



Mesa State College
Grand Junction,
Colorado
BSN Nursing
Program

Bachelor of Science in Nursing

Self Study Report Commission on Collegiate Nursing Education Appendices



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STANDARD I

**APPENDIX I.A.1: PROGRAM MISSION, GOALS, PHILOSOPHY & EXPECTED
STUDENT OUTCOMES**

STANDARD I: PROGRAM QUALITY: MISSION AND GOVERNANCE

STANDARD 1: The mission, goals, and expected aggregate student and faculty and 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 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.

Key Element 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.

**Baccalaureate Nursing Program
Department of Health Sciences
Mesa State College**

Mission

The program is designed to respond to the emerging health care needs of individuals, families, groups, and communities and provide a foundation for excellence in nursing practice. This foundation enables the graduate to assume the role of a nurse generalist when delivering culturally competent care in a wide-range of health care settings with diverse populations. The utilization of critical thinking, leadership, and management skills, founded on evidence based practice, is essential. The importance of engaging in lifelong learning and community service is valued. Graduates are encouraged to return to higher educational programs to obtain advanced degrees.

Philosophy

The philosophy of the baccalaureate nursing program is consistent with the general goals of a liberal arts and science education at Mesa State College. The program is **population-based** and **community-focused**, with an integration of knowledge from the arts and sciences into the nursing curriculum providing a solid foundation for the development of critical thinking skills. The faculty believes the baccalaureate degree prepares the graduate for entry into the practice of professional nursing and provides a base for graduate study. A professional nursing education prepares a competent practitioner who values the lifelong process of self-evaluation, self-acceptance, and learning which support growth and development as a professional nurse. Graduates of the program are prepared for entry into practice to function in a caring manner within increasingly complex health care settings.

Each **learner** brings unique qualities that must be recognized. Acknowledging their individuality, students have a responsibility to actively participate and assist the faculty in actively engaging in the educational process. The **faculty** utilizes traditional and alternative teaching-learning strategies, in accordance with academic requirements of the College, recognized standards of nursing practice, and societal expectations to enhance learner needs. Learning is achieved through progression from simple concepts to complex theories. The faculty further believes in self, comparative, and continuous assessment in nursing education, which is apparent in the program's formalized evaluation plan.

The faculty identifies **patients** as individuals, families, groups, or communities, who continuously interact with their environment. Patients, as recipients of holistic nursing care, are complex with physiological, psychological, social, spiritual, and cultural components. Patients assume independent, interdependent, or dependent roles in a variety of health care settings. In some context the patient is referred to as a **client**, **customer**, or **consumer** depending on the nature of the health care encounter. Nursing interventions the individual receives are based on health promotion, maintenance, restoration, and end-of-life care.

Health, when viewed on a continuum, involves more than just the absence of disease or infirmity. It is a dynamic state in which the potential of each person is realized to the fullest extent possible. Within this framework, the delivery of health care resources is an interdisciplinary, collaborative effort among health professionals. Graduates promote wellness in diverse populations at the local, state, national, and international level.

Environment represents a person's diverse physical, social, cultural, economic, and political dimensions. An environment encompasses one's surroundings, viewpoints, and beliefs that influence perceptions and interactions regarding health. Each person exists within an ever changing environment, and as such, the environment can be altered to positively affect one's health by reducing stressors and promoting wellbeing.

Professional nursing's ascribed roles are derived from the science and art that is inherent in a practice discipline. Nursing is based on the synthesis of biological, behavioral, social, and nursing sciences. 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 in evolving and diverse health care systems. This requires the use of critical thinking, communication, assessment, and technical skills characteristic of a health care professional. Furthermore, to provide professional care, nurses must demonstrate knowledge of the nursing process, health promotion, risk reduction, disease prevention and management, leadership, 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.

Program Goals

Graduates of the program will be able to:

1. Practice as a professional nurse.
2. Pursue graduate education.
3. Assume leadership roles.
4. Participate in learning as a life long process.

Student Learning Outcomes

The outcomes are derived from the program's mission, philosophy, and goals. Additionally, they incorporate current professional standards and guidelines commonly associated with baccalaureate nursing curriculums. Upon completion of the program, students will have demonstrated the ability to apply the following attributes while caring for a diversity of patients:

1. **Critical Thinking:** demonstrates intellectual curiosity, rational inquiry, and effective problem-solving skills while maintaining empathy, creativity, faith in reason, and compassion for another.
2. **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.
3. **Collaborative Communication:** manages the collaborative health care of individuals, families, and communities through use of clear, effective, thorough, and accurate communication.
4. **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.
5. **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.
6. **Leadership:** directs the delivery of care across settings and among caregivers, including oversight of licensed and unlicensed personnel in any assigned or delegated tasks.
7. **Professional Development:** enrolls in graduate education, continuing education programs, professional reading, participation in professional organizations, and community service.

**APPENDIX I.A.2: RELATIONSHIP OF PROGRAM MISSION, GOALS, AND EXPECTED
STUDENT OUTCOMES TO THOSE OF MSC**

STANDARD I: PROGRAM QUALITY: MISSION AND GOVERNANCE

STANDARD 1: The mission, goals, and expected aggregate student and faculty and 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 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.

Key Element 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.

