams. They collaborate with patients and other providers to design, provide, manage, and coordinate care for individuals, families, groups and communities in an evolving health care system. This requires the use of critical thinking, communication, data gathering and contributing to assessment within the scope of practice and technical skills characteristic of a health care professional. Furthermore, to provide professional care, nurses must demonstrate knowledge of health promotion, risk reduction,	Explain in depth and breadth etiology and pathophysiology related to signs and symptoms and treatment modalities for adult patients across the life span. Discuss principles of cultural awareness in the plan of care for patients with commonly occurring health conditions.	Incorporate pathophysiology to treat adult patients across the life span.	Foster ethical, legal and professional awareness and responsibility in self and others. Demonstrate professional and accountable behavior. Integrate principles of cultural awareness in the plan of care for patients with commonly occurring health conditions. Integrate cultural considerations when planning care. Evaluate bioethical dilemmas including beginning/end of life and quality of life issues.

Philosophy	Theory Objective	Lab Objective	Clinical Objective
disease prevention and management, the nursing process, leadership process, information technologies, and evidence-based practice. As members of a profession, nurses advocate for quality care that is respectful of human diversity within a global environment. A commitment to enhance the discipline is demonstrated by remaining active in professional organizations as well as in the political and regulatory processes.			
Educational Process Faculty utilize alternative and non-traditional teaching-learning strategies, in accordance with academic requirements of the College, recognized standards of nursing practice, and societal expectations. Learning is achieved through progression from simple concepts to complex theories in an environment that is conducive to higher level of understanding. The faculty further believes in quality improvement in nursing education, which is apparent in continuous outcome's based assessment of the program's mission and goals.	Compare and contrast appropriate teaching/learning strategies utilized with the adult patient.	Utilize appropriate teaching strategies in/during simulation lab.	Analyze the effect of the communication process to establish and guide therapeutic relationships. Design a teaching/learning plan based upon outcomes appropriate for the situation, with consideration given to biological, psychological, spiritual, cultural, developmental, environmental, and economic factors using principles of teaching and theoretical approaches to learning. Plan for discharge needs and teaching in collaboration with the RN upon admission.
Environment as defined by each individual, family, group, community, or global population, is the total context in which people exist. Environments	Analyze the impact of psychosocial and cultural values and practices in caring for the adult patient across the life span.	Integrate the psychosocial impact of cultural values across the lifespan.	Foster ethical, legal, and professional awareness and responsibility in self and others.

Philosophy	Theory Objective	Lab Objective	Clinical Objective
encompass the physical surroundings, and social and personal beliefs that influence people's perceptions and interactions in regard to health. Environments change in response to biologic factors; societal values and needs; gender, racial, ethnic and cultural diversity; technological advances; health care legislation; and consumer expectations.			

NURS 107/107L Foundations in Nursing

Philosophy	Theory Objective	Lab Objective
Patient: individuals, families, groups, or communities, who continuously interrelate within their environment. Patients, as recipients of holistic nursing care, are complex with physiological, psychological, social, spiritual, and cultural components. Patients function in independent, interdependent, or dependent roles, and may seek to receive nursing interventions related to health promotion and maintenance, as well as health restoration and end-of-life care.	Differentiate common variations in assessment data for pediatric and geriatric patients. Examine the concept of holistic health care and its relationship to the wellness-illness continuum.	Utilize assessment data for pediatric and geriatric patients to understand common variations.
Health: is viewed as patterns of interrelationships with the environment. One of these patterns may be disease. The dynamic patterning of health, which includes illness, is characterized as becoming, transcending and unfolding. Health and illness are not polar opposites, but are part of a rhythmic process, and part of the whole expression of life. This process includes dying as a heightened awareness of the meaningfulness of life. Within this framework, the delivery of health care resources is an interdisciplinary collaborative effort among health professionals.	Identify physical, psychological, life-style and socio-cultural considerations that influence alterations in health and physical assessment data. Identify care that meets common health problems and health maintenance and disease prevention. Develop knowledge base, and demonstrate foundational care skills required to provide care in various health care environments.	Incorporate cultural considerations that influence alteration in care. Apply the concepts and principles of critical thinking. Apply techniques of caring, critical thinking and communication as strategies to meet the complex health care needs of patients in a variety of settings.
Nursing Practice Prepares a proficient practitioner who values the lifelong process of self-evaluation, self-acceptance, and learning that supports the continual acquisition of requisite skills. Graduates of the program are prepared to continue in the role of a proficient nurse who functions in a caring manner within the health care settings.	Analyze assessment and interviewing techniques to gather information.	Analyze assessment and interviewing techniques to gather information in the clinical/lab settings.

Philosophy	Theory Objective	Lab Objective
Nursing Profession: nursing's ascribed roles are derived from the science and art that is inherent in a practice discipline. The essence of nursing is a deliberate caring relationship, designed to uniquely preserve and enhance the integrity, dignity and worth of individuals while upholding ethical, moral, legal and humanistic principles. Nurses, practicing from a holistic perspective, are integral members of interdisciplinary teams. They collaborate with patients and other providers to design, provide, manage, and coordinate care for individuals, families, groups and communities in an evolving health care system. This requires the use of critical thinking, communication, data gathering and contributing to assessment within the scope of practice and technical skills characteristic of a health care professional. Furthermore, to provide professional care, nurses must demonstrate knowledge of health promotion, risk reduction, disease prevention and management, the nursing process, leadership process, information technologies, and evidence-based practice. As members of a profession, nurses advocate for quality care that is respectful of human diversity within a global environment. A commitment to enhance the discipline is demonstrated by remaining active in professional organizations as well as in the political and regulatory processes.	Distinguish therapeutic communications from other forms of communication. Utilize interview and assessment techniques to collect and organize patient information and build a data base on which to build nursing care decisions. Discuss bioethical dilemmas including beginning/end of life and quality of life issues.	Demonstrate the ability to effectively and appropriately communicate with the client and the health care team. Incorporate assessment and interview techniques to gather information for decision making. Apply the nursing process, within the scope of PN practice, when providing nursing care. Apply concepts and principles of critical thinking as a provider of nursing care. Evaluate bioethical dilemmas including beginning/end of life and quality of life issues.
Educational Process Faculty utilize alternative and non-traditional teaching-learning strategies, in accordance with academic requirements of the College, recognized standards of nursing practice, and societal expectations. Learning is achieved through progression from simple concepts to complex theories in an environment that is conducive to	Utilize interview and assessment techniques to collect and organize patient information and build a data base on which to build nursing care decisions.	Incorporate assessment and interview techniques to gather information for decision making. Assist in the development of the individualized nursing plan of care for clients with actual and potential health care needs

Philosophy	Theory Objective	Lab Objective
higher level of understanding. The faculty further believes in quality improvement in nursing education, which is apparent in continuous outcome's based assessment of the program's mission and goals.		and complex health needs.
Environment Defined by each individual, family, group, community, or global population, is the total context in which people exist. Environments encompass the physical surroundings, and social and personal beliefs that influence people's perceptions and interactions in regard to health. Environments change in response to biologic factors; societal values and needs; gender, racial, ethnic and cultural diversity; technological advances; health care legislation; and consumer expectations.	Develop the knowledge and advanced psychomotor skills required to assist clients with complex health needs in a variety of community health care environments.	

NURS 108/108L Foundations of Nursing II/ Foundations of Nursing II Lab

Philosophy	Theory Objective	Clinical Objective
Patient Patients are viewed as individuals, families, groups, or communities, who continuously interrelate within their environment. Patients, as recipients of knowledgeable nursing care, are complex with physiological, psychological, social, spiritual, and cultural components. Patients function in independent, interdependent, or dependent roles, and may seek to receive nursing interventions related to health promotion and maintenance, as well as health restoration and end-of-life care.	Relate theory/principles of communication and nurse patient relationship to psychiatric nursing care. Identify upper extremity access sites and factors influencing site selection. Describe normal physiology of fluid and electrolytes, including adult normal values. Identify fluids used in IV therapy and rationale for use as defined in 2.6 of the Rules and Regulations. Utilize psychological principles in preparing a patient for IV therapy and/or venous blood sampling.	Use the nursing process in collaboration with the RN to assess, predict common needs and problems and assist in the development of appropriate nursing care plans. Demonstrate knowledge of patient rights and responsibilities. Describe infection control measures utilized in the performance of IV therapy and venous blood sampling. Identify the types of peripheral and central venous access devices. Select appropriate equipment needed to start an IV infusion, maintain an infusion and for venous blood sampling. Demonstrate beginning skills in the initiation of IV therapy and venous blood sampling through peripheral and venous access devices. Monitor the venous access device site. Correctly replace and discontinue IV fluids. Utilize appropriate equipment including IV pumps. Discontinue peripheral venous access device. Calculate the correct rate of flow of an IV solution. Initiate a minimum of three successful peripheral venipunctures with supervision.

Philosophy	Theory Objective	Clinical Objective
		Collect venous blood specimens for laboratory tests using appropriate equipment and technique. Flush venous access devices designed to maintain venous patency with normal saline or sub-therapeutic dosage of heparin. Perform sterile dressing and cap changes on central venous access devices. Administer pre-mixed antibiotic solutions via venous access devices regulated by gravity flow or a pump. Demonstrate skills in initiating IV antibiotic therapy under the supervision of a registered nurse.
Health: is viewed as patterns of interrelationships with the environment. One of these patterns may be disease. The dynamic patterning of health, which includes illness, is characterized as becoming, transcending and unfolding. Health and illness are not polar opposites, but are part of a rhythmic process, and part of the whole expression of life. This process includes dying as a heightened awareness of the meaningfulness of life. Within this framework, the delivery of health care resources is an interdisciplinary collaborative effort among health professionals.	Differentiate the modalities utilized in treating psychiatric disorder.	Share responsibility for the care of the adult patient in structured settings utilizing technology, information, and resources effectively. Utilize therapeutic communication techniques and promote therapeutic relationships. Document and communicate positively and appropriately with multidisciplinary teams. Demonstrate appropriate nursing care, interventions, reporting and documentation related to intravenous therapy/venous blood sampling.

Philosophy	Theory Objective	Clinical Objective
Nursing Practice Prepares a proficient practitioner who values the lifelong process of self-evaluation, self-acceptance, and learning that supports the continual acquisition of requisite skills. Graduates of the program are prepared to continue in the role of a proficient nurse who functions in a caring manner within health care settings.	Integrate, in collaboration withthte RN, critical thinking skills with the nursing process for care of the psychiatric patient with health problems. Discuss the role of the LPN in IV therapy. Relate the pharmacodynamics, pharmacokinetics and pharmacotherapeutics of antibiotic administration.	Utilize the nursing process in collaboration with the RN to analyze the needs and develop nursing care maps in consultation with the patient and the multidisciplinary delivery team. Utilize the nursing process to safely administer IV therapy to adult patients in a structured setting. Recognize drug incompatibilities and the implications of these incompatibilities.
Nursing Profession Nursing's ascribed roles are derived from the science and art that is inherent in a practice discipline. The essence of nursing is a deliberate caring relationship, designed to uniquely preserve and enhance the integrity, dignity and worth of individuals while upholding ethical, moral, legal and humanistic principles. Nurses, practicing from a holistic perspective, are integral members of interdisciplinary teams. They collaborate with patients and other providers to design, provide, manage, and coordinate care for individuals, families, groups and communities in an evolving health care system. This requires the use of critical thinking, communication, data gathering and contributing to assessment within the scope of practice and technical skills characteristic of a health care professional. Furthermore, to provide professional care, nurses must demonstrate knowledge of health promotion, risk reduction, disease prevention and management, the nursing process, leadership process, information technologies, and evidence-based practice. As members of a profession, nurses advocate for quality care that is respectful of human diversity within a global environment. A commitment to	Explore the role of the practical nurse and members of the health team caring for clients with psychiatric disorders. Apply critical thinking skills related to concepts of psychiatric health care. Discuss principles of cultural competency related to the nursing care of individuals with psychiatric disorders. Discuss cultural issues that influence family dynamics with psychiatric disorders.	Participate in the evaluation of outcomes in implementing change. Apply principles of cultural competency to the nursing care of individuals with psychiatric disorders. Analyze cultural issues that influence family dynamics with psychiatric disorders.

Philosophy	Theory Objective	Clinical Objective
enhance the discipline is demonstrated by remaining active in professional organizations as well as in the political and regulatory processes.		
Educational Process Faculty utilize alternative and non-traditional teaching-learning strategies, in accordance with academic requirements of the College, recognized standards of nursing practice, and societal expectations. Learning is achieved through progression from simple concepts to complex theories in an environment that is conducive to higher level of understanding. The faculty further believes in quality improvement in nursing education, which is apparent in continuous outcome's based assessment of the program's mission and goals.	Utilize diagnostic classifications in collaboration with the RN in treatment planning. Apply nursing process theory to the care of clients with psychiatric disorders. Examine the scope and significance of issues and trends impacting psychiatric health care.	Formulate teaching plans in collaboration with the RN based upon outcomes with consideration given to biological, psychological, spiritual, cultural, developmental, environmental and economic factors. Use established guidelines in prioritizing and organizing nursing care.
Environment Defined by each individual, family, group, community, or global population, is the total context in which people exist. Environments encompass the physical surroundings, and social and personal beliefs that influence people's perceptions and interactions in regard to health. Environments change in response to biologic factors; societal values and needs; gender, racial, ethnic and cultural diversity; technological advances; health care legislation; and consumer expectations.	Explain the impact of legal, ethical, and cultural issues in the delivery of psychiatric care.	Promote ethical, legal and professional awareness and responsibility in others.

NURS 112 Pharmacology Calculations

Philosophy	Theory Objective	Lab Objective
Patient: individuals, families, groups, or communities, who continuously interrelate within their environment. Patients, as recipients of holistic nursing care, are complex with physiological, psychological, social, spiritual, and cultural components. Patients function in independent, interdependent, or dependent roles, and may seek to receive nursing interventions related to health promotion and maintenance, as well as health restoration and end-of-life care.	Identify the cultural considerations of administering medications to all patients. Demonstrate knowledge of the classification of drugs and their physiologic and therapeutic effects on the body.	Practice the administration of emergency medications in a safe environment during simulation. Discuss factors influencing drug action and interaction. Recognize the importance of therapeutic dosage range of drugs.
Health is viewed as patterns of interrelationships with the environment. One of these patterns may be disease. The dynamic patterning of health, which includes illness, is characterized as becoming, transcending and unfolding. Health and illness are not polar opposites, but are part of a rhythmic process, and part of the whole expression of life. This process includes dying as a heightened awareness of the meaningfulness of life. Within this framework, the delivery of health care resources is an interdisciplinary collaborative effort among health professionals.	Relate significant patient assessments pertaining to specific drug therapy.	Integrate patient assessment pertaining to specific drug therapy in a safe environment.

Philosophy	Theory Objective	Lab Objective
Nursing Practice Prepares a proficient practitioner who values the lifelong process of self-evaluation, self-acceptance, and learning that supports the continual acquisition of requisite skills. Graduates of the program are prepared to continue in the role of a proficient nurse who functions in a caring manner within health care settings.	Define and identify terminology and abbreviations associated with the administration of medications. Calculate correctly with 90% accuracy required dosages of drugs. Calculate and describe drug therapy for pediatric patients.	Utilize appropriate terminology as well as calculating medications with adults and pediatric patients in a simulated situation and in the clinical environment. Demonstrate knowledge of selected drugs, their specific therapeutic, adverse and side effects and related nursing considerations in drug therapy for patients across the lifespan. Demonstrate critical thinking skills related to the recognition of pharmacologic concepts within the scope of practice for the practical nurse of the professional nurse.
Nursing Profession Nursing's ascribed roles are derived from the science and art that is inherent in a practice discipline. The essence of nursing is a deliberate caring relationship, designed to uniquely preserve and enhance the integrity, dignity and worth of individuals while upholding ethical, moral, legal and humanistic principles. Nurses, practicing from a holistic perspective, are integral members of interdisciplinary teams. They collaborate with patients and other providers to design, provide, manage, and coordinate care for individuals, families, groups and communities in an evolving health care system. This requires the use of critical thinking, communication, data gathering and contributing to assessment within the scope of practice and technical skills characteristic of a health care professional. Furthermore, to provide professional care, nurses must demonstrate knowledge of health promotion, risk reduction, disease prevention and management, the nursing	Practice the role of the professional nurse in the administration of medications.	Incorporate all information in the administration of medications to all age groups. Describe how the knowledge of pharmacology enhances the roles as a care provider, educator, and patient advocate.

Philosophy	Theory Objective	Lab Objective
process, leadership process, information technologies, and evidence-based practice. As members of a profession, nurses advocate for quality care that is respectful of human diversity within a global environment. A commitment to enhance the discipline is demonstrated by remaining active in professional organizations as well as in the political and regulatory processes.		
Educational Process Faculty utilize alternative and non-traditional teaching-learning strategies, in accordance with academic requirements of the College, recognized standards of nursing practice, and societal expectations. Learning is achieved through progression from simple concepts to complex theories in an environment that is conducive to higher level of understanding. The faculty further believes in quality improvement in nursing education, which is apparent in continuous outcome's based assessment of the program's mission and goals.	Describe the pharmacokinetics, Pharmacodynamic and pharmacotherapeutics of specific drug classifications within the body. Propose teaching necessary for identified patients and drugs. Demonstrate the ability to use appropriate reference materials when seeking information about drugs that are to be administered.	Incorporate the pharmacokinetic, Pharmacodynamic and pharmacotherapeutic into the clinical environment when taking care of patients.
Environment: defined by each individual, family, group, community, or global population, is the total context in which people exist. Environments encompass the physical surroundings, and social and personal beliefs that influence people's perceptions and interactions in regard to health. Environments change in response to biologic factors; societal values and needs; gender, racial, ethnic and cultural diversity; technological advances; health care legislation; and consumer expectations.	Discuss legal and ethical implications involved with the administration of drugs.	Utilize legal and ethical implications with the administration of drugs.

NURS 117/117L Nursing Care of the Child Bearing Family

Philosophy	Theory Objective	Lab Objective	Clinical Objective
Patient: As individuals, families, groups, or communities, who continuously interrelate within their environment. Patients, as recipients of holistic nursing care, are complex with physiological, psychological, social, spiritual, and cultural components. Patients function in independent, interdependent, or dependent roles, and may seek to receive nursing interventions related to health promotion and maintenance, as well as health restoration and end-of-life care.	Analyze the direct impact of psychosocial and cultural values and practices in caring for the family with complications. Incorporate developmental considerations in application of the nursing process to the care of the child and childbearing family.	Integrate concepts into a safe learning environment for childbearing families and children in crisis.	Advocate for the rights of the childbearing family and/or children and families in crisis.
Health: is viewed as patterns of interrelationships with the environment. One of these patterns may be disease. The dynamic patterning of health, which includes illness, is characterized as becoming, transcending and unfolding. Health and illness are not polar opposites, but are part of a rhythmic process, and part of the whole expression of life. This process includes dying as a heightened awareness of the meaningfulness of life. Within this framework, the delivery of health care resources is an interdisciplinary collaborative effort among health professionals.	Collect data and collaborate with the RN to analyze early intervention in the treatment of the obstetrical family. Discriminate between normal and abnormal findings when planning care. Apply critical thinking skills to care of children and families.	Integrate coping skills for the stable childbearing family and /or ill children and their families into a safe learning environment.	Integrate nursing process to assess coping skills of the stable childbearing family and/or ill children and their families.
Nursing Practice Prepares a proficient practitioner who values the lifelong process of	Integrate prior and current learning concepts about diagnostic, nutrition, pharmacology when providing care	Utilize critical thinking skills and experiences to practice the safe care of the childbearing family and/or	Assume responsibility for the care of the childbearing family and/or family with a child experiencing illness,

Philosophy	Theory Objective	Lab Objective	Clinical Objective
self-evaluation, self-acceptance, and learning that supports the continual acquisition of requisite skills. Graduates of the program are prepared to continue in the role of a proficient nurse who functions in a caring manner within the health care settings	to the stable family and child. Design care in collaboration with the RN, strategies based on the etiology, pathophysiology, diagnosis, symptomatology, and treatment. Discuss principles of cultural competency to the nursing care of individuals across the life span. Discuss cultural issues that influence family dynamics throughout the life span.	family with a child who is ill in a safe learning environment.	analyzing information, in collaboration with the RN and selecting/integrating resources effectively. Use critical thinking to deliver appropriate care for childbearing families and/or the care of the stable child. Demonstrate caring, professional and accountable behavior in caring for the childbearing family and/or family with a child who is ill. Apply principles of cultural competency to the nursing care of individuals across the life span. Analyze cultural issues that influence family dynamics throughout the life span. Synthesize cultural considerations in planning care for families.
Nursing Profession: Ascribed roles are derived from the science and art that is inherent in a practice discipline. The essence of nursing is a deliberate caring relationship, designed to uniquely preserve and enhance the integrity, dignity and worth of individuals while upholding ethical, moral, legal and humanistic principles. Nurses, practicing from a holistic perspective, are integral	Integrate critical thinking skills and collaborate with the RN to assist with the nursing process for care of the patient who is stable. Integrate critical thinking skills with the nursing process for care of the stable neonate during the neonatal period.	Incorporate learning experiences when working with a multidisciplinary team to meet the needs of childbearing family and/or children and families experiencing illness.	Collaborate with multidisciplinary teams to meet the needs of childbearing family and /or children and families experiencing illness. Use indicators and interdisciplinary resources to evaluate outcomes of the childbearing family and/or children and families experiencing illness.

Philosophy	Theory Objective	Lab Objective	Clinical Objective
members of interdisciplinary teams. They collaborate with patients and other providers to design, provide, manage, and coordinate care for individuals, families, groups and communities in an evolving health care system. This requires the use of critical thinking, communication, data gathering and contributing to assessment within the scope of practice and technical skills characteristic of a health care professional. Furthermore, to provide professional care, nurses must demonstrate knowledge of health promotion, risk reduction, disease prevention and management, the nursing process, leadership process, information technologies, and evidence-based practice. As members of a profession, nurses advocate for quality care that is respectful of human diversity within a global environment. A commitment to enhance the discipline is demonstrated by remaining active in professional organizations as well as in the political and regulatory processes.			
Educational Process: Faculty utilize alternative and non-traditional teaching-learning strategies, in accordance with academic requirements of the College, recognized standards of nursing	Utilize appropriate teaching/learning strategies when delivering care. Evaluate appropriate teaching learning methodologies utilized in caring for children and families	Facilitate communication based on identified knowledge deficits by practicing teaching strategies in a safe learning environment.	Based on identified knowledge deficits, implement teaching grounded on sound theoretical and scientific knowledge. Utilize the communication process

Philosophy	Theory Objective	Lab Objective	Clinical Objective
practice, and societal expectations. Learning is achieved through progression from simple concepts to complex theories in an environment that is conducive to higher level of understanding. The faculty further believes in quality improvement in nursing education, which is apparent in continuous outcome's based assessment of the program's mission and goals.	based on developmental levels. Utilize therapeutic communication in collaboration with the RN while planning care of the child and family.		to establish and guide therapeutic relationships.
Environment: as defined by each individual, family, group, community, or global population, is the total context in which people exist. Environments encompass the physical surroundings, and social and personal beliefs that influence people's perceptions and interactions in regard to health. Environments change in response to biologic factors; societal values and needs; gender, racial, ethnic and cultural diversity; technological advances; health care legislation; and consumer expectations.	Evaluate legal and ethical implications of high-risk obstetrical nursing. Explain the legal and ethical implications related to children and families. Evaluate the psychosociocultural values in the plan of care for the child and family.		Foster ethical, legal and professional awareness and responsibility in self and others.

NURS 118/118L Nursing Care of the Children

Philosophy	Theory Objective	Lab Objective	Clinical Objective
Patient: As individuals, families, groups, or communities, who continuously interrelate within their environment. Patients, as recipients of holistic nursing care, are complex with physiological, psychological, social, spiritual, and cultural components. Patients function in independent, interdependent, or dependent roles, and may seek to receive nursing interventions related to health promotion and maintenance, as well as health restoration and end-of-life care.	Analyze the direct impact of psychosocial and cultural values and practices in caring for the family with complications. Incorporate developmental considerations in application of the nursing process to the care of the child and childbearing family.	Integrate concepts into a safe learning environment for childbearing families and children in crisis.	Advocate for the rights of the childbearing family and/or children and families in crisis.
Health: is viewed as patterns of interrelationships with the environment. One of these patterns may be disease. The dynamic patterning of health, which includes illness, is characterized as becoming, transcending and unfolding. Health and illness are not polar opposites, but are part of a rhythmic process, and part of the whole expression of life. This process includes dying as a heightened awareness of the meaningfulness of life. Within this framework, the delivery of health care resources is an interdisciplinary collaborative effort among health professionals.	Collect data and collaborate with the RN to analyze early intervention in the treatment of the obstetrical family. Discriminate between normal and abnormal findings when planning care. Apply critical thinking skills to care of children and families.	Integrate coping skills for the stable childbearing family and /or ill children and their families into a safe learning environment.	Integrate nursing process to assess coping skills of the stable childbearing family and/or ill children and their families.
Nursing Practice Prepares a proficient practitioner who values the lifelong process of self-evaluation, self-acceptance, and	Integrate prior and current learning concepts about diagnostic, nutrition, pharmacology when providing care to the stable family and child.	Utilize critical thinking skills and experiences to practice the safe care of the childbearing family and/or family with a child who is ill in a safe	Assume responsibility for the care of the childbearing family and/or family with a child experiencing illness, analyzing information, in

Philosophy	Theory Objective	Lab Objective	Clinical Objective
learning that supports the continual acquisition of requisite skills. Graduates of the program are prepared to continue in the role of a proficient nurse who functions in a caring manner within the health care settings	Design care in collaboration with the RN, strategies based on the etiology, pathophysiology, diagnosis, symptomatology, and treatment.	learning environment.	collaboration with the RN and selecting/integrating resources effectively. Use critical thinking to deliver appropriate care for childbearing families and/or the care of the stable child. Demonstrate caring, professional and accountable behavior in caring for the childbearing family and/or family with a child who is ill.
Nursing Profession: Ascribed roles are derived from the science and art that is inherent in a practice discipline. The essence of nursing is a deliberate caring relationship, designed to uniquely preserve and enhance the integrity, dignity and worth of individuals while upholding ethical, moral, legal and humanistic principles. Nurses, practicing from a holistic perspective, are integral members of interdisciplinary teams. They collaborate with patients and other providers to design, provide, manage, and coordinate care for individuals, families, groups and communities in an evolving health care system. This requires the use of critical thinking, communication, data gathering and contributing to assessment within the scope of practice and technical skills characteristic of a health care professional. Furthermore, to	Integrate critical thinking skills and collaborate with the RN to assist with the nursing process for care of the patient who is stable. Integrate critical thinking skills with the nursing process for care of the stable neonate during the neonatal period.	Incorporate learning experiences in working with a multidisciplinary team to meet the needs of childbearing family and/or children and families experiencing illness.	Collaborate with multidisciplinary teams to meet the needs of childbearing family and /or children and families experiencing illness. Use indicators and interdisciplinary resources to evaluate outcomes of the childbearing family and/or children and families experiencing illness.

Philosophy	Theory Objective	Lab Objective	Clinical Objective
provide professional care, nurses must demonstrate knowledge of health promotion, risk reduction, disease prevention and management, the nursing process, leadership process, information technologies, and evidence-based practice. As members of a profession, nurses advocate for quality care that is respectful of human diversity within a global environment. A commitment to enhance the discipline is demonstrated by remaining active in professional organizations as well as in the political and regulatory processes.			
Educational Process: Faculty utilize alternative and non-traditional teaching-learning strategies, in accordance with academic requirements of the College, recognized standards of nursing practice, and societal expectations. Learning is achieved through progression from simple concepts to complex theories in an environment that is conducive to higher level of understanding. The faculty further believes in quality improvement in nursing education, which is apparent in continuous outcome's based assessment of the program's mission and goals.	Utilize appropriate teaching/learning strategies when delivering care. Evaluate appropriate teaching learning methodologies utilized in caring for children and families based on developmental levels. Utilize therapeutic communication in collaboration with the RN while planning care of the child and family.	Facilitate communication based on identified knowledge deficits by practicing teaching strategies in a safe learning environment.	Based on identified knowledge deficits, implement teaching grounded on sound theoretical and scientific knowledge. Utilize the communication process to establish and guide therapeutic relationships.

Philosophy	Theory Objective	Lab Objective	Clinical Objective
Environment: as defined by each individual, family, group, community, or global population, is the total context in which people exist. Environments encompass the physical surroundings, and social and personal beliefs that influence people's perceptions and interactions in regard to health. Environments change in response to biologic factors; societal values and needs; gender, racial, ethnic and cultural diversity; technological advances; health care legislation; and consumer expectations.	Evaluate legal and ethical implications of high-risk obstetrical nursing. Explain the legal and ethical implications related to children and families. Evaluate the psychosociocultural values in the plan of care for the child and family.		Foster ethical, legal and professional awareness and responsibility in self and others.

NURS 156 Socialization Into Practical Nursing

Philosophy	Theory Objective
Patient: As individuals, families, groups, or communities, who continuously interrelate within their environment. Patients, as recipients of holistic nursing care, are complex with physiological, psychological, social, spiritual, and cultural components. Patients function in independent, interdependent, or dependent roles, and may seek to receive nursing interventions related to health promotion and maintenance, as well as health restoration and end-of-life care.	Show respect for the inherent worth and uniqueness of others. Complete a holistic assessment of the patient.
Health: is viewed as patterns of interrelationships with the environment. One of these patterns may be disease. The dynamic patterning of health, which includes illness, is characterized as becoming, transcending and unfolding. Health and illness are not polar opposites, but are part of a rhythmic process, and part of the whole expression of life. This process includes dying as a heightened awareness of the meaningfulness of life. Within this framework, the delivery of health care resources is an interdisciplinary collaborative effort among health professionals.	Reflect support for patient's rights to make decisions about their health care. Evaluate patient outcome using critical thinking, decision-making skills, and creative problem solving.
Nursing Practice Prepares a proficient practitioner who values the lifelong process of self-evaluation, self-acceptance, and learning that supports the continual acquisition of requisite skills. Graduates of the program are prepared to continue in the role of a proficient nurse who functions in a caring manner within the health care settings.	Utilize assessment findings, within the LPN scope of practice, to design patient care. Implement care that is comprehensive and holistic in design. Provide safe and appropriate care in a professionally competent manner incorporating physiological, psychological, social, spiritual, and cultural components. Act in accordance with accepted ethical and professional standards of practice. Maintain effective interdisciplinary collaboration. Provide relevant information in a clear, thorough, effective, and accurate manner. Engage in effective working relationships.

Philosophy	Theory Objective
	Collaborate in therapeutic interventions while maintaining personal accountability. Use related informatics technologies in patient care settings.
Nursing Profession Nursing's ascribed roles are derived from the science and art that is inherent in a practice discipline. The essence of nursing is a deliberate caring relationship, designed to uniquely preserve and enhance the integrity, dignity and worth of individuals while upholding ethical, moral, legal and humanistic principles. Nurses, practicing from a holistic perspective, are integral members of interdisciplinary teams. They collaborate with patients and other providers to design, provide, manage, and coordinate care for individuals, families, groups and communities in an evolving health care system. This requires the use of critical thinking, communication, data gathering and contributing to assessment within the scope of practice and technical skills characteristic of a health care professional. Furthermore, to provide professional care, nurses must demonstrate knowledge of health promotion, risk reduction, disease prevention and management, the nursing process, leadership process, information technologies, and evidence-based practice. As members of a profession, nurses advocate for quality care that is respectful of human diversity within a global environment. A commitment to enhance the discipline is demonstrated by remaining active in professional organizations as well as in the political and regulatory processes.	Define the roles and responsibilities of the graduate PN as defined by established standards including the Colorado Nurse Practice Act. Uphold moral, legal, and humanistic principles. Relate the purpose of nursing organizations to the PN.
Educational Process Faculty utilize alternative and non-traditional teaching-learning strategies, in accordance with academic requirements of the College, recognized standards of nursing practice, and societal expectations. Learning is achieved through progression from simple concepts to complex theories in an environment that is conducive to higher level of understanding. The faculty further believes in quality improvement in nursing education, which is apparent in continuous outcome's based assessment of the program's mission and goals.	Apply concepts from general education and program pre-requisites to enhance critical thinking and clinical decision making.

Philosophy	Theory Objective
Environment: as defined by each individual, family, group, community, or global population, is the total context in which people exist. Environments encompass the physical surroundings, and social and personal beliefs that influence people's perceptions and interactions in regard to health. Environments change in response to biologic factors; societal values and needs; gender, racial, ethnic and cultural diversity; technological advances; health care legislation; and consumer expectations.	Demonstrate an appreciation for the diversity among patient populations. Demonstrate empathy for and a connection with patients.

NURS172/172L Fundamental Medical Surgical Concepts II

Philosophy	Theory Objective	Lab Objective	Clinical Objective
Patient: As individuals, families, groups, or communities, who continuously interrelate within their environment. Patients, as recipients of holistic nursing care, are complex with physiological, psychological, social, spiritual, and cultural components. Patients function in independent, interdependent, or dependent roles, and may seek to receive nursing interventions related to health promotion and maintenance, as well as health restoration and end-of-life care.	Discriminate between focusing on disease versus optimal functioning when planning nursing care for adult patients across the life span.	Integrate strategies in simulation that will be used to take care of patients in the clinical setting.	Advocate for patient rights and responsibilities.
Health: is viewed as patterns of interrelationships with the environment. One of these patterns may be disease. The dynamic patterning of health, which includes illness, is characterized as becoming, transcending and unfolding. Health and illness are not polar opposites, but are part of a rhythmic process, and part of the whole expression of life. This process includes dying as a heightened awareness of the meaningfulness of life. Within this framework, the delivery of health care resources is an interdisciplinary collaborative effort among health professionals.	Integrate prior and current learning concepts about diagnostics, dietetics, and pharmacology with nursing care.	Incorporate all skills to take care of patients in a safe setting.	Assume responsibility for the care of adult patients in settings across the health care continuum in collaboration with the RN,using technology, analyzing information, and selecting and integrating resources effectively. Collaborate with multidisciplinary team through documentation and communication to promote client optimal wellness.
Nursing Practice Prepares a proficient practitioner who values the lifelong process of self-evaluation, self-acceptance, and	Integrate, in collaboration withthte RN, critical thinking skills with the nursing process for care of the adult across the life span with health	Using critical thinking skills to process care in the simulation lab.	Utilize the nursing process in collaboration with the RN to analyze the needs and develop nursing care maps in consultation with the

Philosophy	Theory Objective	Lab Objective	Clinical Objective
learning that supports the continual acquisition of requisite skills. Graduates of the program are prepared to continue in the role of a proficient nurse who functions in a caring manner within the health care settings.	problems.		patient and the multidisciplinary delivery team.
Nursing Profession Nursing's ascribed roles are derived from the science and art that is inherent in a practice discipline. The essence of nursing is a deliberate caring relationship, designed to uniquely preserve and enhance the integrity, dignity and worth of individuals while upholding ethical, moral, legal and humanistic principles. Nurses, practicing from a holistic perspective, are integral members of interdisciplinary teams. They collaborate with patients and other providers to design, provide, manage, and coordinate care for individuals, families, groups and communities in an evolving health care system. This requires the use of critical thinking, communication, data gathering and contributing to assessment within the scope of practice and technical skills characteristic of a health care professional. Furthermore, to provide professional care, nurses must demonstrate knowledge of health promotion, risk reduction, disease prevention and management, the nursing process,	Explain in depth and breadth etiology and pathophysiology related to signs and symptoms and treatment modalities for adult patients across the life span. Discuss principles of cultural competency to the nursing care of individuals across the life span. Discuss cultural issues that influence family dynamics throughout the life span.	Incorporate pathophysiology to treat adult patients across the life span.	Foster ethical, legal and professional awareness and responsibility in self and others. Demonstrate professional and accountable behavior. Apply principles of cultural competency to the nursing care of individuals across the life span. Analyze cultural issues that influence family dynamics throughout the life span.

Philosophy	Theory Objective	Lab Objective	Clinical Objective
leadership process, information technologies, and evidence-based practice. As members of a profession, nurses advocate for quality care that is respectful of human diversity within a global environment. A commitment to enhance the discipline is demonstrated by remaining active in professional organizations as well as in the political and regulatory processes.			
Educational Process Faculty utilize alternative and non-traditional teaching-learning strategies, in accordance with academic requirements of the College, recognized standards of nursing practice, and societal expectations. Learning is achieved through progression from simple concepts to complex theories in an environment that is conducive to higher level of understanding. The faculty further believes in quality improvement in nursing education, which is apparent in continuous outcome's based assessment of the program's mission and goals	Compare and contrast appropriate teaching/learning strategies utilized with the adult patient.	Utilize appropriate teaching strategies in during simulation lab.	Analyze the effect of complex variables on the communication process to establish and guide therapeutic relationships. Designin collaboartion withthte RN, a teaching/learning plan based upon outcomes appropriate for the situation, with consideration given to biological, psychological, spiritual, cultural, developmental, environmental, and economic factors using principles of teaching and theoretical approaches to learning. Plan, with the RN, for discharge needs and teaching upon admission.
Environment: as defined by each individual, family, group, community, or global population, is the total context in which people exist. Environments encompass the physical surroundings, and social and personal beliefs that influence	Analyze the impact of psychosocial and cultural values and practices in caring for the adult patient across the life span.	Integrate the psychosocial impact of cultural values across the lifespan.	Foster ethical, legal and professional awareness and responsibility in self and others.

Philosophy	Theory Objective	Lab Objective	Clinical Objective
people's perceptions and interactions in regard to health. Environments change in response to biologic factors; societal values and needs; gender, racial, ethnic and cultural diversity; technological advances; health care legislation; and consumer expectations.			

Table 4.4.2 LPN-AAS Curriculum

SPRING SEMESTER

NURS 200 LPN to RN Role Transition prepares the advanced placement student through orientation to the program, review of the nursing process, and exploration of the role change from practical to professional nursing. Introduction to selected concepts related to the role of the Associate Degree nurse as a provider of care, teacher, manager, client advocate and member of the profession. Course is designed to assist the LPN with the transition into the practice of professional nursing. Emphasis is placed on critical thinking in providing and managing comprehensive care in a variety of health care settings with patients across the lifespan. The nursing process provides a tool for the gathering of data used to meet health care needs within the context of a diverse local, national, and global perspective.

NURS 206 Advanced Concepts of Medical-Surgical Nursing I utilizes theoretical concepts to teach the role of the registered professional nurse as care provider, teacher, manager, professional, and advocate in meeting the nursing care needs of adults across the life span experiencing illness to wellness. Students gain a better understanding of diversities in cultural practices needed to provide care in a complex situations.

NURS 206L Advanced Concepts of Medical-Surgical Nursing Laboratory I provides opportunity for the student to utilize the nursing process and integrate previous learning to assist the patient and family in achieving optimal functioning in the various health care settings.

NURS 286 Advanced Pharmacology for Nurses focuses on advanced concepts of pharmacology within nursing with an emphasis on nursing process, drug doses, calculations and relevant assessments and patient teaching. Culturally content focuses on availability of medications for different socio-economic statuses, alternative therapies used by various cultures, and how patient age affects pharmacodynamics.

NURS 288 Health and Physical Assessment for Nursing incorporates the development of knowledge necessary for completing health assessment across the life span. History taking, physical assessment skills, and principles of health promotion are utilized to develop appropriate interventions designed to assist clients with health promotion and life style changes. A greater recognition about differences in ethnicity is gained from this course.

SUMMER SEMESTER

NURS 217 Leadership for Professional Nursing Practice integrates the student into the graduate registered nurse role. The focus is on the exploration and analysis of contemporary nursing practice, current trends and issues impacting nursing care delivery. Advanced leadership and management concepts are discussed as part of the nursing role. This course encompasses discussion and examination of current issues affecting nursing as a profession and nurses personally. T he ethical and legal issues nurses face are examined including euthanasia, abortion, AIDS, living wills and many more pertinent topics will be inspected.

NURS 211 Nursing Care of the Psychiatric Client develops concepts of psychosocial integrity and emphasizes the function and responsibility of nursing in promoting and maintaining mental health of individuals and families. This course emphasizes communication and caring through the application of the therapeutic relationship and nursing process in the care and treatment of common clinical conditions/disorders. The effect of psychosocial stressors on individual, family, group, and community are explored. Theories of mental health and illness and nursing care to promote adaptive coping to emotional stressors are reviewed.

NURS 211L Nursing Care of the Psychiatric Client Laboratory develops proficiency in working with psychiatric clients in various settings in the community.

FALL SEMESTER

NURS 216 Advanced Concepts of Medical Surgical Nursing II continues to focus on the role of the registered professional nurse as care provider, teacher, manager, professional, and advocate in meeting the complex medical and surgical health care needs of adult clients. Utilizing the nursing process, the student is expected to integrate previous learning to assist the patient and family in achieving optimal functioning in various complex health care situations and settings. Students gain a better understanding of diversities in cultural practices needed to provide care in a critical care environment.

NURS 216L Advanced Concepts of Medical Surgical Nursing II Laboratory provides the student additional opportunities to apply theory and skills in the inpatient acute care patient

units. The student will rotate through the critical care areas of the health care facility integrating advanced medical surgical concepts in practice.

NURS 210 Nursing Care of Complex Obstetrical and Pediatric Clients prepare the professional nurse to comprehend and apply advanced concepts in the care of the high-risk child bearing family and for children with complex health problems from birth through adolescence. Emphasize special needs and complications during the prenatal experience and altered functioning, special needs and disease process manifested in children. The

nursing process is used as a framework to attain optimal levels of maternal-newborn and pediatric health and wellness. Legal and ethical accountability and critical thinking skills are integrated throughout the course. Students develop a better understanding of the dominant subculture in the area of practice in relation to birth.

NURS 210L Nursing Care of Complex Obstetrical and Pediatric Clients Laboratory incorporate theoretical content in application into acute care and community clinical settings.

Table 4.4.2 (cont) – LPN-AAS Relationship among Program Philosophy & Course Objectives

NURS 200 LPN-RN Role Transitions

Philosophy	Theory Objective
Patient Patients are viewed as individuals, families, groups, or communities, who continuously interrelate within their environment. Patients, as recipients of knowledgeable nursing care, are complex with physiological, psychological, social, spiritual, and cultural components. Patients function in independent, interdependent, or dependent roles, and may seek to receive nursing interventions related to health promotion and maintenance, as well as health restoration and end-of-life care.	Incorporates positive communication and visioning as they apply to the nursing workplace. Discuss principles of cultural competency to the nursing care of individuals across the life span. Discuss cultural issues that influence family dynamics throughout the life span.
Health Is viewed as patterns of interrelationships with the environment. One of these patterns may be disease. Health and illness are not polar opposites, but are part of a rhythmic process, and part of the whole expression of life. Within this framework, the delivery of resources is an interdisciplinary collaborative effort among health care professionals.	Demonstrate effective communication techniques using case studies and interaction between students.
Nursing Practice Prepares a proficient practitioner who values the lifelong process of self-evaluation, self-acceptance, and learning that supports the continual acquisition of requisite skills. Graduates of the program are prepared to continue in the role of a proficient nurse who functions in a caring manner within increasingly complex health care settings	Generate an educational plan for lifelong learning in nursing that utilizes individual strengths and learning styles .
Nursing Profession The Associate Degree Nurse's ascribed roles are derived from the science and art that is inherent in a practice discipline. Professionalism is a key component of nursing and requires the demonstration of accountability for one's own behaviors while adhering to the accepted standards of practice. In utilizing the nursing process to meet human needs, the nurse enacts the following roles as defined by NLN's Educational Outcomes of Associate Degree Nursing Programs: Roles and Competences (2000) Provider of Care, Manager of Care, and Member within the discipline of nursing.	Develop and implement strategies to manage role transition to professional nursing including addressing personal and professional stressors. Analyze current trends in nursing as they affect nursing roles: provider, teacher, manager, advocate, and member of the profession.

Philosophy	Theory Objective
Educational Process Faculty utilize alternative and non-traditional teaching-learning strategies, in accordance with academic requirements of the College, recognized standards of nursing practice, and societal expectations. Learning is achieved through progression from simple concepts to complex theories in an environment that is conducive to higher level of understanding. The faculty further believes in quality improvement in nursing education, which is apparent in continuous outcome's based assessment of the program's mission and goals.	Apply the elements of effective teams to the study group situation.
Environment Is defined by each individual, family, group, community, or global population, is the total context in which people exist. Environments encompass one's physical surroundings, social values, and personal beliefs that influence people's perceptions and interactions in regard to heath.	Apply basic leadership theories and strategies to the online classroom and community setting.

NURS 206 & 206L Medical Surgical Nursing I

Philosophy	Theory Objective	Lab Objective	Clinical Objective
Patient Patients are viewed as individuals, families, groups, or communities, who continuously interrelate within their environment. Patients, as recipients of knowledgeable nursing care, are complex with physiological, psychological, social, spiritual, and cultural components. Patients function in independent, interdependent, or dependent roles, and may seek to receive nursing interventions related to health promotion and maintenance, as well as health restoration and end-of-life care.	Discriminate between focusing on disease versus optimal functioning when planning nursing care for adult patients across the life span.	Integrate strategies in simulation that will be used to take care of patients in the clinical setting.	Advocate for patient rights and responsibilities.
Nursing Practice Prepares a proficient practitioner who values the lifelong process of self-evaluation, self-acceptance, and learning that supports the continual acquisition of requisite skills. Graduates of the program are prepared to continue in the role of a proficient nurse who functions in a caring manner within increasingly complex health care settings.	Integrate critical thinking skills with the nursing process for care of the adult across the life span with multiple and/or complex health problems.	Using critical thinking skills to process care in the simulation lab.	Utilize the nursing process to analyze complex needs and develop nursing care maps in consultation with the patient and the multidisciplinary delivery team.