**APPENDIX 1.A.2: RELATIONSHIP OF PROGRAM MISSION, GOALS & EXPECTED
STUDENT OUTCOMES TO THOSE OF MSC**

	MESA STATE COLLEGE	NURSING PROGRAM	ANALYSIS
Mission	<p>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.</p> <p>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.</p>	<p>The program is designed to respond to the emerging health care needs of individuals, families, groups, and communities and provide a foundation for excellence in nursing practice.</p> <p>This foundation enables the graduate to assume the role of a nurse generalist when delivering culturally sensitive care in a wide-range of health care settings with diverse populations.</p> <p>The utilization of critical thinking, leadership, and management skills, founded on evidence-based practice, is essential.</p> <p>The importance of engaging in lifelong learning and community service is valued. Graduates are encouraged to return to higher educational programs to obtain advanced degrees.</p>	<p>Both missions reflect a commitment to quality instruction.</p> <p>The mission of the program incorporates and is consistent with professional nursing standards and guidelines. Standards and guidelines are identified in the self-study narrative; they are included in each course syllabus.</p>
Goals	<p>MSC offers programs of value in areas of civic and cultural life, research, and recreation, and desires to play a constructive role in improving the quality of human life and the environment. The college extends its services to anyone</p>	<p>Graduates of the program will:</p> <ol style="list-style-type: none"> 1. Practice as a professional nurse. 2. Pursue graduate education. 3. Assume leadership roles. 4. Participate in learning as a life long process. 	<p>Goals, as written, are congruent, and are descriptive of desired student learning outcomes.</p>

	regardless of age, race, color, national origin, religion, sex, disability, veteran status, or sexual orientation.		
Expected Student Outcomes	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.	<p>The expected student outcomes are derived from the program's mission, philosophy, goals, and current professional standards/guidelines for baccalaureate nursing education. Upon completion of the program, students will have demonstrated the ability to apply the following attributes:</p> <ol style="list-style-type: none"> 1. Critical Thinking: demonstrates intellectual curiosity, rational inquiry, and effective problem-solving skills while maintaining empathy, creativity, faith in reason, and compassion for another. 2. 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. 3. Collaborative Communication: manages the collaborative health care of individuals, families, and communities through use of clear, effective, thorough, and accurate communication. 4. 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 	Expected student outcomes are consistent with those of the institution and of professional standards/guidelines. The outcomes serve as a base for the BSN curriculum.

		<p>current nursing theory and research.</p> <p>5. 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.</p> <p>6. Leadership: directs the delivery of care across settings and among caregivers, including oversight of licensed and unlicensed personnel in any assigned or delegated tasks.</p> <p>7. Professional Development: enrolls in graduate education, continuing education programs, professional reading, participation in professional organizations, and community service.</p>	
Expected Faculty Outcomes	<p>MSC views teaching as the most important responsibility of a faculty member.</p> <p>Advising, scholarly activity, and service are additional components of every performance evaluation of full-time faculty.</p> <p>An annual development plan shall be prepared by the faculty member, and submitted in writing, to the department head. The plan shall be consistent with the faculty member's comprehensive development plan and shall establish the faculty member's goals and objectives for the next year relating to each of</p>	<p>Each faculty member identifies a professional plan that is congruent with the overall mission of the Department of Health Sciences. It is expected that 90% of the BSN faculty will achieve a rating of Highly Competent or above.</p> <p>In addition, the BSN faculty, as a whole, have identified 14 expected faculty outcomes:</p> <ol style="list-style-type: none"> 1. Continue to meet accreditation standards. 2. Modify curriculum as needed to achieve program benchmarks (i.e. maintain NCLEX pass rate of graduates at or above the 90% average on a continuous basis.) 	<p>Expected faculty outcomes in teaching, scholarship, service, and practice are congruent with those of MSC and of the BSN program (mission, philosophy, goals, and expected student outcomes).</p>

	<p>the general evaluation criteria, and other activities appropriate to the faculty member's academic discipline and/or professional assignment.</p> <p>The goals and objectives established shall reflect department goals and priorities, which correspond wit the college and trustee goals and priorities.</p>	<ol style="list-style-type: none"> 3. Using Boyer's model of scholarship, encourage faculty to advance their professional growth. 4. Encourage students to participate in service learning. 5. Implement changes in the curriculum to advance student learning, as needed. 6. Continue to advance nursing alumna support and activities. 7. Utilize outcome data from standardized testing and program evaluation to enhance the curriculum. 8. Continue multi-disciplinary health education through collaborative efforts on campus and in the community. 9. Provide career ladder options for students on the western slope to become nurses. 10. Collaborate with other schools to implement graduate education in western Colorado. 11. Modify teaching strategies based on evaluation of outcomes of teaching/learning activities. 12. Improve transition of new students from the community, including those from diverse cultures, into the nursing program through a planned orientation program. 13. Utilize advisory boards to provide ongoing feedback for continuous improvement. 14. Evaluate the effectiveness of technology used in the education setting. 	
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APPENDIX I.A.4: DEFINITION OF TERMS

STANDARD I: PROGRAM QUALITY: MISSION AND GOVERNANCE

STANDARD 1: The mission, goals, and expected aggregate student and faculty and 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 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.

Key Element 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.

APPENDIX 1.A.4: DEFINITION OF TERMS

Faculty has adopted the following definitions for specific terminology used in *The Essentials of Baccalaureate Education* (American Association of Colleges of Nursing, 2008):

Discipline of nursing:

- A unique perspective, a distinct way of viewing all phenomena, which ultimately defines the limits and nature of its inquiry. Donaldson, S. and Crowley, D. (1978). The discipline of nursing, *Nursing Outlook*, 26, 113-120.
- A branch of instruction; a body of knowledge and of systematizing that knowledge within an area of concern or domain of inquiry. Chinn, P.L. and Jacobs, M.K. (1987). *Theory and nursing: A systematic approach*. St. Louis, MO: Mosby.
- Nursing is an evolving discipline dedicated to the advancement of knowledge contributing to the pursuit of excellence of care. Alberta Association of Registered Nurses, 1985.

Direct services: goal-directed activities performed in relation to and collaboration with the recipient of services (individual, group, or community) to promote and maintain recovery, rehabilitation, and well-being of the recipient of the activity.

Indirect services: measures that support and facilitate the delivery of direct services and includes but is not limited to administration, coordination, supervision, instruction, evaluation, and consultation.

Patient-centered care (Picker Institute, 2004):

- Respect for patient's values, preferences and expressed needs. This dimension is best expressed through the phrase, "Through the Patient's Eyes" leading to shared responsibility and decision-making.
- Coordination and integration of care. This dimension incorporates a team approach to support patients as they move through different care settings for prevention and treatment.
- Information, communication and education. This includes advances in information and social technologies that support patients and providers, as well as the cultural shifts needed for healthy relationships.
- Physical comfort. This dimension addresses individual, institutional and system design (i.e. pain management, hospital design, and type and accessibility of services).

- Emotional support. Empathy and emotional well-being are integral components of a holistic approach.
- Involvement of family and friends. Care giving includes more than patients and health professionals so the larger community of caregivers is considered.
- Transition and continuity. Delivery systems provide for caring transitions between different providers and phases of care.

Essential 1: Liberal Education: a solid base in liberal education (sciences and the arts) provides the cornerstone for the practice and education of nurses.

Advocacy: Patient advocacy is fundamental to nursing. The American Nurses Association (ANA) includes advocacy in its definition of nursing as "the protection, promotion, and optimization of health and abilities, prevention of illness and injury, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, communities, and populations." American Nurse's Association. *Nursing's social policy statement*, (2003, 2nd Ed.), p. 6 and *Nursing: Scope and standards of practice*, 2004, p. 17. Silver Spring, MD: ANA

Collaboration: working with other professionals and the public in promoting community, national, and international efforts to meet health care needs. ANA. (2008). *Code of Ethics for Nurses with Interpretive Statements*, Silver Spring, MD: American Nurses Publishing, p. 103.

Social Justice: the advocacy for equal opportunity, protection and treatment for all people within humanistic, moral, legal, and ethical principles.

Essential 2: Organizational and Systems Leadership: high quality health care, knowledge and skills in leadership, quality improvement and patient safety systems are necessary.

Leadership: identifying strategies and models for involving nurses in governance and decision-making; finding ways to strategically support new nurses in leadership development and mentoring; and determining the role of nurses and nursing leadership in implementing quality improvement in health systems. **Canadian Health Services Research Foundation. (2008),** *Nursing leadership, organization, and policies*. Ottawa, Ontario: CHS.

Quality Improvement: focus on improving quality of care and patient safety through research and implementation of evidenced-based practices.

Patient Safety: prevention of harm to patients; emphasis is placed on the system of care delivery that (1) prevents errors; (2) learns from the errors that do occur; and (3) is built on a

culture of safety that involves health care professionals, organizations, and patients. Aspden, P., Corrigan, J, and Wolcott, J. (2004). *Patient safety: Achieving a new standard for care*. Washington, DC: National Academies Press, p. 2.

Essential 3: Scholarship for Evidence-Based Practice: professional nursing practice is grounded in the analysis and application of evidence for practice.

Ethics: values, principles, and codes governing decisions in nursing practice, conduct, and relationships.

Evidence-Based Practice: process founded on the collection, interpretation, and integration of valid, important, and applicable patient-reported, clinician-observed, and research-derived evidence. The best available evidence, moderated by patient circumstances and preferences, is applied to improve the quality of clinical judgments. American Nurse's Association. (2004). *Nursing: Scope and standards of practice*. Silver Springs, MD: ANA, p. 48.

Essential 4: Information Management and Application of Patient Care Technology: knowledge and skills in information and patient care technology are critical in the delivery of quality patient care.

Information manager: incorporates systems and technology for knowledge acquisition to improve health care outcomes at the point of care; documents and analyzes clinical data.

Information technologies: application of the principles of information science and theory to the study, scientific analysis, and management of nursing information.

Essential 5: Healthcare Policy, Finance and Regulatory Environments: health care policies, including financial and regulatory, directly and indirectly influence the nature and functioning of the health care system.

Healthcare policy: policies involving the prevention, treatment, and management of illness and the preservation of mental and physical well-being through the services offered by the medical and allied health professions.

Healthcare finance: involves understanding of healthcare as a business (i.e. cost factors; reimbursement; legislative and regulatory processes; impact of socio-cultural factors).

Regulatory environment: laws and regulations that has been developed by federal, state, and local governments in order to exert control over business practices.

Essential 6: Inter-professional Communication and Collaboration: collaboration and communication among health care professionals is critical to delivering high quality and safe patient care.

Autonomy: quality or state of being self-governing, self-directing, free and morally independent.

Caring: a process by which nurse's assist their patients to reach self-actualization, maintain or attain optimal health, or die a peaceful death.

Scopes of practice: statements describing who, where, when, why, and how of nursing practice. Each question must be sufficiently answered to provide a complete picture of the practice and its boundaries and membership. American Nurse's Association. (2004). *Nursing: Scope and standards of practice*, Silver Spring, MD: ANA, p. 1.

Essential 7: Clinical Prevention and Population Health: health promotion and disease prevention at the individual and population level are necessary to improve population health.