Philosophy	Theory Objective	Lab Objective	Clinical Objective
Nursing Profession The Associate Degree Nurse's ascribed roles are derived from the science and art that is inherent in a practice discipline. Professionalism is a key component of nursing and requires the demonstration of accountability for one's own behaviors while adhering to the accepted standards of practice. In utilizing the nursing process to meet human needs, the nurse enacts the following roles as defined by NLN's Educational Outcomes of Associate Degree Nursing Programs: Roles and Competences (2000) Provider of Care, Manager of Care, and Member within the discipline of nursing.	Explain in depth and breadth etiology and pathophysiology related to signs and symptoms and treatment modalities for adult patients across the life span. Discuss bioethical dilemmas including beginning/end of life and quality of life issues.	Incorporate pathophysiology to treat adult patients across the life span.	Foster ethical, legal and professional awareness and responsibility in self and others. Demonstrate professional and accountable behavior. Apply principles of cultural competency to the nursing care of individuals across the life span. Analyze cultural issues that influence family dynamics throughout the life span. Evaluate bioethical dilemmas including beginning/end of life and quality of life issues.
Educational Process Faculty utilize alternative and non-traditional teaching-learning strategies, in accordance with academic requirements of the College, recognized standards of nursing practice, and societal expectations. Learning is achieved through progression from simple concepts to complex theories in an environment that is conducive to higher level of understanding. The faculty further believes in quality improvement in nursing education, which is apparent in continuous outcome's based assessment of the program's mission and goals	Compare and contrast appropriate teaching/learning strategies utilized with the adult patient.	Utilize appropriate teaching strategies in during simulation lab.	Analyze the effect of complex variables on the communication process to establish and guide therapeutic relationships. Design a teaching/learning plan based upon outcomes appropriate for the situation, with consideration given to biological, psychological, spiritual, cultural, developmental, environmental, and economic factors using principles of teaching and theoretical approaches to learning. Plan for discharge needs and teaching upon admission.
Environment	Analyze the impact of psychosocial	Integrate the psychosocial impact of	Foster ethical, legal and professional

Philosophy	Theory Objective	Lab Objective	Clinical Objective
Is defined by each individual, family, group, community, or global population, is the total context in which people exist. Environments encompass one's physical surroundings, social values, and personal beliefs that influence people's perceptions and interactions in regard to health.	and cultural values and practices in caring for the adult patient across the life span.	cultural values across the lifespan.	awareness and responsibility in self and others

NURS 210 & 210L Nursing Care of Complex OB and Peds

Philosophy	Theory Objective	Lab Objective	Clinical Objective
Patient Patients are viewed as individuals, families, groups, or communities, who continuously interrelate within their environment. Patients, as recipients of knowledgeable nursing care, are complex with physiological, psychological, social, spiritual, and cultural components. Patients function in independent, interdependent, or dependent roles, and may seek to receive nursing interventions related to health promotion and maintenance, as well as health restoration and end-of-life care.	Analyze the direct impact of psychosocial and cultural values and practices in caring for the family with complications. Incorporate developmental considerations in application of the nursing process to the care of the child.	Integrate concepts into a safe learning environment for childbearing families and children in crisis.	Advocate for the rights of the childbearing family and/or children and families in crisis.
Health Is viewed as patterns of interrelationships with the environment. One of these patterns may be disease. Health and illness are not polar opposites, but are part of a rhythmic process, and part of the whole expression of life. Within this framework, the delivery of resources is an interdisciplinary collaborative effort among health care professionals.	Analyze early intervention in the treatment of complications of the obstetrical family. Discriminate between normal and abnormal findings when planning care. Apply critical thinking skills to care of children and families.	Integrate coping skills of high risk childbearing family and /or ill children and their families into a safe learning environment.	Integrate nursing process to assess coping skills of high-risk childbearing family and/or ill children and their families.
Nursing Practice Prepares a proficient practitioner who values the lifelong process of self-evaluation, self-acceptance, and learning that supports the continual	Integrate prior and current learning concepts about diagnostic, nutrition, pharmacology when providing care to the family with complications.	Utilize critical thinking skills and experiences to practice the safe care of the childbearing family and/or family with a child who is ill in a safe learning environment.	Assume responsibility for the care of the childbearing family and/or family with a child experiencing illness, analyzing information, and selecting/integrating resources

Philosophy	Theory Objective	Lab Objective	Clinical Objective
acquisition of requisite skills. Graduates of the program are prepared to continue in the role of a proficient nurse who functions in a caring manner within increasingly complex health care settings	Design care strategies based on the etiology, pathophysiology, diagnosis, symptomatology, and treatment		effectively. Use critical thinking to deliver appropriate care for families experiencing complications with childbearing and/or alterations in children's health. Demonstrate caring, professional and accountable behavior in caring for the childbearing family and/or family with a child who is ill.
Nursing Profession The Associate Degree Nurse's ascribed roles are derived from the science and art that is inherent in a practice discipline. Professionalism is a key component of nursing and requires the demonstration of accountability for one's own behaviors while adhering to the accepted standards of practice. In utilizing the nursing process to meet human needs, the nurse enacts the following roles as defined by NLN's *Educational Outcomes of Associate Degree Nursing Programs: Roles and Competences* (2000) Provider of Care, Manager of Care, and Member within the discipline of nursing.	Integrate critical thinking skills with the nursing process for care of the patient experiencing complications. Integrate critical thinking skills with the nursing process for care of the neonate experiencing complications during the neonatal period.	Incorporate learning experiences while working with a multidisciplinary team to meet the needs of childbearing family and/or children and families experiencing illness.	Collaborate with multidisciplinary teams to meet the needs of childbearing family and /or children and families experiencing illness. Use indicators and interdisciplinary resources to evaluate outcomes of the childbearing family and/or children and families experiencing illness. Apply principles of cultural competency to the nursing care of individuals across the life span. Analyze cultural issues influencing family dynamics throughout the life span.
Educational Process Faculty utilize alternative and non-traditional teaching-learning strategies, in accordance with academic requirements of the College, recognized standards of nursing practice, and societal	Utilize appropriate teaching/learning strategies when delivering care. Evaluate appropriate teaching learning methodologies utilized in caring for children and families based on developmental levels.	Facilitate communication based on identified knowledge deficits by practicing teaching strategies in a safe learning environment.	Based on identified knowledge deficits, implement teaching grounded on sound theoretical and scientific knowledge Utilize the communication process to establish and guide therapeutic

Philosophy	Theory Objective	Lab Objective	Clinical Objective
expectations. Learning is achieved through progression from simple concepts to complex theories in an environment that is conducive to higher level of understanding. The faculty further believes in quality improvement in nursing education, which is apparent in continuous outcome's based assessment of the program's mission and goals.	Utilize therapeutic communication in planning care of the child and family.		relationships.
Environment Is defined by each individual, family, group, community, or global population, is the total context in which people exist. Environments encompass one's physical surroundings, social values, and personal beliefs that influence people's perceptions and interactions in regard to health.	Evaluate legal and ethical implications of high-risk obstetrical nursing. Explain the legal and ethical implications related to children and families. Evaluate the psychosociocultural values in the plan of care for the child and family.		Foster ethical, legal and professional awareness and responsibility in self and others.

NURS 211 & 211L Nursing Care of the Psychiatric Client

Philosophy	Theory Objective	Clinical Objective
Patient Patients are viewed as individuals, families, groups, or communities, who continuously interrelate within their environment. Patients, as recipients of knowledgeable nursing care, are complex with physiological, psychological, social, spiritual, and cultural components. Patients function in independent, interdependent, or dependent roles, and may seek to receive nursing interventions related to health promotion and maintenance, as well as health restoration and end-of-life care.	Relate theory/principles of communication and nurse patient relationship to psychiatric nursing care.	Use the nursing process to assess, predict common needs and problems and assist in the development of appropriate nursing care plans. Demonstrate knowledge of patient rights and responsibilities.
Health Is viewed as patterns of interrelationships with the environment. One of these patterns may be disease. Health and illness are not polar opposites, but are part of a rhythmic process, and part of the whole expression of life. Within this framework, the delivery of resources is an interdisciplinary collaborative effort among health care professionals.	Differentiate the modalities utilized in treating psychiatric disorders.	Share responsibility for the care of the adult patient in structured settings utilizing technology, information, and resources effectively. Utilize therapeutic communication techniques and promote therapeutic relationships. Document and communicate positively and appropriately with multidisciplinary teams.
Nursing Profession The Associate Degree Nurse's ascribed roles are derived from the science and art that is inherent in a practice discipline. Professionalism is a key component of nursing and requires the demonstration of accountability for one's own behaviors while adhering to the accepted standards of practice. In utilizing the nursing process to meet human needs, the nurse enacts the following roles as defined by NLN's Educational Outcomes of Associate Degree Nursing Programs: Roles and Competences (2000) Provider of Care, Manager of Care, and Member within the discipline of nursing.	Explore the role of the registered nurse and members of the health team caring for clients with psychiatric disorders. Apply critical thinking skills related to concepts of psychiatric health care. Discuss principles of cultural competency to the nursing care of individuals with psychiatric disorders. Discuss cultural issues 156nfluencing family dynamics with psychiatric disorders.	Participate in the evaluation of outcomes in implementing change. Apply principles of cultural competency to the nursing care of individuals with psychiatric disorders. Analyze cultural issues that influence family dynamics with psychiatric disorders.

Philosophy	Theory Objective	Clinical Objective
Educational Process Faculty utilize alternative and non-traditional teaching-learning strategies, in accordance with academic requirements of the College, recognized standards of nursing practice, and societal expectations. Learning is achieved through progression from simple concepts to complex theories in an environment that is conducive to higher level of understanding. The faculty further believes in quality improvement in nursing education, which is apparent in continuous outcome's based assessment of the program's mission and goals.	Utilize diagnostic classifications in treatment planning. Apply nursing process theory to the care of clients with psychiatric disorders. Examine the scope and significance of issues and trends impacting psychiatric health care.	Formulate teaching plans based upon outcomes with consideration given to biological, psychological, spiritual, cultural, developmental, environmental and economic factors. Use established guidelines in prioritizing and organizing nursing care.
Environment Is defined by each individual, family, group, community, or global population, is the total context in which people exist. Environments encompass one's physical surroundings, social values, and personal beliefs that influence people's perceptions and interactions in regard to health.	Explain the impact of legal, ethical, and cultural issues in the delivery of psychiatric care.	Promote ethical, legal and professional awareness and responsibility in others.

NURS 216 & 216L Medical Surgical Nursing I

Philosophy	Theory Objective	Lab Objective	Clinical Objective
Patient Patients are viewed as individuals, families, groups, or communities, who continuously interrelate within their environment. Patients, as recipients of knowledgeable nursing care, are complex with physiological, psychological, social, spiritual, and cultural components. Patients function in independent, interdependent, or dependent roles, and may seek to receive nursing interventions related to health promotion and maintenance, as well as health restoration and end-of-life care.	Analyze and predict the impact of psychosocial and cultural values and practices in caring for the adult patient across the life span.	In a safe environment incorporate cultural values and practices with all ages of adults.	Collaborate with multidisciplinary team through documentation and communication to promote client optimal wellness. Analyze the effect of complex variables on the communication process to establish and guide therapeutic relationships.
Health Is viewed as patterns of interrelationships with the environment. One of these patterns may be disease. Health and illness are not polar opposites, but are part of a rhythmic process, and part of the whole expression of life. Within this framework, the delivery of resources is an interdisciplinary collaborative effort among health care professionals.	Discriminate between focusing on disease versus optimal functioning when planning nursing care for adult patients across the life span.	Utilize critical thinking skills to focus on disease and optimal functioning of adults across the lifespan.	Using indicators and interdisciplinary resources, evaluate outcomes of care and modify the plan of care as needed.
Nursing Practice Prepares a proficient practitioner who values the lifelong process of self-evaluation, self-acceptance, and learning that supports the continual acquisition of requisite skills. Graduates of the program are	Integrate prior and current learning concepts about diagnostics, dietetics, and pharmacology with nursing care.	Practice and prepare for learning experiences within a hospital setting.	Assume responsibility for the care of adult patients in settings across the health care continuum using technology, analyzing information, and selecting and integrating resources effectively.

Philosophy	Theory Objective	Lab Objective	Clinical Objective
prepared to continue in the role of a proficient nurse who functions in a caring manner within increasingly complex health care settings			
Nursing Profession The Associate Degree Nurse's ascribed roles are derived from the science and art that is inherent in a practice discipline. Professionalism is a key component of nursing and requires the demonstration of accountability for one's own behaviors while adhering to the accepted standards of practice. In utilizing the nursing process to meet human needs, the nurse enacts the following roles as defined by NLN's *Educational Outcomes of Associate Degree Nursing Programs: Roles and Competences* (2000) Provider of Care, Manager of Care, and Member within the discipline of nursing.	Explain in depth and breadth etiology and pathophysiology related to signs and symptoms and treatment modalities for adult patients across the life span.	Bring together all of the disciplines to care for patients across the lifespan.	Collaborate with the multidisciplinary team through documentation and communication to promote patient optimal health.
Educational Process Faculty utilize alternative and non-traditional teaching-learning strategies, in accordance with academic requirements of the College, recognized standards of nursing practice, and societal expectations. Learning is achieved through progression from simple concepts to complex theories in an environment that is conducive to higher level of understanding. The faculty further believes in quality improvement in nursing education, which is apparent in continuous	Compare and Contrast appropriate teaching /learning strategies utilized with the adult patient.	Demonstrate appropriate teaching and learning with adult patients.	Design a teaching/learning plan based upon outcomes appropriate for the situation, with consideration given to biological, psychological, spiritual, cultural, developmental, environmental, and economic factors using principles of teaching and theoretical approaches to learning.

Philosophy	Theory Objective	Lab Objective	Clinical Objective
outcome's based assessment of the program's mission and goals.			
Environment Is defined by each individual, family, group, community, or global population, is the total context in which people exist. Environments encompass one's physical surroundings, social values, and personal beliefs that influence people's perceptions and interactions in regard to health.	Explain in depth and breadth etiology and pathophysiology related to signs and symptoms and treatment modalities for adult patients across the life space.	Bring together all of the disciplines to care for patients across the lifespan.	Foster ethical, legal and professional awareness and responsibility in self and others.

NURS 217 Leadership

Philosophy	Theory Objective
Patient: Individuals, families, groups, or communities, who continuously interrelate within their environment. Patients, as recipients of holistic nursing care, are complex with physiological, psychological, social, spiritual, and cultural components. Patients function in independent, interdependent, or dependent roles, and may seek to receive nursing interventions related to health promotion and maintenance, as well as health restoration and end-of-life care.	Analyze current trends in nursing as they affect nursing roles: provider, teacher, manager, advocate, member of the profession.
Health: viewed as patterns of interrelationships with the environment. One of these patterns may be disease. The dynamic patterning of health, which includes illness, is characterized as becoming, transcending and unfolding. Health and illness are not polar opposites, but are part of a rhythmic process, and part of the whole expression of life. This process includes dying as a heightened awareness of the meaningfulness of life. Within this framework, the delivery of health care resources is an interdisciplinary collaborative effort among health professionals.	Implement care that is comprehensive and holistic in design. Implement quality management and improvement strategies as healthcare leadership and management tools. Collaborate in therapeutic interventions while retaining personal accountability. Demonstrate a commitment for continued professional development.
Nursing Practice: prepares a proficient practitioner who values the lifelong process of self-evaluation, self-acceptance, and learning that supports the continual acquisition of requisite skills. Graduates of the program are prepared to continue in the role of a proficient nurse who functions in a caring manner within health care settings	Define the roles and responsibilities of the graduate Practical Nurse as defined by established standards including the Colorado Nurse Practice Act. Describe entry level and continuing education requirements and opportunities for the Practical Nurse.
Nursing Profession: The Associate Degree Nurse's ascribed roles are derived from the science and art that is inherent in a practice discipline. Professionalism is a key component of nursing and requires the demonstration of accountability for one's own behaviors while adhering to the accepted standards of practice. In utilizing the nursing process to meet human needs, the nurse enacts the following roles as defined by NLN's Educational Outcomes of Associate Degree Nursing Programs: Roles and Competences (2000) Provider of Care, Manager of Care, and Member within the discipline of nursing.	Incorporate professional nursing judgment into the practice of nursing through a combination of lecture and clinical experience. Analyze scenarios related to leadership, delegation, and supervision of culturally diverse populations.
Educational Process: Faculty utilize alternative and non-traditional teaching-learning strategies, in accordance with academic requirements of the College, recognized standards of nursing practice, and societal expectations. Learning is achieved through progression from simple concepts to complex	Utilize data related to biological, psychological, social, spiritual, cultural and developmental needs to promote maintain and restore health.

Philosophy	Theory Objective
theories in an environment that is conducive to higher level of understanding. The faculty further believes in quality improvement in nursing education, which is apparent in continuous outcome's based assessment of the program's mission and goals.	
Environment: defined by each individual, family, group, community, or global population, is the total context in which people exist. Environments encompass the physical surroundings, and social and personal beliefs that influence people's perceptions and interactions in regard to health. Environments change in response to biologic factors; societal values and needs; gender, racial, ethnic and cultural diversity; technological advances; health care legislation; and consumer expectations.	Generate solutions to potential workplace issues in the nursing environment.

NURS 286 Advanced Pharmacology for Nurses

Philosophy	Theory Objective	Lab Objective
Patient Patients are viewed as individuals, families, groups, or communities, who continuously interrelate within their environment. Patients, as recipients of knowledgeable nursing care, are complex with physiological, psychological, social, spiritual, and cultural components. Patients function in independent, interdependent, or dependent roles, and may seek to receive nursing interventions related to health promotion and maintenance, as well as health restoration and end-of-life care.	Identify the cultural considerations of administering medications to all patients.	Practice the administration of emergency medications in a safe environment during simulation.
Health Is viewed as patterns of interrelationships with the environment. One of these patterns may be disease. Health and illness are not polar opposites, but are part of a rhythmic process, and part of the whole expression of life. Within this framework, the delivery of resources is an interdisciplinary collaborative effort among health care professionals.	Relate significant patient assessments pertaining to specific drug therapy.	Integrate patient assessment pertaining to specific drug therapy in a safe environment.
Nursing Practice Prepares a proficient practitioner who values the lifelong process of self-evaluation, self-acceptance, and learning that supports the continual acquisition of requisite skills. Graduates of the program are prepared to continue in the role of a proficient nurse who functions in a caring manner within increasingly complex health care settings	Define and identify terminology and abbreviations associated with the administration of medications. Calculate correctly with 90% accuracy required dosages of drugs. Calculate and describe drug therapy for pediatric patients.	Utilize appropriate terminology as well as calculating medications with adults and pediatric patients in a simulated situation.

Philosophy	Theory Objective	Lab Objective
Nursing Profession The Associate Degree Nurse's ascribed roles are derived from the science and art that is inherent in a practice discipline. Professionalism is a key component of nursing and requires the demonstration of accountability for one's own behaviors while adhering to the accepted standards of practice. In utilizing the nursing process to meet human needs, the nurse enacts the following roles as defined by *NLN's Educational Outcomes of Associate Degree Nursing Programs: Roles and Competences* (2000) Provider of Care, Manager of Care, and Member within the discipline of nursing.	Practice the role of the professional nurse in the administration of medications.	Incorporate all information in the administration of medications to all age groups.
Educational Process Faculty utilize alternative and non-traditional teaching-learning strategies, in accordance with academic requirements of the College, recognized standards of nursing practice, and societal expectations. Learning is achieved through progression from simple concepts to complex theories in an environment that is conducive to higher level of understanding. The faculty further believes in quality improvement in nursing education, which is apparent in continuous outcome's based assessment of the program's mission and goals.	Describe the pharmacokinetics, pharmacodynamic and pharmacotherapeutics of specific drug classifications within the body. Propose teaching necessary for identified patients and drugs.	Incorporate the pharmacokinetic, pharmacodynamic and pharmacotherapeutic into the clinical environment when taking care of patients
Environment Is defined by each individual, family, group, community, or global population, is the total context in which people exist. Environments encompass one's physical surroundings, social values, and personal beliefs that influence people's perceptions and interactions in regard to heath.	Discuss legal and ethical implications involved with the administration of drugs.	Utilize legal and ethical implications with the administration of drugs.

NURS 288 Health and Physical Assessment for Nursing

Philosophy	Theory Objective	Lab Objective
Patient Patients are viewed as individuals, families, groups, or communities, who continuously interrelate within their environment. Patients, as recipients of knowledgeable nursing care, are complex with physiological, psychological, social, spiritual, and cultural components. Patients function in independent, interdependent, or dependent roles, and may seek to receive nursing interventions related to health promotion and maintenance, as well as health restoration and end-of-life care.	Differentiate common variations in assessment data for pediatric and geriatric patients.	Utilize assessment data for pediatric and geriatric patients to understand common variations.
Health Is viewed as patterns of interrelationships with the environment. One of these patterns may be disease. Health and illness are not polar opposites, but are part of a rhythmic process, and part of the whole expression of life. Within this framework, the delivery of resources is an interdisciplinary collaborative effort among health care professionals.	Identify physical, psychological, life-style and socio-cultural considerations that influence alterations in health and physical assessment data.	Incorporate cultural considerations that influence alteration in care.
Nursing Practice Prepares a proficient practitioner who values the lifelong process of self-evaluation, self-acceptance, and learning that supports the continual acquisition of requisite skills. Graduates of the program are prepared to continue in the role of a proficient nurse who functions in a caring manner within increasingly complex health care settings	Analyze assessment and interviewing techniques to gather information.	Analyze assessment and interviewing techniques to gather information in the clinical/lab settings.

Philosophy	Theory Objective	Lab Objective
Nursing Profession The Associate Degree Nurse's ascribed roles are derived from the science and art that is inherent in a practice discipline. Professionalism is a key component of nursing and requires the demonstration of accountability for one's own behaviors while adhering to the accepted standards of practice. In utilizing the nursing process to meet human needs, the nurse enacts the following roles as defined by NLN's Educational Outcomes of Associate Degree Nursing Programs: Roles and Competences (2000) Provider of Care, Manager of Care, and Member within the discipline of nursing.	Utilize interview and assessment techniques to collect and organize patient information and build a data base on which to build nursing care decisions.	Incorporate assessment and interview techniques to gather information for decision making. Apply principles of cultural competency to the nursing care of individuals across the life span. Analyze cultural issues that influence family dynamics throughout the life span.
Educational Process Faculty utilize alternative and non-traditional teaching-learning strategies, in accordance with academic requirements of the College, recognized standards of nursing practice, and societal expectations. Learning is achieved through progression from simple concepts to complex theories in an environment that is conducive to higher level of understanding. The faculty further believes in quality improvement in nursing education, which is apparent in continuous outcome's based assessment of the program's mission and goals.	Utilize interview and assessment techniques to collect and organize patient information and build a data base on which to build nursing care decisions.	Incorporate assessment and interview techniques to gather information for decision making.
Environment Is defined by each individual, family, group, community, or global population, is the total context in which people exist. Environments encompass one's physical surroundings, social values, and personal beliefs that influence people's perceptions and interactions in regard to heath.		

NURS 289 Capstone

Philosophy	Clinical Objectives
Patient Patients are viewed as individuals, families, groups, or communities, who continuously interrelate within their environment. Patients, as recipients of knowledgeable nursing care, are complex with physiological, psychological, social, spiritual, and cultural components. Patients function in independent, interdependent, or dependent roles, and may seek to receive nursing interventions related to health promotion and maintenance, as well as health restoration and end-of-life care.	Consistently utilize the nursing process to maximize the health of selected individuals and families.
Health: is viewed as patterns of interrelationships with the environment. One of these patterns may be disease. Health and illness are not polar opposites, but are part of a rhythmic process, and part of the whole expression of life. Within this framework, the delivery of resources is an interdisciplinary collaborative effort among health care professionals.	Synthesize cognitive, affective, and psychomotor skills necessary to meet client needs in various health care settings.
Nursing Practice Prepares a proficient practitioner who values the lifelong process of self-evaluation, self-acceptance, and learning that supports the continual acquisition of requisite skills. Graduates of the program are prepared to continue in the role of a proficient nurse who functions in a caring manner within increasingly complex health care settings.	Demonstrate critical thinking in the clinical setting.
Nursing Profession The Associate Degree Nurse's ascribed roles are derived from the science and art that is inherent in a practice discipline. Professionalism is a key component of nursing and requires the demonstration of accountability for one's own behaviors while adhering to the accepted standards of practice. In utilizing the nursing process to meet human needs, the nurse enacts the following roles as defined by NLN's Educational Outcomes of Associate Degree Nursing Programs: Roles and Competences (2000) Provider of Care, Manager of Care, and Member within the discipline of nursing.	Collaborate with the multidisciplinary team, families and clients to provide continuity of care. Integrate value based behaviors into nursing practice. Demonstrate affective communication.

Philosophy	Clinical Objectives
Educational Process Faculty utilize alternative and non-traditional teaching-learning strategies, in accordance with academic requirements of the College, recognized standards of nursing practice, and societal expectations. Learning is achieved through progression from simple concepts to complex theories in an environment that is conducive to higher level of understanding. The faculty further believes in quality improvement in nursing education, which is apparent in continuous outcome's based assessment of the program's mission and goals.	Develop individualized clinical objectives for clinical experience.
Environment Is defined by each individual, family, group, community, or global population, is the total context in which people exist. Environments encompass one's physical surroundings, social values, and personal beliefs that influence people's perceptions and interactions in regard to health.	Prioritize care, delegate tasks as part of patient care.

4.5 Evaluation methodologies are varied, reflect established professional and practice competencies, and measure the achievement of student learning and program outcomes.

Assessment Testing: ATI provides "NCLEX predictor examinations" for both the PN and RN licensing examinations. The intent of these predictor tests is to provide the student with an estimate of their readiness for successful completion of the licensing examination. Additionally students are made aware of areas of weakness in order to focus their preparation. ATI was being utilized for assessing student's understanding of concepts and knowledge in focused examinations. Both programs incorporated these examinations into theory courses to assist students in preparation for the licensing examinations. In fall 2007, ATI initiated proficiency scoring for proctored examinations. Each proctored examination provides the students with a "proficiency" score and a report of specific weak areas. In fall 2008, faculty determined students who achieved a level 2 were likely to be successful when completing the licensing examination. ATI performance became a component of the student's course grade. If this level was not attained the student was required to remediate; retesting was accomplished with the use of the ATI non-proctored examination for those components identified as weaknesses. The student would then retake the proctored examination. Each remediation attempt was factored into the theory grade. Before sitting for the proctored examination, students practiced using non-proctored examinations for each specific content area. Testing occurred outside of the classroom and a benchmark of 90% or higher was required before students could complete the proctored examination in that subject area. All examinations were given toward the end of the semester, after the majority of the subject content had been covered in class.

Faculty, in spring 2010, reviewed Kaplan testing as an alternative to ATI. It was decided that Kaplan would better meet the needs of the students and faculty with success of pass rates for the NCLEX. Kaplan also implemented the ultimate format questions into their testing. In fall 2010, faculty began to utilize Kaplan for assessment testing. Thus faculty will be examining outcome data for student proficiency and success with licensing examinations.

Classroom Evaluation: The PN and LPN-AAS programs utilize a variety of evaluation methodologies. Evaluation for classrooms incorporates several components. The primary evaluation tool in didactic courses is examination using multiple choice, case studies, ultimate

format questions, papers and sequence questions. Quizzes may also be utilized for evaluation. Students are required to complete the workbook for each of the content areas for the class in which they are enrolled. Workbooks encourage the students to enhance classroom learning. Each theory unit is concluded with a comprehensive final. This encourages students to review content and help with retention. The "select all that apply" questions were initially given as extra credit but are now being incorporated into the regular examinations. Test questions are taken from the test bank within the books adopted for that particular class. WebCT and Scantron are used to grade test and help to effectively identify questions that need improving.

Simulation: Both programs utilize simulation for assessing program competencies and expected student learning outcomes. Elsevier's Simulation Learning System (SLS) maximizes the capabilities of human patient simulators and assist faculty in assessing program competencies and student learning outcomes. This adaptable, step-by-step online support system makes it easy to implement simulation throughout curriculum and provides students with opportunities to be involved in patient care situations they may otherwise not encounter. During these experiences students are required to integrate and synthesize core concepts and knowledge and apply appropriate interpersonal and psychomotor skills. Students may make errors in judgment that, in a real world situation, could have dire consequences. In simulations, students are given the opportunity to make these mistakes without causing "real" adverse effects; thereby, furthering development of their critical thinking skills.

The learning environment provides the foundation for effective simulated patient experiences as it accurately reflects reality and both student and faculty are actively engaged (Exhibit E-3, Simulation Evaluation Processes). Students participating in the simulated learning experience enter the simulated clinical environment prepared with a basic knowledge of the material. Faculty assumes the role of facilitator, providing cues when necessary, but is not an active participant in the simulation. Faculty and students participate in an active debriefing. During the debriefing, students share their thoughts as to how the case unfolded. They identify their own strengths and challenges, individually and collectively. Additionally faculty provides feedback and guidance and formalizes the teaching-learning process.

Simulation experiences maybe designed to meet specific course objectives. For examples, LPN-AAS students in Obstetrics-Pediatrics (NURS 210L) completed a scenario depicting fetal demise. The faculty member organized the materials and collaborated with CEC personnel; student feedback suggests the experience was definitely worthwhile. Students began the scenario without knowing the actual patient situation. Responses from students and lab personnel clarify the experience seemed reality based. Students in NURS 206L (Medical-Surgical) complete a number of scenarios (set up as stations) related to nursing skills (i.e. medication calculation, IV pushes, airway maintenance, administering blood and blood products).

PN Clinical Evaluation: The clinical grading scale has two components. The first component is a list of critical behaviors that have to be met by the student. If a student fails a critical behavior for any reason they fail the course. The critical behaviors are: Safety, Preparation for Care, Accountability and Honesty, Confidentiality, and Medication Administration.

Clinical performance is based on a level outcome rating scale assessing the student's ability to perform skills and function at clinical sites with designated levels of guidance and independence. Scores from 1-4 are applied to students in the following areas: Critical Thinking, Patient Advocacy, Basic Assessment and Nursing Skills, Communication, and Personal Development. Students are also asked to use the same form and evaluate themselves during each semester. The students have constant access to faculty evaluations so they can keep track of performance and recognize areas in need of improvement. If the student functions with little or no guidance they receive a "4", functions satisfactorily with little guidance a "3", and provides safe care with moderate guidance a "2". If any of the level outcomes result in a grade less than a "2" during a semester the student is placed on a behavior contract. He/she has to improve in this area by the middle of the following semester. If time is limited (for example close to graduation) the clinical faculty, program director and department head meets to determine a way for the student to exhibit competency. Alternately the decision may be made to fail the student and have his/her return in the following year. This is decided on a case by case basis. Appendix 10 provides an example PN evaluation form.

LPN-AAS Clinical Evaluation: Papers and Care maps are used for evaluation mainly during the clinical component. There is a rubric provided for these tools to supply the students with the expectations for each area. Each student must also have a preceptor evaluation on each unit in which they engaged in clinical. The clinical evaluation tool utilizes a collaborative effort among the student, faculty and agency preceptor. The student is evaluated according to accomplishment of course and clinical objectives as evidenced by level outcomes in core competency areas as well as successful performance of critical behaviors. Students must successfully perform the following critical behaviors which are pass-fall criteria. A failure to perform at a passing level in any area of critical behavior results in a clinical failure. The critical behaviors are Safety, preparation for care, accountability/honesty, confidentially, and medications. The tool is also used to evaluate students on specific behaviors in four core competency areas of the curriculum. These areas are communication, critical thinking (nursing process), assessment, and nursing skills in addition to professional development. Specific behaviors are identified for each area. The student is given an average score for each behavior based on the clinical performance rating scale. S cores are converted to a percentage and letter grade at the end of each clinical rotation. The tool reflects the program core concepts as well as course objectives. Appendix 11 provides an example LPN-AAS clinical evaluation form.

4.6 The curriculum and instructional processes reflect educational theory, interdisciplinary collaboration, research, and best practice standards while allowing for innovation, flexibility, and technological advances.

Faculty makes significant effort to remain current in educational theory. All faculty members have obtained or are in the process of obtaining Career and Technical Education certificates. In addition to this, faculty attends annual conferences to increase knowledge in teaching and learning. MSC has utilized simulation for the past five years, with the move to a new facility simulation use and technology increased to approximately 25% of clinical with positive student feedback. The Montrose extended campus also utilizes simulation. Their resources are not only on their campus but traveling simulation scenarios are sometimes taken to them.

Faculty continues to move from teaching content top providing learning experiences that move the student from passive learner to active participant in their own education. Faculty makes deliberate choices about what concepts content and experiences are essential to professional nursing education. Decisions on content are based on the program's mission, philosophy, and education outcomes and local and national trends. Because students cannot memorize the entire body of nursing knowledge, faculty focus efforts on integrating essential knowledge for the PN students and building on this knowledge for the LPN-AAS nursing student to promote critical thinking, sound reasoning, and decision making skills which is more likely to be retained.

MSC supports faculty members who choose to develop and implement innovative teaching strategies within the existing curriculum. Nursing faculty works with other faculty from DHS programs, in the career ladder, to facilitate quality education in a supportive environment. Recently students from the BSN Leadership class (NURS 411 L) supervised and collaborated with PN students during their first day of clinical experience. The BSN students gained a better understanding of the PN scope of practice and collaboration between the students was evaluated as very worthwhile. DHS nursing faculty, based on their clinical expertise, lecture among the various programs. Other campus faculty (i.e. anatomy and physiology) has accommodated potential students to the nursing programs by adding additional course sections at varying times. Support services work closely with the DHS to meet student registration, financial, initial advising, and counseling needs.

4.7 Program length is congruent with the attainment of identified outcomes and consistent with the policies of the governing organization, state and national standards, and best practices.

PN: Upon program completion and the CSBN eligibility determination, graduates will be prepared to take the licensure exam to become a Licensed Practical Nurse. Nursing students must complete all courses listed in the college catalog in order to receive a certificate. Students not meeting requirements will be ineligible for verification of program completion, and thus cannot take the licensing examination. This information is provided to students during their

orientation to the nursing program, in the student handbook and in the college catalog (Exhibit A-1). Once students are admitted to the PN program, coursework can be completed in (1) year.

LPN-AAS: Upon program completion and the CSBN eligibility determination, graduates will be prepared to take the licensure exam to become a registered nurse. Nursing students must complete all courses listed in the college catalog (74 credit hours) in order to receive the Associate of Applied Science degree with a Registered Nursing designation. Students not meeting graduation requirements will be ineligible for verification of program completion, and thus cannot take the licensing examination. This information is provided to the students during their orientation to the nursing program, in the student handbook and in the college catalog. Once students are admitted to the LPN-AAS nursing program, the program can be completed in (1) year.

4.8 Practice learning environments are appropriate for student learning and support the achievement of student learning and program outcomes; current written agreements specific expectations for all parties and ensure the protection of students.

MSC PN and LPN-AAS program has worked hard to establish a positive working relationship with a variety of health care settings in order to provide satisfactory clinical opportunities (Tables 4.8 and 4.9). A sample contract is provided in Appendix 12. These contracts clearly delineate facility and college responsibilities in order to provide safety for the patient and student.

Table 4.8.1: Clinical Facilities used by PN and LPN-AAS program

Clinical Entity	PN/AAS	Mesa State College Grand Junction Campus	Mesa State College Montrose Campus
St. Mary's Regional Medical Center	PN/AAS	**X**	**X**
Community Hospital	PN/AAS	**X**	
Montrose Memorial Hospital	AAS		**X**
Delta Memorial Hospital	AAS		**X**
Veteran's Administration Hospital	PN/AAS	**X**	
Colorado West Mental Health Center	PN/AAS	**X**	
Hospice of the Grand Valley	AAS	**X**	
Colorado Mental health Institute at Pueblo	AAS		**X**
Midwest Mental Health	AAS		**X**
Montrose Nurse Midwives	AAS		**X**
Cancer Center of Montrose	AAS		**X**
Urgent Care Clinic	AAS		**X**
Dialysis	Both		**X**
Montrose Jail	AAS		**X**
Montrose Hospice	AAS		**X**
Montrose Health and Human Services	AAS		**X**
Delta County Health Department	AAS		**X**
Mantey Heights	PN	**X**	
Mesa Manor	PN	**X**	
Larchwood Inns	PN	**X**	
Western Colorado Pediatrics	PN	**X**	
Little Mavs	PN	**X**	
Scenic Elementary	PN	**X**	
Fruita Hospital	PN	**X**	
Kokapeli Pain Clinic	PN	**X**	
The Willows	PN	**X**	
Senior Day Break	PN	**X**	
Aspen Ridge	PN	**X**	
Catholic Outreach Soup Kitchen	PN	**X**	
Hilltop	AAS/PN	**X**	

Table 4.8.2 Facility Data

Agency	Date of Contract	Address	City	State	Zip	Signed By	Title	Notes
Aspen Ridge	1/11/2008	622 28 ¼ Road	Grand Junction	CO	81506	Gail Hansen		Renews annually, automatically
Catholic Outreach– Soup Kitchen	4/21/2000	245 S 1st Street	Grand Junction	CO	81501	Kathie Baughman	Director	Renews annually, automatically
Colorado Mental Health Institute at Pueblo	12/1/2009	1600 W 24th Street; Nursing Department	Pueblo	CO	81003		Superintendent	Renews annually, automatically
Delta County Department of Health & Human Services	10/3/2006	255 West 6th Street	Delta	CO	81416	R. Olen Lund	Chairman of Board of County Commissioners	Renews annually, automatically
Dialysis Clinic, Inc	2/22/2002	2748 Crossroads Blvd	Grand Junction	CO	81506	Kristin Chillemi	Administrator	Renews annually, automatically
Mantey Heights and La Ville Grande	9/16/2002	Mantey Heights Rehab &C are Center: 2825 Patterson Road (81506) AND LaVilla Grande Care Center: 2501 Little Bookcliff Dr (81501)	Grand Junction	CO	See Add.	Rebecca Siemers	NHA	Renews annually, automatically
Hospice of the Grand Valley	4/21/2000	3090 N 12th Street, Unit B	Grand Junction	CO	81506	Christy Whitney	President & CEO	Renews annually, automatically
Integrated Health Services of Mesa Manor	4/21/2000	2901 N 12th Street	Grand Junction	CO	81506	Roger A Siemers	Administrator	Renews annually, automatically
Larchwood Inns	11/7/2008	2845 N 15th Street	Grand Junction	CO	81506	Melissa Wood	Administrator	Renews annually, automatically
Midwestern Colorado Mental Health Center	12/5/2005	PO Box 1208	Montrose	CO	81402	Jon W Gordon	Executive Director	Renews annually, automatically
Montrose County Jail	11/21/2006	1200 North Grand Ave	Montrose	CO	81401	Tim Conner, RN	Health Services Administrator	Renews annually, automatically
Urgent Care Montrose	6/15/2006	2305 S. Townsend	Montrose	CO	81401	Birgitt Schmalz	Nurse Practitioner	Renews annually, automatically
Western Colorado Pediatric Associates	4/21/2000	3150 N. 12 Street	Grand Junction	CO	81506	Carol Schlageck	Administrator	Renews annually, automatically

Agency	Date of Contract	Address	City	State	Zip	Signed By	Title	Notes
Aspen Ridge	12/19/2008	622 28 ¼ Road	Grand Junction	CO	81506	Gail M Hansen	Administrator	Renews annually, automatically
Colorado West Mental Health Center	10/15/2008	515 28 ¾ Road, Bld A	Grand Junction	CO	81501	Sharon Raggin		Renews annually, automatically
Community Hostpital	10/14/2008	2021 N 12th Street	Grand Junction	CO	81501	unable to read	President & CEO	Renews annually, automatically
Delta County Memorial Hospital	11/6/2008	1501 E 3rd Street: PO Box 10100	Delta	CO	81416 -5003	Tom Mingen	Administrator	Renews annually, automatically
Family Health West	6/1/2009	PO Box 130	Fruita	CO	81521	Dennis E Ficklin	CEO, Administrator	Renews annually, automatically
Grand Valley Senior Day Break, Inc.	12/19/2008	599 30 Road	Grand Junction	CO	81504	Marilyn Griffin	Executive Director	Renews annually, automatically
Hilltop (Community Resources)	11/11/2008	1331 Hermosa Avenue	Grand Junction	CO	81506	J. Michael Stahl	President	Renews annually, automatically
Kokopelli Clinic	11/23/2009	300 West Ottley Avenue	Fruita	CO	81521	Dennis E Ficklin	CEO	Renews annually, automatically
Montrose County Health Services	9/11/2009	1845 S Townsend Ave	Montrose	CO	81401	Peg Mewes, RN, MCH	Director	Renews annually, automatically
Montrose Memorial Hospital	10/28/2008	800 N Third Street	Montrose	CO	81401	Joan Napolilli, RN, MSN	Assistant Administrator	Renews annually, automatically
St. Marys Hospital & Medical Center	3/2/2010	2635 N 7th Street	Grand Junction	CO	81501	unable to read		Renews annually, automatically
Veterans Affairs Medical Center	5/22/2000	2121 North Avenue	Grand Junction	CO	81501	Kurt W Schlegelmilch, MD	Medical Center Director	Renews annually, automatically

Long-Term Care: The long-term care facilities that are located in Mesa County provide a low acuity setting for PN students during the fall semester while the develop communication and assessment skills. The administration and staff of the facilities actively communicate with instructors to identify appropriate patient/resident assignments to meet patient goals.

Acute Care: MSC utilizes several acute care clinical sites for student experiences, each with unique strengths and a variety of health care services. Each site provides students the opportunity to meet clinical course objectives across the curriculum. All sites maintain strong educational programs for their staff, including in-service education and skills days to assure that care meets the highest standard. The safety goals for each facility are discussed with students during orientation (prior to floor experiences).

St. Mary's Hospital & Regional Medical Center is dedicated to meeting the healthcare needs of the residents of western Colorado and eastern Utah. A not-for-profit organization, St. Mary's Hospital was founded in 1896 by the Sisters of Charity of Leavenworth. The small, wood-framed building, that stood over 100 years ago, offered only 10 beds. Today, St. Mary's Hospital is the largest medical center between Denver and Salt Lake City, and boasts over 350 beds. Approximately 2,000 staff and 300 active physicians, representing more than 40 specialties, provide the high-level and compassionate care. Approximately 700 volunteers support the staff, donating more than 150,000 hours of service each year. St. Mary's Hospital is fully accredited by the Joint Commission on Accreditation of Health Care Organizations, the American Medical Association Council on Medical Education, the Colorado Medical Society, and the American Association of Blood Banks. St. Mary's is dedicated to providing specialized services, experienced professionals, and the latest in techniques and technology close to home for the people of western Colorado and eastern Utah. St. Mary's provides the bulk of the medical-surgical experiences for both the PN and LPN-AAS students utilizing all medical-surgical floors during rotations. Students also gain access to patients in the operating room, and collaborate frequently with respiratory therapy, physical therapy, and occupational therapy. Finally all students complete rotations in peri-natal services including the NICU, labor and delivery, the pediatrics unit, and the post partum floor.

Community Hospital in Grand Junction, Colorado, is a full-service, acute-care hospital licensed for 78 beds. As part of the Colorado West Healthcare System, we offer full outpatient diagnostic services and inpatient care for the Western Slope region of Colorado, and for Eastern Utah. Community Hospital brings together expert staff and world-class technology in a healing, family-centered environment. This facility provides a full range of medical services, including inpatient and outpatient surgery, and emergency care. There are comprehensive diagnostic capabilities including state-of-the-art ultrasound, PET/CT, 64-slice CT, digital mammography and cardiac testing. The hospital is both Joint Commission and American Osteopathic Association accredited—the only hospital with this dual accreditation in the western United States. The laboratory is College of American Pathologists-accredited. For lab tests not completed onsite the hospital uses Mayo Clinic services. Community hospital provides clinical experiences including Specials Procedures (i.e., endoscopy and colonoscopy), ICU, emergency room, medical-surgical units, home health, urgent care, and the operating room.

The Grand Junction VA Medical Center (VAMC) serves 37,000 veterans residing on the Western Slope. The VAMC consists of one facility located in the city of Grand Junction; a Community Based Outpatient Clinic (CBOC) in Montrose, serving the southwestern Colorado counties; and a telehealth outreach clinic in Craig, serving northwestern Colorado and southwestern Wyoming. The VAMC operates 53 beds comprised of 23 acute care and 30 Transitional Care Unit beds. The VAMC provides primary and secondary care including acute medical, surgical, and psychiatric inpatient services, as well as a full range of outpatient services. The VAMC was the recipient of the 2001 Presidential Award for Quality and the 1999 Robert W. Carey Quality Award Trophy. It is the first and only organization ever in VA to earn the Presidential Award for Quality. The Veterans Hospital supports student experiences in the operating room, ICU, emergency room, medical surgical units, home health, mental health, urgent care, an immunization clinic, wound therapy, hospice, and mental health rotations.