Disease prevention: actions to thwart disease processes by modifying the environment, behavior, and body defenses.

Genetics: the branch of biology that deals with heredity, especially the mechanisms of hereditary transmission and the variation of inherited characteristics among similar or related organisms. *Webster's new world™ medical dictionary* (2008, 3rd Ed.). Hoboken, NJ: John Wiley & Sons.

Genomics: The study of genes and their function. Genomics aims to understand the structure of the genome, including the mapping genes and sequencing the DNA. Genomics examines the molecular mechanisms and the interplay of genetic and environmental factors in disease. *Webster's New World™ Medical Dictionary* (2008, 3rd Ed.). Hoboken, NJ: John Wiley & Sons.

Global health: an area for study, research and practice that places a priority on improving health and achieving equity in health for all people worldwide. Global health emphasizes transnational health issues, determinants, and solutions; involves many disciplines within and beyond the health sciences and promotes interdisciplinary collaboration; and is a synthesis of population-based prevention with individual-level clinical care. World Health Organization. (2006). The transition from "international" to "global" public health, *AJPH*, 96(1), 62.

Health promotion: activities to create conditions which nurture and promote wellness.

Systems theory: one of the several methodologies which employ systems approach to understanding complex phenomenon and problems. This theory focuses on the system's structure instead of on the system's function. It proposes that complex systems share some basic organizing principles irrespective of their purposes. Taylor, C., Lillis, C., and LeMone. P. (2005, 5th Ed.) *Fundamentals of nursing: The art and science of nursing care*. Philadelphia: Lippincott Williams & Wilkins.

Essential 8: Professionalism and Professional Values: professionalism is fundamental to the discipline of nursing.

Altruism: reflects a belief that nursing has a moral and ethical duty to help others.

Critical thinking: a process of seeking knowledge leading to reflective action.

Cultural competence: ability to understand and appreciate the learned beliefs, values, and behaviors shared by members of the same group and transmitted by its members to others.

Geiger, J. and Davidhizar, R. (1995). *Transcultural nursing: Assessment and intervention*. St. Louis: Mosby Year-book.

Cultural humility: an acknowledgement of one's own barriers to true intercultural understanding. It is the difference between intellectually knowing another culture and being able to truly relate to it. Wear, D. (2008). On outcomes and humility, *Academic Medicine*, 83, (7), 625-626.

Human dignity: the inherent worth and uniqueness of the individual with the right to maintain one's own concept of self as a person.

Integrity: the self-worth and practice of fidelity to moral principles to act in accordance with accepted ethical and professional codes of practice.

Spiritual awareness: goes beyond physical reality in order to create a sense of meaning and purpose to human life. This awareness involves examining one's own personal beliefs; spirituality; emotions; and personal discomfort. Smith, T. and Gordon, T. (2009). Developing spiritual and religious care competencies in practice: Pilot of a Marie Curie blended learning event. *International Journal of Palliative Nursing*, 15(2), 86-92.

Essential 9: Baccalaureate Generalist Nursing Practice: completion of baccalaureate nursing that integrates the knowledge, skills, and attitudes in the above essentials.

Generalist nursing practice: nurses who have completed a educational program with a general focus and are responsible for planning, providing, and evaluating nursing care in all settings. National Council of State Boards of Nursing. (2004). Chicago, IL: NCSBN

Roles for the baccalaureate generalist nurse:

- **Provider of care:** direct nursing care for patients at various developmental levels in a variety of settings. The provider of care role incorporates the nursing process, therapeutic communication, and the establishment of a caring relationship; involves attending to the physical, psychosocial, cultural, and spiritual needs of the patient.

- **Designer/manager/coordinator of care:** involves planning nursing care for a group of patients by prioritizing care, and through the delegation and supervision of other nursing personnel. The manager of care role necessitates provision of care to a group of patients through planning, prioritizing, and offering cost effective quality care implemented directly by an individual, or through delegation to other health care personnel. This role includes client advocacy and collaboration with other health professionals.
- **Member of a profession:** As a member of the nursing profession, the individual demonstrates professional, ethical, and legal nursing practice. Transcultural sensitivity and the ability to communicate effectively are inherent in the roles.

Patients: individuals, families, groups, or communities, who continuously interact with their environment. Patients, as recipients of holistic nursing care, are complex with physiological, psychological, social, spiritual, and cultural components. Patients assume independent, interdependent, or dependent roles in a variety of health care settings. In some context the patient is referred to as a **client**, **customer**, or **consumer** depending on the nature of the health care encounter.

Population-Based Care: holistic in nature, with nurses attempting to understand the individual from a variety of perspectives including socioeconomic, cultural, racial, religious, gender, abilities, and sexual affiliation. A predominant focus of population-based health care is health promotion and disease prevention. Attention is given to vulnerable individuals who may seek medical care only when they absolutely have to. However, by that time a chronic condition may have exacerbated and be confounded by a new, acute condition. Polifko-Harris, K. (2004). *Case applications in nursing leadership and management*. Florence, KY: Thomson.

Community-Focused Care: provision of nursing care that is directed toward health promotion, restoration, and maintenance. This necessitates meeting the primary, secondary, and tertiary needs of individuals, families, and groups. The nurse provides care in community-focused health care settings, such as hospitals, assisted living/long-term care facilities, ambulatory (acute) care facilities, and community health agencies.

Holistic Nursing: all nursing practice that has healing the whole person as its goal; draws on knowledge, theories, expertise and intuition to guide nurses in becoming therapeutic partners with individuals to facilitate the healing process and achieve wholeness. American Holistic Nurse's Association. (1998). *Description of holistic nursing*. AHNA: Flagstaff, AZ.