Delta County Memorial Hospital provides general medical and surgical care for inpatient, outpatient, and emergency room patients, and participates in the Medicare and Medicaid programs. Emergency room services are available on a 24-hour per day, seven-day per week basis. Other services provided include General Medical/Surgical Services, Intensive

Care Services, Emergency Room, Level IV Trauma Center Oncology/Chemotherapy, Obstetrical Services, Physical Therapy, Home Health Care, CT Scanning, MRI, Ultrasound, Diagnostic Nuclear Medicine, Outpatient Surgery, Inpatient Surgery, Cardiac Rehabilitation.

Montrose Memorial Hospital is a 75 bed not for profit Regional Medical Center and is accredited by the Joint Commission. Located in southwestern Colorado, the hospital provides a full range of medical services to meet the needs of the community and provide varied experiences for nursing students. The hospital also operates clinics in Olathe and Naturita, Colorado.

Community Settings: While the acute care setting provides the ideal environment for developing the nursing skills of the nursing student, the program also utilizes community settings for specific learning opportunities. For example, inpatient pediatric experiences are limited. Thus, faculty utilizes pediatric physician offices, developmental preschool associated with MSC, elementary school within District 51, and wellness screenings to provide students experience with children. Faculty utilizes Kokopelli Pain Clinic to support classroom learning in the fall semester as an introduction to peri-operative nursing. Montrose community settings provide the students with community experiences outside of the hospital setting. These facilities are utilized and assessable to all students on the Montrose campus to gain further clinical experience in other areas.

4.8.1 Student clinical experiences reflect current best practices and nationally established patient health and safety goals.

A goal for the near future involves incorporation of the Quality and Safety Education for Nurse (QSEN) goals throughout each curriculum. Faculty believes the delineation of the pre-licensure competencies into the knowledge, skills, and attitudes may be a valuable component of student learning.

Students meet the goals of the clinical facilities by reviewing individual facility patient safety goals. Examples of best practices included in clinical experiences are: completion of fall risk scales, assessment using the Braden scale, adherence to medication safety guidelines, ensuring accuracy of patient identification, and practicing infection prevention

recommendations. Students utilize informatics systems and paper charting relevant to the clinical sites to retrieve data and document care. Students are to provide patient centered care and work as part of the interdisciplinary team during clinical experiences. SBAR (situation, background, assessment, and recommendation) is utilized as communication tool to facilitate safe patient hand off's between all health care team members.

STANDARD 5: RESOURCES

Fiscal, physical, and learning resources promote the achievement of the goals and outcomes of the nursing education unit.

5.1 Fiscal resources are sufficient to ensure the achievement of the nursing education unit outcomes and commensurate with the resources of the governing organization.

Fiscal and physical resources are sufficient to enable the PN and LPN-AAS programs to fulfill their mission, goals, and expected outcomes. A diversity of fiscal and physical resources is available to program faculty within the DHS. Available resources include, but are not limited to: allocated monies, the Tomlinson Library, newly renovated and expanded classroom and office space for the department laboratory space with standard check-off materials, simulation equipment, supportive Department of Human Resources personnel, and consistent fiscal support. Funding for these programs is difficult to compare to other programs on campus because of their unique education needs (such as low faculty to student ratio). Adequacy of these resources is reviewed periodically (Appendix 9; SEP) and resources are secured as they become available.

Budget Process: The CCHE is the policy and coordinating board for the state's higher education system including MSC. This is an 11-member lay board, appointed by the Governor and confirmed by the Colorado State Senate. CCHE acts as the central policy and coordinating board for Colorado public higher education. Additionally this board implements the directives of the General Assembly.

CCHE grants full authority and responsibility for the control and governance of the college to the college's BOT. This is a nine-member lay board, appointed by the governor and confirmed by the Colorado State Senate. The trustees serve as the policy-making board for the college. This includes such areas as finance, resources, academic programs, personnel policies, curriculum, admissions, and role and mission. To exercise their authority appropriately, the trustees regularly establish policies designed to enable the college to perform its statutory functions in a rational and systematic manner. To assist them in meeting their responsibilities,

the trustees delegate to the president of the college the authority to interpret and administer their policies in all areas of operations and, as such, the president is responsible to the BOT. Within the policies and regulations of the trustees and of other state and federal authorities, the president of the college, as chief executive officer, has general authority and responsibility for the college and for keeping the board informed regarding the college in a timely and appropriate manner.

The BOT expects the president to be responsible for communicating with the legislature, the CCHE, and other state agencies on a regular basis. Other modes of input to the board come from the student and faculty trustees, each elected by their constituents. Faculty input is a vital component of informed decision-making at MSC. The BOT recognizes the faculty senate as a formal, direct, two-way communication link between the board and the faculty. Thus, the president of the senate has an opportunity to address the BOT at each public session.

Income for the MSC budget comes from the college's general fund and student fees. Funding from the general fund is based on full time equivalent students (FTES). The president allocates funds to the office of academic affairs, who then distributes the funds among department heads. As described in the Executive Summary, there are 12 departments located at MSC. The PN and LPN-AAS programs are two of seven programs within the DHS. The department head allocates monies to each program based on fiscal projections of the program's needs. This budget may be further augmented by special initiative funds and grant dollars. MSC budget reports will be available for review in the document display room (Exhibit D-3).

Salary ranges are included in the annual budget review and are evaluated in depth every three years. Sufficient salary levels have not historically been the case for nursing faculty at MSC. However during the period of 2004-2006 much information sharing and negotiating occurred resulting in the implementation of a range of salary increases announced in 2007 and fully implemented in 2008. The salary increases were specifically designed to improve recruitment and retention of younger faculty and part-time, adjunct faculty needed to teach clinical rotations. The increases in salaries ranged from 5% for the more seasoned, higher ranking professors to 18% for newly hired adjunct faculty. These raises were fully supported by

the administration of MSC, the BOT, and the CCHE. In addition to the previously outlined nursing faculty raises, all faculty members at MSC have received annual cost of living raises ranging from 3-8% since 2003.

Budget constraints are not unique to the DHS at MSC. Nevertheless, the department head and program directors have stressed to administration the need for additional full-time nursing faculty to maintain consistently high quality education. Current faculty are committed to the program and do volunteer for extra-contractual assignments each semester to maintain consistency and quality of instruction. Tables 5.1.1 and 5.1.2 show a budget summary for each program (by line item) for 2005-2011 fiscal years.

Table 5.1.1 PN Program Budget by Line Item

Line Item	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11
Tenure Track Faculty Salaries and Benefits				$62,875	$65,523	$67, 002
Full- and Part-time Temporary Faculty Salary and Benefits	$24,267	$35,933	$82,472	$48,756	$47,250	
Staff Salary (prorated based on number of students)		$9,763	$3,448	$5,908	$9,511	
Operating Expense (prorated based on number of students)		$14,933	$15,792	$10,606	$13,794	
Total Budget	$24,267	$60,689	$101,713	$128,091	$136,078	$184,573

Table 5.1.2 LPN-AAS Program Budget by Line Item

Line Item	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11
Tenure Track Faculty Salaries and Benefits	$29,786		$6,000	$36,279	$87,270	$135,246	$61,238
Full- and Part-time Temporary Faculty Salary and Benefits	$1,320			$20,418	$65,436	$166,500	$114,702
Staff Salary (prorated based on number of students)	$36,820	$16,045	$12,942	$6,831	$9,453	$11,625	
Operating Expense (prorated based on number of students)	$4,554	$10,897	$19,991	$18,951	$16,666	$16,680	
Total Budget	$72,480	$26,943	$38,933	$82,477	$221,867	$330,230	

5.2 Physical resources (classrooms, laboratories, offices, etc.) are sufficient to ensure the achievement of the nursing education unit outcomes and meet the needs of faculty, staff, and students.

Faculty of each program believes there are adequate physical resources available to ensure achievement of program competencies and expected student learning outcomes.

Maverick Center – Health Sciences Center: The current physical space allocated for the PN and LPN-AAS programs are adequate for teaching purposes. The DHS moved a newly renovated and expanded MC – Health Sciences Center (MC-HSC) in the summer of 2009. The renovated space is designated specifically for those programs within the department. The new facility includes faculty offices and several conference rooms (seating for 10-16). Each conference rooms are equipped with AV capable equipment (overhead projection/screen or flat screen TV) which can hook up to a computer/laptop and DVD/VCR for presentation purposes. There is one dedicated computer lab which seats 30 and is equipped with classroom AV equipment.

Study Areas: within the MC, the DHS has a large area dedicated to student study and socializing. It is located within the CEC in Room 72. There are four six-top tables, seven computer centers, an ink-jet printer, two VCR televisions, and a plasma television with VCR/DVD and Blue Ray capabilities. Students may store their lunches in the refrigerator and heat food in one of the two microwaves provided. If the Home Room, a specialized lab, is not being utilized, students may access the room for studying or working on group projects. The MC has wireless internet capabilities. Nursing students also have access to many other quiet areas on campus for studying. They can use the library which has individual rooms, cubicles and a computer center or the newly built Student Center which incorporates a café area, two comfortable firesides, and a study lounge with approximately forty cubicles.

Audio –Visual and Computer Lab: The Audio-Visual and Computer lab is located in the CEC, Maverick Center 72. There is a large selection of videos, DVDs and books for students and instructors to access. Students may view the videos/DVDs within the CEC and the instructors may sign out the materials for didactic use. Students may utilize the two VCRs or computers for reviewing materials. If a large group wishes to watch the DVD or video, they may make arrangements with the CEC staff to use Home Room Lab.

Skills Lab: The skills lab area is extremely busy requiring the time and space to be scheduled by the instructor prior to the semester. This is paced on a master schedule in Microsoft Outlook for viewing purposes by the nursing faculty and CEC staff. Request for equipment and lab layout must be made at least one week prior to the lab in order for the CEC staff to efficiently and effectively set up and provide all equipment necessary for a productive lab. Each of the three skills labs has five Hill-Rom beds with one over-bed and bedside table per bed. The fourth skills lab, known as Home Room, has two Hill-Rom beds, a Murphy bed and a transport stretcher. This room is commonly utilized for community-based nursing scenarios. Another area in high demand is the high fidelity simulation suite. There are three rooms: a control room, an ED simulation room, and a Medical-Surgical Room. The ED simulation room has a working wall unit for simulated oxygen and suction capabilities. The medical-surgical room will soon have a wall unit in place. It has been designed so the wall units are portable and can be placed into the clinical labs for skill mastery by the students. Two of our three simulation manikins (Sim Man) are housed in the simulation suite. Two bachelor-prepared RNs, with the assistance of a part-time CEC staff member, are dedicated to running and managing the simulation area and pre-determined scenarios. Additionally, there are five low fidelity manikins; three Vita Sims manikins; Noell 550, a birthing simulator; three tethered Sim Mans; a Sim baby, two OB fundi; two pediatric Vital Sims; eight IV arms; and Chester Chest. Other equipment available to facilitate student learning are feeding pumps, infusion pumps, suction machines, breath sounds simulator, and stocked medication carts. A list of supplies on hand in the CEC and in the Montrose campus skills lab will be available in the document display room (Exhibit D-23).

Offices and Equipment: Each program director and full-time faculty enjoys a spacious well-equipped office. Each office houses a personal computer, desk, telephone with voicemail, filing drawers, book shelves, and chairs. There is adequate space and privacy to conduct personal counseling for students. Faculty may access several printers within the department. Faculty, staff, students, alumni, interested students, community residents, and Advisory Council members are provided opportunities to review physical facilities through surveys, touring, and utilization. For example, End of Program Surveys in particular asks students to review physical

resources available for learning activities. With faculty input changes may be implemented, as monies become available, based on the results of these surveys.

The office of the department head has a personal computer, printer, telephone, desk, multiple bookcases, and filing cabinets as well as chairs for meetings with students and staff. Each of the administrative assistants has a private office allowing easy student access as well as visibility for visitors to the area. In the DHS lobby there are two desks where work study students sit and assist individuals seeking assistance or information regarding any of the programs. Additionally, there is a computer connected to the college mainframe system, several printers, fax machine, shredder, and storage cabinets where a variety of office supplies are kept. Filing cabinets with sensitive information are housed in a separate office that is kept locked. Faculty also has access to a large conference room which is used as both a meeting room and a break room for the department. It houses a full-size refrigerator and two microwaves.

MC Classrooms: The MC includes 14 classrooms of varying sizes; five are DHS dedicated classrooms accommodating between 20-50 students. All of the general purpose classrooms and computer labs are supplied with a computer, a DVD/VCR combination player, a data projector and screen, and amplifies and speakers. Microphones are provided in larger lecture halls. Classrooms also have document cameras for projecting hardcopy material. Audio Visual equipment in the MC is controlled by Crestron touch panels.

5.3 Learning resources and technology are selected by the faculty and are comprehensive, current, and accessible to faculty and students, including those engaged in alternative methods of delivery.

MSC and program faculty are committed to providing learning resources for students and faculty reflecting best evidence-based practices. Faculty places a high priority on assisting students to develop practices of life-long learning; thus, they encourage students to develop the skills needed to locate and utilize credible online resources. Learning resources and technology are evaluated by faculty as well as students. During faculty meetings evaluative data from student surveys is examined and purchases made as monies are available.

Tomlinson Library: The library was founded in 1925 and initially located in an abandoned school building in the city's downtown area and the college's original book collection numbered under 2,000 volumes. It was housed in locked cases in the dean's office. There was no librarian. Upon receiving a generous federal library construction grant, MSC got a new $846,000 library facility in 1966, the Lowell Heiny Library. With 21,000 square feet of useable floor space, this modern facility quickly grew to over 71,000 volumes in 1976. In 1976 the junior college district was dissolved and MSC became a baccalaureate degree granting state college. The collection reached over 126,000 volumes by 1984. With the Lowell Heiny Library overcrowded, construction of a new 68,000 square foot facility costing over $6,000,000 began in 1984. Recognized as an architectural gem in *American School and University* magazine, the new library was dedicated in 1986 and in 1988 named for outgoing college president John U. Tomlinson to honor his commitment to improved library services at the college.

The library's mission is to support the information, instructional, and research needs of the MSC community; provide services to meet those needs; serve as a resource for the citizens of Western Colorado; and share its resources with others. It is equipped with state-of-the-art computer technology and is considered one of the finest small college libraries in the state. The library contains over 300,000 items, including books, periodicals, maps, newspapers, audio and visual media, a large government documents collection, and a world class geology library. The services of Tomlinson Library are readily available to faculty and staff to support the information, instructional, and research needs of the college community. Any MSC student has access to more than 70 online databases and hard copies of journal or books using the identification card.

Nursing students have access to CINAHL which includes more than 600 research and medical journals. Also available electronically are other databases such as Academic Search Premier, Omni File Select, Lexis-Nexis, EBSCO HostWeb, and Business Source Premier. Additional resources are available to students in the local medical libraries (St. Mary's Hospital, Delta Memorial Hospital, Montrose Memorial Hospital, Veterans Administration Hospital, and Community Hospital). When materials are unavailable locally, the Interlibrary Loan Department and Prospector Program is used to obtain needed materials for students and faculty from other libraries.

Faculty is addressing the need to enhance Tomlinson Library's book collection with attention given to more recent publications representative of nursing specialty areas. Faculty prioritizes the need for printed materials and technology so needed items can be purchased, based on relevance and accuracy. It should be noted additional updated books and reference materials are also available for student use in the ATL in the CEC of the DHS, in the faculty office area on the WCCC, and at the Montrose campus. A DHS faculty member serves on the Library Committee who oversees and evaluates the inventory of available resources campus-wide. New resource acquisition is updated on an annual basis. The library reference staff has been instrumental in orienting nursing students to the use of the library, conducting effective database searches, and accessing interlibrary loan materials. Library and informational resources are available via the Web at http://www.mesastate.edu/msclibrary/index.html.

Information Technology: MSC's information technology (IT) assistance department provides much needed support to faculty, staff, and students. The purpose of information technology (IT) at the college is to enhance the teaching and learning process that has become the hallmark of the institution's role and mission. IT provides support and operation for the Banner administrative computing system, as well as for all academic systems and software. The department maintains and operates all telephone and telecommunication needs, and operates the classroom audiovisual and distance learning operations of the institution.

MSC's attitude toward the use of technology had changed from a "tool" to a "utility." This service is now an essential part of the institution's operational capability, requiring an increasingly larger part of the institution's limited resources. The IT department supports WebCT (a network based educational course management system); Document Imaging – a project to provide storage, indexing, management, and retrieval of the voluminous quantity of paper documents in the Enrollment Management Department; and technology operations maintenance – a life cycle project to provide replacement of IT equipment and components on a four-year basis.

Banner: Banner modules (a set of integrated database systems that has been configured to allow the college to perform its administrative functions in an efficient and

manner). Enhancement of student services through a single campus-wide solution of integrated databases allows automation of the college's administrative services; efficient dissemination of accurate and consistent information to faculty, staff, and students; uniform application of college policies and procedures, and support of all administrative requirements by the technical support team.

MAVzone: Students may access MAVzone, a newly formulated computerized system. A student signs in to the site and access the following information and services: campus announcements, campus web services (i.e. Admissions, Financial Aid, Housing, program sheets, registration worksheet, tuition and fees schedule), register for classes, check his/her e-mail, join groups. They have personalized access to their information and may communicate with faculty, staff, and other students. Once a student has logged into MAVzone there is an online course search system that uses no paper and has functionality unavailable with printed schedule booklets. Students may access an up-to-date list of classes and view the number of seats available in a particular class. Prospective students may also use the online search system to assess course availability.

Novell GroupWise: This is the campus-wide communications tool. In addition to e-mail it provides shared calendaring, contact management, integrated web page viewing, and Really Simple Syndication (RSS) feeds used when publishing frequently updated works. GroupWise allows for one or more customized home screens. A home-screen provides an overview of some or all of the components of GroupWise. They can include recent items from inboxes, newsfeeds, as well as a browser window (highlighting upcoming calendar events or current tasks). Additional screen tabs provide details of e-mail, calendar, contacts, tasks, and newsfeeds.

WebCT: MSC uses the enterprise-level Campus Edition of WebCT as it course management system. This network-based software allows faculty and students to better communicate and enhance course work, and to more efficiently deal with the structural necessities of enrollment and grading, allowing more time for other activities. By using WebCT, faculty have an easy way to communicate with students, provide online assignments, to facilitate learning through discussion boards and chat rooms, to make use of the various

resources available on the World Wide Web, and to provide regular student feedback through usage of WebCT's online grade book tool.

Testing Center: The Testing Center services include, but are not limited to, examinations required for admission to graduate and professional schools, examinations for proficiency and certification in nursing and teaching, and the credit by examination program. Assessment of academic skills in college level English and mathematics are provided through the center for potential students as well as those who already have been admitted to the college.

Tutorial Services: The Tutorial Learning Center (TLC) provides free walk-in tutoring for a variety of course and subjects, including writing. Qualified peer tutors, recommended by faculty, are trained to help students with their academic endeavors. The primary goals of peer tutors are to create opportunities for student success.

Learning Resources Specific to Nursing Students:

Clinical Education Center (CEC): The CEC staff is in the process of developing a survey reflecting the instructor's needs for learning resources and technology. The needs will be assessed and prioritized during staff meetings and a time-line for purchase of materials will be developed.

Skills Lab: The CEC nursing labs and computer center are available to students Monday through Thursday from 7:00 AM to 8:00 PM and on Fridays 7:00 AM to 5:00 PM. From suggestions by the students and nursing faculty, evening hours were extended this semester from 6:00 PM to 8:00 PM. Students needing remediation on their skills may schedule time with a CEC staff member.

CEC Staff: In January 2010, staffing for the CEC increased from 1.5 FTE to 2.5 FTE. This increase facilitates a lower student/instructor ratio during skills check-off and rodeo skills days. We now maintain a student/instructor ratio of 1:10 or less.

According to suggestions made by faculty and students, nursing skills lab equipment is purchased in order to enhance the learning opportunities that simulate current health care practices. Inventories of supplies are reviewed prior to the beginning of the semester and

replaced as needed. All equipment is also available to the instructors during didactic course instruction.

Equipment: All equipment used in clinical lab settings closely approximates equipment used in clinical sites with the exception of cost prohibitive items such as ventilators, automated dispensing machines , and specialized pumps. The PN and LPN-AAS nursing programs currently share access to equipment and labs with the EMT and BSN programs. A master schedule is maintained to prevent overlap of lab usage. Shared access of equipment and labs has allowed us to develop interdisciplinary communication and coordination between students from a variety of programs. Based on student survey results and faculty consensus, lab equipment is purchased in order to offer up-to-date learning opportunities simulating current health care practices and trends. The Lab Coordinator orders the majority of the equipment and supplies at the beginning of each fiscal year. Inventories are reviewed throughout the year and supplies are restocked as needed. Purchases are integrated into course and lab instruction as soon as faculty has been trained in the use of the new item. Several faculty attended in-services explaining use of the new equipment and simulation manikins. Recent purchases made for the CEC (2008-2011) are described in Table 5.3.1.

Table 5.3.1 Recent Purchases for the CEC

Fiscal Year	Item	Source of Funding
2008	CPAP 3 CPR manikins 2 IV Training arms	Capital Outlay
2008	1 ALS mannikin	EMS Grant
2009	HillRom Advanced Series Beds 15 Over-Bed Tables 15 Bedside Tables 1 Transport Stretcher 1 Medication Cart	Capital Outlay
2009	**2** Kangaroo Feeding Pumps 1 OB Fundus 8 Babies	Perkins Funds
2010	2 Head Wall Units	Capital Outlay
2010	**3** Pressure Ulcer Models 2 Temporal Thermometers 1 Medication Cart	Perkins Funds
2010	1 ALS Laerdal Pediatric VitaSim 1 3G Sim Man	Grant monies
2011	1 Head Wall Unit (will be purchasing)	Capital Outlay

SECTION III:

STANDARD 6

STANDARD 6: OUTCOMES

Evaluation of student learning demonstrates that graduates have achieved identified competencies consistent with the institutional mission and professional standards and that the outcomes of the nursing education unit have been achieved.

6.1 The systematic plan for evaluation emphasizes the ongoing assessment and evaluation of the student learning and program outcomes of the nursing education unit and NLNAC standards.

The nursing faculty, program directors and department head value systematic evaluation of each program and has made it an integral part of the educational process. The SEP is a dynamic plan, which is the foundation for continuing improvements in the PN and LPN-AAS programs (Appendix 9).

An initial SEP was developed when the programs began and has been utilized for curriculum evaluation since their inception. The SEP was revised in 2010 to align with NLNAC criteria in preparation for the accreditation process. Additionally, the NLNAC guidelines for systematic evaluation, the Chapter II Rules of the Colorado Board of Nursing, ANA *Standards of Nursing Practice and Professional Performance*, and Robert Wood Johnson's *Quality and Safety in Nursing Education* are used to guide faculty in meeting the changing needs of the program.

Program outcomes are measured using a variety of methods as a student progresses through the nursing program. An evaluation process is utilized for both didactic and clinical courses at the end of each semester. The data collection process has changed over time from paper and pencil tools, to the use of scantrons for recording student responses, to the current practice of using i-clicker technology to capture student responses. Specific i-clicker questions to evaluate the course, clinical faculty, clinical facilities, and program outcomes are embedded in a PowerPoint administered by department staff (Appendix 6.1.1 and 6.1.2). Students are encouraged to write comments and feedback about clinical faculty on a separate sheet of paper that can be scanned for later analysis. The i-clicker program evaluation tools are specific to nursing and have been updated and/or simplified over time.

In addition, didactic instructors conduct a faculty evaluation at the end of each semester using a standardized assessment tool designed by the college. This faculty evaluation tool is

used across all disciplines on campus and is analyzed by the Office of Institutional Research (Appendix 6.1.3). Faculty receives individual item, overall median, and mean scores on the tool for each class, as well as student comments at the end of each semester.

Faculty members evaluate students on an ongoing basis through each course and clinical experience. Students receive timely feedback from clinical instructors each week and at the end of each clinical experience. Performance Improvement Plans are completed when it is recognized a student may not satisfactorily complete theory or clinical objectives in a given course.

Faculty meeting minutes indicate curricular issues are regularly discussed and proposed revisions are reviewed. Examples of recent revisions/changes based on program evaluations include:

- **PN**: changing the original six credit medical-surgical class to two three-credit courses, changing class times, interdisciplinary learning across programs, change in textbooks, changes in faculty, changes in clinical sites, change in the clinical education center(purchase of new equipment, hiring additional staff, making it student friendly, and expanded hours), changing from ATI to Kaplan testing, creation of a student break area, open computer lab hours in Saunders, and modification of clinical paperwork.
- **LPN-AAS**: introduction of pharmacology course in the curriculum, changing clinical to 12 hour shifts, added more nutrition content, adding the Kaplan math test at orientation to identify those who may need math remediation, changing textbooks, shifting some courses to online format, deleting or adding new clinical sites, changing from ATI to Kaplan testing, and the incorporation of quality, safety and evidence -based practices into the curriculum.

6.2 Aggregated evaluation findings inform program decision making and are used to maintain or improve student learning outcomes.

Several instruments are used to collect evaluation data from students. Data from individual instruments have been aggregated and evaluated for patterns from year to year. The following evaluations are completed by students:

a) **MSC Faculty Evaluation Tool (didactic faculty):** A college generated faculty evaluation questionnaire (Appendix 6.1.3) is completed by students in a didactic course. The course name, number, and semester of evaluation are included for analysis; however, the evaluations are completed anonymously. The instructor portion of this evaluation consists of 12 statements rated on a five (5) item scale from "strongly agree" to "strongly disagree," with a sixth item "not observed." A section for additional comments is also included and encouraged, with four specific prompts: "what were the most effective aspects of this course," "what changes would you recommend for this course," "are the classroom/lab facilities conducive to learning," and "other comments." The nursing faculty in the PN and LPN-AAS program uses a benchmark of "80% of the faculty will achieve a composite score of 4.0 (0-5.0 scale) on each semester's MSC faculty evaluations." Aggregated data for program faculty by semester is noted in Table 6.2.1.

Table 6.2.1 Aggregate MSC Faculty Evaluation

	PN		LPN-AAS	
	Median	Mean	Median	Mean
Spring 2005			3.38*	3.53*
Spring 2006			4.25	4.14
Fall 2006	4.17	3.95*	3.83*	3.6*
Spring 2007	4.5	4.47	4	3.66*
Spring 2008	4.44	4.21	5	4.82
Spring 2009	4.25	3.89*	4.25	3.99*
Fall 2009	4.42	4.01	4.33	4.08
Spring 2010	4.53	4.26	4.39	4.05

*Falls below the benchmark

Faculty evaluations are reviewed by the department head and program directors with the individual faculty members. Specific strategies to improve faculty evaluations when they fall below the benchmark include one-to-one mentoring, sending faculty to professional development offerings (i.e. Boot Camp for Nurse Educators, Nurse Educator Conference of the Rockies), reassigning classes, and non-renewal of contract for unsatisfactory performance when necessary.

b) **Clinical Faculty Evaluation:** An eight-item scantron evaluation of clinical instructors is completed by nursing students at the end of each semester. This tool was modified in spring 2008 from sixteen items to eight items. An error processing occurred in spring 2009 and no evaluations were available during this semester. Instructors are rated as to the percentage of time they demonstrate eight statements are rated on a five item scale ranging from "0% of the time" to "100% of the time" are utilized. A comment section is provided (Appendix 6.2.1). The nursing faculty in the PN and AAS program uses a benchmark of "80% of the faculty will achieve a composite ranking score of 4.0 (0-5.0 scale) on each semester's MSC faculty evaluations." Aggregated data for clinical faculty (by semester/year) is noted in Tables 6.2.2 and 6.2.3.

Table 6.2.2 Aggregate PN Clinical Faculty Evaluation (by semester and year)

	Percentage of students who rate faculty as demonstrating criteria 75-100% of the time						
Evaluation Criteria	**Fall 2007**	**Spring 2008**	**Fall 2008**	**Spring 2009**	**Fall 2009**	**Spring 2010**	**Fall 2010**
Models the role of a professional in the clinical area	79.1%*	100.0%	78.0%*				
Demonstrates comprehensive knowledge of clinical procedures	88.4%	100.0%	88.5%	96.7%	95.7%	95.7%	96.2%
Provides individual clinical guidance as necessary	76.7%*	95.8%	75.9%*	93.9%	93.2%	95.0%	89.6%
Effectively communicates expected student behaviors	79.1%*	100.0%	78.5%*	91.9%	88.2%	93.9%	93.6%
Supports student relationships with staff at clinical sites	85.7%	100.0%	85.1%	93.2%	95.7%	93.6%	92.1%
Evaluates students' clinical performance based on objective criteria	88.4%	95.8%	89.0%	86.9%	92.6%	92.5%	94.7%
Evaluates students' written work promptly	74.4%*	91.7%	73.2%*	79.9%*	89.4%	95.7%	93.1%
Provides specific feedback on written work	79.1%*	83.4%	78.5%*				
Adequately orients or makes arrangements for orientation of students to field sites	79.1%*	100.0%	79.1%*				
Is available in a clinical setting	72.1%*	95.8%	70.1%*				
Conducts pre-and/or post-conference in a stimulating manner	76.7%*	100.0%	76.4%*				

	Percentage of students who rate faculty as demonstrating criteria 75-100% of the time						
Fosters enthusiasm about the profession	97.7%	100.0%	97.9%				
Helps students gain confidence in the clinical area	76.7%*	100.0%	77.0%*				
Fosters respect for the individuality of people in all actions	88.4%	95.8%	89.0%	89.2%	94.4%	92.2%	93.5%
Provides appropriate clinical learning experience which assists students to move towards increasing levels of independence	83.7%	100.0%	86.3%	93.9%	86.9%	95.4%	93.4%
Effectively prepares learning objectives for field/clinical supervision	82.9%	100.0%	81.8%				

*Falls below the benchmark

Table 6.2.3 Aggregate LPN-AAS Clinical Faculty Evaluation (by semester and year)

	Percentage of students who rate faculty as demonstrating criteria 75-100% of the time							
Evaluation Criteria	**Spring 2007**	**Fall 2007**	**Spring 2008**	**Fall 2008**	**Spring 2009**	**Fall 2009**	**Spring 2010**	**Fall 2010**
Models the role of a professional in the clinical area	100.0%	91.7%	100%					
Demonstrates comprehensive knowledge of clinical procedures	100.0%	91.7%	100%	80.5%	not available	96.3%	100%	100%
Provides individual clinical guidance as necessary	100.0%	89.9%	100%	94.0%	not available	95.7%	100%	97.5%
Effectively communicates expected student behaviors	100.0%	89.9%	100%	97.0%	not available	94.9%	100%	91.0%
Supports student relationships with staff at clinical sites	90.9%	84.3%	100%	100.0%	not available	95.0%	100%	92.0%
Evaluates students' clinical performance based on objective criteria	100.0%	82.6%	90%	97.0%	not available	95.0%	95%	89.5%
Evaluates students' written work promptly	100.0%	78.0%*	100%	97.0%	not available	93.3%	100%	94.5%

	Percentage of students who rate faculty as demonstrating criteria 75-100% of the time							
Provides specific feedback on written work	100.0%	85.4%	100%					
Adequately orients or makes arrangements for orientation of students to field sites	90.9%	82.6%	100%					
Is available in a clinical setting	100.0%	89.9%	100%					
Conducts pre-and/or post-conference in a stimulating manner	100.0%	78.8%*	100%					
Fosters enthusiasm about the profession	100.0%	89.9%	100%					
Helps students gain confidence in the clinical area	100.0%	89.9%	100%					
Fosters respect for the individuality of people in all actions	100.0%	89.9%	100%	100.0%	not available	93.9%	100%	94.5%
Provides appropriate clinical learning experience which assists students to move towards increasing levels of independence	100.0%	89.9%	100%	100.0%	not available	95.7%	95%	94.5%
Effectively prepares learning objectives for field/clinical supervision	90.9%	87.1%	100%					

*Falls below the benchmark

Clinical faculty evaluations are shared with faculty at the end of each semester, and the department head and/or program director discusses faculty performance below the benchmark. Specific strategies to improve performance have included one-to-one coaching, changing clinical agencies when appropriate, implementing a clinical educator orientation program at the beginning of each year, sending clinical faculty to professional development conferences, reassigning faculty, and firing faculty for low performance when necessary. Improvements in the overall evaluations have improved

over time as the programs have matured and the “right fit” of faculty has been identified for each program.

c) **Course Evaluation:** A five item i-clicker course evaluation is completed by nursing students at the end of each semester. This tool was modified fall 2008 from eleven items to five items. Prior to 2007, course evaluations were conducted in paper and pencil format. An attempt was made to use scantrons fall 2007; however, the college scantron reader did not accurately process the forms and the data was lost. In spring 2008, another error occurred in processing the forms using a new machine purchased by the department. The process was modified to i-clicker format fall 2008 allowing students to provide timely feedback which is then processed rapidly and accurately. A four- item scale (ranging from “strongly disagree” to “strongly agree”) is utilized; a neutral statement is not included. Faculty in the PN and LPN-AAS program uses a benchmark of “80% of the students will agree or strongly agree with statements on the course evaluation.” Aggregated data for all courses by semester is noted in Tables 6.2.4 and 6.2.5.

Table 6.2.4 Aggregate Course Evaluation for PN Courses (by semester/year)

	Fall 2008	Spring 2009	Fall 2009	J-term 2010	Spring 2010	Fall 2010
Other assignments provided a valuable learning experience for me (eg. Case studies, take home quizzes, study guides)	88.2%	76.3%*	81.5%	100.0%	82.7%	93%
Class presentations as a whole included worthwhile and informative material.	85.5%	73.3%*	74.8%*	100.0%	72.0%*	85%
Scores or grades on course requirements other than examinations were assigned fairly, according to predetermined criteria.	80.3%	73.0%*	93.5%	96.7%	86.7%	80%
Mechanisms were provided for student input.	83.7%	75.0%*	82.0%	95.0%	82.7%	90%
Course provided important information that will be essential in any subsequent studies and nursing practices.	90.8%	77.8%*	92.3%	100.0%	89.3%	100%

*Falls below the benchmark

Table 6.2.5 Aggregate Course Evaluation for LPN-AAS Courses (by semester/year)

	Spring 2007	Fall 2007	Spring 2008	Fall 2008	Spring 2009	Fall 2009	Spring 2010	Fall 2010
Course objectives were clearly stated	75.3%*	not available	not available					
Assigned reading enabled me to meet course objectives	81.5%	not available	not available					
Content presented was related to course objectives	78.5%*	not available	not available					
Written assignments were relevant to course objectives	82.0%	not available	not available					
Syllabus or course materials were helpful in meeting the course objectives.	71.7%*	not available	not available					
Other assignments provided a valuable learning experience for me (eg. Case studies, take home quizzes, study guides)	80.6%	not available	not available	100.0%	94.4%	86%	91.4%	97%
Class presentations as a whole included worthwhile and informative material.	72.8%*	not available	not available	100.0%	85.2%	85%	75.0%*	97%
Examinations were relevant to course content and objectives	78.2%*	not available	not available					
Scores or grades on course requirements other than examinations were assigned fairly, according to predetermined criteria.		Not available	not available	100.0%	100.0%	79%*	94.9%	97%
Mechanisms were provided for student input.		Not available	not available	100.0%	98.1%	85%	92.6%	97%
Course provided important information that will be essential in any subsequent studies and nursing practices.		Not available	not available	100.0%	92.6%	94%	87.5%	98%

*Falls below the benchmark

Course evaluations are shared with faculty at the end of each semester, and the department head and/or program director discusses courses with respective faculty when it falls below the benchmark. Specific strategies to improve performance have included one-to-one coaching, having faculty observe seasoned faculty in the classroom, sending clinical faculty to professional development conferences including on-campus

offerings, anchoring classroom teaching to clinical experiences, developing a faculty book club to read *Educating nurses: A call for radical transformation* (Benner, Sutphen, Leonard, and Day, 2010), reassigning faculty, and non-renewal of contract for unsatisfactory performance when necessary. Improvements in the overall evaluations have improved over time as the programs have matured and the "right fit" of faculty has been identified for each program. Ongoing work on improving class presentations is continuing.

d) **Clinical Facility Evaluation:** A seven item i-clicker clinical facility evaluation is completed by nursing students at the end of each semester. Evaluation of specific clinical facilities is rotated each semester; all facilities are evaluated once a year. The process was modified to i-clicker format fall 2008, allowing students to provide timely feedback and the rapid/accurate processing of data. A four item scale ranging from "strongly disagree" to "strongly agree" is utilized; no neutral statement is provided on the scale. The nursing faculty in the PN and LPN-AAS program uses a benchmark of "80% of the students will agree or strongly agree with statements on the clinical facility evaluation." Aggregated data for all courses by semester is noted in Tables 6.2.6 and 6.2.7.

Table 6.2.6 Aggregate PN Clinical Facility Evaluation (by semester and year)

	SMH			VAH			Community Hospital		Hospice	CWMH
	Fall 2008	Fall 2009	Fall 2010	Fall 2009	J-term 2010	Fall 2010	Spring 2009	Spring 2010	J-term 2010	J-term 2010
The staff on this unit/facility made me feel welcome.	78%*	53%*	52%*	100%	96%	100%	100%	92%	100%	100%
The RNs served as positive role models.	56%*	63%*	63%*	100%	100%	100%	100%	88%	100%	82%
The experience gave me opportunities to develop clinical skills.	100%	68%*	70%*	100%	95%	96%	100%	95%	88%	80%
The experience gave me the opportunity to apply and synthesize classroom theory.	100%	84%	78%*	100%	100%	96%	100%	88%	88%	92%

	SMH			VAH			Community Hospital		Hospice	CWMH
The staff provided appropriate guidance and assistance.	89%	63%*	70%*	100%	100%	96%	100%	80%	100%	91%
The staff accurately perceived my role as being that of a learner.	56%*	78%*	67%*	100%	100%	100%	100%	92%	100%	96%
The staff notified me of additional patient/ client learning experiences on the unit/facility.	56%*	58%*	48%*	100%	86%	96%	95%	84%	89%	83%

*Falls below the benchmark

Table 6.2.7 Aggregate LPN-AAS Clinical Facility Evaluation (by semester and year)

	SMH			Delta		Montrose	
	Fall 2008	**Fall 2009**	**Fall 2010**	**Fall 2009**	**Fall 2010**	**Fall 2009**	**Fall 2010**
The staff on this unit/facility made me feel welcome.	78%*	78%*	83%	89%	*	82%	*
The RNs served as positive role models.	57%*	57%*	85%	83%	*	88%	*
The experience gave me opportunities to develop clinical skills.	68%*	68%*	93%	83%	*	94%	*
The experience gave me the opportunity to apply and synthesize classroom theory.	81%	81%	95%	89%	*	88%	*
The staff provided appropriate guidance and assistance.	70%*	70%*	90%	78%*	*	72%*	*
The staff accurately perceived my role as being that of a learner.	53%*	53%*	75%*	89%	*	82%	*
The staff notified me of additional patient/ client learning experiences on the unit/facility.	53%*	53%*	80%	83%	*	65%*	*

*Falls below the benchmark.

NOTE: *Fall 2010 data – not available at time of printing of self-study. Will be available in document display room (Exhibit D-25)*

Clinical facility evaluations are shared with agencies at the end of each semester during planned meetings between agency nursing leadership and clinical faculty, program directors, and the department head. St. Mary's Hospital is the largest and most

frequent clinical agency used by the nursing programs at MSC. In addition, students from other nursing programs in Western Colorado also use this facility when MSC students are not present (i.e. nights, weekends, summer, semester-breaks). Concerns about the consistently low evaluation scores on this evaluation tool have been shared with the clinical coordinator at St. Mary's Hospital. It was determined often the negative feedback is unit specific and/or preceptor specific. In order to "drill down" further, St. Mary's Hospital initiated a simple online "student evaluation tool" students complete at the end of each day. Specific questions identify the date, unit, preceptor, level of student, and the student feedback of their day's experience. This tool has allowed St. Mary's Hospital to identify problem areas and work to improve the quality of student experiences. Preceptors and staff receive feedback from this evaluation process as part of their annual review and are expected to improve performance when concerns are identified. Summary data from this tool will be available for review in the document display room (Exhibit D-26). Clinical faculty are also encouraged to engage in active problem-solving when issues arise during a clinical rotation, and address concerns with nursing leadership on specific units. Improvements were noted for the LPN-AAS program fall 2010 after initiation of these strategies; however, scores remain low for the PN clinical facility evaluations. The faculty will explore further the "fit" of having first semester PN students at this acute care facility, unit specific issues possibly impacting the scores, and work with clinical faculty to collaborate with hospital staff on improving scores.

e) **Program Outcomes:** An eight item i-clicker evaluation of program outcomes was developed in spring 2009 and is completed by nursing students at the end of each semester. A four item scale ranging from "strongly disagree" to "strongly agree" is utilized; no neutral statement is provided on the scale. The nursing faculty in the PN and AAS program uses a benchmark of "80% of the students will agree or strongly agree with statements on the program outcome evaluation." It should be noted that each program has different program outcomes. Aggregated data for all courses by semester is noted in Tables 6.2.8 and 6.2.9; Exhibit D-27, aggregate program outcome data).

Table 6.2.8 Aggregate Program Outcome Evaluation for PN students (by semester and year)

	Spring 2009	Fall 2009	Spring 2010	Fall 2010
Professionalism: After completing this semester of the PN Program, I am prepared to demonstrate the ability to adhere to standards of care, accountability for one's own actions and behaviors, and use of legal, ethical, and regulatory standards and guidelines for nursing practice	90%	96%	96%	100%
Communication: After completing this semester I am prepared to exchange information between individuals verbally, non-verbally, and in writing using various modes of information technology.	80%	96%	100%	89%
Assessment: After completing this semester of the PN program, I am prepared to collect and process relevant data for the purpose of appraising the patient's health status. This includes physical, developmental, emotional, psychosocial, cultural, spiritual, and functional status	80%	93%	96%	85%
Planning: After completing this semester of the PN program, I am prepared to utilize multiple methods for collecting health status data to provide individualized care in a safe manner that promotes positive outcomes.	90%	96%	96%	100%
Caring Interventions: After completing this semester of the PN program, I am prepared to demonstrate nursing behaviors and actions (i.e. being with and doing for) that assist patients and significant others in meeting their needs according to identified outcomes.	95%	100%	100%	93%
Managing: After completing this semester of the PN program, I am prepared to use human, physical, financial, and technological resources to achieve outcomes that have been identified for each patient while supporting organizational parameters.	75%*	93%	88%	78%*

Table 6.2.9 Aggregate Program Outcome Evaluation for LPN-AAS students (by semester and year)

	Spring 2009	Fall 2009	Spring 2010	Fall 2010
Professional Behavior: After completing this semester of the LPN-AAS Program, I am prepared to demonstrate practice within the ethical and legal framework of nursing, including the Colorado Nurse Practice Act. Utilize ANA's Standards of Practice and the Code of Ethics for Nurses when evaluating nursing practice.	100%	100%	100%	100%
Communication: After completing this semester I am prepared to modify nursing care to consider the patient's values, customs, culture, spiritual beliefs, and habits. Promote the patient's dignity while providing care. Collaborate with multidisciplinary healthcare members to achieve positive patient outcomes. Demonstrate therapeutic communication skills when working with the healthcare team.	100%	100%	100%	100%
Assessment: After completing this semester of the LPN-AAS program, I am prepared to evaluate the patient's health status by completing a health history incorporating physical, cognitive, psychosocial, and functional assessments. Assess the patient's response to actual and potential health problems and therapeutic interventions. Assess environmental factors that may affect patient's health status. Make sound clinical and management decisions ensuring individualized safe quality care while incorporating the impact of developmental, emotional, cultural, and spiritual influences.	100%	100%	100%	100%
Clinical Decision Making: After completing this semester of the LPN-AAS program, I am prepared to Identify patient healthcare needs incorporating appropriate nursing diagnoses based on analysis and interpretation of evidence-based practice within the clinical setting. Demonstrate critical thinking and problem solving skills in the management and delegation of patient care. Manage the care of patients utilizing the nursing process supported by evidence based practice resulting in safe and competent patient care.	100%	100%	100%	95%
Caring Interventions: After completing this semester of the LPN-AAS program, I am prepared to demonstrate caring behaviors toward patients, peers, self, and other members of the healthcare team that builds positive team relationships, promotes organizational goals, and contributes to a healthy work environment. Establish patient centered outcomes based on priorities of care identified in collaboration with the patient, family, and multidisciplinary healthcare team. Develop caring interventions for patients and their support persons to achieve desired outcomes.	100%	100%	100%	100%

	Spring 2009	Fall 2009	Spring 2010	Fall 2010
Teaching and Learning: After completing this semester of the LPN-AAS program, I am prepared to develop an individualized patient teaching plan based on an assessment of his/her learning needs. Apply principles of teaching/learning to identify learning needs and promote appropriate teaching strategies among diverse populations. Evaluate the understanding of the patient and significant support person(s) regarding actions needed to achieve desired outcomes.	100%	100%	100%	100%
Collaboration: After completing this semester of the LPN-AAS program, I am prepared to contribute to the profession of nursing through mentoring, role modeling, participating in quality improvement activities, professional and organizational committees affecting healthcare. Collaborate with patient's family, and the multidisciplinary healthcare team to determine the effectiveness of interventions and teaching plans in achieving identified patient outcomes. Incorporate other health care provider's assessment into the plan of care as appropriate.	94%	97%	100%	100%
Managing Care: After completing this semester of the LPN-AAS program, I am prepared to apply leadership principles and management skills using collaboration in planning, delegating, supervising, and evaluating nursing care as it relates to complex situations. Delegate tasks appropriately based on complexity of the patient's problems and skills of team members. Manage care for groups of patient's in diverse settings by supporting the patient's needs and rights when making healthcare and end-of-life decisions.	100%	97%	91%	95%

Evaluations for both the PN and LPN-AAS programs reveal strong scores on the program outcomes. The only item falling below the benchmark was "Managing" in the first year these outcomes were articulated for the PN program, and again fall 2010 semester. Scores for this item have subsequently improved with changes to the curriculum focusing in managing groups of patients, working in interdisciplinary teams, coaching from LPN-AAS and BSN students. Fall 2010 scores in "Managing" dropped below the benchmark again, and this result will be reviewed in faculty meetings to explore ways to improve this program outcome during this semester's coursework.

f) **Graduate Survey:** A Web-based "Survey Monkey" evaluation is completed by students at the end of their PN and LPN-AAS program, at approximately 2-3 months after graduation (Appendix 6.2.2 and Appendix 6.2.3). The surveys include feedback on

whether the program achieved the program outcomes, satisfaction with nursing faculty, quality of teaching and facilities, satisfaction with administration and support services, how well the program fulfilled expectations, employment after graduation, likelihood of continuing nursing education, whether they would recommend this program to a friend, program strengths and areas for improvement. This survey has changed over time in the LPN-AAS program, using several different processes for collecting data including paper and pencil, scantrons, and the current web-based format. The PN program has used the Survey Monkey process since the beginning. The tools use several scales for student responses. On appropriate items, the nursing faculty in the PN and LPN-AAS program uses a benchmark of "80% of the students will choose the top two categories on the scale," (i.e. strongly agree/agree or very likely/likely). It should be noted each program incorporates specific questions unique to the program. Aggregated data for all questions is noted in tables 6.2.10 and 6.2.11; Exhibit D-28, aggregate graduate survey data.

Table 6.2.10 PN Graduate Survey

The PN program prepared me to: (strongly agree, agree)		**2007**	**2008**	**2009**	**2010**
• Demonstrate safe, competent nursing care to clients		90%	100%	100%	
• Demonstrate critical thinking as a basis for nursing		75%	80%	100%	
• Demonstrate professional values, ethics, and standards in my nursing practice		100%	100%	100%	
• Communicate effectively in my nursing practice		90%	100%	88%	
• Utilize biological, psychological, social, spiritual, cultural and developmental needs to promote, maintain, and restore health		90%	80%	94%	
• Be successful on the NCLEX-PN examination		100%	100%	100%	
• Demonstrate ability to adhere to standards of care					88%
• Exchange information using various modes of communication and IT					100%
• Collect and process relevant data to appraise patient's health status					100%
• Use multiple methods to collect health status data					88%
• Demonstrate caring nursing behaviors and actions					100%
• Use resources to achieve patient outcomes and organizational goals					88%
Level of satisfaction with faculty's	• Relate concepts to the real world	75%	87%	88%	100%
	• Draw on experience of students	80%	87%	82%	100%
	• Lecture effectively	75%	60%	71%	75%

The PN program prepared me to: (strongly agree, agree)		2007	2008	2009	2010
ability to: (very satisfied, satisfied)	• Interact with students one-on-one	80%	87%	88%	75%
	• Act as effect role models in clinical practice	90%	87%	82%	88%
	• Respond to student concerns	90%	80%	82%	75%
Quality of nursing program regarding: (very good, good)	• Teaching in classroom courses	80%	82%	88%	88%
	• Teaching in clinical courses	90%	87%	88%	75%
	• Quality of classrooms	45%	50%	82%	88%
	• Quality of clinical experiences	80%	87%	82%	75%
	• Quality of skills lab	45%	60%	76%	88%
	• NCLEX preparation materials	100%	100%	88%	100%
	• Atmosphere of respect between students and faculty	80%	75%	82%	88%
Level of satisfaction with following administration and support services: (very satisfied, satisfied)	• Computer and technology resources	45%	75%	88%	88%
	• Tuition/fee level of the program	80%	75%	76%	75%
	• Tutoring and educational access services	70%	87%	94%	88%
	• Student health services	80%	87%	94%	88%
	• Student counseling services	80%	87%	94%	75%
	• Career placement	80%	87%	75%	75%
	• Financial aid	80%	87%	76%	75%
	• Responsiveness of program's administration to student concerns	80%	87%	76%	88%
Extent to which program fulfilled expectations (far above, slightly above, met)		80%	87%	82%	75%
Balanced general education and nursing knowledge (strongly agree, agree)		90%	100%	94%	
Prepared me for the transition into practice as a PN (strongly agree, agree)		85%	100%	94%	
Employment status	• Full time PN job after graduation	90%	75%	65%	50%
	• Part time PN job after graduation	10%	25%	25%	33%
Likelihood of continuing education in future (very likely, likely)	• AAS or I program	75%	90%	100%	100%
	• RN-BSN	45%	60%	75%	67%
	• MSN	0%	10%	33%	25%
	• DNP	0%	0%	29%	25%
	• PhD	0%	0%	8%	0%
	• Non-Nursing degree				20%
Recommend program to a close friend (strongly agree, agree)		80%	90%	100%	88%
Strengths of the PN program: Has great staff, Lots on hands on learning, Great clinical experience, great resources (computers, classroom, etc...), great head instructor, thanks for making the change in the med-surg instructor					
Ways to improve PN program: More clinical. Some theory instructors are not good teachers.					

NOTE: Aggregate data on surveys used in the LPN-AAS program prior to the Survey Monkey technology can be found in Appendix 6.2.4 (2005-06) and 6.2.5 (2007-08).

Table 6.2.11 LPN-AAS Graduate Survey (Survey Monkey)

The LPN-AAS program prepared me to: (strongly agree, agree)		2009
• Demonstrate practice within legal & ethical framework of nursing.		86%
• Utilize ANA Standards of Practice and Code of Ethics		86%
• Modify nursing care to consider patient's values, customs, culture, spiritual beliefs, and habits		100%
• Promote the patient's dignity while providing care		100%
• Collaborate with multidisciplinary healthcare members to achieve positive patient outcomes		86%
• Demonstrate therapeutic communication skills		100%
• Evaluate patient's health status		100%
• Assess patient's response to actual and potential health problems		86%
• Assess environmental factors		86%
• Make sound clinical and management decisions		86%
• Identify patient's healthcare needs		100%
• Demonstrate critical thinking and problem solving skills		100%
• Manage care of patients		100%
• Demonstrate caring behaviors		100%
• Establish patient centered outcomes		86%
• Develop caring interventions for patients and support persons		100%
• Develop an individual patient teaching plan		86%
• Apply principles of teaching/learning		100%
• Evaluate the patient's understanding		86%
• Contribute to the profession of nursing		100%
• Collaborate with the patient, family, and healthcare team		86%
• Incorporate other providers' assessment into plan of care		86%
• Apply leadership principles and management skills		86%
• Delegate tasks appropriately		86%
• Manage care for groups of patient's in diverse settings		71%
Level of satisfaction with faculty's ability to: (very satisfied, satisfied)	• Relate concepts to the real world	100%
	• Draw on experience of students	100%
	• Lecture effectively	71%
	• Interact with students one-on-one	86%
	• Act as effect role models in clinical practice	86%
	• Respond to student concerns	71%
Quality of nursing program regarding: (very good, good)	• Teaching in classroom courses	86%
	• Teaching in clinical courses	86%
	• Quality of classrooms	86%
	• Quality of clinical experiences	86%
	• Quality of skills lab	71%
	• NCLEX preparation materials	100%
	• Atmosphere of respect between students and faculty	86%

The LPN-AAS program prepared me to: (strongly agree, agree)		2009
Level of satisfaction with following administration and support services: (very satisfied, satisfied)	• Computer and technology resources	86%
	• Tuition/fee level of the program	71%
	• Tutoring and educational access services	86%
	• Student health services	86%
	• Student counseling services	86%
	• Career placement	71%
	• Financial aid	71%
	• Responsiveness of program's administration to student concerns	100%
Extent to which program fulfilled expectations (far above, slightly above, met expectations)		80%
Employment status (Yes) *	• Full time RN job after graduation	50%
	• Part time RN job after graduation	10%
	• Continued employment as full time PN	20%
	• Continued employment as part time PN	10%
Graduate of MSC Practical Nursing Program (Yes)		60%
Likelihood of continuing education in future (very likely, likely, somewhat likely)	• RN-BSN	100%
	• MSN	33%
	• DNP	33%
	• PhD	0%
	• Non-Nursing degree	33%
Recommend program to a close friend		75%
Strengths of the LPN-AAS program: Has great staff, Lots on hands on learning, Great clinical experience, great resources (computers, classroom, etc.), great head instructor, Cathy Feller, Pueblo, location, Experience instructors, Great success rate, High standards		
Ways to improve LPN-AAS program: More organization		

Note: some students return to place of employment as a PN or RN; some complete degree yet continue to work as a PN; this item will need to be reworded to gather meaningful data

g) ATI Comprehensive Predictor Testing

Each program has utilized Assessment Technologies Inc. (ATI) comprehensive predictor tests as a final exit evaluation of student performance. Faculty set the benchmark for students to perform at or above the national mean score. Aggregate data on the comprehensive predictor examination are noted in Tables 6.2.12 and 6.2.13; Exhibit D-29, aggregate ATI and Kaplan data).

Table 6.2.12 ATI Comprehensive Predictor Group Scores for PN Program

	Group mean score	National mean score	% of group above national individual mean
2007	73%	66.9%	93.1%
2008	71.3%	64.6%	92.3%
2009	73.3%	63.6%	90.5%
2010	75.6%	67.8%	89.3%

Table 6.2.13 ATI Comprehensive Predictor Group Scores for LPN-AAS Program

	Group mean score	National mean score*	% of group above national individual mean*
2006	64.5%	65.5%**	23.8%
2007	66.5%	65.5%	62.2%
2008	78.9%	70.2%	93.5%
2009	77.2%	72.5%	81.3%

*Compared with other Associate degree RN programs nationally

**Below national mean score

The PN program has consistently scored above the national mean scores each year. The LPN-AAS program has shown improvements over time on this outcome measure, and for the past two years has exceeded the national mean scores. Specific ATI content mastery exams have been used throughout each program to identify student performance at the completion of each course in order to improve curriculum content and delivery. Faculty review ATI testing outcomes for their respective content areas and comprehensive predictor results are reviewed at the completion of each cohort of students.

Based on student dissatisfaction with ATI tests, difficulties with the stability of online access to examinations, and student desire for a NCLEX review course, faculty switched vendors in fall 2010 to Kaplan. The LPN-AAS students graduating fall 2010 took the Kaplan diagnostic predictor test; PN students will take their first Kaplan diagnostic predictor in May 2011. Results for the fall 2010 LPN-AAS cohort are noted in Table 6.2.14.

Table 6.2.14 Kaplan Comprehensive Predictor Group Scores – LPN-AAS Program

Group mean score	Mastery level (60th percentile)	% of group mastery level (60th percentile)
66.1%	65%	56%

Kaplan does not include a national mean score in the reporting process. They do, however, set a mastery level score for each exam at the national 65th percentile. LPN-AAS students in the fall 2010 cohort had an overall mean score above this national benchmark; 56% of the graduating class had individual scores above the mastery level. With the advent of this new testing vendor, faculty has set the benchmark for our students to perform at or above the national mastery level (60th percentile) on the Kaplan diagnostic predictor exit exam.

Several instruments are used to collect evaluation data from faculty:

a. **Clinical Evaluation Tool:** Clinical faculty meets with students throughout the clinical rotation to provide feedback on clinical performance and may use written anecdotal notes to record student progress. At the completion of the clinical experience, a formal clinical evaluation tool is completed. Student name, course, instructor name(s), final academic clinical grade are documented on this tool, which is kept in the student file. The tools vary between the PN and LPN-AAS program, but the same tool is used for each course within a program and are appropriate to the respective scope of practice at each level (Appendix 10 and 11). Each clinical evaluation tool also includes "critical behaviors" graded as pass/fail; if a student is noted to fail a critical behavior, they fail the entire clinical course. Critical behaviors include safety, preparation for care, accountability/honesty, confidentiality, and medications.

   - Students in the PN program are rated using a 4-item scale; outcome categories include critical thinking/nursing process outcomes, patient advocacy, basic assessment/nursing skills, and communication/personal development.

- Students in the LPN-AAS program are also rated using a 4-item scale in four major outcome categories including communication, critical thinking/nursing process, nursing skills, and professional development.

b. **Faculty Evaluation Self-Assessment:** Each spring, full-time faculty completes a self assessment using a standardized DHS tool (Appendix 6.2.6). The tool was developed by faculty based on Boyer's model of scholarship and is used to document performance in the areas of teaching, scholarship, service, and advising. The self assessment is reviewed with the department head as part of the annual performance review process and is kept in the faculty member's file.

c. **Peer evaluation:** Faculty may choose to have a faculty peer evaluate their classroom teaching as part of their documentation of teaching performance for the annual review. A standardized tool is available for use and completed evaluations are kept in the faculty member's file (Appendix 6.2.7).

The department head utilizes two evaluation tools for faculty assessment, the "Classroom Visitation Assessment" and "Performance Evaluation for Faculty" tools (Appendix 6.2.8 and 6.2.9).

a. **The Classroom Visitation Assessment** is completed by either the Department Head or a Program Director within the department and kept in the faculty member's file.

b. **The Performance Evaluation for Faculty** is completed after review of the faculty self assessment and annual review meeting. Faculty members are rated using a 4 point scale in the areas of teaching, scholarship, service, and advising. Each year the faculty member develops a Performance Plan for the following year and identifies goals and the percentage of time they will dedicate to the categories of teaching, scholarship, service and advising. The percentages chosen in the performance plan are entered into the performance evaluation to calculate a score in teaching, scholarship, service, and advising. The total score is compared to a range set by the college to determine whether the employee will receive a rating of excellent, highly proficient, proficient, or below standard. Merit increases are given to those receiving excellent and highly proficient ratings. Faculty who demonstrate excellent

performance in several categories may also be nominated by the department head for "exemplary" rating, which is reviewed by all department heads across campus for validity and merit. Typically 20-25 MSC faculty receive exemplary ratings each year. Completed evaluations are reviewed by the Vice President for Academic Affairs, and once signatures are obtained from administration, the department head and faculty, the original is maintained in Human Resources and copies are kept in the faculty files within the DHS. The faculty has established several benchmark goals for faculty performance; data relative to these benchmarks will be available in the document display room (Exhibit D-24); aggregate faculty performance for these benchmarks is noted in Table 6.2.15 and 6.2.16.

Table 6.2.15 Aggregate Performance on PN Faculty Benchmarks

Benchmark:		**2006**	**2007**	**2008**	**2009**	**2010**
80% of the faculty will achieve a composite ranking score of 4.0 on each semester's student course and/or clinical evaluations.		N/A	Met	Not met*	Met	Met
35% of the faculty will be involved in clinical practice on a regular basis.		Met	Met	Met	Met	Met
90% of the faculty will complete a minimum of one scholarly activity each year.		Met	Met	Met	Met	Met
100% of the faculty will demonstrate ongoing progress in their scholarly activities.		Met	Met	Met	Met	Met
100% of the faculty will actively participate in college, department, program, or community activities.		Met	Met	Met	Met	Met
100% of the faculty will actively participate in college, department, or program advising activities.		Met	Met	Met	Met	Met
80% of the program's faculty will achieve a rating of Highly Proficient or above for each outcome on their annual performance evaluation.	**Teaching**	Met	Met	Met	Met	Met
	Scholarship	N/A	N/A	Not met*	Met	Met
	Service	N/A	N/A	Met	Met	Met
	Advising	Met	N/A	Met	Not met *	Met
80% of the program's faculty will achieve a rating of Highly Proficient or above as an aggregate outcome on their annual performance evaluation.		Met	Met	Met	Met	Met

*Small "n" of instructors impacts ability to meet this benchmark.

Table 6.2.16 Aggregate Performance on LPN-AAS Faculty Benchmarks

Benchmark:		2005	2006	2007	2008	2009	2010
80% of the faculty will achieve a composite ranking score of 4.0 on each semester's student course and/or clinical evaluations.		Not met*	Not met*	Not met*	Met	Not met*	Not met*
35% of the faculty will be involved in clinical practice on a regular basis.		Met	Met	Met	Met	Met	Met
90% of the faculty will complete a minimum of one scholarly activity each year.		Met	Met	Met	Met	Met	Met
100% of the faculty will demonstrate ongoing progress in their scholarly activities.		Met	Met	Met	Met	Met	Met
100% of the faculty will actively participate in college, department, program, or community activities.		Met	Met	Met	Met	Met	Met
100% of the faculty will actively participate in college, department, or program advising activities.		Met	Met	Met	Met	Met	Met
80% of the program's faculty will achieve a rating of Highly Proficient or above for each outcome on their annual performance evaluation.	**Teaching**	Met	Met	Met	Met	Met	Met
	Scholarship	Met	Met	Met	Not met*	Met	Not met*
	Service	Not met	Met	Met	Not met*	Met	Met
	Advising	N/A	Met	Met	Met	Met	Met
80% of the program's faculty will achieve a rating of Highly Proficient or above as an aggregate outcome on their annual performance evaluation.		Met	Met	Met	Met	Met	Met

*Small "n" of instructors impacts ability to meet this benchmark.

Strategies to improve performance on the faculty evaluation benchmarks have included informal and formal mentoring, development of a tenure-track coaching team that meets with tenure-track faculty each semester, departmental professional development activities to familiarize new faculty with academia, departmental evaluation processes, new teaching technologies, pedagogy, etc. These activities are held during the week prior to courses beginning each semester. In addition, the Office of Academic Affairs supports college-wide professional development activities for faculty across disciplines each semester; recent topics have included online teaching strategies, assessment of student learning, and development of course materials for students with disabilities. Turnover of faculty has led to some of the lower scores in faculty teaching evaluations (i.e. first time instructors in the classroom) and has also occurred because of student feedback on faculty teaching evaluations (i.e. faculty have been either replaced or resigned based on teaching evaluations).

The PN and LPN-AAS nursing programs also use a Nursing Alumni Survey (Appendix 6.2.13) to gain feedback from alumni over time. Alumni surveys are conducted every two years (even years); alumni surveys are periodically distributed to all MSC alumni by the Office of Institutional Research. An Employer Survey is also distributed to major employers of graduates and is discussed further in Criterion 6.4. The Nursing Alumni and Employer surveys are distributed by the DHS via Survey Monkey software. This survey has changed over time in the LPN-AAS program, using several different processes for collecting data including paper and pencil, scantrons, and the current Web-based format. The PN program has used the Survey Monkey process since the beginning.

The tool includes several scales for student responses. On appropriate items, the faculty in the PN and LPN-AAS program uses a benchmark of "80% of the students will choose the top two categories on the scale," (i.e. strongly agree/agree or very likely/likely). Data collected provides insight about the program outcomes, alumni and employer satisfaction with the programs. All feedback is reviewed by the department head, program directors, and faculty for quality improvement purposes. Aggregated data for alumni surveys in 2010 is noted in Table 6.2.17 and 6.2.18; Exhibit D-30, aggregate alumni survey data).

Table 6.2.17 PN Alumni Survey

		2008	2010
Are you currently: (yes)	• Employed full-time in nursing practice as a PN	50%	32%
	• Employed part-time in nursing practice as an PN	78%	18%
	• Employed full-time in nursing practice as a RN	14%	44%
	• Employed part-time in nursing practice as an RN	0%	6%
	• Employed in a non-nursing job	38%	10%
	• Enrolled in an AAS or I RN program	70%	75%
	• Enrolled in a LPN-BSN program	0%	0%
	• Enrolled in a RN-BSN program	0%	15%
To what extent did your Nursing education: (extremely well, moderately well)	• Expand your career options	100%	100%
	• Provide access to employers	100%	100%
	• Increase your earning potential	78%	100%
	• Provide the knowledge necessary to succeed	100%	100%
	• Provide the skills necessary to succeed	100%	100%
	• Establish a network of nursing contacts	100%	82%
	• Prepare you to be successful in your first nursing position	100%	100%
The PN program prepared me to: (strongly agree, agree)	• Demonstrate professional behavior in my practice as a LPN		100%
	• Communicate with patients, families and other members of the healthcare team		100%
	• Collect and process data to appraise a patient's health status		100%
	• Provide individualized care in a safe manner		100%
	• Demonstrate caring nursing behaviors to help meet patient needs		100%
	• Effectively use resources to achieve patient outcomes and organizational goals		100%
	• Provide safe, competent nursing care to clients	100%	
	• Demonstrate critical thinking as a basis for nursing practice	89%	
	• Demonstrate professional values, ethics, and standards in my nursing practice	100%	
	• Communicate effectively in my nursing practice	100%	
	• Utilize biological, psychological, social, spiritual, cultural and developmental needs to promote maintain and restore health.	100%	
	• Develop life-long learning and plans for professional career development	100%	
To what extent did the PN nursing program fulfill your expectations? (far above, slightly above, met)		89%	100%
Comparing the cost to the contribution the degree has made to your success as a nurse, rate its overall value (excellent, very well)		89%	100%
How likely are you to continue your nursing education in	I or AAS degree	78%	100%
	RN-BSN degree	78%	100%
	MSN degree	22%	100%
	DNP degree	0%	0%
	Ph.D. degree	0%	0%

		2008	2010
to achieve the following degrees: (very likely, likely)	Already enrolled or completed program		70%
	Where did you continue your nursing education? (Mesa State College, Colo Christian Univ)		
I would recommend the PN program at Mesa State College to a close friend (strongly agree, agree)		100%	100%
Strengths: Already established nursing program at mesa state, ability to easily climb the nursing ladder from LPN to RN to BSN, etc., Access to instructors for support, Access to other nursing professionals for employment opportunities, I think that more clinical time would be great, the more time spent with patients helps students to feel more confident upon graduation. I also feel like requiring students to complete a I program prior to starting the program would be a helpful requirement. I was not a I prior to starting the LPN program, but I feel like it would have been helpful to know the basics about caring for a patient prior to entry into the LPN program. It may seem like another hoop to jump through, but I think that in the long run it would be helpful for students and the instructors. Good instructors –willing to change instructors when they are bad teachers.			
Suggestions for improvement: I was not impressed with the rotation for the psychiatric nursing. I felt that we needed more experiences with this area. I feel that my experience at the VA Hospital and at Colorado West Mental Health was more of extra people to watch the patients and not learning how to treat and deal with the patients. More clinical, was in the first graduating LPN class and were some "bugs" that needed to be worked out, such as a better program director. I am sure things are better now. When I attended the program our classes were not held on the main campus...moving them to the main campus makes the library, student center, nursing dept. offices and study areas like the ATL available all the time without a drive from one campus to another.			

NOTE: *Program outcomes were modified in 2009.*

Table 6.2.18 LPN-AAS Alumni Survey

		2008	2010
Are you currently: (yes)	• Employed full-time in nursing practice as a RN	85%	77%
	• Employed part-time in nursing practice as an RN	10%	44%
	• Employed in a non-nursing job	5%	14%
	• Enrolled in a RN-BSN program	28%	43%
	• Enrolled in a graduate nursing program	0%	0%
To what extent did your Nursing education: (extremely well, moderately well)	• Expand your career options	100%	100%
	• Provide access to employers	95%	80%
	• Increase your earning potential	95%	93%
	• Provide the knowledge necessary to succeed	100%	87%
	• Provide the skills necessary to succeed	100%	80%
	• Establish a network of nursing contacts	95%	47%
	• Prepare you to be successful in your first nursing position	100%	67%
The LPN-AAS program prepared me to: (strongly agree, agree)	• Demonstrate professional behavior in their practice as a RN		93%
	• Communicate with patients, families and other members of the healthcare team		93%
	• Assess a patient's health status		93%
	• Engage in clinical decision-making		93%
	• Demonstrate caring interventions		93%
	• Apply principles of teaching/learning in patient education		93%
	• Collaborate with patients, families and members of the healthcare team		93%
	• Demonstrate leadership and management skills in caring for groups of patients		86%
	• Provide safe, competent nursing care to clients	100%	
	• Demonstrate critical thinking as a basis for nursing practice	87%	
	• Demonstrate professional values, ethics, and standards in my nursing practice	100%	
	• Communicate effectively in my nursing practice	100%	
	• Utilize biological, psychological, social, spiritual, cultural and developmental needs to promote maintain and restore health.	100%	
	• Develop life-long learning and plans for professional career development	100%	
To what extent did the LPN-AAS nursing program fulfill your expectations? (far above, slightly above, met)		75%	79%
Comparing the cost to the contribution the degree has made to your success as a nurse, rate its overall value (excellent, very well)		82%	86%
How likely are you to continue your nursing education in to achieve the following degrees:	RN-BSN degree	63%	69%
	MSN degree	5%	58%
	DNP degree	0%	33%
	Ph.D. degree	0%	33%
	Already enrolled or completed program		23%
	Where did you continue your nursing education? Mesa State College (5), Texas Wesleyan University (1)		

		2008	2010
(very likely, likely, somewhat likely)			
I would recommend the LPN-AAS program at Mesa State College to a close friend (strongly agree, agree)		89%	93%
Strengths: Providing clinical in a variety of areas, Coordinating class schedules with work schedules, making it possible to work while going to school, Providing resources for the NCLEX exam, Instructors convenient location somewhat reasonable tuition, great director/teachers clinical at SMH, year completion, offers professional advancement degree program in rural area, significant opportunity for career advancement in a short time for grads, community support for program, convenience, flexibility, assistance in meeting personal goals, staff, access for people on the western slope, a class/clinical schedule which allows the student time to work while furthering their career/ education, Instructors that care about the success of students, opportunities for learning in different environments, knowledgeable educators			
Suggestions for Improvement: The only thing that I would have liked better was start the summer semester earlier so that we could have had a bigger block of time off, rather than split up the time we had off, To be more organized, More clearly defined pre-requisite requirements, Better learning environment, poor environment for learning regarding poor classroom scheduling, poor lighting, generally out of date classrooms, Making it easier to get into. Nursing school shouldn't be this hard to get into. When everywhere is lacking in Nurses nursing should be easier to get into. I understand the grades but it should be determined by the person not their grades. If that was the choice for me I would never be a nurse, This was the worst program that I have ever been a part of and would never recommend it to anyone!, more senior capstone development, less paperwork/writing out drugs, volunteer requirement , Requires SIGNIFICANT increase in commitment from Mesa State College – Grand Junction, and state board of education, to allocate necessary funds to hire more reliable and consistent instructors/instruction, Reduction in non-essential testing (i.e.: ATI, etc.), get new teachers, get rid of the elitist attitudes and fire Kristine Reuss. This program is poorly constructed and all around horrible!,			

NOTE: *Program outcomes were modified in 2009.*

The DHS has reached out to alumni through various activities including a Fall Alumni Celebration (FAC) on the main campus in Grand Junction and also in Montrose. Department leadership works closely with the Alumni Office on the campus to plan events, fundraising activities, and recognition of graduating students with Alumni Awards. Maintaining contact with alumni is always a challenge, as email and physical addresses change over time. The Alumni Office uses return service mailing options for its publication "Mosaic Magazine" to identify physical address changes and is attempting to go green through inviting alumni to receive communication via email registration on the Alumni Webpage (http://www.mesastate.edu/alum/index.html).

Use of an ongoing process of evaluation provides a means of maintaining program outcomes or promoting change when needed based on the collection and analysis of data. Facilitation of achievement of program outcomes and continuous quality improvement is achieved within the structured method of the SEP. Major components of the program

evaluation process are monitored through the SEP. Student feedback is obtained in each course through the various evaluation tools utilized. Data is reviewed by the faculty and leadership team, and revisions are implemented where needed. Informal evaluation occurs at the completion of each course. Program faculty meets to review the achievement of program objectives and outcomes. This analysis provides a framework for refining individual courses and responding to student and community needs.

In summary, the evaluation process in the PN and LPN-AAS programs contribute to ongoing revision and improvement of the curriculum. Instructor/course evaluations are utilized to determine if faculty are meeting established benchmarks and facilitating achievement of program goals, program competencies, and expected learning outcomes. The Graduate Survey provides a process of summation of the nursing program, and the Alumni Survey provides feedback regarding how well the programs prepared graduates for nursing practice. The results of this continuous evaluation process are reflected in program, curricular, and faculty changes over time. Evaluation processes have also been refined reflecting program changes affording enhanced data collection processes and survey response rates.

6.3 Evaluation findings are shared with communities of interest.

When the PN and LPN-AAS programs began, each program director formed an advisory committee of community stakeholders to help guide the program development. In 2008, these separate advisory committees and the BSN advisory committee was joined into a single council. This change was based on the fact that several stakeholders served on two or more of the committees; feedback from stakeholders suggested one broader committee could be more effective if updated on all nursing programs at once. NEAC meets twice a year, once during each academic semester. During each meeting council members receive a verbal report (from the program directors) on program outcomes, quality improvement changes, clinical placements, and curricular changes. Evaluation findings are discussed at NEAC meetings and input from members is obtained. Feedback is taken in to consideration before changes are formally implemented. Minutes are maintained and will be available for review in the document display room (Exhibit B-1).

NEAC members also complete a yearly evaluation tool on their perception of MSC nursing program graduates (Appendix 6.3). The survey was initially distributed during an advisory board meeting (paper and pencil format) and changed to a Web-based online Survey Monkey process this past year. Survey results for the past two years are summarized in Table 6.3.1.

Table 6.3.1 NEAC Survey Results

	2008 - 2009	2009 - 2010
Provide clinically competent care to patients, families, communities, and groups	58%	100%
Practice nursing in a manner that reflects caring as the essence of nursing	67%	100%
Engage in nursing practices that reflect a holistic view of self and others and respect for diverse cultures	42%	75%
Practice nursing within established ethical and holistic guidelines	50%	100%
Work collaboratively with patients, families, communities, interdisciplinary team members and others in providing nursing care	33%	100%
Communicate effectively orally, in writing, and electronically using appropriate verbal and non-verbal techniques	58%	75%
Utilize a variety of strategies to increase self-awareness and self-empowerment	42%	100%
Participate in the activities of the nursing profession as well as activities that benefit the global community	42%	100%
Use scientific and humanistic concepts, nursing theory and research findings in evidence-based practice to think critically and make nursing decisions	50%	75%
Comments/Feedback: Excellent community partnering, Kristy is the epitome of an excellent leader for the health programs, We are truly lucky to have her and her team, I feel that the graduates are well prepared to begin a nursing career and that they are eager to continue learning as they get their license and find mentors in their chosen fields, not enough clinical time.		

Note: *The same survey is used as a composite for all nursing programs at MSC (BSN, LPN-AAS, and PN). Thus, program specific scores are unavailable; additionally many of our graduates have attended more than one nursing program at MSC.*

6.4 Graduates demonstrate achievement of competencies appropriate to role preparation.

Annually, the PN and LPN-AAS programs collect data from employers in the region who hire program graduates. The Employer Survey (Appendix 6.4.1 and 6.4.2) is distributed every two years (even years) using an online Survey Monkey process; it should be noted the Survey Monkey process was suggested by employers during a NEAC meeting as the preferred method

of providing feedback to the program. At the time of graduation, students are queried as to their employment plans to identify potential employers for this survey process. The survey asks for the type of facility to document that results have been received from a variety of employers including hospitals, home health agencies, long term care facilities, physician offices/clinics, and mental health agencies. The survey also identifies the size of the facility and the person completing the survey. Most facilities in the region are less that 350 beds and the most frequent individuals completing the survey are nurse managers, Chief Nursing Officers, or nursing directors. Most institutions responding have hired 1-5 graduates over the past three years; however, this can range up to hiring more than 20 graduates in a three year period. Employers are also asked to identify strengths of the graduates and comments have included "clinical skills are well developed," "dedicated nursing instructors," and "effective and good grads ready to do entry level of practice." Aggregate survey results are noted in Tables 6.4.1 and 6.4.2.

Table 6.4.1 PN Employer Survey

		2008	2010
The PN program prepared their graduates to: (strongly agree, agree)	• Demonstrate professional behavior in their practice as a LPN		100%
	• Communicate with patients, families and other members of the healthcare team		100%
	• Collect and process data to appraise a patient's health status		100%
	• Provide individualized care in a safe manner		100%
	• Demonstrate caring nursing behaviors to help meet patient needs		100%
	• Effectively use resources to achieve patient outcomes and organizational goals		90%
	• Provide safe, competent nursing care to clients	100%	
	• Demonstrate critical thinking as a basis for nursing practice	100%	
	• Demonstrate professional values, ethics, and standards in my nursing practice	100%	
	• Communicate effectively in nursing practice	100%	
	• Utilize biological, psychological, social, spiritual, cultural and developmental needs to promote maintain and restore health.	100%	
	• Develop life-long learning and plans for professional career development	100%	
Graduates are effectively able to: (very likely or likely)	• Function as a member of a team of health care providers	100%	
	• Organize/manage the care for assigned patients	100%	
	• Supervise nursing care given by unlicensed assistive personnel while retaining accountability for quality of care given to the patient	60%	
	• Incorporate professional nursing standards into practice	83%	

		2008	2010
	• Demonstrate competent technical nursing skills	100%	
Rate this employee's academic preparation as compared to all other employees from other institutions with the same level of education: (among the best prepared, better prepared than most)		80%	90%
I would recommend the PN program at Mesa State College to a close friend (strongly agree, agree)		100%	100%

Table 6.4.2: LPN-AAS Employer Survey

		2008	2010
The LPN-AAS program prepared their graduates to: (strongly agree, agree)	• Demonstrate professional behavior in their practice as a RN		100%
	• Communicate with patients, families and other members of the healthcare team		90%
	• Assess a patient's health status		100%
	• Engage in clinical decision-making		85%
	• Demonstrate caring interventions		100%
	• Apply principles of teaching/learning in patient education		100%
	• Collaborate with patients, families and members of the healthcare team		90%
	• Demonstrate leadership and management skills in caring for groups of patients		90%
	• Provide safe, competent nursing care to clients	100%	
	• Demonstrate critical thinking as a basis for nursing practice	92%	
	• Demonstrate professional values, ethics, and standards in my nursing practice	100%	
	• Communicate effectively in nursing practice	100%	
	• Utilize biological, psychological, social, spiritual, cultural and developmental needs to promote maintain and restore health.	100%	
	• Develop life-long learning and plans for professional career development	100%	
Graduates are effectively able to: (very likely or likely)	• Function as a member of a team of health care providers	100%	
	• Organize/manage the care for assigned patients	92%	
	• Supervise nursing care delegated to others while retaining accountability for quality of care given to the patient	90%	
	• Incorporate professional nursing standards into practice	100%	
	• Demonstrate competent technical nursing skills	100%	
Rate this employee's academic preparation as compared to all other employees from other institutions with the same level of education: (among the best prepared, better prepared than most)		90%	100%
I would recommend the LPN-AAS program at Mesa State College to a close friend (strongly agree, agree)		100%	100%

6.5 The program demonstrates evidence of achievement in meeting the following program outcomes:

6.5.1 The licensure exam pass rates will be at or above the national mean.

NCLEX pass rates for the PN and LPN-AAS programs are noted in Table 6.5.1.1; Exhibit C-11, Board of Nursing reports.

The programs utilize NCSBN reports from Mountain Measurement, which provide extensive feedback to programs on graduate performance on the NCLEX (Exhibit C-11). These reports are reviewed with program directors and faculty for ongoing program improvements. The licensure pass rate for the LPN-AAS graduates has consistently been within 3-7% of the state and national pass rates. The PN graduates have consistently performed above both national and state pass rates. The use of Assessment Technologies Inc. (ATI) testing products was instituted in 2006 for all nursing programs at MSC. Despite the curriculum changes and extensive ATI competency testing throughout the program, not much change has been noted in the LPN-AAS pass rate. Based on student and faculty feedback, the nursing programs have switched to Kaplan testing products fall 2010, which includes an on-site, in-person NCLEX preparation course at the completion of the program, in addition to the competency testing throughout the program. It is hoped this new resource will improve the LPN-AAS NCLEX pass rate for the fall 2010 graduates.

6.5.2 Expected levels of achievement for program completion are determined by faculty and reflect the program demographics, academic progression, and program history.

Table 6.5.2.1 depicts the attrition rates in the PN and LPN-AAS nursing programs based on the admission year accepted into the program.

Table 6.5.2.1 Attrition Rates for PN and LPN-AAS Programs

	2005	2006	2007	2008	2009	2010	2011
PN							
# admitted			30	31	22	30	30
# returning students			0	0	3	0	1
# completed program			29	27	17	27	
Graduation rate			**97%**	**87%**	**77%**	**90%**	
Attrition rate			**3%**	**13%**	**18%**	**10%**	
LPN-AAS							
# admitted	14	26	39	33	36	35	41
# returning students	0	1	0	1	2	4	0
# completed program	9	21	37	31	32	33	
Graduation rate	**64%**	**81%**	**95%**	**94%**	**89%**	**94%**	
Attrition rate	**36%**	**19%**	**5%**	**6%**	**11%**	**6%**	

Attrition in the PN and LPN-AAS programs at MSC varies by class. High rates of attrition in the first two AAS classes are related more to "fit" of the student to the particular schedule demands of the program. Improved pre-advising, initiation of orientations, schedule changes, and student input into the scheduling have improved attrition rates through clearer student expectations at the outset of the program. Admission criteria have been modified periodically; however, there have been very few other variables to explain any difference in the classes. High attrition in the PN program is related to students either self-selecting to drop the program in the first semester (i.e. "nursing is not for me") or students' failure of academic or clinical coursework. Nursing, at present, is a popular program with many potential applicants, and the PN program has noted increased GPAs of applicants over the past two admitted cohorts.

6.5.3 Program satisfaction measures (qualitative and quantitative) address graduates and their employers.

The Graduate Survey (Appendix 6.2.2 and 6.2.3) for the past three years has reflected consistent data except in the area of employment. This survey tool allows the education unit to annually assess data and to determine satisfaction measures of students. While several questions address satisfaction with different components of the educational experience at MSC, two questions are included to provide overall satisfaction measurement for the programs. One of these same questions is also included on the employer survey. Table 6.5.3.1

demonstrates the overall level of satisfaction of program graduates and employers of program graduates.

Table 6.5.3.1 Overall Level of Satisfaction (graduates and employers)

Graduate satisfaction		2005	2006	2007	2008	2009	2010
To what extent did the nursing program fulfill your expectations? (far above, slightly above, met expectations)	**PN**			80%	87%	82%	75%
	AAS	78%	82%%	82%	90%	80%	n/a
I would recommend the program at Mesa State College to a close friend – (strongly agree, agree)	**PN**			80%	90%	100%	88%
	AAS	n/a	n/a	82%	89%	75%	n/a
Employer satisfaction							
I would recommend the program at Mesa State College to a close friend – (strongly agree, agree)	**PN**				100%		100%
	AAS		100%		100%		100%

A decrease was noted in satisfaction by graduates in some semesters in which there was negative student feedback regarding specific faculty members (2009 AAS – Hartt; 2010 PN – Warner); neither of these faculty members continued into the 2010-2011 academic year. It is anticipated these satisfaction scores will improve in the next evaluation. Employer satisfaction remains extremely high over time for both programs.

6.5.4 Job placement rates are addressed through quantified measures that reflect program demographics and history.

Employment rates are determined annually as a result of the Graduate Survey administered approximately three months after graduation. With the decreased economy, employment rates have decreased over time for the PN program, but remain greater than 80% for the LPN-AAS program. It should be noted many graduates of the LPN-AAS program continue to work for their same employer and change status from a PN to a RN upon licensure. Employment questions were modified in the 2009 graduate survey to determine how many LPN-AAS graduates were continuing their employment as PNs while seeking RN jobs. Employment rates for the PN and LPN-AAS programs are noted in Tables 6.5.4.1 and 6.5.4.2.

Table 6.5.4.1 PN Employment Rates after Graduation

	2007	**2008**	**2009**	**2010**
Full-time employment as PN	90%	75%	65%	50%
Part-time employment as PN	10%	25%	25%	33%

Table 6.5.4.2 LPN-AAS Employment Rates after Graduation

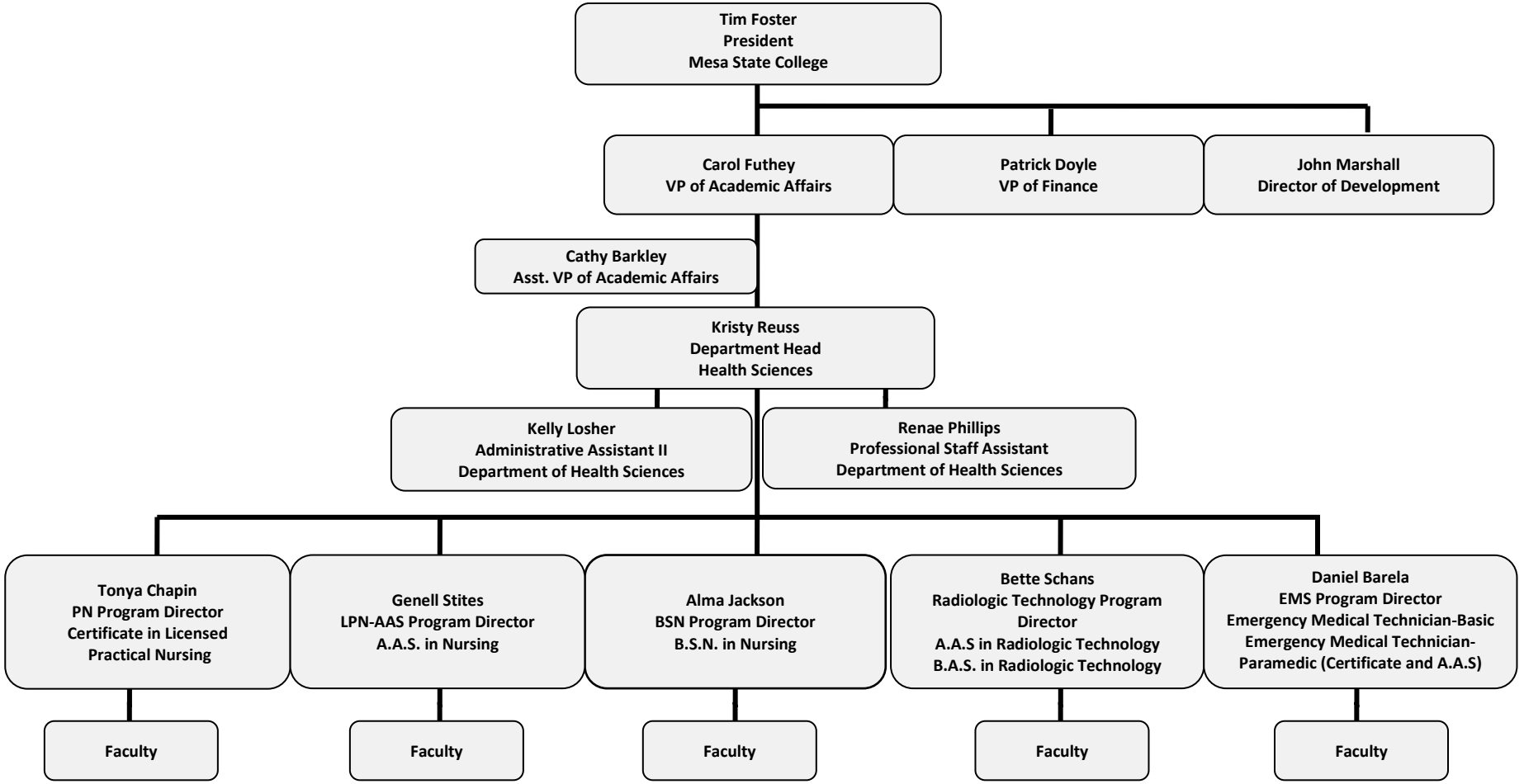
	2005	2006	2007	2008	2009
Employed as a RN after graduation	65%	90%	85%	91%	
Full time RN job after graduation					50%
Part time RN job after graduation					10%
Continued employment as full time PN					20%
Continued employment as part time PN					10%

In summary, the nursing programs at MSC engage in extensive ongoing evaluations processes to improve the quality of the programs. The SEP guides this process (Appendix 9) over time and is updated as needed. Multiple stakeholders, including students, faculty, employers, alumni, and NEAC members are actively involved in providing feedback to the programs. Successes are celebrated and work continues on areas requiring improvement to meet the quality benchmarks established by faculty.