APPENDIX 1.B.1: SYSTEMATIC EVALUATION PLAN (SEP)

STANDARD I: PROGRAM QUALITY: MISSION AND GOVERNANCE

STANDARD 1: The mission, goals, and expected aggregate student and faculty and 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 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.

Key Element I-B: The 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.

APPENDIX 1.B.1: SYSTEMATIC EVALUATION PLAN (SEP) – BSN PROGRAM

Standard I Program Quality: Mission and Governance: The mission, goals, and expected aggregate student 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.

Standard & Key Element	Component and Assessment Strategy	Schedule and Responsibility	Expected Results	Actual Outcomes	Continuous Improvement, Future Plan
Key Element I-A The mission, goals, and expected student outcomes of the program are congruent with those of the parent institution and consistent with professional nursing standards and guidelines for the preparation of nursing professionals.	Mission, Goals, Expected Aggregate Student Outcomes Formal strategy: evaluative surveys Informal strategy: solicit feedback when opportunity arises Formal evaluation completed with use of: institutional and program specific surveys (EBI, I-clicker; employer, NEAC); ATI and TEAS testing)	Ongoing, End-of-Semester, Annually Responsibility: program faculty; BSN Curriculum and Evaluation Committees; students, college administration Program Chair will keep a summary of committee action items.	Each component is congruent with institutional statements.	These components were last reviewed fall 2008. Modifications were made to reflect needed curricular changes.	Continue to review each element annually to: maintain congruency between college and program statements; maintain consistency with professional nursing standards and guidelines.
Key Element I-B The mission, goals, and expected student outcomes of the	Mission, Goals, Expected Student Outcomes Formal strategy:	Ongoing, End-of-Semester, Annually Responsibility: program	Each program component reflects the expectations of the community of interest.	Benchmark met some of the time: 90% of the ongoing students (2004 – 2009) indicated	The faculty will implement curriculum revisions (as needed) to enhance perceived

Standard & Key Element	Component and Assessment Strategy	Schedule and Responsibility	Expected Results	Actual Outcomes	Continuous Improvement, Future Plan
program are reviewed periodically and revised, as appropriate, to reflect professional standards and guidelines; and the needs and expectations of the community of interest.	<p>evaluative surveys</p> <p>Informal strategy: solicit feedback when opportunity arises</p> <p>Formal evaluation completed with use of: institutional and program specific surveys (EBI, I-clicker; employer, NEAC); ATI and TEAS testing</p> <p>Ongoing evaluation completed by comparing program components with AACN and ANA publications; other professional nursing standards and guidelines</p>	<p>faculty; BSN Curriculum and Evaluation Committees, students; college administration</p> <p>Exit survey – upon graduation</p> <p>Alumni survey– annually</p> <p>Employer survey– annually</p> <p>NEAC survey – rotate between fall and spring semester</p>	<p>Benchmark: 90% of each community of interest will indicate satisfaction with the curriculum.</p> <p>Each community of interest will provide comments and recommendations on professional abilities needing emphasis in the curriculum.</p>	<p>satisfaction with the curriculum.</p> <p>Benchmark met some of the time: 90% of the graduating students (2004 – 2008) indicated satisfaction with the curriculum.</p> <p>Benchmark met some of the time: 90% of the program alumni (2004 – 2008) indicated satisfaction with their overall ability to assume the role of a professional nurse.</p> <p>Benchmark met: 90% of the employers (2004 – 2008) indicated satisfaction with the level of preparation of program graduates.</p> <p>These components were last reviewed fall 2008 (see faculty and other committee minutes). Revisions were made to align with changes to</p>	<p>program satisfaction for each community of interest. .</p> <p>Continue to review annually to maintain congruency between program’s elements and professional standards and guidelines.</p> <p>Continue to review data in a similar manner and implement revision to curriculum as needed.</p> <p>Continue to explore methods of obtaining evaluation data regarding progression of competencies from level to level.</p> <p>Consider evaluating employer satisfaction using a variety of methods to facilitate an increased response rate.</p>

Standard & Key Element	Component and Assessment Strategy	Schedule and Responsibility	Expected Results	Actual Outcomes	Continuous Improvement, Future Plan
				<p>professional nursing publications and guidelines.</p> <p>Comments about the curriculum will be discussed in BSN faculty meetings, as well as curriculum and evaluation committees.</p> <p>Practicum agencies are surveyed after each semester they host students. The outcomes have been positive and any areas for improvement are addressed in appropriate faculty meetings.</p> <p>NEAC strongly supports the institution's provision of a "career mobility" curriculum.</p> <p>Minutes from faculty meetings and survey data with corresponding analyses for each community of interest</p>	Code RN-BSN student feedback to gather accurate data for this group of students.