Section IV

Appendices

Appendix 1
ORGANIZATIONAL CHART
DEPARTMENT OF HEALTH SCIENCES



Appendix 2 & 3
Student Demographic Profile

LPN-AAS Nursing Program
2010 – Current Students
34 Total Students

Female	30	American Indian	1
Male	4	Black, Non-Hispanic	0
Age Mean	33	Asian/Pacific islander	1
Age Median	33	Hispanic	2
GPA Mean	3.39	Caucasian	30
Mesa County Residents	21	Bi-or Multi-Racial	0
Married	12	Declined to Respond	0
Have children	N/A		
Widowed/Divorced	1		

PN Program
2010/2011 – Current Students
27 Total Students

Female	25	American Indian	0
Male	2	Black, Non-Hispanic	0
Age Mean	32	Asian/Pacific islander	1
Age Median	29	Hispanic	0
GPA Mean	3.45	Caucasian	26
Mesa County Residents	23	Bi-or Multi-Racial	0
Married	12	Declined to Respond	0
Have children	N/A		
Widowed/Divorced	1		

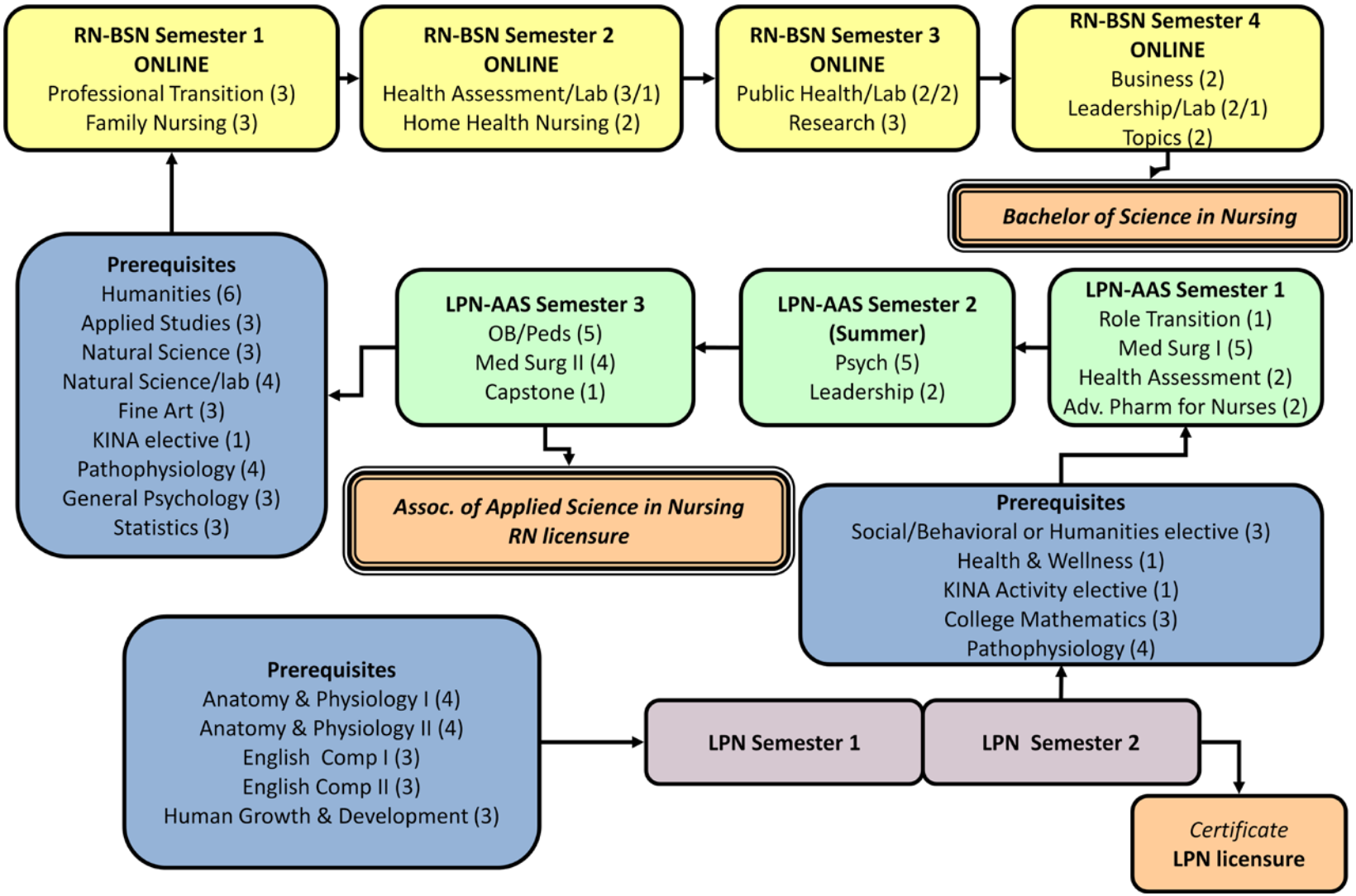
LPN-AAS Nursing Program
December 2009 Graduates
32 Total Students

Female	30	American Indian	0
Male	2	Black, Non-Hispanic	1
Age Mean	31	Asian/Pacific islander	2
Age Median	28	Hispanic	1
GPA Mean	3.25	Caucasian	28
Mesa County Residents	19	Bi-or Multi-Racial	0
Married	14	Declined to Respond	0
Have children	N/A		
Widowed/Divorced	3		

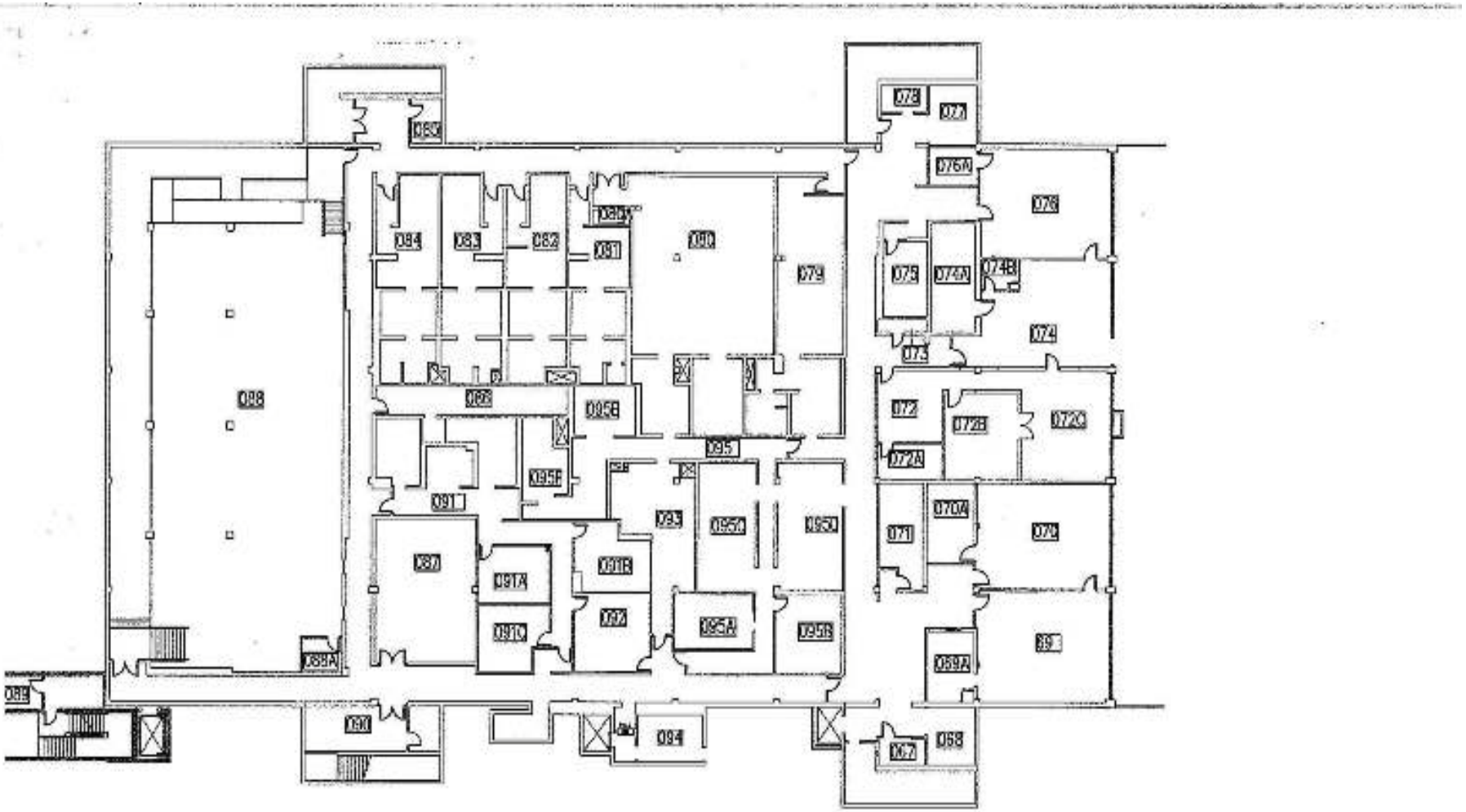
PN Program
May 2010 Graduates
28 Total Students

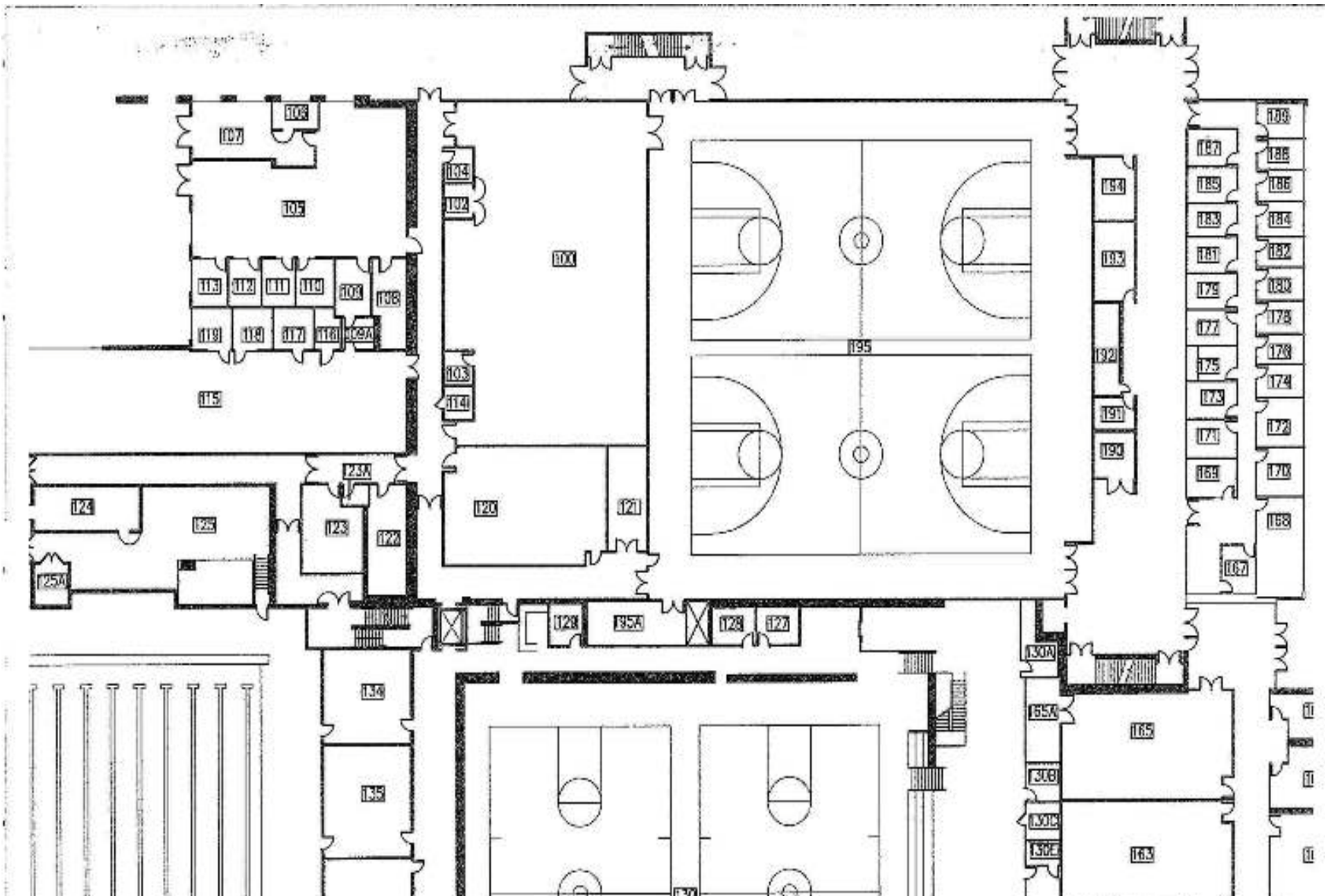
Female	26	American Indian	0
Male	2	Black, Non-Hispanic	0
Age Mean	29	Asian/Pacific islander	0
Age Median	26	Hispanic	0
GPA Mean	3.31	Caucasian	28
Mesa County Residents	25	Bi-or Multi-Racial	0
Married	11	Declined to Respond	0
Have children	N/A		
Widowed/Divorced	2		

Appendix 4: Nursing Career Ladder Model



Appendix 5: Health Sciences Floor Plans





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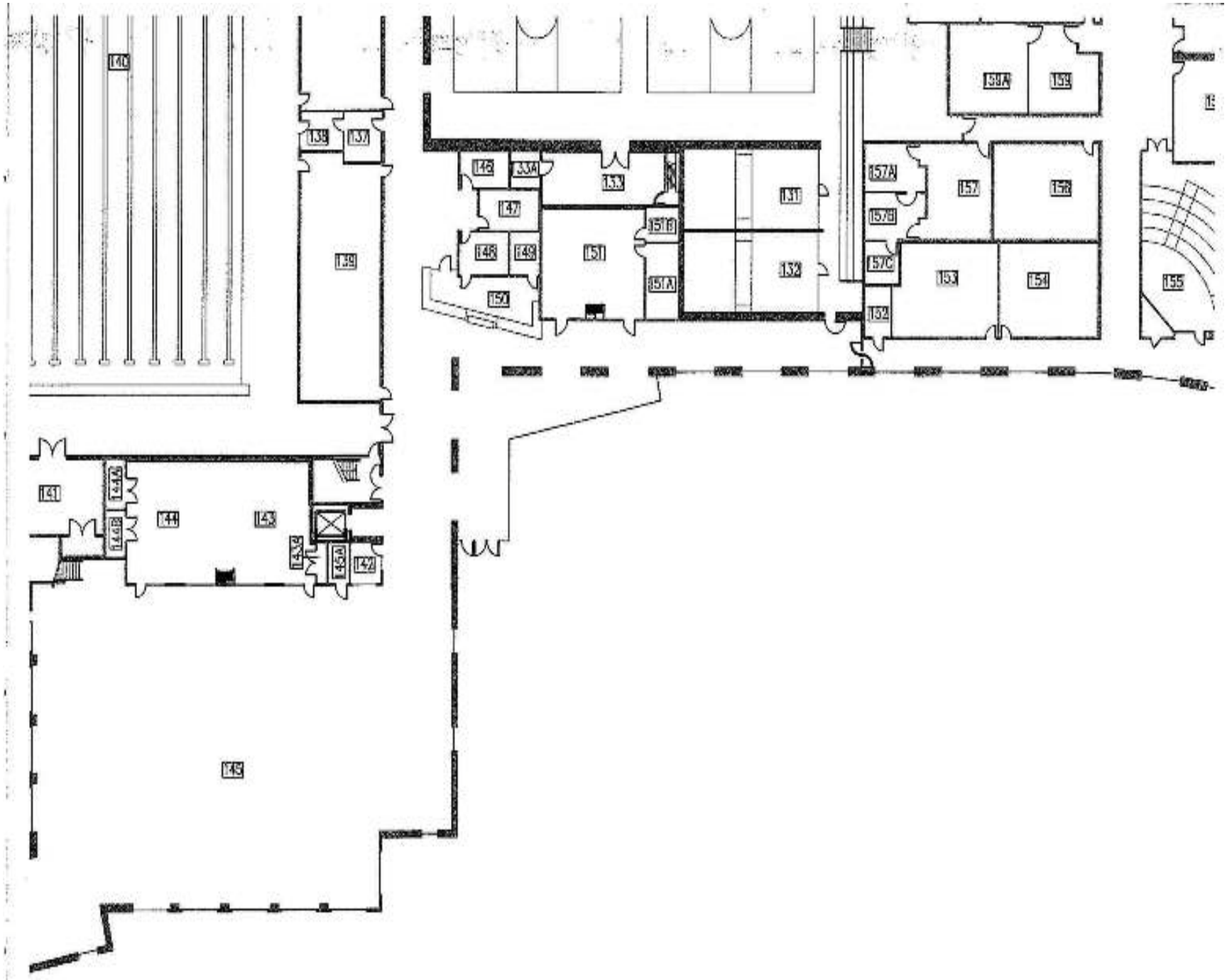
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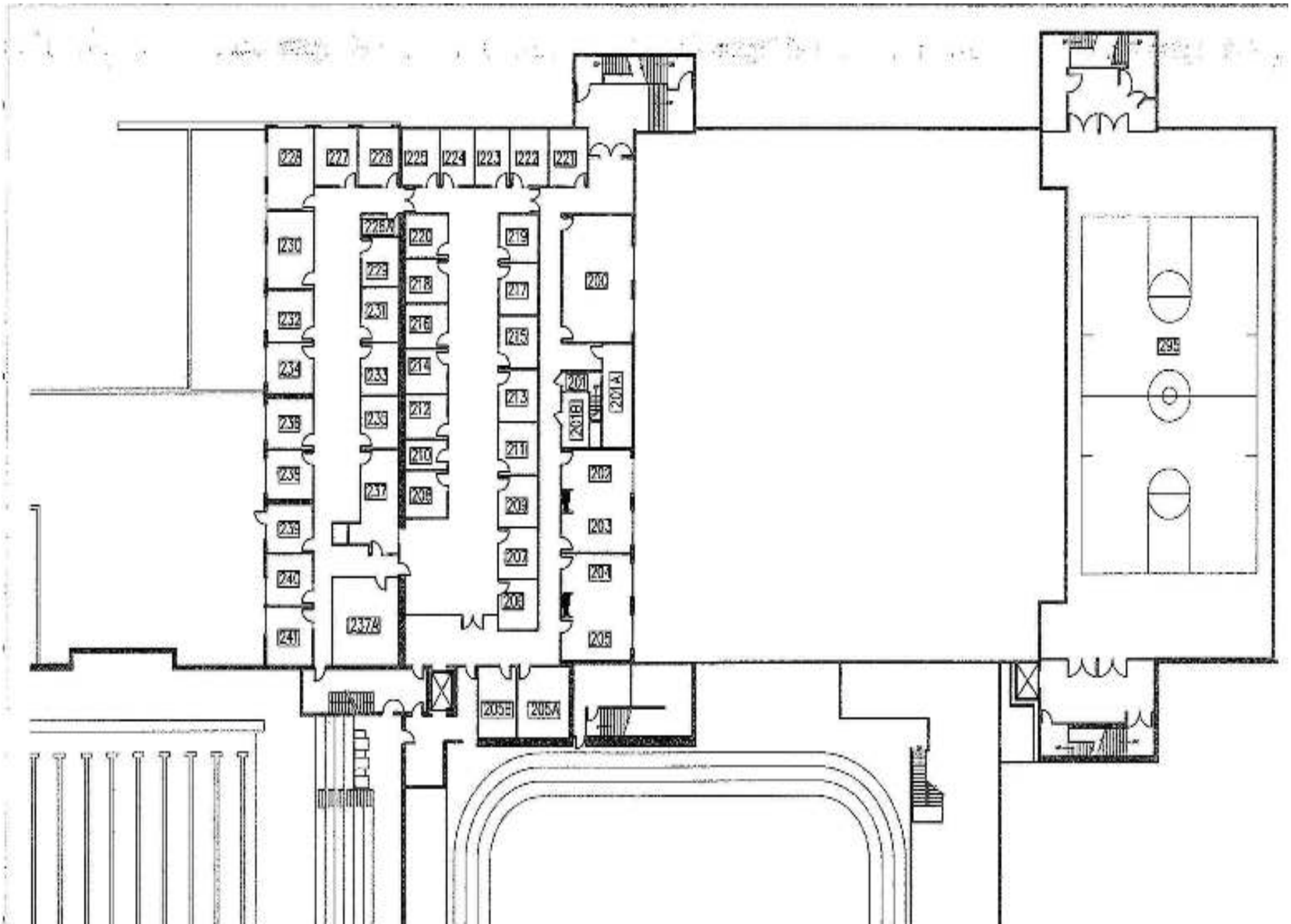
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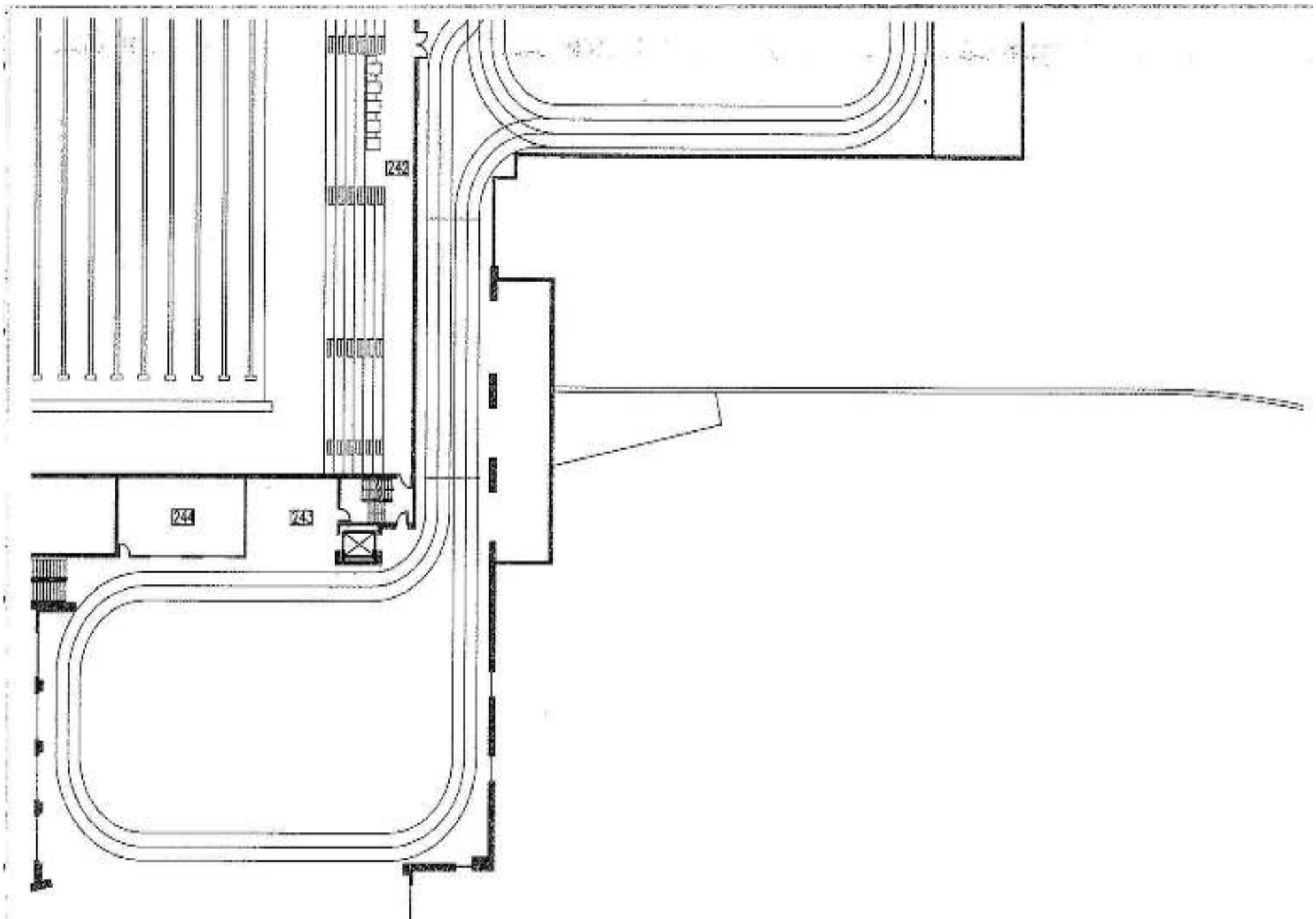
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Bldg_Rm_I	Bldg_Numl	Rm_Type	Funct	Field_Subj	Org_Code	Code_Limi	RoomName	AssignSqFt	NonAssignSqFt	
First Floor										
189		300					Office	115		
188		300					Office	140		
186		300					Office	140		
184		300					Office	140		
182		300					Office	140		
180		300					Office	140		
178		300					Office	140		
176		300					Office	140		
174		300					Office	140		
172		300					Office	140		
170		300					Office	140		
187		300					Office	115		
185		300					Office	115		
183		300					Office	115		
181		300					Office	115		
179		300					Office	115		
177		300					Office	115		
175		300					Office	115		
173		300					Office	115		
171		300					Office	115		
169		300					Office	115		
167		300					Work Room	115		
168		600					Faculty Break Room	300		
194		350					Conference Room	175		
193		350					Exsisting Conf. Room	221		
192		350					Exsisting Conf. Room	180		
191		900					Janitor	90		
190		900					Electrical	120		
166		900					Mens Bath	340		
164		900					Womens Bath	340		
162		100					H.S Classroom	1250		
165		100					Classroom	1250		

163		100					Classroom	1250		
130A		900					Janitor	135		
165A		700					Storage	75		
130B		300					Office	135		
130C		300					Office	135		
130E		900					Toilet			
		520					Wrestling	4125		
104/102		700					Storage	121		
103		900					Janitor	65		
114		900					Telecom	65		
120		520					Athletic Training Lab	1130		
121		700					Equipment Storage	250		
127		300					Office	135		
218		300					Office	135		
195A		700					Equipment Storage	575		
129		300					Office	135		
107		700					Storage Fluid Prep	300		
106		700					Storage	104		
105		200					Treatment	1468		
113		300					Office	112		
112		300					Office	112		
111		300					Office	112		
120		300					Work Room	280		
109		100					Exam Room	280		
108		300					Office	112		
119		300					Office	112		
118		300					Office	112		
117		300					Office	112		
116		700					Storage	65		
109A		900					TLT	65		
115		200					Human Performance Lab	2863		
124		900					Main Electrical	340		
125		900					Pool Mechanical	1300		
126		900					Sanitizer	180		

123		900					Womens	360		
122		900					Mens	295		
134		520					Visitor Swim Team Locker	560		
135		520					Home Swim Locker	656		
136		520					Mens Locker	1350		
137		900					Pool Manager	135		
138		520					Lifegaurd	172		
139		520					Womens Locker	1420		
141		700					Kayak/Pool Storage	496		
144A&B		700					Aerobics Storage	175		
144		520					Aerobics	790		
143		520					Aerobics	1075		
143A		700					Aerobics Storage	80		
145A		900					Elev. Mech.	80		
142		300					Fitness Office	116		
140		520					Natatorium	24550		
145		520					Fitness Area	10930		
146		700					Storage	150		
133A		900					Elec.	90		
147		300					Office	250		
148		300					Office	190		
149		200					prep	85		
150		600					Reception/JuiceBar	2500		
133		700					Gym Storage	575		
151		600					Multipurpose Room	820		
151A		900					Main Telecom	190		
151B		700					Storage	90		
131		520					Exsisting Raquetball	810		
132		520					Exsisting Raquetball	810		
157		200					Critical Sim Lab	750		
157C		700					Storage	110		
152		900					Elec	90		
153		200					Comp. Lab	660		
156		100					H.S Classroom	720		

154		100					Shared Classroom	675		
159		200					X Ray Observation	870		
159A		200					X Ray Lab			
160		100					H.S Classroom	680		
130D		600					Multipurpose Room	600		
160		100					H.S Classroom	640		
150		100					H.S Classroom	660		
155		100					Audio Visual	1850		
195		520					Exsisting Rec Gym	14100		
Second Floor										
228		300					Ad Office	240		
290		300					Kin. Dept. Head Office	235		
232		300					Office	130		
234		300					Office	130		
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224		300					Office	130		
223		300					Office	130		
222		300					Office	130		
221		300					Office	130		
228A		700					Storage	60		
229		300					Office	235		
231		300					Office	130		
233		300					Office	130		
235		300					Office	130		
237		300					Admin.	239		
237A		300					Work Room	280		
220		300					Office	130		

218		300					Office	130		
216		300					Office	130		
214		300					Office	130		
212		300					Office	130		
210		900					Telecom			
208		300					Office	130		
219		300					Office	130		
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211		300					Office	130		
209		300					Office	130		
207		300					Office	130		
206		300					Office	130		
205B		900					Mens	130		
205A		900					Womens	250		
200		900					Meeting/ Multipurpose	300		
201		900					Elec.	70		
201B		900					Mech.	100		
202/203		300					Meeting/ Multipurpose	250		
204/205		600					Multipurpose	250		
Basement										
88		520					Weight Room	6600		
89		900					Elev Mech Room	90		
88A		300					Office	80		
85		700					Storage	93		
84		520					Mens Coaches & Assistants	385		
83		520					Mens Visitor and Tennis	400		
82		520					Visitors Women Golf & Tennis	378		
81		520					Visitors Womens Coaches & Assistan	255		
80A		700					Storage	40		
80		520					Mens Football Locker	1470		
79		520					Womens Locker	685		
86		700					Storage	315		

91		520					Womens Athletics Shower/Restroom	655		
95F		520					Mens Showers	206		
995E		520					Exg RR/Showers	284		
90		700					Storage			
87		900					Building Mech	835		
91A		520					Volleyball	222		
91C		520					Softball	260		
91B		520					Womens Basketball	260		
92		600					Meeting Lounge	315		
93		950					Laundry	540		
95A		520					Mens Basketball	261		
95C		520					Soccer	485		
95D		520					Wrestling	563		
95B		520					Meeting Lounge	277		
94		900					Elev Mech Room	190		
67		900					I.T	70		
68		900					Electrical	164		
69A		700					Storage	88		
69		200					Clinical Lab	820		
70		200					Clinical Lab	760		
70A		700					Storage	230		
71		900					Mens	232		
72A		300					Office	130		
72		300					Resource	255		
72B		900					Exsisting Mech.	360		
72C		300					Resource	600		
75		900					Womens	214		
74		200					Clinical Lab Home Base	808		
76		200					Clinical Lab	187		
76B		700					Storage	187		
77		900					Janitor	162		
78		700					Storage	75		
85		700					Storage	93		

MESA STATE COLLEGE
1100 North Avenue
Grand Junction, CO 81501
(970) 248-1020
(800) 982-6372
www.mesastate.edu

Application for Entrance
Department of Health Sciences
Mesa State College
1100 North Avenue
Grand Junction, CO 81501
Phone: (970) 248-1721
Fax: (970) 248-1133
klosher@mesastate.edu

Date_____

Practical Nurse

Submit application along with <u>all required paperwork</u> to *Kelly Losher, Department of Health Sciences, Mesa State College, 1100 North Avenue, Grand Junction, CO 81501*

Contact Information:

Full legal name _____
Last *First* *Middle Initial* *Maiden Name*

Date of Birth ____/____/____ MSC ID No._____

Permanent home address: _____
City, State, Zip

Present mailing address:_____
(if different from above) *City, State, Zip*

Email address (please print clearly): _____

Phone number with area code:_(___)_____ Cell:_(___)_____

Are you a current Mesa State College student? ❒ Yes ❒ No

Is this the first time you have applied to the Mesa State College PN program? ❒ Yes ❒ No

Are you a CNA or EMT? ❒ CNA ❒ EMT *(Must provide <u>proof</u> of certifications)*

Have you completed the following prerequisites?

ENGL 111....English Composition I .....❒ Yes ❒ No ❒ In Process ..... Completion semester_____
ENGL 112....English Composition II .....❒ Yes ❒ No ❒ In Process ..... Completion semester_____
BIOL 209 ....Anatomy & Physiology I .....❒ Yes ❒ No ❒ In Process..... Completion semester_____
BIOL 209L ...Anatomy & Physiology I Lab .....❒ Yes ❒ No ❒ In Process..... Completion semester_____
BIOL 210 .....Anatomy & Physiology II .....❒ Yes ❒ No ❒ In Process..... Completion semester_____
BIOL 210L ...Anatomy & Physiology II Lab.....❒ Yes ❒ No ❒ In Process..... Completion semester_____
PSYC 233....Human Growth & Development ...❒ Yes ❒ No ❒ In Process..... Completion semester_____

(see next page)

Employment Experience:

Dates employed From	To	Name and location where employed	Duties (briefly)

Healthcare Experience:

From	To	Any other healthcare experience not previously defined	Duties (briefly)

The admissions committee reserves the right to select the applicants who shall be admitted and that acceptance is provisional upon receipt of required documentation that all requirements have been met.

This application must be received by the nursing department no later than **March 1** for admission consideration to the Practical Nurse Program.

I certify that all the information stated on this application form is accurate and complete. Concealment of facts or false statements may result in dismissal from the program.

Applicant Signature **Date**

(see next page)

To have transcripts sent to Health Sciences Department

Take/mail/fax "Transcript Request" form below to the Office of the Registrar, Mesa State College, 1100 North Avenue, Grand Junction, CO 81501 (fax 970-248-1131) and they will forward copies of your transcripts to the Health Sciences Department.

✂ **(Tear off this portion and deliver/mail to Mesa State College Registrar's Office)**

Transcript Request Form

Registrar: Please send copies of the following to Kelly Losher in Saunders Fieldhouse**:** (1) all transcripts from other colleges, if applicable; (2) transcript evaluation prepared by the Office of the Registrar, if applicable; (3) current Mesa State College transcript, if applicable. Also please complete the gray area below.

Name (please print) _____ Mesa State ID # _____

Signature _____

FOR REGISTRAR'S USE ONLY:

Has applicant been accepted at MSC? Yes ❒ No ❒ In what program? Baccalaureate ❒ Associate ❒ Certificate ❒

Attached: Other colleges attended transcripts: ❒ Transcript evaluation: ❒
Current Mesa State College transcript: ❒

Practical Nurse

(see next page)

PN Application Checklist

***Additional* paperwork that must submitted with application:**

_____ 1. If currently enrolled in prerequisites at Mesa State College, or any other college/university, include an instructor-signed **"request for grade"** form (available on PN website-application page) verifying the grade you are expected to receive.

_____ 2. Copy of appropriate **CPR Certification Card** (CPR/AED for Professional Caregiver (ARC) or CPR for the Healthcare Provider (AHA).

To complete the application process you must also:

_____ 1. Apply to Mesa State College.

_____ 2. Submit copy(ies) of all transcripts from other colleges/universities to **MSC Office of the Registrar, (contact previously-attended schools and have them send transcripts to MSC Registrar - who will then do a transcript evaluation and make the decision on which courses taken at a previous college will transfer to Mesa State College.)** Transcript evaluation by Registrar is required for all courses taken at other colleges. Applicants must have at least a 2.0 ("C") on a 4.0 scale for all courses required for completion of the Associate of Applied Science. This policy applies regardless of when the course was taken.

_____ 3. **Submit "Transcript Request" form to Mesa State College Office of the Registrar.**

_____ 4. **Sign up for the Kaplan Nursing Entrance Exam.** The link to sign up for the test will be posted on the PN portion of the Mesa State College website. The cost to the student is $30.

MESA STATE COLLEGE
Department of Health Sciences
LPN to AAS in Nursing Application

Submit application along with <u>all required paperwork</u> to Kelly Losher, Department of Health Sciences, Mesa State College, 1100 North Avenue, Grand Junction, CO 81501

Check which site you wish to attend the program at:

❒ **Mesa State College**
Saunders Fieldhouse
1100 North Avenue, Grand Junction, CO 81501

❒ **Montrose Campus of Mesa State**
Buell Higher Education Center
234 S. Cascade, Montrose, CO 81401

Contact Information:

Full legal name _____
Last *First* *Middle Initial* *Maiden Name*

Application date _____ Birthdate ____/____/____ MSC ID No._____

Permanent home address: _____
Address *City, State Zip*

Present mailing address:_____
(if different from above)

E-mail address (please print clearly): _____

Phone number with area code: (___) _____ Cell: (___) _____

Is this the first time you have applied to the Mesa State College LPN-AAS program? ❒ Yes ❒ No

LPN Licensure:

Nursing school attended:_____
(Name of School)

_____
(Complete Address)

Date graduated:_____

State approved program? ❒ Yes ❒ No

Current license number _____ State _____ Expiration date _____

Is your nursing license currently under suspension, revocation, probationary status, or subject to disciplinary proceeding or inquiry? ❒ Yes ❒ No

If yes, please explain: _____

_____

_____

Testing: additional testing may be required if applicant has been out of LPN school for 10 years or more.

IV Certification _____ _____
(Name of program) *Date completed*

(see next page)

Employment Experience:

Dates Employed From	To	Name and location where employed	Duties (briefly)

I certify that all the information stated on this application form is accurate and complete. Concealment of facts or false statements may result in dismissal from the program.

Applicant Signature *Date*

(see next page)

To have transcripts sent to LPN-AAS Nursing Department:

MESA STATE COLLEGE

Transcript Request Form

* Take/mail/fax Transcript Request form below to the Office of the Registrar, Mesa State College, 1100 North Avenue, Grand Junction, CO 81501 (fax 970-248-1131) and they will send us copies of your transcripts. **It is still the student's responsibility to make sure all necessary paperwork is received in the nursing office prior to the deadline.**

✂- -

(Tear off this portion and deliver/mail to Mesa State College Registrar's Office)

Registrar: Please send copies of the following to **Kelly Losher in Saunders Fieldhouse, room 173** (1) all transcripts from other colleges, if applicable; (2) transcript evaluation prepared by the Office of the Registrar, if applicable; (3) current Mesa State College transcript, if applicable. Also please complete the grey area below.

__________________________________ ________________________

Name (please print) **MSC College ID #** *(NOT MAVcard #)*

____

Signature

FOR REGISTRAR'S USE ONLY:

Has applicant been accepted at MSC? Yes ❒ No ❒ In what program? Baccalaureate ❒ Associate ❒

Attached: Other colleges attended transcripts: ❒ Transcript evaluation: ❒

Current Mesa State College transcript: ❒

Associate of Applied Science Degree in Nursing

(see next page)

LPN-AAS Application Checklist

***Additional* paperwork that must submitted with application:**

_____ 1. Copy of **LPN License**.

_____ 2. Proof of **IV Certification**

_____ 3. Copy of appropriate **CPR Certification Card** (CPR/AED for Professional Caregiver (ARC) or CPR for the Healthcare Provider (AHA).

_____ 4. If currently enrolled in prerequisites at Mesa State College, or any other college/university, include an instructor-signed **"request for grade"** form (available on LPN-AAS website) verifying the grade you are expected to receive.

To complete the application process you must also:

_____ 1. Apply to Mesa State College if you are not currently a student.

_____ 2. Submit copy(ies) of all transcripts from other colleges/universities **and from your LPN school** to **MSC Office of the Registrar, (contact previously-attended schools and have them send transcripts to MSC Registrar - who will then do a transcript evaluation and make the decision on which courses taken at a previous college will transfer to Mesa State College.)** Transcript evaluation by Registrar is required for all courses taken at other colleges. Applicants must have at least a 2.0 ("C") on a 4.0 scale for all courses required for completion of the Associate of Applied Science. This policy applies regardless of when the course was taken.

_____ 3. **Submit "Transcript Request" form (last page of application) to Mesa State College Office of the Registrar.**

Appendix 7

STATE OF COLORADO

STATE BOARD OF NURSING
Mark Merrill, Program Director

1560 Broadway, Suite 1350
Denver, Colorado 80202
Phone (303) 894-2430
Fax (303) 894-2821
TTY: Dial 711 for Relay Colorado
www.dora.state.co.us/nursing

Department of Regulatory Agencies
D. Rico Munn, Executive Director

Division of Registrations
Rosemary McCool, Director
Governor
Bill Ritter, Jr.

October 24, 2008

Dr. Kristy Reuss
Mesa State College
1100 North Ave.
Grand Junction, CO 81501

Dear Dr. Reuss

At the October 22, 2008 Full Board meeting the Colorado State Board of Nursing granted Mesa State College LPN Nursing Education Program Full Approval. The Board commends you for your responsiveness to the deficiencies identified in the Phase IV application. Phase IV Full Approval is a five year approval and nursing education programs with Full Approval shall be reviewed by the Board every five (5) years The LPN nursing education program at Mesa State College will be scheduled for its next site visit review October 2013.

The Board encourages you to move forward with national nursing accreditation. According to the current Chapter II Board Rules Section 3.2 you must provide evidence of national nursing accreditation within four (4) years of receiving Full approval which would be October 24, 2012. Nursing Education Programs fully accredited by a national nursing accrediting body will have Site Visits in conjunction with the national nursing accrediting body, unless the Board deems a separate Site Visit necessary according to Section 5.3.

Nursing Education Programs with Full Approval according to Section 3.15 must submit an annual report to the Board on a Board authorized form. If admissions increase greater than 25% the program must submit a report to substantiate the availability of appropriate resources including clinical experiences to meet the increased enrollment. If the program plans to use simulation experiences to deliver a portion of the required minimum number of clinical hours a plan must be submitted documenting equivalency.

Although the Board members had no questions to ask of you at the meeting, they did want to personally congratulate you on your exemplary work and attentiveness to the Board Chapter II Rules. I personally would like to thank you for the organization and quality of the materials that you submit to the Board making the review easier to conduct.

You can expect to see a status change to your LPN program on our website early November.
I look forward to continued work with you and your College.

Sincerely,

Roberta Hills, PhD, RN
Nurse Education Specialist

cc. Mr. Tim Foster, President
Dr. Carol Futhey, VP Academic Affairs

Appendix 8

STATE OF COLORADO

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Mark Merrill, Program Director

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Department of Regulatory Agencies
D. Rico Munn, Executive Director

Division of Registrations
Rosemary McCool, Director
Governor
Bill Ritter, Jr.

March 6, 2008

Dr. Kristy Reuss
Mesa State College
1100 North Ave.
Grand Junction, CO 81501

Dear Dr. Reuss

In response to your request for a letter granting the LPN to AAS program full approval the Board of Nursing authorized me at the January 24, 2007 meeting to grant the LPN to AAS program at Mesa State College full approval based on submission of a grievance policy. The departmental policy that you submitted May 2007 has met the Board's requirement. Congratulations on your Department and College accomplishment.

The Board wishes to support your program's effort to move forward in seeking national nursing accreditation. I encourage your department to continue your efforts to get a College wide grievance policy as the fact that your grievance policy is departmental and not College wide may become an issue in the accreditation process.

Fully approved programs are reviewed by the Board once every 5 years. A site visit to maintain full approval will be required in March 2013. If your LPN to AAS program is fully accredited by a national nursing accrediting body a site visit may be conducted in conjunction with the national accrediting body. New programs are required to have national nursing accreditation four (4) years after receiving full approval which in the case of the LPN to AAS Mesa State College program would be by 2012. Fully approved nursing education programs are also required to submit an annual report on a Board authorized form.

Sincerely,

Roberta Hills, PhD, RN
Nurse Education Specialist

cc. Mr. Tim Foster, President
Dr. Carol Futhey, VP Academic Affairs

APPENDIX 9 Systematic Evaluation Plan

Standard	Component and Expected Outcome	Schedule and Responsibility	Evaluation Process	Actual Outcomes	Continuous Improvement, Future Plan
Standard 1 – Mission and Administrative Capacity The nursing education unit's mission reflects the governing organization's core values and is congruent with its strategic goals and objectives. The governing organization and program have administrative capacity resulting in effective delivery of the nursing program and achievement of identified outcomes.					
1.1 The mission, philosophy and outcomes of the nursing education unit are congruent with those of the governing organization.	The Mission/ philosophy and outcomes of the nursing education unit will be congruent with those of the governing organization.	Formally: With accreditation cycle or upon revision of College or DHS Mission Statements. Informally: annually	Nursing Faculty, Program Director, and Department Head conduct a comparison of objectives and competencies in nursing education unit with governing body mission and philosophy. Advisory Council is consulted as needed when changes are made.	DHS Mission statement created in congruence with College Mission Statement. Program Philosophy reviewed and remains congruent with those of DHS and MSC.	Maintain review and revise when necessary.
1.2 The governing organization and nursing education unit ensure representation of students, faculty, and administrators in ongoing governance activities.	The governing organization and nursing education unit will ensure representation of students, faculty, and administrators in ongoing governance activities.	Each semester.	Review meeting minutes and attendance records of shared governance committees.	All relevant groups are represented in ongoing governance activities.	Maintain review.
1.3 Communities of interest have input into program processes and decision-making	Communities of interest will have input into program processes and decision making.	Annually.	Review Advisory Council agendas, minutes, and surveys as clarification of input. Input from other communities gathered and evaluated.	Advisory Council members are satisfied with their experience. Advisory Council input is valued and used in the decision-making process for the program.	Maintain Advisory Council biannual meetings. Gather more consistent input from employers.