Standard & Key Element	Component and Assessment Strategy	Schedule and Responsibility	Expected Results	Actual Outcomes	Continuous Improvement, Future Plan
				are available for review.	
Key Element I-C Expected faculty outcomes in teaching, scholarship, service, and practice are congruent with the mission, goals, and expected student outcomes.	Mission, Goals, Expected Faculty/Student Outcomes Formal strategy: evaluative surveys Informal strategy: solicit feedback when opportunity arises Formal evaluation completed with use of: institutional and program specific surveys (EBI, I-clicker; employer, NEAC); ATI and TEAS testing Ongoing evaluation completed by comparing program components with AACN and ANA publications; other professional nursing standards and guidelines	Ongoing, End-of-Semester, Annually Responsibility: program faculty; students; college administration	Faculty outcomes will be congruent with program's mission, philosophy, goals, and student outcomes and those of the college.	Faculty outcomes are congruent with program and college overall mission and goals. Faculty evaluations are available for review.	Continue to review annually to maintain congruency between faculty outcomes and program's mission, goals, and student outcomes. Incorporate Boyer's Model of Scholarship within faculty evaluative processes. Designate time during faculty meetings to share faculty achievements.
Key Element I-D Faculty and students	Student representatives are elected each	Ongoing, End-of-Semester, Annually	The roles of faculty and students in the	Student representatives from each level are	Continue to request feedback from

Standard & Key Element	Component and Assessment Strategy	Schedule and Responsibility	Expected Results	Actual Outcomes	Continuous Improvement, Future Plan
participate in program governance.	<p>semester and are invited to attend faculty meetings.</p> <p>Formal strategy: evaluative surveys</p> <p>Informal strategy: solicit feedback when opportunity arises</p> <p>Formal evaluation completed with use of: institutional and program specific surveys (EBI, I-clicker; employer, NEAC)</p> <p>Ongoing evaluation completed by comparing program components with AACN and ANA publications; other professional nursing standards and guidelines</p>	Responsibility: program faculty; students; college administration	<p>governance of the program are clear and accurately reflect what actually occurs.</p> <p>Faculty and student participation in governance of the program remains meaningful.</p>	<p>invited to attend and participate in faculty meetings.</p> <p>Minutes from faculty meetings are available for review.</p>	<p>students each semester.</p> <p>Utilize suggestion box kept at front desk.</p> <p>Have a student from each level meet as a committee to review student handbook.</p>
Key Element I-E Documents and publications are accurate. References	<p>Program By-Laws</p> <p>Organizational Chart</p>	<p>Ongoing, End-of-Semester, Annually</p> <p>Responsibility: program</p>	Documents and publications accurately reflect the mission, philosophy, and	Revisions and updates to publications and website completed in 2008-2009 academic	Only include overview of each program in brochure rather than curriculum details.

Standard & Key Element	Component and Assessment Strategy	Schedule and Responsibility	Expected Results	Actual Outcomes	Continuous Improvement, Future Plan
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.	<p>Faculty/Student Handbook</p> <p>Formal strategy: evaluative surveys</p> <p>Informal strategy: solicit feedback when opportunity arises (i.e. before each new document is published).</p> <p>Evaluation completed with review of each publication: syllabi, handbooks, websites, college catalog; brochures.</p> <p>Evaluation completed with review of each document and website.</p>	faculty; students; college administration	program outcomes.	<p>year.</p> <p>Continue to work diligently with campus staff to maintain updated documents and website. Updates and appropriate revisions are completed as quickly as possible.</p>	
Key Element I-F Academic policies of the parent institution and the nursing program are congruent. These policies support achievement of the mission, goals, and	<p>College/Faculty/Student Handbook (Academic Policies): college catalog; websites.</p> <p>Formal strategy: evaluative surveys</p> <p>Informal strategy: solicit</p>	<p>Ongoing, End-of-Semester, Annually</p> <p>Responsibility: program faculty; students; college administration</p>	Academic policies are fair, equitable, justifiable, published, relate to and are supportive of the mission, philosophy, and outcomes of the program and the institution.	The policies that appear in publications are fair, equitable, and have been revised as necessary to reflect ongoing improvements.	<p>Continue to publish, review, and revise publications to insure they are fair, equitable, and reflect ongoing improvement.</p> <p>Review program by-laws to facilitate</p>

Standard & Key Element	Component and Assessment Strategy	Schedule and Responsibility	Expected Results	Actual Outcomes	Continuous Improvement, Future Plan
expected student outcomes. These policies are fair, equitable, and published and are reviewed and revised as necessary to foster program improvement. These policies include, but are not limited to, those relative to student recruitment, admission, retention, and progression.	<p>feedback when opportunity arises</p> <p>Evaluation completed with review of policies and revision as needed.</p>				efficient use of meeting time.
<p>Key Element I-G</p> <p>There are established policies by which the nursing unit defines and reviews formal complaints.</p>	<p>Grievance Policy – institution and program</p> <p>Formal strategy: evaluative surveys</p> <p>Informal strategy: solicit feedback when opportunity arises (i.e. after grievance process has been completed).</p> <p>Evaluation completed with review of these policies.</p> <p>Contribute to revision of</p>	<p>Ongoing, End-of-Semester, Annually</p> <p>Responsibility: program faculty; students; college administration</p>	Grievance policy is fair, equitable, justifiable, published, relates to and is supportive of the mission, philosophy, and outcomes of the program and the institution.	The grievance policies are fair, equitable, and has been revised (as necessary) to reflect ongoing improvement.	Continue to publish, review, and revise grievance policies to insure they are fair, equitable, and reflect ongoing improvement.

Standard & Key Element	Component and Assessment Strategy	Schedule and Responsibility	Expected Results	Actual Outcomes	Continuous Improvement, Future Plan
	institutional policies; revise program policies as needed.				

Standard II Program Quality: Curriculum and Teaching-Learning Practices: 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.

Standard & Key Element	Component and Assessment Strategy	Schedule and Responsibility	Expected Results	Actual Outcomes	Continuous Improvement, Future Plan
Key Element 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.	A. Institutional Support: Budget B. Resources: Physical facilities C. ATL D. Library resources E. Clinical facilities Formal strategy: evaluative surveys(i.e. ATL survey tool) Informal strategy: solicit feedback when opportunity arises regarding adequacy of departmental budget. Formal evaluation completed with use of: institutional and program specific surveys (EBI, I-clicker; employer,	Ongoing, End-of-Semester, Annually Responsibility: program faculty; ATL manager; Library Committee; atudents; college administration	To ensure adequate instructional resources are available to make new purchase decisions. To ensure adequate instructional resources are available for the next year. To ensure adequate physical resources are available for student and faculty use.	Sufficient resources remain available to ensure maintenance of quality curriculum. Budget needs in terms of resources have been adequately covered by the college in light of budgetary restraints. Grant monies have been available to assist in providing for instructional materials. Physical facilities, ATL, library resources, and clinical facilities remain adequate to maintain quality of overall curriculum. Ample office and classroom space will be available when department moves into	Continue to review fiscal and physical resources to maintain adequate program funding. Secure additional grant monies. Work with college administration to collect data regarding increased enrollment statistics.

Standard & Key Element	Component and Assessment Strategy	Schedule and Responsibility	Expected Results	Actual Outcomes	Continuous Improvement, Future Plan
	<p>NEAC)</p> <p>Ongoing evaluation completed by comparing program components with AACN and ANA publications; other professional nursing standards and guidelines</p>			renovated facility.	
<p>Key Element II-B</p> <p>Academic support services are sufficient to ensure quality and are evaluated on a regular basis to meet program and student needs.</p>	<p>Availability of academic support services (i.e. media resources; technology resources; student scholarships; early alert system).</p> <p>Formal strategy: evaluative surveys</p> <p>Informal strategy: solicit feedback when opportunity arises</p> <p>Formal evaluation completed with use of: institutional and program specific surveys (EBI, I-clicker; employer, NEAC)</p>	<p>Ongoing, End-of-Semester, Annually</p> <p>Responsibility: program faculty; students; college administration</p>	To ensure adequate support staff is available to assist with program maintenance.	<p>Academic support services are sufficient to ensure quality teaching and have been evaluated on a regular basis to meet program and student needs.</p> <p>Budget reports and faculty minutes are available for review.</p>	<p>Continue to review adequacy of support services to maintain efficient program delivery.</p> <p>Plan is to seek additional monies from clinical agency donations and grants. Formal discussion of the program's needs will be conducted with advisory committee members.</p>

Standard & Key Element	Component and Assessment Strategy	Schedule and Responsibility	Expected Results	Actual Outcomes	Continuous Improvement, Future Plan
	<p>Ongoing evaluation completed by comparing program components with AACN and ANA publications; other professional nursing standards and guidelines</p> <p>Discussion of feedback in faculty meetings</p>				
<p>Key Element 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 required to accomplish the mission, goals, and expected student and faculty outcomes; provides effective</p>	<p>Department head and program chair role descriptions</p> <p>Formal strategy: evaluative surveys</p> <p>Informal strategy: solicit feedback when opportunity arises</p> <p>Formal evaluation completed with use of: institutional and program specific surveys (EBI, I-clicker; employer, NEAC)</p> <p>Ongoing evaluation completed by</p>	<p>Ongoing, End-of-Semester, Annually</p> <p>Responsibility: program faculty; students; college administration</p>	<p>The qualifications and selection of department head and program chair are consistent with college expectations of the role.</p>	<p>Department head and program chair are effective in accomplishing the mission of the program.</p>	<p>Continue to review performance of department head and program chair.</p>

Standard & Key Element	Component and Assessment Strategy	Schedule and Responsibility	Expected Results	Actual Outcomes	Continuous Improvement, Future Plan
leadership to the nursing unit in achieving its mission, goals, and expected student and faculty outcomes.	<p>comparing program components with AACN and ANA publications; other professional nursing standards and guidelines</p> <p>Discussion of feedback in faculty meetings</p>				
<p>Key Element II-D</p> <p>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.</p>	<p>Faculty FTE; academic preparation; experiential preparation</p> <p>Student FTE</p> <p>Workloads</p> <p>Formal strategy: evaluative surveys (include CV)</p> <p>Informal strategy: solicit feedback when opportunity arises</p> <p>Formal evaluation completed with use of: institutional and program specific surveys (EBI, I-clicker; employer, NEAC)</p>	<p>Ongoing, End-of-Semester, Annually</p> <p>Responsibility: program faculty; students; college administration</p>	<p>Faculty/student ratios in clinical settings are maintained as stipulated by clinical agency.</p> <p>Periodically, there is a lack of sufficient faculty FTE to maintain delivery of quality curriculum.</p>	<p>Recruiting and maintain adequate faculty (especially part-time clinical personnel) has been difficult. Program administration continues to work with campus administration to address this issue.</p>	<p>Offer faculty mentoring as needed (NICE, ICE).</p> <p>Work with campus administration to adjust salary structure (especially for part-time clinical faculty) so that program needs are met.</p> <p>Strive to secure monies to assist faculty in obtaining advanced degrees.</p> <p>Continue to consider the unique skill set of each faculty member to allow for quality delivery of the program.</p>