Standard	Component and Expected Outcome	Schedule and Responsibility	Evaluation Process	Actual Outcomes	Continuous Improvement, Future Plan
1.4 Partnerships exist that promote excellence in nursing education, enhance the profession, and benefit the community.	Partnerships will exist that promote excellence in nursing education, enhance the profession, and benefit the community.	Annually or as needed.	Student and faculty evaluations of clinical agencies. Variety, diversity, and sufficient placements are reviewed for each clinical agency.	Existing partnerships are beneficial (they support students and the program). Significant funding support is received from local healthcare stakeholders.	Maintain and continue to seek new opportunities.
1.5 The nursing education unit is administered by a nurse who holds a graduate degree with a major in nursing; rationale is provided for the acceptance of other graduate credentials.	Department head and program directors hold master's degrees or above.	As needed	Administrators will hold graduate degrees.	Department Head holds doctoral degree; LPN-AAS director has MSN, PN director will complete the MSN spring 2011.	Continue to meet criterion.
1.6 The nurse administrator has authority and responsibility for the development and administration of the program and has adequate time and resources to fulfill the role responsibilities.	The nursing education unit is administered by the Department Head of the DHS who is a nurse that: holds a graduate degree with a major in nursing; has authority and responsibility for the development and administration of the program; and has adequate time and resources to fulfill the roles.	At hire and annually.	Department Head's holds appropriate qualifications. Performance evaluations completed by VPAA. Review of workload on an annual basis.	Department Head meets all credentialing requirements and fulfills responsibilities.	Maintain credentials and resources; review annually.
1.7 With faculty input, the nurse administrator has the	With faculty input, the nurse administrator does have the authority	Annually.	Budget requests and discussion in Academic Council and budget	Budget has been adequate to meet program outcomes.	Maintain budget process. Continue to apply for

Standard	Component and Expected Outcome	Schedule and Responsibility	Evaluation Process	Actual Outcomes	Continuous Improvement, Future Plan
authority to prepare and administer the program budget and advocates for equity within the unit and among other units of the governing organization.	to prepare and administer the program budget and advocates the equity within the unit and among other divisions of the governing organization.		hearings.	Budget has been increased to reflect program growth and completion of grant funding periods.	grant monies.
1.8 Policies of he nursing education unit are comprehensive, provide for the welfare of faculty and staff, and are consistent with those of the governing organization; differences are justified by the goals and outcomes of the nursing education unit.	Policies of the nursing education unit will be comprehensive, provide for the welfare of faculty and staff, and are consistent with those of the governing organization; differences are justified by the goals and outcomes of nursing education unit.	Annual review of DHS Faculty Handbook.	Comparative analysis of College Handbook, Faculty Handbook, and Nursing Program policies.	Nursing faculty consistently follow policies included in faculty and student handbooks. Policies which are congruent with those of the college; policies and applied consistently. Policies unique to nursing programs are followed consistently.	Maintain and revise as needed.
1.9 Records reflect that program complaints and grievances receive due process and include evidence of resolution.	Records will reflect that program complaints and grievances receive due process and include evidence of resolution.	As needed upon receipt of grievance or complaint.	Program and College appeals procedures as outlined in Student Handbook and College Catalog. Review complaint log on an annual basis.	No appeals pending.	Maintain appeals procedures.
1.10 Distance education, as defined by the nursing education unit, is congruent with the mission of the governing organization and the mission and	Not applicable				

Standard	Component and Expected Outcome	Schedule and Responsibility	Evaluation Process	Actual Outcomes	Continuous Improvement, Future Plan
philosophy of the nursing education unit.					

Standard	Component and Expected Outcome	Schedule and Responsibility	Evaluation Process	Actual Outcomes	Continuous Improvement, Future Plan
Standard 2 – Faculty and Staff Qualified faculty and staff provide leadership and support necessary to attain the goals and outcomes of the nursing education unit.					
2.1 **PN:** At least 50% of the full-time faculty who provide didactic instruction hold a graduate degree in nursing. The remaining full-time faculty members hold a minimum of a baccalaureate degree in nursing. **LPN-AAS:** Full-time faculty are credentialed with a minimum of a master's degree with a major in nursing and maintain expertise in their areas of responsibility.	**PN:** program director will complete a master's degree with a major in nursing spring 2011; all faculty maintain expertise in their areas of responsibility. 100% of faculty will show evidence of continuing education. **LPN-AAS:** 100% of full time faculty are credentialed with a minimum of a master's degree with a major in nursing and maintain expertise in their areas of responsibility. 100% of faculty in both programs will show evidence of continuing education. 35% of the faculty in both programs will be involved in clinical practice on a regular basis.	At time of hire, each semester, annually, and upon license renewal.	Collect transcripts at time of hire; confirm licensure and renewal; review workload and office hours, and faculty data sheets.	In terms of graduate degree, faculty continues to strive to meet this criterion. Faculty has been able to participate in continuing education activities (i.e. local and/or national).	Continue to recruit master's level prepared faculty. Provide financial support to faculty pursuing graduate education.
2.1.1 The majority of part-time faculty are credentialed with a	100% of recruited part-time faculty will be encouraged to seek	At time of hire, annually, and upon license renewal.	Collect transcripts at time of hire, confirm licensure and renewal.	Part-time faculty is encouraged to pursue graduate education.	Revised advertisement for part-time faculty to include MSN

Standard	Component and Expected Outcome	Schedule and Responsibility	Evaluation Process	Actual Outcomes	Continuous Improvement, Future Plan
minimum of a master's degree with a major in nursing; the remaining part-time faculty hold a minimum of a baccalaureate degree with a major in nursing.	MSN credential and will have a minimum of a BSN.				preference. Clarification of DHS policy to include preference to MSN faculty for workload assignments. Implement strategies to hire and retain MSN prepared part-time faculty.
2.1.2 Rationale for the acceptance of other than the required graduate credential is provided by evidence of one of he following: ▪ Progress towards a graduate degree with a major in nursing ▪ Current coursework ▪ Related continuing education; or ▪ Certification relevant to the current teaching role. ▪	100% of faculty will demonstrate ongoing progress in their scholarly activities and/or professional development. 90% of faculty will complete a minimum of one scholarly activity each year. 100% of the faculty will demonstrate ongoing progress in their scholarly activities.	At time of hire, annually, and upon license renewal	Collect transcripts at time of hire, confirm licensure and renewal.	All faculty meets minimum credentialing as defined by college and accrediting body.	Maintain and monitor.
2.2 Faculty (full- and part-time) credentials meet governing organization and state requirements.	100% of the full and part time faculty will be licensed in the State of Colorado with an unencumbered professional license.	At time of hire, annually, and upon license renewal.	Collect transcripts and check references at time of hire, confirm licensure and renewal	All faculty meet criteria as outlined by governing and accrediting organizations.	Maintain and monitor.
2.3 Credentials of	100% of full and part	At time of hire,	Collect transcripts and	Lab faculty meets	Maintain and monitor.

Standard	Component and Expected Outcome	Schedule and Responsibility	Evaluation Process	Actual Outcomes	Continuous Improvement, Future Plan
practice laboratory personnel are commensurate with their level of responsibilities.	time faculty will be commensurate with their level of responsibilities in the practice lab (CEC).	annually, and upon license renewal.	check references at time of hire, confirm licensure and renewal	minimum credentials as outlined by governing and accrediting agencies.	
2.4 The number and utilization of faculty (full-and part-time) ensure that program outcomes are achieved.	Full time faculty will lead each course informally, along with the Program Director, and facilitate teaching and learning with the part-time faculty in order to achieve program outcomes	Continuous evaluation of staffing needs. Annual evaluation of program outcomes.	Assess faculty utilization through observations by Program Director, informal and formal communication. End of Semester/Program, Employer, Graduate, and Nursing Alumni Surveys. NCLEX pass rates.	Faculty-to-student ratios are appropriate to the setting and meet governing guidelines. All surveys are reviewed annually by faculty, Program Director, and Department Head. Outcomes are being met.	Maintain and monitor.
2.5 Faculty (full-and part-time) expertise is maintained in areas of responsibility.	90% of full-and part-time faculty will participate in continuing education and reflect participation in diversity of scholarship through teaching, application, integration, and discovery as it relates to educational effectiveness in nursing education. 35% of faculty will be involved in clinical practice on a regular basis.	Annually.	Verify license renewal achieved including continuing education requirements. Faculty performance evaluations. Submission of faculty data sheets.	Faculty is compliant with continuing education requirements. Performance evaluations document scholarship and evidence-based practice.	Maintain and encourage policies to assist faculty with remaining active in the clinical setting and participate in continuing education programs.

Standard	Component and Expected Outcome	Schedule and Responsibility	Evaluation Process	Actual Outcomes	Continuous Improvement, Future Plan
2.6 The number, utilization, and credentials of non-nurse faculty and staff are sufficient to achieve the program goals and outcomes.	The number and utilization of non-nurse faculty and staff will be sufficient to meet the needs of the nursing program and will meet the minimum requirements as defined in the job description.	Credentials at hire and annually. Continuous evaluation of staffing needs. Annually with performance review.	Obtain transcripts and references. Course offerings are sufficient and properly staffed. Job descriptions are regularly reviewed for accuracy. Performance reviews to document utilization and goal achievement.	100% of non-nursing and staff have required credentials.	Maintain and monitor.
2.7 Faculty (full-and part-time) are oriented and mentored in their areas of responsibilities.	100% of full- and part-time faculty will be oriented by nursing faculty, Program Director, and Department Head at time of hire or following a change in assignment.	At time of hire, and as needed.	Attendance at course faculty meetings.	100% compliance with full and part time faculty oriented to college, program, course and clinical	Maintain and monitor.
2.8 Systematic assessment of faculty (full-and part-time) performance demonstrates competencies that are consistent with program goals and outcomes.	100% of full-and part-time faculty will be systematically assessed per contract and performance demonstrates competencies that are consistent with program goals and outcomes. 80% of program's faculty will achieve a rating of Highly Proficient or above an as aggregate outcome on their annual	Per semester and at least annually.	Student Satisfaction Questionnaire (i.e. I-clicker). Clinical Instructor Observation. Evaluation Summary for Continuing Contract.	Faculty performance demonstrates competencies consistent with established benchmarks.	Maintain and monitor.

Standard	Component and Expected Outcome	Schedule and Responsibility	Evaluation Process	Actual Outcomes	Continuous Improvement, Future Plan
	performance evaluation. 80% of the faculty will achieve a composite ranking score of 4.0 on each semester's student course and/or clinical evaluation. 100% of the faculty will actively participate in college, department, program, or community activities.				
2.9 Non-nurse faculty and staff performance is regularly reviewed in accordance with the policies of the governing organization.	100% of non-nurse faulty and staff will meet the requirements as defined by the job description and per faculty contract or MSC policy.	At least annually or as defined by contract.	Staff performance evaluation.	Non-nurse faculty and staff performance are in accordance with governing organization policies.	Maintain and monitor.
2.10 Faculty (full-and part-time) engages in ongoing development and receives support in distance education modalities including instructional methods of evaluation.	Not applicable.				

Standard	Component and Expected Outcome	Schedule and Responsibility	Evaluation Process	Actual Outcomes	Continuous Improvement, Future Plan
Standard 3 – Students Student policies, development, and services support the goals and outcomes of the nursing education unit.					
3.1 Student policies of the nursing education unit are congruent with those of the governing organization, publicly accessible, non-discriminatory, and consistently applied; differences are justified by the goals and outcomes of the nursing education unit.	100% of nursing students will have received or downloaded a copy of the Nursing Student Handbook and will have electronic access to MSC's policies via the college website.	Each semester at nursing student orientation meetings. Biannual review/revision of handbook, catalog and website.	Student signs affidavit indicating receipt of and agreement to abide by policies in the Nursing Student Information Handbook. Student is responsible for checking their college email address for course and program updates. Review college catalog & Web site.	100% of students signed affidavits after receiving/downloading Nursing Student Handbooks. Students communicate via college mail address for program updates. Review shows congruency.	Maintain and monitor. Revise catalog & Web site as needed.
3.2 Student services are commensurate with the needs of students pursuing or completing the practical program, including those receiving instruction using alternative methods of delivery.	Student services will be commensurate with the needs of students pursuing or completing the nursing program.	At the conclusion of course, program, and annually. Faculty, Program Director, and Department Head review course instructional forms.	Every student is assigned a nursing faculty advisor. Graduate follow-up survey. End-of-Program survey. Student Questionnaire on Course room/Clinical Instruction.	100% of nursing students assigned faculty advisors. Most graduates expressed satisfaction with college services.	Continue to assess aggregate data to detect enhanced overall satisfaction with program.
3.3 Student educational and financial records are in compliance with the policies of the governing organization and state and federal guidelines.	Student educational and financial records will be in compliance with the policies of the governing organization and state and federal guidelines. 100% of audits will be completed on time.	Annual audits. Financial Aid staff.	Financial Aid Office maintains records in compliance with state and federal regulations. Review of college catalog & website for evidence of FERPA and ADA statements.	Audits show compliance with state and federal regulations. Catalog and Website confirm information availability on FERPA and ADA.	Administrators working to maintain high compliance rate. Maintain and monitor.

Standard	Component and Expected Outcome	Schedule and Responsibility	Evaluation Process	Actual Outcomes	Continuous Improvement, Future Plan
3.4 Compliance with the Higher Education Reauthorization Act Title IV eligibility and certification requirements is maintained.	Compliance with the Higher Education Reauthorization Act Title IV eligibility and certification requirements will be maintained.	With each student request for financial aid and as Federal criteria changes	With each audit. Review of files by Director of Admissions, Registrar, and Financial Aid Office.	100% compliance as reported by the Financial Aid Office.	Maintain and monitor.
3.4.1 A written, comprehensive student loan repayment program addressing student loan information, counseling, monitoring, and cooperation with lenders is available.	A written, comprehensive student loan repayment program addressing student loan information, counseling, monitoring, and cooperation with lenders will be available.	On college admission, in college publications, and in student application for financial aid.	Review of College catalog, Web site, and financial aid publications contain information which is readily accessible to the public. Interview of appropriate administrator.	Students are informed 100% of the time when student loans are sought according to Financial Aid Office. Financial Aid Office conducts information sessions annually related to financial aid and student obligations. Distribution of Financial Aid packet upon college admission and/or visit.	Maintain and monitor.
3.4.2 Students are informed of their ethical responsibilities regarding financial assistance.	Students will be informed of their ethical responsibilities regarding financial assistance.	On college admission and in student orientation sessions	Monitor student complaints.	100% of students who attended college orientation sessions were informed about financial aid policies.	Maintain and monitor.
3.5 Integrity and consistency exist for all information intended to inform the public, including the program's accreditation status and NLNAC contact information.	Integrity and consistency will exist for all information intended to inform the public, including the program's accreditation status and NLNAC contact information	Annual or as needed.	Review all program information both print and electronic to ensure proper information.	100% in compliance with print and electronic materials.	Maintain and monitor.

Standard	Component and Expected Outcome	Schedule and Responsibility	Evaluation Process	Actual Outcomes	Continuous Improvement, Future Plan
3.6 Changes in policies, procedures, and program information are clearly and consistently communicated to students in a timely manner.	Changes in policies, procedures and programs information will be clearly and consistently communicated to students in a timely manner	Annually or as needed.	Review and revision of Nursing Student Handbook. E-mail, memos, and in-class announcements of changes. Clarity when making revisions to College Catalog and Web site.	Nursing Student Handbook is reviewed and revised annually or as needed. All students are informed of changes.	Maintain methods of communication.
3.7 Orientation to technology is provided and technological support is available to students, including those receiving instruction using alternative methods of delivery.	Orientation to technology will be provided and technological support will be available to students, including those receiving instruction using alternative methods of delivery.	Each semester.	Online Questionnaire on instruction. Monitor student complaints.	All students are encouraged to attend WebCT orientation sessions. The IT Help Desk is available for assistance with login and WebCT problems or questions. Tutorials covering the most common problems are available on the college Web site for students.	Maintain and monitor.
3.8 Information related to technology requirements and policies specific to distance education is clear, accurate, consistent, and accessible.	Not applicable				

PN Program Benchmarks: Faculty utilizes the following benchmarks to evaluate curriculum effectiveness:

7. 80% of students will satisfactorily progress through each semester.
8. 80% of ongoing students will express satisfaction with their learning experience.
9. 80% of students will complete the program in three semesters.
10. 80% of graduates will express satisfaction with their learning experience.
11. 80% of students will pass NCLEX on their first attempt.
12. 80% of employers will express satisfaction regarding program graduates.

LPN-AAS Program Benchmarks: Faculty utilizes the following benchmarks to evaluate curriculum effectiveness:

8. 80% of students will satisfactorily progress through each semester.
9. 80% of ongoing students will express satisfaction with their learning experience.
10. 80% of students will complete the program in three semesters.
11. 80% of graduates will express satisfaction with their learning experience.
12. 80% of students will pass NCLEX on their first attempt.
13. 80% of employers will express satisfaction regarding program graduates.
14. 80% of alumni will express satisfaction regarding their preparation to compete in the work force.

Standard	Component and Expected Outcomes	Schedule and Responsibility	Evaluation Process	Actual Outcomes	Continuous Improvement, Future Plan
Standard 4 – Curriculum The curriculum prepares students to achieve the outcomes of the nursing education unit, including safe practice in contemporary health care environments.					
4.1 The curriculum incorporates established professional standards, guidelines, and competencies, and has clearly articulated student learning and program outcomes.	The curriculum will incorporate established professional standards, guidelines, and competencies and have clearly articulated student learning and program outcomes.	Annually.	Course curriculum compared to professional standards and guidelines identified for each program.	Documentation in nursing faculty minutes. Integrated as appropriate in syllabi.	Maintain, monitor, and revise as needed.
4.2 The curriculum is developed by the faculty and regularly reviewed for rigor and currency.	The curriculum will be developed by the faculty and regularly reviewed for rigor and currency.	Annually during end-of-year meetings and each semester.	Review of minutes documents action, discussion and timeline for implementation. Revisions to Student Information Handbook are made as needed to reflect changes to curriculum.	Any proposed changes to the nursing curriculum are submitted to the college curriculum committee and presented by the nursing faculty members.	Maintain, monitor and revise as needed.
4.3 The student learning outcomes are used to organize the curriculum, guide the delivery of instruction, direct learning activities, and evaluate student progress.	The student learning outcomes will be used to organize the curriculum, guide the delivery of instruction, direct learning activities, and evaluate student progress.	Each semester.	Review all nursing syllabi to verify necessary program outcomes are included; review all clinical evaluation tools to verify they flow from the program objectives and specific course outcomes.	100% of nursing syllabi, supplemental and clinical evaluation tools are organized according to program/ course outcomes.	Maintain, monitor and revise as needed.
4.4 The curriculum includes cultural, ethnic, and socially diverse concepts and may also include	The curriculum will include cultural, ethnic, and socially diverse concepts and may also include experience from	Annually.	Review course materials for thread inclusion. Course exams test on cultural differences and practices as well as	100% of nursing classes included cultural, ethnic, and socially diverse concepts in lecture and class activities.	Maintain, monitor and revise as needed.

Standard	Component and Expected Outcomes	Schedule and Responsibility	Evaluation Process	Actual Outcomes	Continuous Improvement, Future Plan
experiences from regional, national, or global perspectives.	regional, national or global perspectives.		diverse patient assignments in clinical.		
4.5 Evaluation methodologies are varied, reflect established professional and practice competencies, and measure the achievement of student learning and program outcomes.	Evaluation methodologies are varied, reflect established professional and practice competencies, and measure the achievement of student learning and program outcomes.	During and at the end of each course and each semester.	Theory grade must be 76% or higher. All program outcomes are evaluated and the student must achieve a each outcomes. Lab skills and math testing each semester. Skills check-offs throughout semester. Students must satisfactorily complete proctored Kaplan testing.	Attrition rates have dropped for each program; admission criteria revised to better screen potential students. A review of evaluation methods used in theory, clinical and lab reflect a variety of methodologies to measure student attainment of program/course outcomes.	Maintain, monitor and revise as needed. Quickly identify students experiencing difficulty; provide remediation and track their progression in the program. Identify NCLEX failures with final % score. Identify correlation between Kaplan test scores, course grades, and NCLEX pass rates.
4.6 The curriculum and instructional processes reflect educational theory, interdisciplinary collaboration, research, and best practice standards while allowing for innovation, flexibility, and technological advances.	The curriculum and instruction processes will reflect educational theory, interdisciplinary collaboration, research, and best practice standards while allowing for innovation, flexibility and technological advances. Determine integration of Quality, Safety and EBP added to curriculum.	Annual review. Each semester students evaluate courses.	Curriculum review. Student Satisfaction Survey; graduate survey; alumni survey.	Integration of Quality and Safety and Evidence Based Practice continues; faculty will educated on the teaching of Quality and Safety and EBP so they can teach students the concepts; students will be introduced to Quality and Safety and EBP throughout the curriculum. Faculty shared examples of Quality and Safety and	Maintain, monitor and revise as needed. EBP included in introductory courses as students enter the program.

Standard	Component and Expected Outcomes	Schedule and Responsibility	Evaluation Process	Actual Outcomes	Continuous Improvement, Future Plan
				EBP at nursing faculty meetings. Faculty discussed ways to include adjunct clinical faculty in the implementation of EBP in clinical teaching.	
4.7 Program length is congruent with the attainment of identified outcomes and consistent with the policies of the governing organization, state and national standards, and best practices.	**For each curriculum:** Program length will be congruent with the attainment of identified outcomes and consistent with the policies of the governing organization, state and national standards, and best practices. Students will graduate within the established time frame.	Each semester.	Review of student records. Students will complete program within established time frame to allow for attainment of expected outcomes.	Attrition rates have decreased suggesting admission criteria is appropriate.	Maintain, monitor and revise as needed. Continue to examine admission criteria to better identify potential successful applicants.
4.8 Practice learning environments are appropriate for student learning and support the achievement of student learning and program outcomes; current written agreements specify expectations for all patients and ensure the protection of students.	Practice learning environments will be appropriate for student learning and support the achievement of student learning and program outcomes; current written agreements specify expectations. Student survey responses will report the diversity in the learning environment, opportunities in the	Each clinical rotation and annually.	Review affiliation contracts annually and as needed. Faculty and student evaluation of clinical sites.	Students report a positive clinical experience generally and on occasion report conflict/issue with staff in clinical facilities.	Maintain, monitor and revise as needed; Program Director and Department Head conducts a follow up with clinical agency of reported conflicts or issues on a clinical unit. Review clinical schedule and assign students to units where learning experiences will be positive.

Standard	Component and Expected Outcomes	Schedule and Responsibility	Evaluation Process	Actual Outcomes	Continuous Improvement, Future Plan
	clinical setting and relationships with facility staff.				
4.8.1 Student clinical experiences reflect current best practices and nationally established patient health and safety goals.	Student clinical experiences will reflect current best practices and nationally established patient health and safety goals.	Each clinical rotation.	Clinical evaluation tools. Nursing Advisory Council input.	Student evaluation of clinical sites overall good to excellent; occasional pattern of concern related to staff relationship with students. Nationally recognized hospitals and institutions all meet accrediting standards as defined by JACHO).	Maintain, monitor, and revise with follow up by Program Director of and Department Head as needed with clinical site liaison.
4.9 Learning activities, instructional material, and evaluation methods are appropriate for the delivery format and consistent with student learning outcomes.	Learning activities, instructional materials, and evaluation methods are appropriate for traditional teaching environments.	Ongoing.	Student feedback. Faculty observation.	The teaching/learning practices are appropriate for a traditional teaching environment. LPN-AAS program will be offering several courses online beginning January 2011.	Continue to evaluate and revise as needed. Assess the appropriateness and effectiveness of online courses for LPN-AAS students.

Standard	Component and Expected Outcomes	Schedule and Responsibility	Evaluation Process	Actual Outcomes	Continuous Improvement, Future Plan
Standard 5 – Resources Fiscal, physical, and learning resources promote the achievement of the goals and outcomes of the nursing education unit.					
5.1 Fiscal resources are sufficient to ensure the achievement of the nursing education unit outcomes and commensurate with the resources of the governing organization.	Fiscal resources will be sufficient to ensure the achievement of the nursing education unit outcomes and commensurate with the resources of the governing organization.	Monthly and annually.	Review and creation of budget proposal during Nursing Faculty and DHS meetings. Department Head monitors budget monthly.	Request additional full-time faculty in 2009. Number of part-time faculty remains consistent.	Maintain and monitor budgetary needs annually. Continue to see external funding sources. Purchase approved budget expenditures in a timely manner to ensure maximum use during academic year.
5.2 Physical resources (classrooms, laboratories, offices, etc.) are sufficient to ensure the achievement of the nursing education unit outcomes and meet the needs of faculty, staff, and students.	Physical resource (classrooms, labs, offices, etc) will be sufficient to ensure the achievement of the nursing education unit outcomes and meet the needs of faculty, staff, and students.	Annually.	Central booking allocates classroom usage. Student surveys and faculty reports.	Continuous simulation lab improvements and acquisition of needed up-to-date equipment. DHS moved into renovated building in 2009.	Maintain and monitor, revise as needed.
5.3 Learning resources and technology are selected by the faculty and are comprehensive, current, and accessible to faculty and students, including those engaged in alternative methods of	Learning resources and technology will be selected by the faculty and are comprehensive, current, and accessible to faculty and students, including those engaged in alternative method of delivery.	Continuous and annually.	Review of resources and technology each year to prepare for budget requests. Attendance at educational conferences and presentations and college committees. Nursing faculty in	All classrooms have media teaching station and videotaping technology with internet access. Implemented clickers allowing interactive teaching/learning in the classroom. Continue requesting	Maintain and monitor, Revise as needed. Collaborate with library staff to determine appropriate printed nursing resources that need to be added to library holdings.

delivery.			collaboration with library and technology staff. Student surveys.	new publications for library holdings.	
5.4 Fiscal, physical, technological, and learning resources are sufficient to meet the needs of faculty and students and ensure that students achieve learning outcomes.	Not applicable				

Standard	Component and Assessment Strategy	Schedule and Responsibility	Evaluation Process	Actual Outcomes	Continuous Improvement, Future Plan
Standard 6 – Outcomes Evaluation of student learning demonstrates that graduates have achieved identified competencies consistent with the institutional mission and professional standards and that the outcomes of the nursing education unit have been achieved.					
6.1 The systematic plan for evaluation emphasizes the ongoing assessment and evaluation of the student learning and program outcomes of the nursing education unit and NLNAC standards.	The systematic plan for evaluation will be emphasized on the ongoing assessment and evaluation of the student learning and program outcomes of the nursing education unit and NLNAC standards.	Annual	Review of Systematic Evaluation Plan as guide to assessment and evaluation of student learning outcomes; State Board Annual Report.	Nursing programs follow SEP; annual report submitted to state board with approval each year (Annual Report built on SEP criteria).	Maintain and monitor, revise as needed.
6.2 Aggregated evaluation findings inform program decision-making and are used to maintain or improve student learning outcomes.	Aggregated evaluation findings will inform program decision making and are used to maintain or improve student learning outcomes.	Annual or as needed.	Review of faculty meeting and advisory council minutes as findings and changes are documented.	Meeting minutes reflect topics, discussion. and ongoing evaluation of program.	Maintain and monitor, revise as needed.
6.3 Evaluation findings are shared with communities of interest.	Evaluation findings will be shared with communities of interest	Annually	Review final report of current student, graduate, clinical site, and employer surveys with Nursing Advisory Council.	Evaluation findings shared through formal and informal mechanisms. Overall good to excellent feedback shared with communities of interest.	Maintain and monitor, revise as needed.
6.4 Graduates demonstrate achievement of competencies appropriate to role preparation.	Graduates will demonstrate achievement of competencies appropriate to role preparation	Annually Faculty, Program Director, Department Head	Have graduates complete Graduate Survey. Review Employer Survey results; Review Kaplan scores. Review licensing exam	Employers generally are positive regarding performance of graduates.	Maintain and monitor, revise as needed; review aggregate results each semester.

Standard	Component and Assessment Strategy	Schedule and Responsibility	Evaluation Process	Actual Outcomes	Continuous Improvement, Future Plan
			results.		
6.5 The program demonstrates evidence of achievement in meeting the following program outcomes. ▪ Performance on licensure exam ▪ Program completion ▪ Program satisfaction ▪ Job placement	Ongoing students and graduates will demonstrate evidence of achievement in meeting program outcomes.	Ongoing End-of-Semester Annually Faculty, Program Director, Department Head	Have students and graduates complete evaluation materials.	Students and graduates are generally positive about their learning experiences. Graduates are able to meet established program outcomes/benchmarks.	Maintain and monitor.
6.5.1 The licensure exam pass rates will be at or above the national mean.	The licensure exam pass rates will be at or above the Colorado mean.	Review quarterly reports and provide update to faculty and college annually.	Review NCLEX report quarterly.	NCLEX-PN Pass Rates 2006-07 = 100% 2007-08 = 96% 2008-09 = 100% 2009-10 = 100% LPN-AAS Pass Rates: 2005 = 100% 2006 = 81% 2007 = 83% 2008 = 85% 2009 = 84% Note: all graduates passed NCLEX on the 2nd attempt.	Maintain and monitor.
6.5.2 Expected levels of achievement for program completion are determined by the faculty and reflect program demographics,	Expected levels of achievement for program completion will be determined by the faculty and reflect program demographics, academic progression,	Annual	Review annually the attrition rates; determine factors that reflect program components that may influence attrition.	PN Attrition rates: 2007 - 3% 2008 - 13% 2009 - 23% 2010 - 10% LPN-AAS attrition: 2005 - 26%	Maintain and monitor; revise as needed.

Standard	Component and Assessment Strategy	Schedule and Responsibility	Evaluation Process	Actual Outcomes	Continuous Improvement, Future Plan
academic progression, and program history.	and program history.			2006 - 19% 2007 - 5% 2008 - 6% 2009 - 11% Note; all students after 2006 eventually were successful in completing the program.	
6.5.3 Program satisfaction measure (qualitative and quantitative) address graduates and their employers.	Program satisfaction measures (qualitative & quantitative) will address graduates and their employers.	Annual End of Program Survey; Employer Survey	Review written and numerical findings from surveys; report findings to faculty and Advisory Council.	Overall satisfactory feedback received from program graduates and their employers.	Maintain and monitor, revise as needed.
6.5.4 Job placement rates are addressed through quantified measures that reflect program demographics and history.	Job Placement rates will be addressed through quantified measures that reflect program demographics and history	Annually by the college 6 months to 1 year post graduation.	Review survey and college data reports Review how Graduate Surveys are completed.	Job placement rates are representative of current job market. Determine how many LPN-AAS graduates remain with same employer.	Maintain and monitor, revise as needed.
6.6 The systematic plan for evaluation encompasses students enrolled in distance education and includes evidence that student learning and program outcomes are comparable for all students.	Not applicable				

APPENDIX 10
PN Clinical Evaluation Tool
MESA STATE COLLEGE
Department of Health Sciences
Nursing Fundamentals
Sample Clinical Evaluation Tool

Name_____ Date_____

Clinical evaluation is a collaborative effort between the student and the faculty member with input from the clinical facility nurses. The student is evaluated according to accomplishment of course and clinical objectives, as evidenced by level outcomes in core competency areas as well as successful performance of the following critical behaviors.

Critical Behaviors

Students must successfully perform the following critical performance behaviors based on pass-fail criteria. Failure to perform at a passing level in any of these automatically results in clinical failure, regardless of clinical performance in other areas.

1. Safety

Pass: The student will maintain a safely-based practice. Student consistently maintains safe clinical environment. Student consistently takes safety precautions while providing patient care. Student will identify safety standards for the clinical facility.

Fail: Student does not consistently maintain a safe environment. Examples of unsafe practice include, but are not limited to: failure to follow through with critical tasks, performing procedures in an unsafe manner, failure to identify and/or attend to environmental hazards.

2. Preparation for Care

Pass: The student will demonstrate preparation before any clinical experience

Fail: Student does not come to clinical area adequately prepared.

Accountability/Honesty

Pass: The student will maintain honesty at all times. The student will report error or omissions in care to the primary nurse and instructor as soon as recognized. The student will accept responsibility for behaviors and consequences.

Fail: Falsification of information provided to the nurse or documentation of patient information. Failure to report known errors or omissions, and failure to accept responsibility for behavior and consequences.

Confidentiality

Pass: The student will identify privileged information and share information only with appropriate personnel and in appropriate settings.

Fail: The student discusses privileged information about patients with persons not involved in patient care or in a public place.

Medications

Pass: The student will consistently follow the 5 rights of medication administration. The student will be able to verbalize appropriate drug information pertinent to patient care.

Fail: Violation of one or more of the rights during medication administration on more than two occasions or at instructor's discretion. Is unable to consistently verbalize appropriate drug information related to patient care.

Level Outcomes

Students are evaluated based on specific behaviors for four core competency areas of the curriculum: ***communication, critical thinking(nursing process), assessment, and nursing skills*** in addition to ***professional development.*** Specific behaviors are identified for each area. The student is given an average score for each behavior based on the clinical performance rating scale below. The scores are converted to a percentage and letter grade at the end of the clinical rotation. Students must have at least a 76% overall to pass the clinical course. Refer to Grading Criteria in Student Handbook.

Any student receiving a clinical rating on any behavior less than 2 will be placed on probation going into the next clinical course. Failure to improve any score less than 2, halfway through the next clinical rotation will result in failure of the course. In addition, 3% will be deducted from the final grade for each 1, and 5% will be deducted for each 0.

Clinical absences and tardies will follow clinical attendance policy in Student Handbook.

Clinical Performance Rating Scale

4	Consistently functions with little or no guidance, except in very complex situations. Demonstrates outstanding performance of nursing care. Demonstrates superior knowledge and consistently integrates appropriate knowledge with skills. Is consistently self-directed in his/her approach to learning (e.g. initiates new learning experiences.)
3	Generally functions satisfactorily with minimum guidance in the usual clinical situation. Demonstrates above average performance of nursing care. Solidly demonstrates accurate and appropriate knowledge and usually integrates knowledge with skills. Recognizes learning opportunities but may require assistance in utilizing them.
2	Functions safely with moderate amount of guidance in the usual clinical situation. Demonstrates average performance of nursing care. Demonstrates adequate knowledge and requires moderate assistance in integrating knowledge with skills. Requires some direction in recognizing and utilizing learning opportunities.
1	Usually requires intense guidance for the performance of activities at a safe level. Clinical performance reflects difficulty in the provision of nursing care. Demonstrates gaps in necessary knowledge and requires frequent assistance in integrating knowledge and skills. Requires frequent and detailed instruction regarding learning opportunities.
0	Is considered unsafe to practice without constant, intense guidance. Failed to meet clinical objectives. Frequently lacks necessary knowledge and skills and is unable to integrate these into practice. Requires constant, detailed instructions regarding learning opportunities and is often unable to utilize them.

<u>Each student will choose an area/areas to document on for each clinical day as a self evaluation. If a nursing or nursing instructor signature is required please include beside category.</u> ***Make sure the entries are dated***

Anecdotal Record (Spring 2010)

Student:_____ Instructor:_____ Sem:Fall 2010

Therape	Assess-ment	Appropriate Interact	Personal Cares provided	Emotional Care	NGT insert	NGT/ PEG TF	F/C insert	F/C dc'ed	F/C & Peri Care	Straight Cath	Urine Spec	Suture / Staples	Wound Dressing	Feed Pt
Med	I PO	IM / SC	SUPP	Topical / eye /ear	Isolation technique	Enema	Non pharm pain	Colostomy Care	O2 airway mgmt	Chest tubes	Monitor I&O	Palliative care	ROM & CPM	BG
Date														

Preparation	□ Pt profile □ Meds □ Patho □ NCP □ Daily goal identified □ needs improvement □ counseled	Comment: □ Daily goal addressed
Assessment	□ accurate/verified □ needs improvement □ counseled	Comment:
Communication	□ positive w/ staff, peers, pt & family □ needs improvement □ counseled	Comment:
Accountability	□ appropriate dress & grooming, timely & professional □ HIPPA / confidentiality maintained □ safety maintained □ needs improvement □ counseled	Comment:
	□ Tell me more about_____ □ How did you_____ □ What complications might you expect_____ □ Other_____ □ counseled	Comment: Number of prompts to right answers:_____

Date_____

Preparation	□ Pt profile □ Meds □ Patho □ NCP □ Daily goal identified & addressed □ needs improvement □ counseled	Comment: □ Daily goal addressed
Assessment	□ accurate/verified □ needs improvement □ counseled	Comment:
Communication	□ positive w/ staff, peers, pt & family □ needs improvement □ counseled	Comment:
Accountability	□ appropriate dress & grooming, timely & professional □ HIPPA / confidentiality maintained □ safety maintained □ needs improvement □ counseled	Comment:
Critical Thinking	□ Tell me more about_____ □ How did you_____ □ What complications might you expect_____ □ Other_____ □ counseled	Comment: Number of prompts to right answers:_____

Date_____

Preparation	□ Pt profile □ Meds □ Patho □ NCP □ Daily goal identified & addressed □ needs improvement □ counseled	Comment: □ Daily goal addressed
Assessment	□ accurate/verified □ needs improvement □ counseled	Comment:
Communication	□ positive w/ staff, peers, pt & family □ needs improvement □ counseled	Comment:
Accountability	□ appropriate dress & grooming, timely & professional □ HIPPA / confidentiality maintained □ safety maintained □ needs improvement □ counseled	Comment:
Critical Thinking	□ Tell me more about_____ □ How did you_____ □ What complications might you expect_____ □ Other_____ □ counseled	Comment: Number of prompts to right answers:_____

Student Signature_____**Date:**_____
Instructor Signature_____ **Date:**_____

Clinical Instructor/s Evaluation

Critical Thinking & Nursing Process Outcomes: The student will:

A. Demonstrate ability to care for individuals with common and anticipating changing problems

___/___ Adapt theory and skills principles from textbook to individual patient
___/___ Assists in identifying appropriate nursing diagnoses based on subsystem data collection
___/___ Assists in developing measurable patient goals

B. Demonstrates ability to effectively communicate findings

___/___ Accurately reports pertinent findings appropriately
___/___ Evaluates verbally, and in writing, the care of the patient

AVERAGE SCORE:_____

Comments:

Patient Advocacy: The student will:

A. Communication with patient/family

___/___ Displays empathy, concern, & respect to patient/family through eye-contact, active listening, verbal & non-verbal communication
___/___ Verbalizes and communicates patient and family needs appropriately
___/___ Inspires confidence w/ verbal and non-verbal responses

B. Patient Teaching

___/___ Identifies and plans for appropriate teaching opportunities.
___/___ Offers patient/family information related to their care that supports their right to make informed healthcare decisions.

C. Professionalism

___/___ Displays professional behaviors in accordance with Mesa State College student handbook, PN Student handbook and accepted professional standards of practice.
___/___ Adheres to standards of professional practice, is accountable for her/his own actions and behaviors, and practices nursing within legal, ethical, and regulatory frameworks.
_____ Demonstrates professional caring by creating an environment of hope and trust, where patient choices related to cultural values, beliefs, and lifestyle are respected

(NLN, 2000).

AVERAGE SCORE:_____

Comments:

Basic Assessment and Nursing Skills: The student will:

A. Demonstrate basic assessment abilities within the scope of LPN practice

___/___ Collects subjective and objective in-depth data using systematic methods.
___/___ Utilizes appropriate sources of data collection: patient, family, medical record, other health care providers
___/___ Provides ongoing assessment, reporting findings appropriately
___/___ Utilizes findings, within scope of practice, to design patient care.
____/__ Documents legibly, accurately and with pertinent data.

B. Demonstrates proficiency in in Nursing skills and interventions

___/___ Correctly verbalizes rationale for using nursing intervention(s)/skill(s).
___/___ Identifies potential problems/complications that may arise from given procedure(s).
___/___ Prepares patient physically and psychologically before performing nursing interventions.
___/___ Evaluates patient outcomes using critical thinking and creative problem-solving.
___/___ Accurately documents findings, interventions, outcomes.
___/___ Provides relevant information to appropriate individuals in clear, thorough and accurate manner.

AVERAGE SCORE:_____

Comments:

Communication and Personal Development: The student will:

A. Engage in effective working relationships

_____ Forms productive relationships with instructor and peers.

_____ Effectively participates in group process.
_____ Contributes to discussion appropriately.

B. Assertive in Professional Development

_____ Occupies time fully by appropriately seeking new learning experiences when patient care opportunities are limited.
_____ Offers assistance to peers and/or staff as needed.

C. Assertive in Personal Development

_____ Demonstrates punctuality, responsibility & accountability.
_____ Maintains professional boundaries in the learning situation.
_____ Analyzes own strengths and weakness.
_____ Strives for excellence in clinical area by incorporating new behaviors into clinical practice.

AVERAGE SCORE:_____

Comments:

GRADING:

- **Clinical Evaluation:** **70% of Grade** **_____**
  - Average Score Critical Thinking & Nursing Process Outcomes: _____
  - Average Score Patient Advocacy: _____
  - Average Score Basic Assessment and Nursing Skills: _____
  - Average Score Communication and Personal Development: _____

  TOTAL = _____ /4 = _____

  Conversion Scale **=** **_____%**
- **Care Planning** **30% of Grade** **_____**

- Attendance (per handbook): Five percentage points will be subtracted off the final clinical grade for each of the following:
    1. Tardy more than twice
    2. Each absence over two for courses lasting an entire semester or each absence over one for courses lasting less than a whole semester.
    3. A no-call/no-show in clinical or if unprepared for clinical assignment.

Attendance factor : **Yes** **No**

FINAL _____%

Instructor (Signature)_____Date_____

Instructor (Signature)_____Date_____

Instructor (Signature)_____Date_____

Student (Signature)_____Date_____

Nursing Student Self Evaluation

Critical Thinking & Nursing Process Outcomes: The student will:

C. Demonstrate ability to care for individuals with common and anticipating changing problems

___/___ Adapt theory and skills principles from textbook to individual patient

___/___ Assists in identifying appropriate nursing diagnoses based on subsystem data collection

___/___ Assists in developing measurable patient goals

D. Demonstrates ability to effectively communicate findings

___/___ Accurately reports pertinent findings appropriately

___/___ Evaluates verbally, and in writing, the care of the patient

Comments:

Patient Advocacy: The student will:

D. Communication with patient/family

___/___ Displays empathy, concern, & respect to patient/family through eye-contact, active listening, verbal & non-verbal communication

___/___ Verbalizes and communicates patient and family needs appropriately

___/___ Inspires confidence w/ verbal and non-verbal responses

E. Patient Teaching

___/___ Identifies and plans for appropriate teaching opportunities.

___/___ Offers patient/family information related to their care that supports their right to make informed healthcare decisions.

F. Professionalism

___/___ Displays professional behaviors in accordance with Mesa State College student handbook, PN Student handbook and accepted professional standards of practice.

___/___ Adheres to standards of professional practice, is accountable for her/his own actions and behaviors, and practices nursing within legal, ethical, and regulatory frameworks.

_____ Demonstrates professional caring by creating an environment of hope and trust, where patient choices related to cultural values, beliefs, and lifestyle are respected

(NLN, 2000).

Comments:

Basic Assessment and Nursing Skills: The student will:

C. Demonstrate basic assessment abilities within the scope of LPN practice

___/___ Collects subjective and objective in-depth data using systematic methods.

___/___ Utilizes appropriate sources of data collection: patient, family,

medical record, other health care providers
___/___ Provides ongoing assessment, reporting findings appropriately
___/___ Utilizes findings, within scope of practice, to design patient care.
____/__ Documents legibly, accurately and with pertinent data.

D. Demonstrates proficiency in in Nursing skills and interventions

___/___ Correctly verbalizes rationale for using nursing intervention(s)/skill(s).
___/___ Identifies potential problems/complications that may arise from given procedure(s).
___/___ Prepares patient physically and psychologically before performing nursing interventions.
___/___ Evaluates patient outcomes using critical thinking and creative problem-solving.
___/___ Accurately documents findings, interventions, outcomes.
___/___ Provides relevant information to appropriate individuals in clear, thorough and accurate manner.

Comments:

<u>Communication and Personal Development</u>: The student will:

D. Engage in effective working relationships
_____ Forms productive relationships with instructor and peers.
_____ Effectively participates in group process.
_____ Contributes to discussion appropriately.

E. Assertive in Professional Development
_____ Occupies time fully by appropriately seeking new learning experiences when patient care opportunities are limited.
_____ Offers assistance to peers and/or staff as needed.

F. Assertive in Personal Development
_____ Demonstrates punctuality, responsibility & accountability.
_____ Maintains professional boundaries in the learning situation.
_____ Analyzes own strengths and weakness.
_____ Strives for excellence in clinical area by incorporating new behaviors into clinical practice.

Comments:

APPENDIX 11
LPN-AAS Clinical Evaluation Tool
MESA STATE COLLEGE
Department of Health Sciences
Nursing Care of the Childbearing Family
Sample CLINICAL EVALUATION TOOL

NAME _____ DATE _____

Clinical evaluation is a collaborative effort among the student, the faculty member, and agency preceptors. The student is evaluated according to accomplishment of course and clinical objectives as evidenced by level outcomes in core competency areas as well as successful performance of the following critical behaviors.

Critical Behaviors
Student must successfully perform the following critical behaviors based on pass-fail criteria. Failure to perform at a passing level in any of these automatically results in clinical failure, regardless of clinical performance in other areas.

1. Safety
Pass: The student will maintain a safety-based practice. Student consistently maintains a safe clinical environment. Student consistently takes safety precautions while providing patient care. Student will identify safety standards for the clinical facility.
Fail: Student does not consistently maintain a safe clinical environment. Examples of unsafe practice include, but are not limited to: failure to follow through with critical tasks, performing procedures in an unsafe manner, failure to identify and or attend to environmental hazards.

2. Preparation for care
Pass: The student will demonstrate preparation before any clinical experience.
Fail: Student does not come to clinical area adequately prepared.

3. Accountability/Honesty
Pass: The student will maintain honesty at all times. The student will report error or omissions in care to the primary care nurse and instructor as soon as recognized. The student will accept responsibility for behavior and consequences.
Fail: Falsification of information provided to the nurse or in documentation of patient information and failure to report known errors or omissions, and failure to accept responsibility for behavior and consequences.

4. Confidentiality
Pass: The student will identify privileged information and shares information only with appropriate personnel and in an appropriate setting.
Fail: The student discusses privileged information about patients with persons not involved inpatient care or in a public place.

5. Medications
Pass: The student will consistently follow the 5 rights of medication administration. The student will be able to verbalize appropriate drug information pertinent to patient care.
Fail: Violation of one or more of the rights during medication administration on more than two occasions or at instructor's discretion. Is unable to consistently verbalize appropriate drug information related to patient care.

Level Outcomes

Students are evaluated based on specific behaviors for four core competency areas of the curriculum: ***communication, critical thinking (nursing process), assessment, and nursing skills*** in addition to ***professional development***. Specific behaviors are identified for each area. The student is given an average core for each behavior based on the clinical performance rating scale below. The scores are converted to a percentage and letter grade at the end of the clinical rotation. Students must have at least a 76% overall to pass the clinical course. Refer to Grading Criteria in Student Handbook.

Any student receiving a clinical rating on any behavior less than 2 will be placed on probation going into the next clinical course. Failure to improve any score less than 2, halfway through the next clinical rotation will result in failure of the course. In addition, 3% will be deducted from the final grade for each 1, and 5% will be deducted for each 0.

Clinical Performance Rating Scale

4	Consistently functions with little or no guidance, except in very complex situations. Demonstrates outstanding performance of nursing care. Demonstrates superior knowledge and consistently integrated appropriate knowledge with skills. Is consistently self-directed in his/her approach to learning (e.g. initiates new learning experiences.)
3	Generally functions satisfactorily with minimum guidance in the usual clinical situation. Demonstrates above average performance of nursing care. Solidly demonstrates accurate and appropriate knowledge and usually integrates knowledge with skills. Recognizes learning opportunities but may require assistance in utilizing them.
2	Functions safely with moderate amount of guidance in the usual clinical situation. Demonstrates average performance of nursing care. Demonstrates adequate knowledge and requires moderate assistance in integrating knowledge with skills. Requires some direction in recognizing and utilizing learning opportunities.
1	Usually requires intense guidance for the performance of activities at a safe level. Clinical performance reflects difficulty in the provision of nursing care. Demonstrates gaps in necessary knowledge and requires frequent assistance in integrating knowledge and skills. Requires frequent and detailed instruction regarding leaning opportunities.
0	Is considered unsafe to practice without constant, intense guidance. Failed to meet clinical objectives. Frequently lacks necessary knowledge and skills and in unable to integrate these into practice. Requires constant, detailed instructions regarding learning opportunities and is often unable to utilize them.

I. COMMUNICATION OUTCOMES

A. Communication with patient/family

Behaviors:
_____ 1. Verbalizes and communicates patient and family needs.
_____ 2. Establishes therapeutic relationships with patient/families.
_____ 3. Utilized alternative communication techniques for a specific situation.
_____ 4. Recognizes barriers to therapeutic communication skills in self and identifies plan for resolution.

Average Score _____

B. Communication with Instructors/Staff/Physicians/Peers
Behaviors:
_____ 1. Collaborates with patients, families and staff to provide nursing care
_____ 2. Communicates clearly and appropriately when discussing patient care issues with instructor, staff and/or peers.

Average Score _____

C. Patient Teaching
Behaviors:
_____ 1. Identifies and plans appropriate teaching opportunities with the individual patient and or in a group setting.
_____ 2. Assesses patient's level of understanding and modifies plan as indicated.

Average Score _____

D. Documentation
Behaviors:
_____ 1. Reports on significant observation, nursing care and patient's response to health team members.
_____ 2. Record accurate, pertinent patient data on appropriate documents.
_____ 3. Submits legible paperwork as assigned.

Average Score _____

E. Group Process
Behaviors:
_____ 1. Forms productive relationships with all peers.
_____ 2. Facilitates participation of patients during interactions.

_____ 3. Facilitates participation of peers in post clinical discussion, participates actively in group process.

*Average Score*_____

Comments Related to Communication:

II. CRITICAL THINKING/NURSING PROCESS OUTCOMES

A. Resources for nursing care delivery

Behaviors:

_____ 1. Comes prepared to all clinical experiences.
_____ 2. Readily states/documents principles utilized in providing care to patients.
_____ 3. Relates knowledge from previous courses in care of patients.
.

Average Score _____

B. Assessment: Subjective Data

_____ 1. Conducts interview with patient and /or family to obtain subjective data.
_____ 2. Recognizes significant data and modifies interview to explore area of significance.

Average Score _____

C. Assessment: Objective Data

Behaviors:

_____ 1. Completes ongoing physical assessment of the maternal-child patient.
_____ 2. Correlates data based on clinical finding as well as laboratory and diagnostic procedures.
_____ 3. Continuously adds to data base utilizing techniques learned from this semester's courses and previous courses.
_____ 4. Identifies changes in patient condition for baseline assessment and investigates need for further data.

Average Score _____

D. Contribution to Formulation of Nursing Diagnoses

Behaviors:

_____1. Contributes data used by the registered nurse in the formulation of nursing diagnoses for

the maternal-child patient.

Average Score _____

E. Planning

Behaviors:

_____ 1. Verbalizes appropriate plan of care based on adequate preparation for patient care.
_____ 2. Provides rationale for nursing decisions using relevant assessment knowledge, data, and developmental assessment
_____ 3. Formulates appropriate goals/outcomes.
_____ 4. Identifies appropriate nursing interventions and realistic expected outcomes.

Average Score _____

F. Implementation

Behaviors:

_____ 1. Competently completes nursing care within appropriate time frame.
_____ 2. Occupies time fully by appropriately seeking new learning experiences when patient care opportunities are limited.
_____ 3. Evaluates time management and identifies methods for improvement, if necessary.
_____ 4. Demonstrates caring behavior when intervening with patient/family.
_____ 5. Acts as a patient advocate at all times.
_____ 6. Adheres to agency and nursing program policies and procedures in delivery of patient care.

Average Score _____

G. Evaluation

Behaviors:

_____1. Collaborates with patient and other health member regarding outcomes.
_____2. Modifies plan as necessary to meet patient needs.
_____3. Evaluates whether learning goal has been met.

Average Score _____

Comments related to nursing process:

III. NURSING SKILLS

A. Nursing Skills/Interventions

Behaviors:

_____ 1. Correctly verbalizes rationale for nursing interventions provided to the patient.
_____ 2. Identifies potential problems/complications that may arise from a given procedure.
_____ 3. Provides appropriate information to the patient before administering medications.
_____ 4. Provides appropriate information to the patient before performing nursing interventions.

Average Score _____

Comments related to nursing skills:

B. Nursing Skills Pediatrics

____ 1. Demonstrate an understanding of human growth and development in relation to patient care.
____2. Identifies critical differences between the care of the adult and the care of a pediatric patient.
____3. Conducts ongoing assessment of the pediatric patient.

Average Score _____

IV. PROFESSIONAL DEVELOPMENT

A. Professional Behaviors

Behaviors:

_____ 1. Demonstrates punctuality, responsibility and accountability.
_____ 2. Maintains professional boundaries in the learning situation.
_____ 3. Analyzes own strengths and weaknesses.
_____ 4. Strives for excellence in clinical area by incorporating new behaviors into clinical practice.
_____5. Employs professional values, attitudes and behaviors on social and ethical issues related to the maternal-child patient/family, the work environment and the educational setting.

Average Score _____

B. Physical Appearance

Behavior:

_____ 1. Follows dress code
_____ 2. Presents a professional image in dress, as well as behavior, language, and attitude.

Average Score _____

Comments related to professional development:

Total Points _____ divided by focus area (16) _____ (conversion scale) = _____ %

1. Clinical Performance 60% x _____ (grade) = _____ points
2. Clinical Papers 25% x _____ (grade) = _____ points
3. Attendance 10% x_____ (grade) = _____ points
4. Journal 5% x _____(grade) = _____points

_____ Total points

Final grade _____

Comments:

Student Signature _____ Date _____

Instructor Signature _____ Date _____

Instructor Signature _____ Date _____

APPENDIX 12

SAMPLE AFFILIATION AGREEMENT
BETWEEN MESA STATE COLLEGE AND
COMPANY NAME/TITLE

This Agreement is made as of this Date day of Month, 2010, by and between State of Colorado acting by and through the Board of Trustees of Mesa State College for the use and benefit of Mesa State College, hereinafter referred to as "College" and Company Name/Title, hereinafter referred to as "Agency".

WITNESSETH:
WHEREAS, College offers to enrolled students a degree in the Nursing, EMS, and Radiologic Technology,

WHEREAS, College desires to provide to its students a clinical learning experience through the application of knowledge and skills in actual patient-centered situations; and

WHEREAS, Agency has agreed to make its facility available to College for such purposes.

NOW, THEREFORE, in consideration of the mutual promises contained herein, the parties hereby agree as follows:

1. RESPONSIBILITIES OF COLLEGE

a. College shall be responsible for the implementation and operation of the clinical component of its program at Agency, which program shall be approved in advance by Agency. Such responsibilities shall include, but be limited to, the following:

i. orientation of students to the clinical experience at Agency;

ii. provision of classroom theory and practical instruction to students prior to the clinical assignments at Agency;

iii. preparation of student/patient assignments and rotation plans for each student and coordination of same with Agency;

iv. continuing communication with Agency regarding student performance and evaluation, absences and assignments of students, and other pertinent information;

v. supervision of students and their performance at Agency;

vi. performance of such other duties as may from time to time be agreed to between College and Agency.

All students, faculty, employees, agents and representatives of College participating in the program at Agency (the "Program Participants") shall be accountable to the Agency's President (or CEO) or his/her designee.

b. College shall maintain for itself appropriate liability insurance coverage in accordance with Colorado law. College is self-insured for general liability in accordance with the provisions of the Colorado Governmental Immunity Act, §§24-10-101, et seq., C.R.S., and the Colorado Risk Management Act, §§24-30-1501, et seq., C.R.S.

c. College and Agency agree that Agency is not responsible for any Workers' Compensation or disability claim filed by a student or faculty member of College. The parties agree that the students are not employees of Agency and are not covered by Agency Workers' Compensation. The faculty are employees of College and are covered accordingly under Workers' Compensation.

d. Students shall pass a medical examination prior to their participation in the program.

e. College shall require the students to dress in accordance with dress and personal appearance standards approved by College. Such standards shall be in accordance with Agency's standards regarding same.

f. All faculty provided by College shall be duly licensed, certified, or otherwise qualified, to participate in the program at Agency. College shall have a specially designated staff for the performance of the services specified herein. College and all Program Participants shall perform its and their duties and services hereunder in accordance with all relevant local, state, and federal laws and shall comply with the standards and guidelines of all applicable accrediting bodies and the bylaws, rules and regulations of Agency and any rules and regulations of College, as may be in effect from time to time. Neither College, nor any Program Participant, shall interfere with or adversely affect the operation of Agency or the performance of services therein.

2. RESPONSIBILITIES OF AGENCY

a. Agency shall accept the students assigned to the program by College and cooperate in the orientation of all Program Participants to Agency. Agency shall provide the opportunities for such students, who shall be supervised by College and Agency, to observe and assist in various aspects of patient care, Agency shall coordinate College's rotation and assignment schedule with its own schedule. Agency shall at all times retain ultimate control of their facility and responsibility for patient care.

b. Upon the request of College, Agency shall assist College in the evaluation of each student's performance in the program. However, College shall at all times remain solely responsible for the evaluation and grading of students.

3. MUTUAL RESPONSIBILITIES. The parties shall cooperate to fulfill the following mutual responsibilities:

a. Students shall be treated as trainees who have no expectation of receiving compensation or future employment from Agency.

b. Any courtesy appointments to faculty or staff by either the College or Agency shall be without entitlement of the individual to compensation or benefits for the appointed party.

c. College shall be liable for claims, costs, and damages arising out of or related to any alleged negligent acts or omissions of the College, its employees, students, agents or representatives in the performance of its obligations under this Agreement. However, notwithstanding any other provision of this Agreement, nothing herein shall be construed or interpreted as a waiver of any provision of the Colorado Governmental Immunity Act, §§24-10-101, et seq., C.R.S., as now or hereafter amended. The parties understand and agree that liability for claims or injuries to persons or property arising out of the negligence of the State of Colorado, College, and their officials, agents, and employees is controlled and limited by the provisions of §§24-10-101, et seq., C.R.S., as now or hereafter amended, and §§24-30-1501, et seq., C.R.S., as now or hereafter amended. The provisions of this Agreement, whether or not incorporated herein by reference, shall be controlled, limited, and otherwise modified so as to limit any liability of the State of Colorado, College, and their officials, agents, and employees in accordance with the above-cited laws.

d. Agency shall be liable for claims, costs, damages and liability of any kind whatsoever, arising out of or related to any alleged negligent acts or omissions of Agency, its employees, students, interns, agents or representatives in the performance of its obligations under this Agreement.

4. WITHDRAWAL OF PROGRAM PARTICIPANTS

Agency may request College to withdraw a student from the Agency when his or her clinical performance is unsatisfactory to Agency or his or her behavior, in Agency's discretion, is disruptive or

detrimental to Agency and/or its patients. It is understood that only College can dismiss the student from the program.

5. INDEPENDENT CONTRACTOR

The parties hereby acknowledge that they are independent contractors, and neither the College nor any of its agents, representatives, students or employees shall be considered agents, representatives, or employees of Agency. In no event shall this Agreement be construed as establishing a partnership or joint venture or similar relationship between the parties hereto. College shall be liable for its own debts, obligations, acts and omissions. No Program Participant shall look to Agency for any salaries, insurance or other benefits.

6. NON-DISCRIMINATION

There shall be no discrimination on the basis of race, national origin, religion, creed, sex, age, veteran status, or handicap in either the selection of students for participation in the program, or as to any aspect of the clinical training; provided, however, that with respect to handicap, the handicap must not be such as would, even with reasonable accommodation, in and of itself preclude the student's effective participation in the program.

7. CONFIDENTIALITY

a. College and its agents, students, faculty, representatives and employees agree to keep strictly confidential and hold in trust all confidential information of Agency and/or its patients and not disclose or reveal any confidential information to any third party without the express prior written consent of Agency. Agency understands that this Agreement is a public record available for public inspection and copying under the Colorado Public Records Act., §§24-72-201, et seq., C.R.S. and expressly agrees that College's disclosure of its terms pursuant to the Public Records Act is not a breach of this Agreement.

b. The parties acknowledge that many student educational records are protected by the Family Educational Rights and Privacy Act, 20 U.S.C. §1232g, (FERPA) and that a student's consent generally must be obtained before releasing personally identifiable information from such records to anyone other than College. College agrees to provide Agency with guidance respecting FERPA compliance.

8. TERM: TERMINATION

This Agreement shall be effective for an initial period of one year and shall thereafter automatically renew for additional one-year periods unless either party shall terminate this Agreement as provided herein. Notwithstanding the foregoing, either party may terminate this Agreement upon not less than six (6) months' written notice to the other, provided that any student in the midst of an assignment in the program when notice is given will be permitted to complete the assignment before the termination can take effect. No student may begin a clinical experience at Agency after notice has been given unless that student's assignment can be completed prior to the termination date.

9. ENTIRE AGREEMENT

This Agreement contains the entire understanding of the parties with respect to the subject matter hereof and supersedes all prior agreements, oral or written, and all other communications between the parties relating to such subject matter. This Agreement may not be amended or modified except by mutual written agreement. All continuing covenants, duties and obligations herein shall survive the expiration or earlier termination of this Agreement.

10. SEVERABILITY

If any provision of this Agreement is held to be invalid or unenforceable for any reason, this Agreement shall remain in full force and effect in accordance with its terms disregarding such unenforceable or invalid provision.

11. CAPTIONS

The captions contained herein are used solely for convenience and shall not be deemed to define or limit the provisions of this Agreement.

12. NO WAIVER

Any failure of a party to enforce that Party's right under any provision of this Agreement shall not be construed or act as a waiver of said party's subsequent right to enforce any of the provisions contained herein.

13. GOVERNING LAW

This Agreement shall be governed and construed in accordance with the laws of the State of Colorado.

14. ASSIGNMENT: BINDING EFFECT

College may not assign or transfer any of its rights, duties or obligations under this Agreement, in whole or in part, without the prior written consent of Agency. This Agreement shall inure to the benefit of, and be binding upon, the parties hereto and their respective successors and permitted assigns.

15. NOTICES

All notices hereunder by either party to the other shall be in writing, delivered personally, by certified or registered mail, return receipt requested, or by overnight courier, and shall be deemed to have been duly given when delivered personally or when deposited in the United States mail, postage prepaid, addressed as follows:

If to Agency:
Company Name/Title
Street Address
City, State Zip
Department Name/Title

If to College:
Mesa State College
Department of Nursing & Radiologic Sciences
ATTN: Department Chair
1100 North Avenue
Grand Junction, CO 81501-3122

or to such other persons or places as either party may from time to time designate by written notice to the other.

16. EXECUTION OF AGREEMENT

This Agreement shall not become effective or in force until all of the below named parties have fully executed this Agreement.

THE PARTIES HERETO have executed this Agreement as of the day and year first above written.

AGENCY:

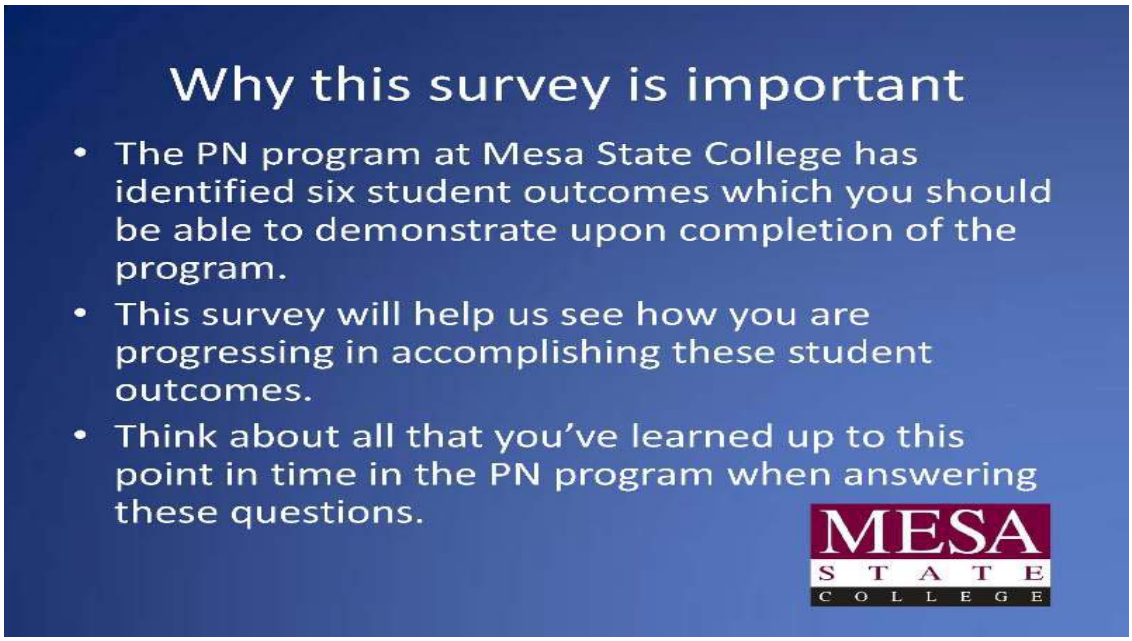
By:_____
(Signature)
Name: _____
(please print)
Title: _____

MESA STATE COLLEGE:

By:_____
Principle Representative

By: _____
Dept. Head, Dept. of Health Sciences

APPENDIX 6.1.1 i-Clicker Evaluations – PN Program



i-clicker

- Turn on your i-clicker and set it to the appropriate code for the room as instructed by your instructor.
- The survey responses are anonymous, so your name won't be associated with your i-clicker for this survey.

MESA STATE COLLEGE

Professionalism

- After completing this semester of the PN Program, I am prepared to demonstrate the ability to adhere to standards of care, accountability for one's own actions and behaviors, and use of legal, ethical, and regulatory standards and guidelines for nursing practice.
  A. Strongly agree
  B. Agree
  C. Disagree
  D. Strongly disagree

MESA STATE COLLEGE

Communication

- After completing this semester I am prepared to exchange information between individuals verbally, non-verbally, and in writing using various modes of information technology.
  A. Strongly agree
  B. Agree
  C. Disagree
  D. Strongly disagree

Assessment

- After completing this semester of the PN program, I am prepared to collect and process relevant data for the purpose of appraising the patient's health status. This includes physical, developmental, emotional, psychosocial, cultural, spiritual, and functional status.
  A. Strongly agree
  B. Agree
  C. Disagree
  D. Strongly disagree

Planning

- After completing this semester of the PN program, I am prepared to utilize multiple methods for collecting health status data to provide individualized care in a safe manner that promotes positive outcomes.
  A. Strongly agree
  B. Agree
  C. Disagree
  D. Strongly disagree

MESA STATE COLLEGE

Caring Interventions

- After completing this semester of the PN program, I am prepared to demonstrate nursing behaviors and actions (i.e. being with and doing for) that assist patients and significant others in meeting their needs according to identified outcomes.
  A. Strongly agree
  B. Agree
  C. Disagree
  D. Strongly disagree

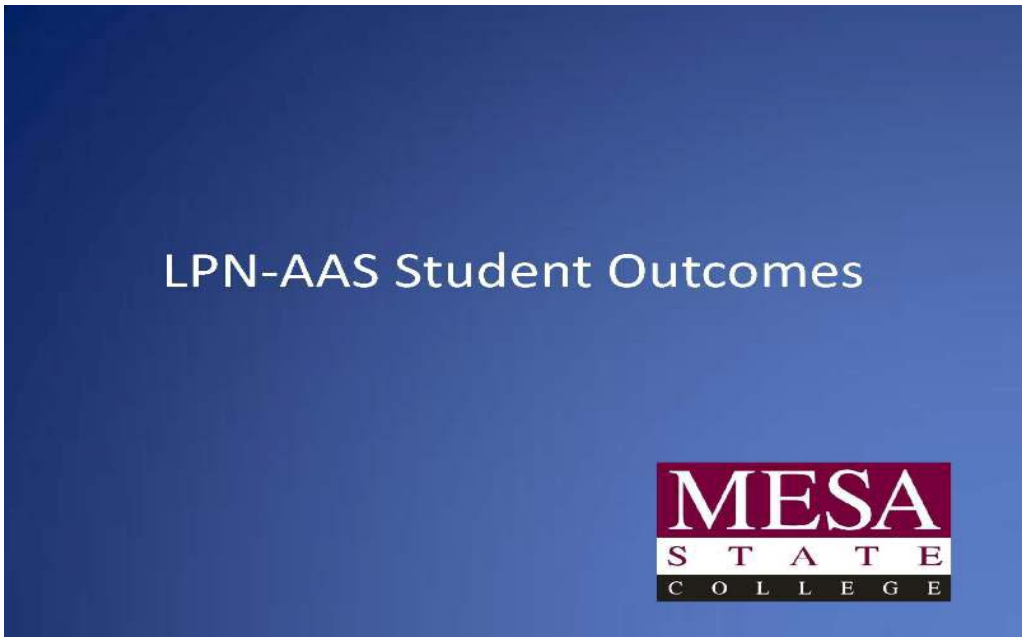
MESA STATE COLLEGE

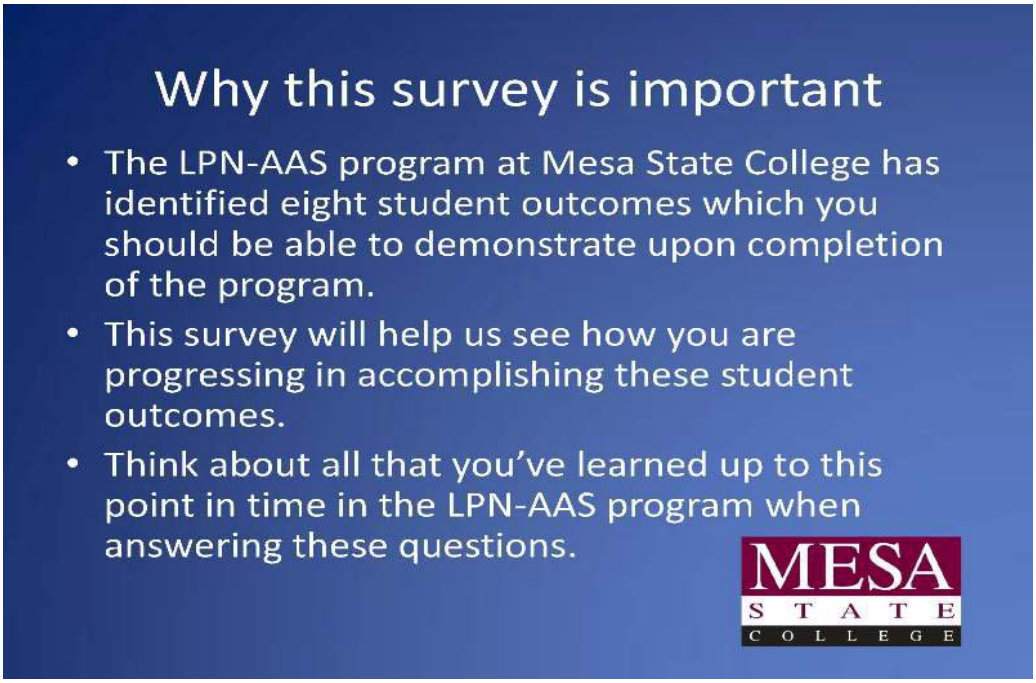
Managing

- After completing this semester of the PN program, I am prepared to use human, physical, financial, and technological resources to achieve outcomes that have been identified for each patient while supporting organizational parameters.
  A. Strongly agree
  B. Agree
  C. Disagree
  D. Strongly disagree

MESA STATE COLLEGE

APPENDIX 6.1.1 i-Clicker Evaluations – LPN-AAS Program





i-clicker

- Turn on your i-clicker and set it to the appropriate code for the room as instructed by your instructor.
- The survey responses are anonymous, so your name won't be associated with your i-clicker for this survey.

MESA STATE COLLEGE

Professional Behavior

- After completing this semester of the LPN-AAS Program, I am prepared to demonstrate practice within the ethical and legal framework of nursing, including the Colorado Nurse Practice Act. Utilize ANA's Standards of Practice and the Code of Ethics for Nurses when evaluating nursing practice.
  A. Strongly agree
  B. Agree
  C. Disagree
  D. Strongly disagree

MESA STATE COLLEGE

Communication

- After completing this semester I am prepared to modify nursing care to consider the patient's values, customs, culture, spiritual beliefs, and habits. Promote the patient's dignity while providing care. Collaborate with multidisciplinary healthcare members to achieve positive patient outcomes. Demonstrate therapeutic communication skills when working with the healthcare team.
  A. Strongly agree
  B. Agree
  C. Disagree
  D. Strongly disagree

MESA STATE COLLEGE

Assessment

- After completing this semester of the LPN-AAS program, I am prepared to evaluate the patient's health status by completing a health history incorporating physical, cognitive, psychosocial, and functional assessments. Assess the patients response to actual and potential health problems and therapeutic interventions. Assess environmental factors that may affect patient's health status. Make sound clinical and management decisions ensuring individualized safe quality care while incorporating the impact of developmental, emotional, cultural, and spiritual influences.
  A. Strongly agree
  B. Agree
  C. Disagree
  D. Strongly disagree

MESA STATE COLLEGE

Clinical Decision Making

- After completing this semester of the LPN-AAS program, I am prepared to Identify patient healthcare needs incorporating appropriate nursing diagnoses based on analysis and interpretation of evidence-based practice within the clinical setting. Demonstrate critical thinking and problem solving skills in the management and delegation of patient care. Manage the care of patients utilizing the nursing process supported by evidence based practice resulting in safe and competent patient care.

A. Strongly agree
B. Agree
C. Disagree
D. Strongly disagree

MESA STATE COLLEGE

Caring Interventions

- After completing this semester of the LPN-AAS program, I am prepared to demonstrate caring behaviors toward patients, peers, self, and other members of the healthcare team that builds positive team relationships, promotes organizational goals, and contributes to a healthy work environment. Establish patient centered outcomes based on priorities of care identified in collaboration with the patient, family, and multidisciplinary healthcare team. Develop caring interventions for patients and their support persons to achieve desired outcomes.

A. Strongly agree
B. Agree
C. Disagree
D. Strongly disagree

MESA STATE COLLEGE

Teaching and Learning

- After completing this semester of the LPN-AAS program, I am prepared to develop an individualized patient teaching plan based on an assessment of his/her learning needs. Apply principles of teaching/learning to identify learning needs and promote appropriate teaching strategies among diverse populations. Evaluate the understanding of the patient and significant support person(s) regarding actions needed to achieve desired outcomes.
  A. Strongly agree
  B. Agree
  C. Disagree
  D. Strongly disagree

MESA STATE COLLEGE

Collaboration

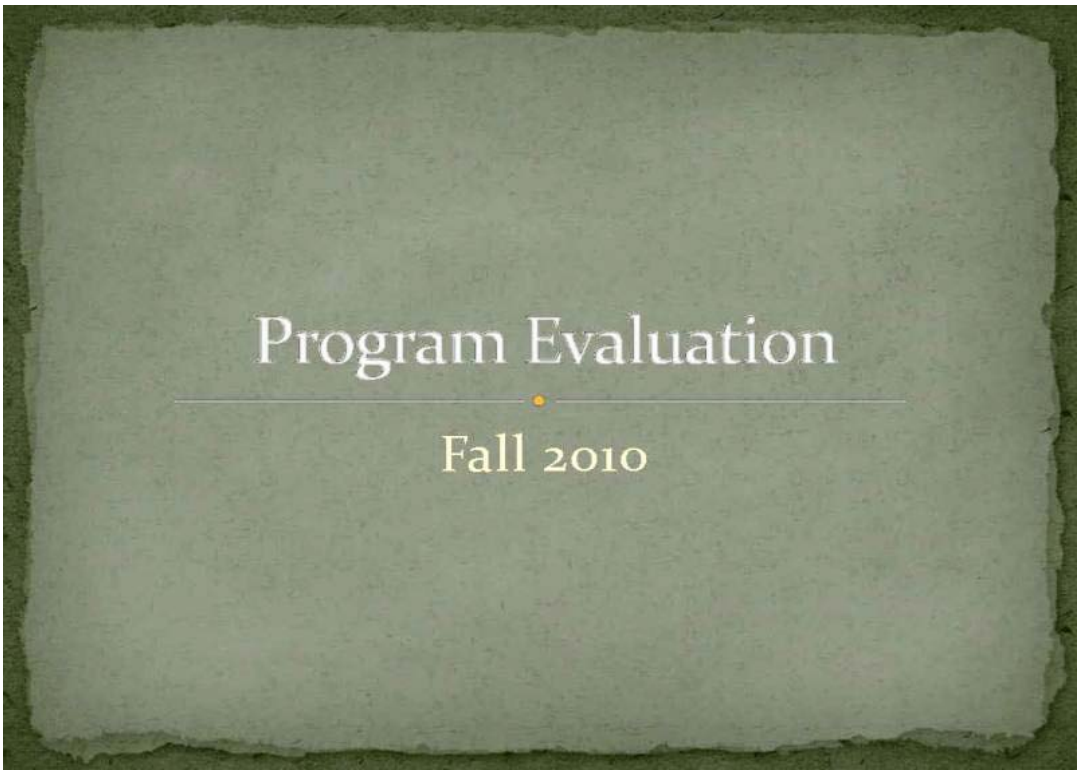
- After completing this semester of the LPN-AAS program, I am prepared to contribute to the profession of nursing through mentoring, role modeling, participating in quality improvement activities, professional and organizational committees affecting healthcare. Collaborate with patient's, family, and the multidisciplinary healthcare team to determine the effectiveness of interventions and teaching plans in achieving identified patient outcomes. Incorporate other health care provider's assessment into the plan of care as appropriate.
  A. Strongly agree
  B. Agree
  C. Disagree
  D. Strongly disagree

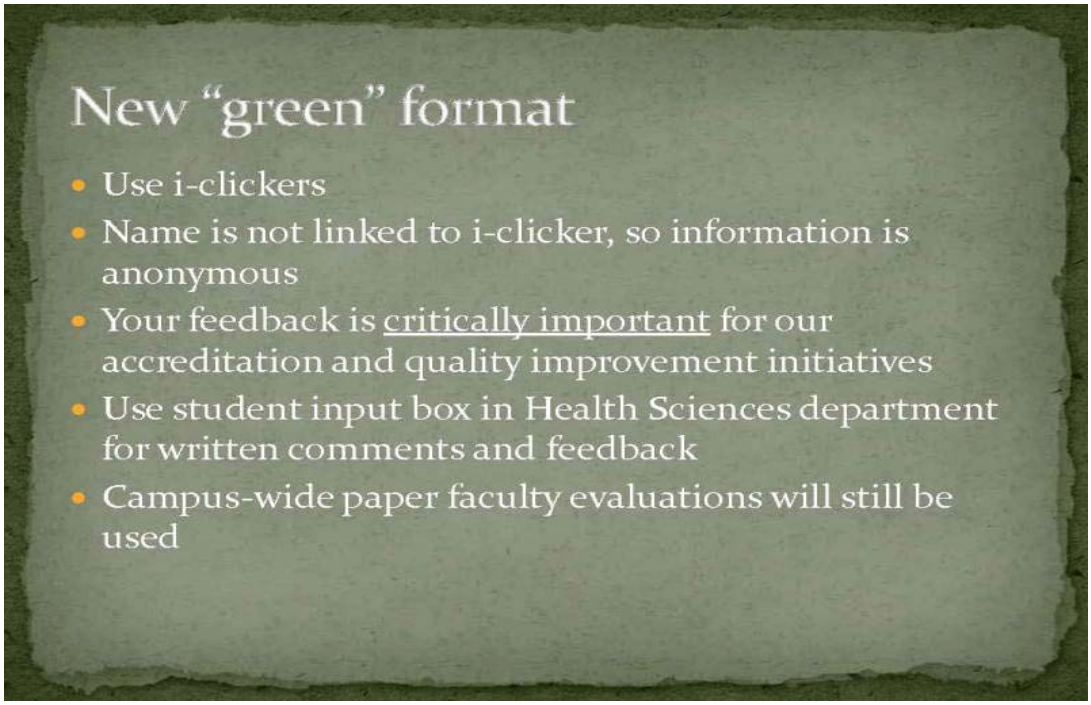
MESA STATE COLLEGE

Managing Care

- After completing this semester of the LPN-AAS program, I am prepared to apply leadership principles and management skills using collaboration in planning, delegating, supervising, and evaluating nursing care as it relates to complex situations. Delegate tasks appropriately based on complexity of the patient's problems and skills of team members. Manage care for groups of patient's in diverse settings by supporting the patient's needs and rights when making healthcare and end-of-life decisions.
  A. Strongly agree
  B. Agree
  C. Disagree
  D. Strongly disagree

APPENDIX 6.1.2 Program i-clicker Evaluation Tool





Course Evaluation

1.

- Class presentations as a whole included worthwhile and informative material.
  - A = Strongly agree
  - B = Agree
  - C = Disagree
  - D = Strongly disagree

Course Evaluation

2.

- Course assignments provided a valuable learning experience for me.
  - A = Strongly agree
  - B = Agree
  - C = Disagree
  - D = Strongly disagree

Course Evaluation

3.

- Scores or grades on course requirements other than examinations were assigned fairly, according to predetermined criteria.
  - A = Strongly agree
  - B = Agree
  - C = Disagree
  - D = Strongly disagree

Course Evaluation

4.

- Mechanisms were provided for student input.
  - A = Strongly agree
  - B = Agree
  - C = Disagree
  - D = Strongly disagree

Course Evaluation

5.

- Course provided important information that will be essential in any subsequent studies and nursing practices.
  - A = Strongly agree
  - B = Agree
  - C = Disagree
  - D = Strongly disagree

Clinical Facility Evaluation

St. Mary's Hospital

1.

- The staff at St. Mary's Hospital made me feel welcome.
  - A = Strongly agree
  - B = Agree
  - C = Disagree
  - D = Strongly disagree

Clinical Facility Evaluation
St. Mary's Hospital

2.

- The RN's served as positive role models.
  - A = Strongly agree
  - B = Agree
  - C = Disagree
  - D = Strongly disagree

Clinical Facility Evaluation
St. Mary's Hospital

3.

- The experience gave me opportunities to develop clinical skills.
  - A = Strongly agree
  - B = Agree
  - C = Disagree
  - D = Strongly disagree

Clinical Facility Evaluation
St. Mary's Hospital

4.

- The experience gave me the opportunity to apply and synthesize classroom theory.
  - A = Strongly agree
  - B = Agree
  - C = Disagree
  - D = Strongly disagree

Clinical Facility Evaluation
St. Mary's Hospital

5.

- The staff provided appropriate guidance and assistance.
  - A = Strongly agree
  - B = Agree
  - C = Disagree
  - D = Strongly disagree

Clinical Facility Evaluation
St. Mary's Hospital

6.

- The staff accurately perceived my role as being that of a learner.
  - A = Strongly agree
  - B = Agree
  - C = Disagree
  - D = Strongly disagree

Clinical Facility Evaluation
St. Mary's Hospital

7.

- The staff notified me of additional patient/client learning experiences on the unit/facility.
  - A = Strongly agree
  - B = Agree
  - C = Disagree
  - D = Strongly disagree

Clinical Facility Evaluation

VA Hospital

1.

- The staff at the VA Health made me feel welcome.
  - A = Strongly agree
  - B = Agree
  - C = Disagree
  - D = Strongly disagree

Clinical Facility Evaluation

VA Hospital

2.

- The RN's served as positive role models.
  - A = Strongly agree
  - B = Agree
  - C = Disagree
  - D = Strongly disagree

Clinical Facility Evaluation
VA Hospital

3.

- The experience gave me opportunities to develop clinical skills.
  - A = Strongly agree
  - B = Agree
  - C = Disagree
  - D = Strongly disagree

Clinical Facility Evaluation
VA Hospital

4.

- The experience gave me the opportunity to apply and synthesize classroom theory.
  - A = Strongly agree
  - B = Agree
  - C = Disagree
  - D = Strongly disagree

Clinical Facility Evaluation
VA Hospital

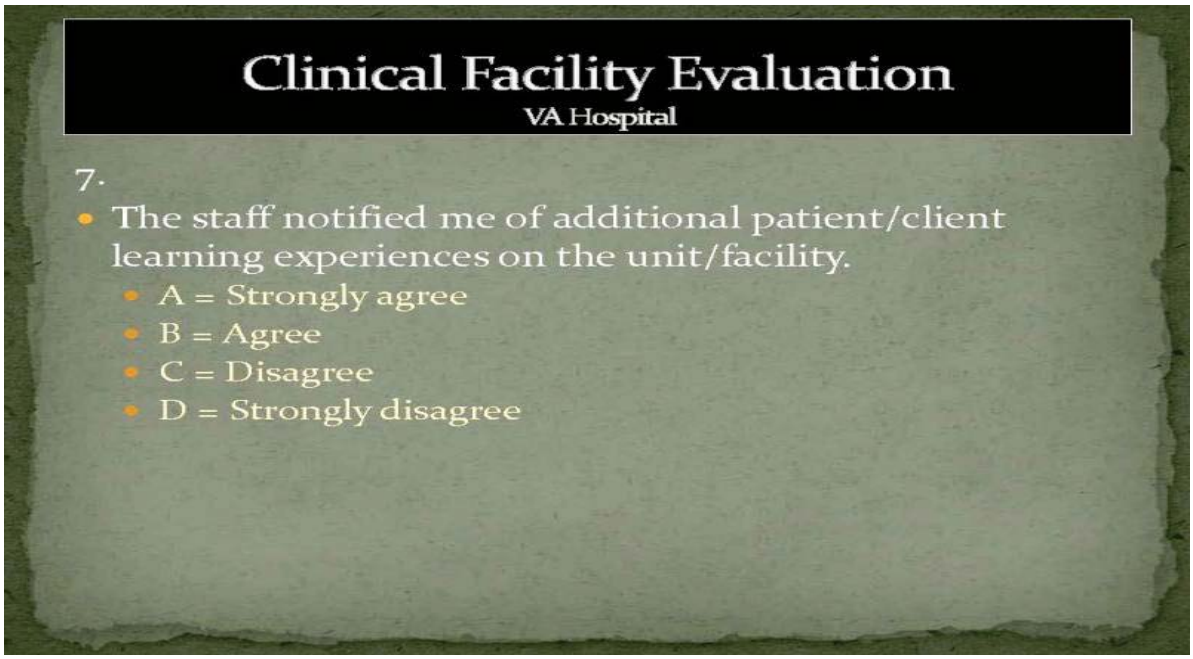
5.

- The staff provided appropriate guidance and assistance.
  - A = Strongly agree
  - B = Agree
  - C = Disagree
  - D = Strongly disagree

Clinical Facility Evaluation
VA Hospital

6.

- The staff accurately perceived my role as being that of a learner.
  - A = Strongly agree
  - B = Agree
  - C = Disagree
  - D = Strongly disagree


Clinical Facility Evaluation
VA Hospital
7.
The staff notified me of additional patient/client learning experiences on the unit/facility.
A = Strongly agree
B = Agree
C = Disagree
D = Strongly disagree

Appendix 6.1.3 Faculty Evaluation Tool – page 1

Mesa State College Faculty Evaluation
Western Colorado Community College Faculty Evaluation

CRN

Instructor Name: _____

Course: _____ Section # _____

NOTE TO STUDENTS: Your responses are anonymous. The results will not be returned to the professor until AFTER grades have been posted. Please use a #2 pencil on this form.

OPTIONAL DATA SECTION: Your responses to the following items are optional.

1. Gender
- 1 Male
- 2 Female

2. Classification
- 1 Freshman
- 2 Sophomore
- 3 Junior
- 4 Senior
- 5 Unclassified
- 6 Graduate

3. Type of Course
- 1 General Education
- 2 Required for Major
- 3 Elective in Major
- 4 Elective Non Major

4. Degree
- 01 Certificate
- 02 AA
- 03 AS
- 04 AAS
- 05 BA
- 06 BAS
- 07 BBA
- 08 BFA
- 09 BS
- 10 BSN
- 11 MA
- 12 MBA
- 13 Undeclared
- 14 N/A

5. Department of Major
- 01 Art
- 02 Biological Sciences
- 03 Business
- 04 Computer Science, Math, & Statistics
- 05 Health Sciences
- 06 Kinesiology
- 07 Languages, Literature, & Mass Comm.
- 08 Music
- 09 Physical & Environmental Sciences
- 10 Social & Behavioral Sciences
- 11 Teacher Education
- 12 Theatre
- 13 WCCC
- 14 Undeclared

6. Expected grade for this course:
- 1 A
- 2 B
- 3 C
- 4 D
- 5 F
- 6 Don't Know

REQUIRED SECTION: Please answer each item as it applies to this class or to this Professor, according to the following scale from strongly agree to strongly disagree, and not observed.

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Not Observed
The course assignments are clear.	1	2	3	4	5	6
The grading policies/procedures/criteria for this course are clear.	1	2	3	4	5	6
The teaching methods/techniques used by the professor are effective.	1	2	3	4	5	6
The exams and assignments of the course are consistent with the course content.	1	2	3	4	5	6
The course is appropriately challenging.	1	2	3	4	5	6
The course syllabus accurately reflects the learning outcomes.	1	2	3	4	5	6
The instructor is well prepared for class.	1	2	3	4	5	6
The instructor responds to student questions at an appropriate level.	1	2	3	4	5	6
The instructor uses a variety of teaching methods.	1	2	3	4	5	6
The instructor explains how material in the course is useful or relevant.	1	2	3	4	5	6
The instructor is accessible to students during office hours or by appointment.	1	2	3	4	5	6
The instructor promotes respect and civility for all students.	1	2	3	4	5	6

Please make comments on the back of this sheet.

APPENDIX 6.1.3 Faculty Evaluation Tool – page 2

Written Comments:

Please take the opportunity to make written comments about this class and the professor on this side of the evaluation sheet - in pencil. Such comments can be useful in helping the professors evaluate their teaching styles and effectiveness.

A. What were the most effective aspects of this course?

B. What changes would you recommend for this course?

C. Are the classroom/laboratory facilities conducive to learning? - If not, please explain.

D. Other Comments:

APPENDIX 6.2.1
MESA STATE COLLEGE
Department of Health Sciences
Clinical Faculty Evaluation

NAME: Course # & SUBJECT: Year/Semester (i.e. 10 Fall)

Instructions: This assessment form has been designed to give you an opportunity to express ANONYMOUSLY your opinions of this clinical and the manner in which it is being taught. You will have the opportunity to evaluate each clinical faculty member that worked with you this semester. Each faculty member is assigned a letter for this clinical. Choose the appropriate letter for the faculty you are evaluating in each section below. Using the rating scale below, fill in the appropriate numerical value with a #2 PENCIL.

Approximate % of time:

A = Always 100% **B = Often 75%** **C = Sometimes 50%** **D = Rarely 25%** **E = Never 0%**

Instructor A
The instructor:

1. Fill in the Letter A
2. Demonstrates comprehensive knowledge of clinical procedures.
3. Provides individual clinical guidance as necessary.
4. Effectively communicates expected student behaviors.
5. Supports student relationships with staff at clinical sites.
6. Evaluates students' clinical performance based on objective criteria.
7. Evaluates students' written work promptly
8. Fosters respect for the individuality of people in all actions.
9. Provides appropriate clinical learning experience which assists students to move towards increasing levels of independence.

Instructor B
The instructor:

10. Fill in the Letter B
11. Demonstrates comprehensive knowledge of clinical procedures.
12. Provides individual clinical guidance as necessary.
13. Effectively communicates expected student behaviors.
14. Supports student relationships with staff at clinical sites.
15. Evaluates students' clinical performance based on objective criteria.
16. Evaluates students' written work promptly
17. Fosters respect for the individuality of people in all actions.
18. Provides appropriate clinical learning experience which assists students to move towards increasing levels of independence.

Instructor C
The instructor:

19. Fill in the Letter C
20. Demonstrates comprehensive knowledge of clinical procedures.
21. Provides individual clinical guidance as necessary.
22. Effectively communicates expected student behaviors.
23. Supports student relationships with staff at clinical sites.
24. Evaluates students' clinical performance based on objective criteria.
25. Evaluates students' written work promptly
26. Fosters respect for the individuality of people in all actions.
27. Provides appropriate clinical learning experience which assists students to move towards increasing levels of independence.

Instructor D
The instructor:

28. Fill in the Letter D
29. Demonstrates comprehensive knowledge of clinical procedures.
30. Provides individual clinical guidance as necessary.
31. Effectively communicates expected student behaviors.
32. Supports student relationships with staff at clinical sites.
33. Evaluates students' clinical performance based on objective criteria.
34. Evaluates students' written work promptly
35. Fosters respect for the individuality of people in all actions.
36. Provides appropriate clinical learning experience which assists students to move towards increasing levels of independence.

YOUR WRITTEN COMMENTS ARE IMPORTANT! Please make any written comments on the back of this form. Make comments in the section dedicated to the appropriate instructor's name. Thank you for your time.

APPENDIX 6.2.2 PN Graduate Survey – Survey Monkey

PN Graduate Survey_Revised 2009

1. Mesa State College Practical Nursing Program Survey

We value your input regarding your education in the Practical Nursing Program at Mesa State College. Please take a few moments and complete this short survey regarding your experiences as a student in the PN program.

2. PN Graduate Survey

1. The PN program prepared me to:

	Strongly agree	Agree	Disagree	Strongly Disagree
Demonstrate the ability to adhere to standards of care, accountability for one's own actions and behaviors, and use of legal, ethical, and regulatory standards and guidelines for nursing practice.	◯	◯	◯	◯
Exchange information between individuals verbally, non-verbally, and in writing using various modes of information technology.	◯	◯	◯	◯
Collect and process relevant data for the purpose of appraising the patient's health status. This includes physical, developmental, emotional, psychosocial, cultural, spiritual, and functional status.	◯	◯	◯	◯
Utilize multiple methods for collecting health status data to provide individualized care in a safe manner that promotes positive outcomes.	◯	◯	◯	◯
Demonstrate nursing behaviors and actions (i.e. being with and doing for) that assist patients and significant others in meeting their needs according to identified outcomes.	◯	◯	◯	◯
Use human, physical, financial, and technological resources to achieve outcomes that have been identified for each patient while supporting organizational parameters.	◯	◯	◯	◯

PN Graduate Survey_Revised 2009

3.

1. Describe your level of satisfaction with the nursing faculty's abiilty to:

	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied
Relate concepts to the real world	◯	◯	◯	◯
Draw on experience of students	◯	◯	◯	◯
Lecture effectively	◯	◯	◯	◯
Interact with students one-on-one	◯	◯	◯	◯
Act as effective role models in clinical practice	◯	◯	◯	◯
Respond to student concerns	◯	◯	◯	◯

4.

1. Rate the quality of the nursing program regarding:

	Very poor	Poor	Good	Very good
Teaching in your classroom courses	◯	◯	◯	◯
Teaching in your clinical courses	◯	◯	◯	◯
Quality of classrooms	◯	◯	◯	◯
Quality of clinical experiences	◯	◯	◯	◯
Quality of skills lab	◯	◯	◯	◯
NCLEX preparation materials (ATI or Kaplan)	◯	◯	◯	◯
Atmosphere of respect between students and faculty	◯	◯	◯	◯

5.

PN Graduate Survey_Revised 2009

1. Rate your level of satisfaction with the following administration and support services:

	Very satisfied	Satisfied	Dissatisfied	Very dissatisfied
Computer and technology resources	◯	◯	◯	◯
Tuition/fee level of the program	◯	◯	◯	◯
Tutoring and educational access services	◯	◯	◯	◯
Student health services	◯	◯	◯	◯
Student counseling services	◯	◯	◯	◯
Career placement	◯	◯	◯	◯
Financial aid	◯	◯	◯	◯
Responsiveness of program administration to student concerns	◯	◯	◯	◯

6.

1. To what extent did the PN nursing program fulfill your expectations?

- ◯ Far below
- ◯ Slightly below
- ◯ Met expectations
- ◯ Slightly above
- ◯ Far above

2. This section refers to your employment status within the first three months after graduating from the LPN-AAS program.

	Strongly agree	Agree	Disagree	Strongly disagree
Were you hired into a full-time LPN job after graduation?	◯	◯	◯	◯
Were you hired into a part-time LPN job after graduation?	◯	◯	◯	◯

Type of nursing unit hired on (Med-surg, Psych, etc)

7.

PN Graduate Survey_Revised 2009

1. How likely are you to continue your nursing education in to achieve the following degrees:

	Very likely	Likely	Somewhat likely	Not Likely	Not Very Likely
LPN AAS degree	◯	◯	◯	◯	◯
RN-BSN degree	◯	◯	◯	◯	◯
MSN degree	◯	◯	◯	◯	◯
DNP degree	◯	◯	◯	◯	◯
Ph.D. degree	◯	◯	◯	◯	◯
Other non-nursing degree	◯	◯	◯	◯	◯

2. I am planning to continue my nursing education at Mesa State College.

- ◯ Strongly agree
- ◯ Agree
- ◯ Disagree
- ◯ Strongly disagree

8.

1. I would recommend the PN program at Mesa State College to a close friend

- ◯ Strongly agree
- ◯ Agree
- ◯ Disagree
- ◯ Strongly disagree

2. Identify three strengths of the PN program at Mesa State College

3. If you could improve one aspect of the PN program at Mesa State College, what would you recommend?

9.

Thank you for your time in completing this survey.

APPENDIX 6.2.3 LPN-AAS Graduate Survey – Survey Monkey

LPN-AAS Graduate Survey

1. Mesa State College LPN-AAS Nursing Program Survey

We value your input regarding your education in the LPN-AAS Nursing Program at Mesa State College. Please take a few moments and complete this short survey regarding your experiences as a student in the AAS program. Your responses will remain anonymous.

2. LPN-AAS Graduate Survey

1. The LPN-AAS program prepared me to:

	Strongly agree	Agree	Disagree	Strongly Disagree
Demonstrate practice within the ethical and legal framework of nursing, including the Colorado Nurse Practice Act.	◯	◯	◯	◯
Utilize ANA's Standards of Practice and the Code of Ethics for Nurses when evaluating nursing practice.	◯	◯	◯	◯
Modify nursing care to consider the patient's values, customs, culture, spiritual beliefs, and habits.	◯	◯	◯	◯
Promote the patient's dignity while providing care.	◯	◯	◯	◯
Collaborate with multidisciplinary healthcare members to achieve positive patient outcomes.	◯	◯	◯	◯
Demonstrate therapeutic communication skills when working with the healthcare team.	◯	◯	◯	◯
Evaluate the patient's health status by completing a health history incorporating physical, cognitive, psychosocial, and functional assessments.	◯	◯	◯	◯
Assess the patients response to actual and potential health problems and therapeutic interventions	◯	◯	◯	◯
Assess environmental factors that may affect patient's health status.	◯	◯	◯	◯
Make sound clinical and management decisions ensuring individualized safe quality care while incorporating the impact of developmental, emotional, cultural, and spiritual	◯	◯	◯	◯

LPN-AAS Graduate Survey

influences.				
Identify patient healthcare needs incorporating appropriate nursing diagnoses based on analysis and interpretation of evidence-based practice within the clinical setting.	◯	◯	◯	◯
Demonstrate critical thinking and problem solving skills in the management and delegation of patient care.	◯	◯	◯	◯
Manage the care of patients utilizing the nursing process supported by evidence based practice resulting in safe and competent patient care.	◯	◯	◯	◯
Demonstrate caring behaviors toward patients, peers, self, and other members of the healthcare team that builds positive team relationships, promotes organizational goals, and contributes to a healthy work environment.	◯	◯	◯	◯
Establish patient centered outcomes based on priorities of care identified in collaboration with the patient, family, and multidisciplinary healthcare team.	◯	◯	◯	◯
Develop caring interventions for patients and their support persons to achieve desired outcomes.	◯	◯	◯	◯
Develop an individualized patient teaching plan based on an assessment of his/her learning needs.	◯	◯	◯	◯
Apply principles of teaching/learning to identify learning needs and promote appropriate teaching strategies among diverse populations.	◯	◯	◯	◯
Evaluate the understanding of the patient and significant support person(s) regarding actions needed to achieve desired outcomes.	◯	◯	◯	◯
Contribute to the profession of nursing through mentoring, role modeling.	◯	◯	◯	◯

LPN-AAS Graduate Survey

participating in quality improvement activities, professional and organizational committees affecting healthcare.				
Collaborate with patient's, family, and the multidisciplinary healthcare team to determine the effectiveness of interventions and teaching plans in achieving identified patient outcomes.	◯	◯	◯	◯
Incorporate other health care provider's assessment into the plan of care as appropriate.	◯	◯	◯	◯
Apply leadership principles and management skills using collaboration in planning, delegating, supervising, and evaluating nursing care as it relates to complex situations.	◯	◯	◯	◯
Delegate tasks appropriately based on complexity of the patient's problems and skills of team members.	◯	◯	◯	◯
Manage care for groups of patient's in diverse settings by supporting the patient's needs and rights when making healthcare and end-of-life decisions.	◯	◯	◯	◯

3.

1. Describe your level of satisfaction with the nursing faculty's abiilty to:

	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied
Relate concepts to the real world	◯	◯	◯	◯
Draw on experience of students	◯	◯	◯	◯
Lecture effectively	◯	◯	◯	◯
Interact with students one-on-one	◯	◯	◯	◯
Act as effective role models in clinical practice	◯	◯	◯	◯
Respond to student concerns	◯	◯	◯	◯

4.

LPN-AAS Graduate Survey

1. Rate the quality of the nursing program regarding:

	Very poor	Poor	Good	Very good
Teaching in your classroom courses	◯	◯	◯	◯
Teaching in your clinical courses	◯	◯	◯	◯
Quality of classrooms	◯	◯	◯	◯
Quality of clinical experiences	◯	◯	◯	◯
Quality of skills lab	◯	◯	◯	◯
NCLEX preparation materials (ATI or Kaplan)	◯	◯	◯	◯
Atmosphere of respect between students and faculty	◯	◯	◯	◯

5.

1. Rate your level of satisfaction with the following administration and support services:

	Very satisfied	Satisfied	Dissatisfied	Very dissatisfied
Computer and technology resources	◯	◯	◯	◯
Tuition/fee level of the program	◯	◯	◯	◯
Tutoring and educational access services	◯	◯	◯	◯
Student health services	◯	◯	◯	◯
Student counseling services	◯	◯	◯	◯
Career placement	◯	◯	◯	◯
Financial aid	◯	◯	◯	◯
Responsiveness of program administration to student concerns	◯	◯	◯	◯

6.

1. To what extent did the LPN-AAS nursing program fulfill your expectations?

- ◯ Far below
- ◯ Slightly below
- ◯ Met expectations
- ◯ Slightly above
- ◯ Far above

LPN-AAS Graduate Survey

2. This section refers to your employment status within the first three months after graduating from the LPN-AAS program.

	Yes	No
Were you hired into a full-time RN job after graduation?	◯	◯
Were you hired into a part-time RN job after graduation?	◯	◯
Did you continue PN employment on a full-time basis after graduation?	◯	◯
Did you continue PN employment on a part-time basis after graduation?	◯	◯

Type of nursing unit hired on (Med-surg, Psych, etc)

3. Are you a graduate of the MSC Practical Nursing program?

◯ Yes

◯ No

What year did you graduate from the PN program at Mesa State College

7.

1. How likely are you to continue your education in the future to achieve the following degrees:

	Very likely	Likely	Somewhat likely	Not Likely	Not Very Likely	Already began program
RN-BSN degree	◯	◯	◯	◯	◯	◯
MSN degree	◯	◯	◯	◯	◯	◯
DNP degree	◯	◯	◯	◯	◯	◯
Ph.D. degree	◯	◯	◯	◯	◯	◯
Other non-nursing degree	◯	◯	◯	◯	◯	◯

8.

1. I would recommend the LPN-AAS program at Mesa State College to a close friend

◯ Strongly agree

◯ Agree

◯ Disagree

◯ Strongly disagree

LPN-AAS Graduate Survey

2. Identify three strengths of the LPN-AAS program at Mesa State College

3. If you could improve one aspect of the LPN-AAS program at Mesa State College, what would you recommend?

9.

Thank you for your time in completing this survey.

APPENDIX 6.2.4

LPN-AAS End of Program Graduate Survey (2005-2006)

Mean score

5=strongly agree, 4=agree, 3=neither agree or disagree, 2=disagree, 1=strongly disagree

	2005	2006
The program met my expectations and I am proud to be a graduate of Mesa Sate College.	3.0	4
I have a clear understanding of the LPN to AAS Nursing Program and would choose this type of program again.	3.0	4
The clinical sites were supportive of my educational needs and requirements.	2.5	3.5
The amount of clinical experience I received prepared me to function independently as an entry-level registered nurse with minimal orientation at my place of employment.	3.0	4
The program provided me with critical thinking and problem solving skills to assist me in my duties as a registered nurse.	4.5	4.5
Educational opportunity was provided to acquire and apply professional attitudes, ethics and behaviors.	4.5	4.5
The time spent in specialized areas (Critical Care, OB, Peds, NICU, Psych) was beneficial.	4.0	4
I was provided adequate experience in the following areas:		
Nursing process	4.5	4.5
Patient assessment	3.5	4
Patient care/skills	4.5	4.5
Prioritization of Pt care	3.5	3.5
Delegation of care	4.0	4
Communication	4.0	4
Patient safety	3.5	4
Medications administration	4.5	4.5
IV management	4.0	4.5
The didactic (classroom) education adequately prepared me to function as an entry-level registered nurse.	3.0	3.5
I was satisfied with the general education courses offered at Mesa State.	3.0	3.5
The didactic education adequately prepared me for the NCLEX Exam.	3.0	3.5
I was satisfied with the program equipment and classroom space utilized for my educational instruction.	3.5	3.5

Yes/No questions - % responding yes

The ATI Testing was beneficial in preparing me to take the NCLEX Exam.	100%	100%
I am currently working in the area of:		
Med/Surg	55%	70%
Home Health/Hospice		
OB		5%
Peds		
Psych		5%
Dr Office		
Other	10%	10%
Not working at present	35%	10%
I am continuing my education in:		
Clinical Certification	100%	70%
Clinical Continuing Education	100%	100%
BSN	45%	25%
MS		
Other		
I am a member of my state, local or national professional organizations.	0%	0%
I am actively participating in my state, local or national societies	0%	0%
Were you satisfied with the evening class and clinical schedules?	100%	100%
Were you satisfied with the program being offered Spring and Fall semester?	100%	100%

APPENDIX 6.2.5

LPN-AAS End of Program Graduate Survey (2007-2008) - Survey Monkey

		% responding yes	
		2007	2008
Are you a graduate of the MSC Practical Nursing program	n/a		47%
Have you obtained employment in nursing after graduation?		81%	91%
Part time		15%	9%
Full time		85%	91%
Nursing specialty area employed in:			
Med-surg		71%	61%
Critical care		8%	9%
Operating room		3%	3%
Obstetrics		5%	3%
Pediatrics		0%	0%
Mental health		5%	3%
Long term care		8%	12%
Home health		0%	0%
Physician office or clinic		0%	6%
Other		0%	3%
I am planning on continuing my nursing education:			
BSN			
Immediately		0%	9%
Within 3 years		10%	27%
In 3-5 years		15%	30%
In 5+ years		0%	0%
MSN			
Immediately		0%	0%
Within 3 years		0%	0%
In 3-5 years		5%	9%
In 5+ years		0%	0%
Certification in nursing specialty			
Immediately		0%	0%
Within 3 years		55%	9%
In 3-5 years		20%	24%
In 5+ years		0%	0%
Nursing continuing education courses			
Immediately		0%	0%
Within 3 years		77%	24%
In 3-5 years		89%	30%
In 5+ years		0%	30%
Other			

% of students responding agree or strongly agree

5=strongly agree, 4=agree, 2=disagree, 1=strongly disagree

I would like to pursue my next nursing degree at Mesa State College	82%	85%
As an MSC nursing AAS program graduate, I am prepared to demonstrate the following nursing knowledge, behaviors, and competencies in a safe and effective manner:		
Apply concepts from general education and program pre-requisites to enhance critical thinking and clinical decision making.	85%	90%
Communicate effectively in a variety of situations.	95%	100%
Demonstrate empathy for and a connection with patients.	100%	100%
Display concern for the welfare and well being of others.	100%	100%
Reflect support for patients' rights to make decisions about their health care.	95%	100%
Show respect for the inherent worth and uniqueness of others.	100%	100%
Act in accordance with accepted ethical and professional standards of practice.	100%	100%
Uphold moral, legal and humanistic principles.	95%	100%
Perform holistic assessment of the patient.	100%	100%
Formulate patient care plan.	100%	100%
Provide safe and appropriate care in a professionally competent manner recognizing, understanding, and respecting physiological, psychological, social, spiritual and cultural components.	98%	100%
Accurately document patient needs, interventions and nursing outcomes.	100%	100%
Provide relevant information in a clear, thorough, effective, and accurate manner.	98%	100%
Evaluate patient outcomes using critical thinking, decision-making skills, and creative problem solving of common treatments/tasks.	90%	95%
Maintain effective interdisciplinary collaboration.	90%	91%
Demonstrate an appreciation for diversity among patient populations.	85%	87%
Utilize related informatic technologies in patient care settings.	82%	87%
Provide direct care to patients whose condition is complex, unstable or unpredictable	98%	100%

Collaborate in therapeutic interventions while retaining personal accountability.	100%	100%
Demonstrate a commitment for continued professional development.	100%	100%
Engage in effective working relationships.	100%	100%
Demonstrate professional attitude and behavior.	100%	100%
The LPN-AAS program met my expectations.	82%	90%
I would recommend the LPN-AAS program at Mesa State College to others interested in nursing.	82%	90%

APPENDIX 6.2.6
FACULTY EVALUATION CRITERIA
DEPARTMENT OF HEALTH SCIENCES

TEACHING (minimum rating of 60%)

Mean score on student evaluation*	**Points**
	5
4.5-5	**4**
4-4.5	**3**
3.0-4.0	**0**
Below 3.0	
Mean score on classroom or clinical assessment by Department Head or peer**	
6.7-7	**5**
6.0-6.6	**4**
5.0-6.0	**3**
Below 5.0	**0**
Evidence of positive substantive comments on student evaluations	**3**
Honors and recognition for teaching	**5**

Other evidence of teaching effectiveness	**Points**
New course development	**2**
Creative and innovative teaching strategies	**2**
Evidence of continuing improvements to courses based on program or course evaluation feedback	**2**
More than three different preparations per semester	**2**
Teaching courses above and beyond normal academic contract (honors, outreach, online, distance, independent study)	**1**
Responsive to department faculty/staffing needs.	**1**
Mentoring new faculty.	
Team teaching, collaboration, guest lecturing.	**11**
Contribution to student learning beyond typical classroom involvement.	**1**

*Tenure-track and temporary faculty are evaluated in all courses in spring and fall terms. Tenured faculty is evaluated in a minimum of two courses each semester. Courses selected for faculty evaluation will be rotated with a minimum of one faculty evaluation for every third term that a course is offered.

** Department Head or designee will visit the classroom and/or clinical setting of all faculty at least once per year.

Total points received = _____ Rating_____ Percentage weight _____%

Excellent = 20-24 points
Highly Proficient = 15-19 points
Proficient = 10-14 points
Unsatisfactory = below 10 points

Comments:

SCHOLARLY ACTIVITIES (Minimum rating of 5%)			
Articles (per article)	Points	**Professional development**: Attendance at professional meetings or courses related to professional growth (per class/conference/ workshop)	Points
Refereed journals	4		
Non-refereed journals	3		
Other articles	2		
Peer Review of article	1	Post-graduate coursework	4
		National/international conference	4
		Regional/local conference meetings	3
		Professional intensive workshops	
		Professional meetings	2
Textbook	4	**Clinical competence:** Maintains ongoing certification and/or clinical competence through faculty practice or consultation in related field	3
Chapter	2		
Chapter or textbook reviewer	1		
Presentations and poster sessions (per presentation or poster session)		**Grants:** Research and development of grants and/or other funding sources	4
National	4		
State	3		
Local	2		
Current research or other study related to the discipline		**Other evidence of outside scholarly work** Projects benefiting college, department and students, mentoring undergraduate research	1-4
Proposal development	1-4		
Literature review	1-4		
Data collection or analysis	1-4		
Writing results	1-4		

Total points received = _____ Rating_____ Percentage weight _____%

Excellent = 25-32 points
Highly Proficient = 17-24 points
Proficient = 9-16 points
Unsatisfactory = below 9 points

Comments:

SERVICE (Minimum rating of 5%)	
College service (per activity)	Points
College committee member	1
Faculty Senate or Curriculum Committees	2
Leadership role on college committee	1
Search committee	1
Participation in departmental committee work	1
Leadership role on departmental committee	
Significant public relations, fundraising, securing scholarships	1
	1
Professional service (per activity)	
Leadership in national or state professional organization	3
Leadership in local professional organization	2
Actively contributes to professional organization	1
Membership in professional organization	1
Community service (per activity)	
Health fairs, volunteer activities related to professional field	1
Community board member in discipline related agency/organization	1
Active membership in community organization	1
Community activities not related to discipline/profession	
	1

Total points received = _____ Rating_____ Percentage weight _____%

Excellent = 15-20 points total
Highly Proficient = 10-14 points total
Proficient = 5-9 points
Unsatisfactory = below 5 points

Comments:

ADVISING (Minimum rating of 5%)	
Demonstrates effective advising of students through accurate information provided to students regarding course completion, graduation requirements, completion of program sheets	Points 4
Participates in campus advising and orientation programs	1-4
Participates in career days and other recruitment efforts	1-4
Serves as advisor for campus club	1-4
Participates in other activities related to advising pre-degree students	2

Total points received = _____ Rating_____ Percentage weight _____%

Excellent = 16-20 points total
Highly Proficient = 11-15 points total
Proficient = 6 -10 points
Unsatisfactory = below 6 points

Comments:

APPENDIX 6.2.7 PEER EVALUATION

Peer Evaluation

The quality of the Baccalaureate Nursing Program and the reputation of Mesa State College is dependent on the development and maintenance of a high-quality, dedicated faculty. One of the mechanisms that assure this quality is the evaluation process. Evaluation is defined as the process of gathering pertinent information about an individual to arrive at correct judgments of her/his teaching effectiveness.

The evaluation policy in the Trustee's Handbook for Professional Personnel states "the primary purpose of performance evaluation is to assist professional personnel in improving the quality of their contributions to the college. Evaluation should be centered on the concept of providing constructive feedback. The handbook states that each school, with the participation of the individual to be evaluated, shall develop a procedure for the evaluation of professional personnel; p. 16, Sec. VIII. In accordance with this college policy, the faculty of the nursing program developed a peer evaluation policy and procedure with the underlying assumption that personal and professional growth is the result of the process. In the college evaluation process faculty members are evaluated by students, self, and the coordinator and/or Dean. Although the college no longer requires peer evaluation the nursing faculty has reinstituted the process. The faculty defines peer evaluation as the process by which educators appraise the quality of professional performance of their colleagues in accordance with established standards.

Peer Evaluation Form

The Peer Evaluation Committee will consist of two colleagues. One member will be selected by faculty members and one will be appointed by the coordinator. The peer evaluation will be completed once a year during the fall semester. Each member will complete the form and submit it to the faculty member being evaluated. Although peer evaluation is an important part of the total evaluation process, the nursing faculty sees it primarily as a mechanism for self-improvement.

	Strongly Agree 1	Agree 2	Disagree 3	Strongly Disagree 4	Not Applicable N/A
A. Course Content					
The instructor:					
1. Formulates objectives related to the conceptual framework.					
2. Demonstrates correlation between the course objectives and content presented					
3. Utilizes examples and illustrations to clarify the content material					
4. Organizes content in a manner which is meaningful to the student					
5. Summarizes major points in lectures and discussions					
6. Modifies course content after evaluation					
B. Participation and Class Interaction					
The instructor:					
1. Maintains an environment conducive to adult learning					
2. Provides a climate in which the students feel free to ask questions and/or seek assistance					
3. Facilitates group process					
4. Is receptive to divergent points of view					
5. Identifies the student's strengths and areas for improvement by verbal and written feedback					
6. Maintains confidentiality in student relationships					
C. Instructor's Style					
The instructor:					
1. Utilizes a variety of instructional methodology which is relevant to learning goals					
2. Seems interested in the subject presented					
3. Develops and maintains rapport with class members					
4. Relates to each student as an individual					
5. Speaks distinctly and with sufficient volume					
6. Displays a sense of humor					
D. Professional Role Fulfillment					
The instructor:					
1. Demonstrates skills, attitudes and values that are to be developed by the student					
2. Seeks challenging learning experiences for students					

3. Provides academic advising for learners					
4. Identifies own limitations in theory and skills					
5. Displays an interest in total curriculum and program improvement					
6. Serves as a resource person and facilitator for students					
7. Is available to students at scheduled times					
E. Professional Growth **The instructor:** 1. Accomplishes own goals for professional growth					
2. Participates regularly and systematically in study, conferences and special meetings to increase knowledge and skill					
3. Is involved in scholarly research and writing					
4. Functions cooperatively with nursing faculty members, other college faculty and co-workers					
5. Maintains professional relationships with agencies					
6. Responds to constructive criticism in a positive manner					
F. Clinical Assessment **The instructor:** 1. Relates theoretical concepts to clinical practice					
2. Promotes attitude of mutual respect between staff-teacher, student-teacher and staff-student					
3. Communicates student's goals to clinical staff					
4. Provides for an orientation to clinical setting					
5. Utilizes student ideas and experiences to promote group learning					
6. Shares theoretical knowledge with staff					
G. Committee Obligations **The instructor:** 1. Accepts special assignments such as campus and/or community committees					
2. Prepares for committee meetings					
3. Participates in committee meetings					
4. Operationalizes outcomes of committee meetings					
H. Comments:					

Signature (optional) _____

APPENDIX 6.2.8

MESA STATE COLLEGE
Health Sciences Department

Classroom Visitation Appraisal

Instructor: _____ Course: _____

Term: _____ Academic Year: _____ Date of Visit: _____

Visitor(s): _____ Title(s): _____

The following appraisal form contains 11 questions that also are found on the student appraisal of classroom teaching form. In addition, you may want to develop a narrative description of your visit.

Directions: Rate classroom teaching on each item. Use numbers 12 and 13 for additional questions. X = don't know; NA = not applicable.

	Highest						Lowest		
	7	6	5	4	3	2	1	X	NA
1. Were the major objectives of the course made clear to you in the written materials?									
2. How well was the class presentation planned and organized?									
3. Were important ideas clearly explained?									
4. How would you judge the instructor's mastery of the course content?									
5. Was class time well used?									
6. Did the teacher encourage critical thinking and analysis?									
7. Do you believe the instructor encouraged relevant student involvement in the class?									
8. How did the instructor react to student viewpoints differing from his or her own?									
9. How would you describe the attitude of students in the class toward the teacher?									
10. Do you believe that your visitation was at a time when you were able to judge fairly the nature and tenor of the teaching-learning process?									
11. Considering the previous 10 items, what is your overall rating of this teacher?									
12.									
13.									
Composite Rating									

Comments: _____

_____

_____

_____

9/94, 4/99, 1/05

APPENDIX 6.2.9

MESA STATE COLLEGE

Performance Evaluation for Faculty

Faculty Member's Name: _____ **700#:** _____

Academic Department: _____ **Faculty Rank:** _____

Evaluation Period: _____

Quantification Section: (For ease in performing computations, multiply the weight by the rating scale to determine the score for each factor. Total all scores to determine the overall score.)

Factor	Weight In Percentage **	Below Standard 1	Proficient 2	Highly Proficient 3	Excellent 4	Score ***
A. Teaching Effectiveness Comments:						
B. Advising Comments:						
C. Scholarly Activity Comments:						
D. Service Comments:						
TOTAL						

**Weight must total 100.

***Multiply the weight by the numeric equivalent of the rating.

CONVERSION OF TOTAL NUMERIC SCORE TO DESCRIPTIVE RATING

Below Standard	100-150
Proficient	151-250

Highly Proficient	251-350
Excellent	351-400

Key to rating levels:

Below Standard: Evidence demonstrates that the faculty member's contributions are below accepted standards in the area under consideration. A need for improvement is clearly indicated. The level of contribution does not justify any salary increase and may jeopardize continued appointment within the College.

Proficient: Evidence demonstrates that the faculty member meets minimum expectations and has made modest contributions in the area under consideration.

Highly Proficient: Evidence clearly demonstrates that the faculty member has made significant contributions in the area under consideration and is considered highly skilled in that area.

Excellent: Evidence convincingly demonstrates that the faculty member has made exceptional contributions in the area under consideration; contributions that clearly would be recognized as outstanding by professional colleagues at comparable institutions.

FINAL OVERALL RATING: (Check One)

Below Standard ☐ Proficient ☐ Highly Proficient ☐ Excellent ☐

Employee Comments:

I, _____, Agree ☐ Disagree ☐ with my Performance Evaluation.
(Employee's Signature)

Date: _____

Department Head's Signature: _____ Date: _____

Reviewer's Signature: _____ Date: _____

Reviewed by Director of Human Resources

HR Director's Signature: _____ Date: _____

APPENDIX 6.2.10 PN ALUMNI SURVEY

PN Alumni Survey_Revised 2009

1. Mesa State College Practical Nursing Alumni Survey

We value your input regarding your education in the Practical Nursing Program at Mesa State College. Please take a few moments and complete this short survey regarding your experiences as an alumni of the PN program.

2. PN Alumni Survey

1. What year did you graduate from the Practical Nursing program at Mesa State College?

- ◯ 2007
- ◯ 2008
- ◯ 2009
- ◯ 2010

2. Are you currently

	Yes	No
Employed full-time in nursing practice as a LPN	◯	◯
Employed part-time in nursing practice as a LPN	◯	◯
Employed full-time in nursing practice as a RN	◯	◯
Employed part-time in nursing practice as an RN	◯	◯
Employed in a non-nursing job	◯	◯
Enrolled in a LPN-RN program	◯	◯
Enrolled in a LPN-BSN program	◯	◯
Enrolled in a RN-BSN program	◯	◯

3.

PN Alumni Survey_Revised 2009

1. To what extent did your Nursing education:

	Extremely well	Moderately well	Somewhat	Not at all
Expand your career options	◯	◯	◯	◯
Provide access to employers	◯	◯	◯	◯
Increase your earning potential	◯	◯	◯	◯
Provide the knowledge necessary to succeed	◯	◯	◯	◯
Provide the skills necessary to succeed	◯	◯	◯	◯
Establish a network of nursing contacts	◯	◯	◯	◯
Prepare you to be successful in your first nursing position	◯	◯	◯	◯

4.

1. The PN program prepared me to:

	Strongly agree	Agree	Disagree	Strongly Disagree
Demonstrate professional behavior in my practice as a LPN	◯	◯	◯	◯
Communicate with patients, families and other members of the healthcare team	◯	◯	◯	◯
Collect and process data to appraise a patient's health status	◯	◯	◯	◯
Provide individualized care in a safe manner	◯	◯	◯	◯
Demonstrate caring nursing behaviors to help meet patient needs	◯	◯	◯	◯
Effectively use resources to achieve patient outcomes and organizational goals	◯	◯	◯	◯

5.

1. To what extent did the PN nursing program fulfill your expectations?

- ◯ Far below
- ◯ Slightly below
- ◯ Met expectations
- ◯ Slightly above
- ◯ Far above

PN Alumni Survey_Revised 2009

2. Comparing the cost to the contribution the degree has made to your success as a nurse, rate its overall value

- ◯ Poor
- ◯ Fair
- ◯ Very well
- ◯ Excellent

6.

1. How likely are you to continue your nursing education in to achieve the following degrees:

	Very Likely	Likely	Somewhat likely	Not Likely	Not Very Likely
LPN-AAS degree	◯	◯	◯	◯	◯
RN-BSN degree	◯	◯	◯	◯	◯
MSN degree	◯	◯	◯	◯	◯
DNP degree	◯	◯	◯	◯	◯
Ph.D. degree	◯	◯	◯	◯	◯
Already enrolled or completed program	◯	◯	◯	◯	◯

Where did you continue your nursing education?

7.

1. I would recommend the PN program at Mesa State College to a close friend

- ◯ Strongly agree
- ◯ Agree
- ◯ Disagree
- ◯ Strongly disagree

2. Identify three strengths of the PN program at Mesa State College

3. What suggestions would you make to improve the PN program at Mesa State College?

8.

PN Alumni Survey_Revised 2009

Thank you for your time in completing this survey.

APPENDIX 6.2.11
LPN-AAS ALUMNI SURVEY

LPN-AAS Alumni Survey

1. Mesa State College LPN-AAS Nursing Alumni Survey

We value your input regarding your education in the LPN-AAS Nursing Program at Mesa State College. Please take a few moments and complete this short survey regarding your experiences as an alumni of the LPN-AAS program.

2. LPN-AAS Alumni Survey

1. What year did you graduate from the LPN-AAS program at Mesa State College?

- ◯ 2005
- ◯ 2006
- ◯ 2007
- ◯ 2008
- ◯ 2009
- ◯ 2010

2. Are you currently

	Yes	No
Employed full-time in nursing practice as a RN	◯	◯
Employed part-time in nursing practice as an RN	◯	◯
Employed in a non-nursing job	◯	◯
Enrolled in a RN-BSN program	◯	◯
Enrolled in a graduate nursing program	◯	◯

3.

1. To what extent did your Nursing education:

	Extremely well	Moderately well	Somewhat	Not at all
Expand your career options	◯	◯	◯	◯
Provide access to employers	◯	◯	◯	◯
Increase your earning potential	◯	◯	◯	◯
Provide the knowledge necessary to succeed	◯	◯	◯	◯
Provide the skills necessary to succeed	◯	◯	◯	◯
Establish a network of nursing contacts	◯	◯	◯	◯
Prepare you to be successful in your first RN position	◯	◯	◯	◯

LPN-AAS Alumni Survey

4.

1. The LPN-AAS program prepared me to effectively:

	Strongly agree	Agree	Disagree	Strongly Disagree
Demonstrate professional behavior in my practice as a RN	◯	◯	◯	◯
Communicate with patients, families, and other members of the healthcare team	◯	◯	◯	◯
Assess a patient's health status	◯	◯	◯	◯
Engage in clinical decision-making	◯	◯	◯	◯
Demonstrate caring interventions	◯	◯	◯	◯
Apply principles of teaching/learning in patient education	◯	◯	◯	◯
Collaborate with patients, families and members of the healthcare team	◯	◯	◯	◯
Demonstrate leadership and management skills in caring for groups of patients	◯	◯	◯	◯

5.

1. To what extent did the LPN-AAS nursing program fulfill your expectations?

- ◯ Far below
- ◯ Slightly below
- ◯ Met expectations
- ◯ Slightly above
- ◯ Far above

2. Comparing the cost to the contribution the degree has made to your success as a nurse, rate its overall value

- ◯ Poor
- ◯ Fair
- ◯ Very well
- ◯ Excellent

6.

LPN-AAS Alumni Survey

1. How likely are you to continue your nursing education in to achieve the following degrees:

	Very likely	Likely	Somewhat likely	Not Likely	Not Very Likely	Already enrolled or completed program
RN-BSN degree	◯	◯	◯	◯	◯	◯
MSN degree	◯	◯	◯	◯	◯	◯
DNP degree	◯	◯	◯	◯	◯	◯
Ph.D. degree	◯	◯	◯	◯	◯	◯

Where did you continue your nursing education?

7.

1. I would recommend the LPN-AAS program at Mesa State College to a close friend

- ◯ Strongly agree
- ◯ Agree
- ◯ Disagree
- ◯ Strongly disagree

2. Identify three strengths of the LPN-AAS program at Mesa State College

3. What suggestions would you make to improve the LPN-AAS program at Mesa State College?

8.

Thank you for your time in completing this survey.

APPENDIX 6.3 Advisory Board Survey

Advisory Board Survey

1. Nursing Education Advisory Board Survey

As part of our ongoing process of program evaluation, we would like your input as an advisory board member regarding your perceptions of graduates from our nursing programs at Mesa State College. We ask for a few minutes of your time to take this quick (5-minute) survey.

2.

1. How are graduates from the nursing programs at Mesa State College prepared to demonstrate the following behaviors and attributes:

	Very well	Fairly well	Somewhat well	Not well
Provide clinically competent care to patients, families, communities, and groups	◯	◯	◯	◯
Practice nursing in a manner that reflects caring as the essence of nursing	◯	◯	◯	◯
Practice nursing within established ethical and holistic guidelines	◯	◯	◯	◯
Work collaboratively with patients, families, communities, interdisciplinary team members and others in providing nursing care	◯	◯	◯	◯
Communicate effectively orally, in writing, and electronically using appropriate verbal and non-verbal techniques	◯	◯	◯	◯
Use scientific and humanistic concepts, nursing theory and research findings to think critically and make nursing decisions	◯	◯	◯	◯
Utilize a variety of strategies to increase self-awareness and self-empowerment	◯	◯	◯	◯
Participate in the activities of the nursing profession as well as activities that benefit the global community	◯	◯	◯	◯
Use scientific and humanistic concepts, nursing theory and research findings in evidence-based practice to think critically and make nursing decisions	◯	◯	◯	◯

3. Comments and Feedback

Advisory Board Survey

1. Please share any comments or feedback regarding your perception of MSC nursing graduates.

APPENDIX 6.4.1 PN EMPLOYER SURVEY

PN EmployerSurvey_Revised 2009

1. Mesa State College Practical Nursing Program EMPLOYER Survey

We value your input regarding your employees who are graduates of the Practical Nursing Program at Mesa State College. Please take a few moments and complete this short survey regarding your impressions of the PN program graduates.

2. PN Employer Survey

1. Type of institution

- ◯ Outpatient clinic/physician office
- ◯ Community health agency
- ◯ Mental health agency
- ◯ Temporary staffing agency
- ◯ Home health agency
- ◯ Hospital
- ◯ Long term care facility
- ◯ Other

2. Number of employees in the facility where this graduate is employed

- ◯ 25 or less
- ◯ 26-100
- ◯ 101-500
- ◯ Over 501 employees

3.

1. Title of Evaluator:

- ◯ Staff Nurse
- ◯ Head Nurse/Charge Nurse
- ◯ Nurse Manager
- ◯ Chief Nursing Officer/Director of Nurses
- ◯ Physician
- ◯ Other

PN EmployerSurvey_Revised 2009

2. Number of graduates from this school hired by your institution in the last 3 years (please approximate):

- ◯ 0
- ◯ 1-5
- ◯ 6-10
- ◯ 11-20
- ◯ >20

4.

1. The Practical Nursing program at Mesa State College prepared their graduates to:

	Strongly agree	Agree	Disagree	Strongly Disagree
Demonstrate professional behavior in their practice as a LPN	◯	◯	◯	◯
Communicate with patients, families and other members of the healthcare team	◯	◯	◯	◯
Collect and process data to appraise a patient's health status	◯	◯	◯	◯
Provide individualized care in a safe manner	◯	◯	◯	◯
Demonstrate caring nursing behaviors to help meet patient needs	◯	◯	◯	◯
Effectively use resources to achieve patient outcomes and organizational goals	◯	◯	◯	◯

5.

PN EmployerSurvey_Revised 2009

1. Graduates of the Practical Nursing Program are effectively able to:

	Very Likely	Likely	Somewhat likely	Not Likely	Not Very Likely
Function as a member of a team of health care providers	◯	◯	◯	◯	◯
Organize/manage the care for assigned patients	◯	◯	◯	◯	◯
Supervise nursing care given by unlicensed assistive personnel while retaining accountability for quality of care given to the patient	◯	◯	◯	◯	◯
Incorporate professional nursing standards into practice	◯	◯	◯	◯	◯
Demonstrate competent technical nursing skills	◯	◯	◯	◯	◯

6.

1. Rate this employee's academic preparation as compared to all other employees from other institutions with the same level of education:

- ◯ Least well-prepared
- ◯ Less well-prepared than most
- ◯ About as well-prepared as others
- ◯ Better prepared than most
- ◯ Among the best-prepared
- ◯ Can't compare

2. I would recommend the PN program at Mesa State College to a close friend

- ◯ Strongly agree
- ◯ Agree
- ◯ Disagree
- ◯ Strongly disagree

3. I would hire another graduate from this program.

- ◯ Strongly agree
- ◯ Agree
- ◯ Disagree
- ◯ Strongly disagree

PN EmployerSurvey_Revised 2009

4. Identify three strengths of the PN program at Mesa State College

5. What suggestions would you make to improve the PN program at Mesa State College?

7.

Thank you for your time in completing this survey.

APPENDIX 6.4.2 LPN-AAS EMPLOYER SURVEY

LPN-AAS Employer Survey

1. Mesa State College LPN-AAS Nursing Program EMPLOYER Survey

We value your input regarding your employees who are graduates of the LPN-AAS Nursing Program at Mesa State College. Please take a few moments and complete this short survey regarding your impressions of the LPN-AAS program graduates.

2. LPN-AAS Employer Survey

1. Type of institution

- ◯ Outpatient clinic/physician office
- ◯ Community health agency
- ◯ Mental health agency
- ◯ Temporary staffing agency
- ◯ Home health agency
- ◯ Hospital
- ◯ Long term care facility
- ◯ Other

2. Number of employees in the facility where this graduate is employed

- ◯ 25 or less
- ◯ 26-100
- ◯ 101-500
- ◯ Greater than 501

3.

1. Title of Evaluator:

- ◯ Staff Nurse
- ◯ Head Nurse/Charge Nurse
- ◯ Nurse Manager
- ◯ Chief Nursing Officer/Director of Nurses
- ◯ Physician
- ◯ Other

LPN-AAS Employer Survey

2. Number of graduates from this school hired by your institution in the last 3 years (please approximate):

- ◯ 0
- ◯ 1-5
- ◯ 6-10
- ◯ 11-20
- ◯ >20

4.

1. The LPN-AAS Nursing program at Mesa State College prepared their graduates to:

	Strongly agree	Agree	Disagree	Strongly Disagree
Demonstrate professional behavior in their practice as a RN	◯	◯	◯	◯
Communicate with patients, families and other members of the healthcare team	◯	◯	◯	◯
Assess a patient's health status	◯	◯	◯	◯
Engage in clinical decision-making	◯	◯	◯	◯
Demonstrate caring interventions	◯	◯	◯	◯
Apply principles of teaching/learning in patient education	◯	◯	◯	◯
Collaborate with patients, families and members of the healthcare team	◯	◯	◯	◯
Demonstrate leadership and management skills in caring for groups of patients	◯	◯	◯	◯

5.

LPN-AAS Employer Survey

1. Graduates of the LPN-AAS Nursing Program are effectively able to:

	Very likely	Likely	Not Likely	Not Very Likely
Function as a member of a team of health care providers	◯	◯	◯	◯
Organize/manage the care for assigned patients	◯	◯	◯	◯
Supervise nursing care delegated to others while retaining accountability for quality of care given to the patient	◯	◯	◯	◯
Incorporate professional nursing standards into practice	◯	◯	◯	◯
Demonstrate competent technical nursing skills	◯	◯	◯	◯

6.

1. Rate this employee's academic preparation as compared to all other employees from other institutions with the same level of education:

- ◯ Least well-prepared
- ◯ Less well-prepared than most
- ◯ About as well-prepared as others
- ◯ Better prepared than most
- ◯ Among the best prepared
- ◯ Can't compare

2. Based on the performance of the graduate(s):

	Strongly agree	Agree	Disagree	Strongly disagree
I would recommend the LPN-AAS program at Mesa State College to a close friend	◯	◯	◯	◯
I would hire another graduate from this program	◯	◯	◯	◯

3. Identify three strengths of the LPN-AAS program at Mesa State College

4. What suggestions would you make to improve the LPN-AAS program at Mesa State College?

LPN-AAS Employer Survey

7.

Thank you for your time in completing this survey.