Standard & Key Element	Component and Assessment Strategy	Schedule and Responsibility	Expected Results	Actual Outcomes	Continuous Improvement, Future Plan
	<p>Ongoing evaluation completed by comparing program components with AACN and ANA publications; other professional nursing standards and guidelines</p> <p>Discussion of feedback in faculty meetings</p>				
<p>Key Element 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.</p>	<p>Preceptor effectiveness</p> <p>Formal strategy: evaluative surveys</p> <p>Informal strategy: solicit feedback when opportunity arises</p> <p>Preceptor evaluation process (course faculty and students)</p> <p>Discussion of feedback in faculty meetings</p>	<p>Ongoing, End-of-Semester, Annually</p> <p>Responsibility: program faculty; students; college administration</p>	<p>Academic and clinical qualifications of available preceptors align with expected student outcomes.</p>	<p>The preceptors utilized in the clinical settings have been academically and experientially qualified to assist with meeting expected student outcomes.</p>	<p>Support hospital based training programs for clinical personnel to take on a preceptor role (NICE, ICE).</p> <p>Develop a formalized preceptor evaluation process.</p>
<p>Key Element II-F The parent institution and program provide</p>	<p>Faculty evaluation plan</p> <p>Faculty handbook</p>	<p>Ongoing, End-of-Semester, Annually</p>	<p>Each faculty member demonstrates effective performance as</p>	<p>All faculty members have presented strong evidence of</p>	<p>Continue to maintain high achievement of all nursing faculty.</p>

Standard & Key Element	Component and Assessment Strategy	Schedule and Responsibility	Expected Results	Actual Outcomes	Continuous Improvement, Future Plan
and support an environment that encourages faculty teaching, scholarship, service, and practice in keeping with the mission, goals, and expected faculty outcomes.	<p>Formal strategy: evaluative surveys (faculty evaluation process – college and/or departmental)</p> <p>Informal strategy: solicit feedback when opportunity arises Formal evaluation completed with use of: institutional and program specific surveys (EBI, I-clicker; employer, NEAC)</p> <p>Ongoing evaluation completed by comparing program components with AACN and ANA publications; other professional nursing standards and guidelines</p> <p>Discussion of feedback in faculty meetings</p>	Responsibility: program faculty; students; college administration	<p>specified in the evaluation process.</p> <p>Benchmark: 90%of faculty will receive a rating of highly proficient or above at the completion of each evaluative cycle.</p>	achievement in identified areas as outlined in the evaluation plan.	

Standard III Program Quality: Curriculum and Teaching-Learning Practices: 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.

Standard & Key Element	Component and Assessment Strategy	Schedule and Responsibility	Expected Results	Actual Outcomes	Continuous Improvement, Future Plan
Key Element III-A The curriculum is developed, implemented, and revised to reflect clear statements of expected student learning outcomes that are congruent with the program's mission, goals, and expected student outcomes.	<i>AACN Essentials</i> and other professional standards/guidelines Program Mission, Philosophy, Goals and Student Outcomes Course syllabi Formal strategy: evaluative surveys Informal strategy: solicit feedback when opportunity arises Comparison of course outcomes for alignment with those of program outcomes. Formal evaluation	Ongoing, End-of-Semester, Annually Responsibility: program faculty; Program Curriculum Committee; Program Evaluation Committee; students; college administration	The curriculum reflects clear statements of expected student learning outcomes that are consistent with professional nursing standards/guidelines. Expected learning outcomes are congruent with the program's mission, philosophy, and goals.	Faculty has reviewed each course according to the college's and program's evaluation processes. Courses continue to be viewed as satisfactory by students and faculty. Appropriate changes have been made in accordance with outcome data. Minutes from faculty meetings are available for review.	Continuous process improvement to ascertain that the current curriculum is appropriate for the identified mission, philosophy, program goals, and expected outcomes. Continue the current process as it is effective in examining the curriculum for alignment of expected student outcomes with professional standards/guidelines.

Standard & Key Element	Component and Assessment Strategy	Schedule and Responsibility	Expected Results	Actual Outcomes	Continuous Improvement, Future Plan
	<p>completed with use of: institutional and program specific surveys (EBI, I-clicker; employer, NEAC); ATI and TEAS testing</p> <p>Ongoing evaluation completed by comparing program components with AACN and ANA publications; other professional nursing standards and guidelines</p> <p>Discussion of feedback in faculty meetings</p>				
<p>Key Element III-B</p> <p>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 professional nursing standards and</p>	<p>Overall curriculum and course syllabi <i>AACN Essentials</i> and other professional guidelines/standards</p> <p>Program Mission, Philosophy, Goals and Student Outcomes</p> <p>Course syllabi</p> <p>Formal strategy:</p>	<p>Ongoing, End-of-Semester, Annually</p> <p>Responsibility: program faculty; Program Curriculum and Evaluation Committees; students; college administration</p>	<p>Each course in the program will be developed, implemented, and revised to reflect the <i>AACN Essentials</i> and other professional guidelines/standards.</p> <p>Professional nursing standards and guidelines will be clearly evident within the</p>	<p>Course materials reflect <i>The Essentials of Baccalaureate Education for Professional Nursing Practice</i> (AACN, 2008).</p> <p>Course materials are reviewed on an annual basis and have been found to be consistent with the roles for which the program is preparing its graduates.</p>	<p>Continue to evaluate all courses in the curriculum as to their fit within the organizing framework of the program as well as the college.</p>

Standard & Key Element	Component and Assessment Strategy	Schedule and Responsibility	Expected Results	Actual Outcomes	Continuous Improvement, Future Plan
<p>guidelines which are clearly evident within the curriculum, expected individual student learning outcomes, and expected student outcomes.</p> <p>Baccalaureate program curricula incorporate <i>The Essentials of Baccalaureate education for Professional Nursing Practice</i> (AACN, 2008).</p>	<p>evaluative surveys</p> <p>Informal strategy: solicit feedback when opportunity arises</p> <p>Formal evaluation completed with use of: institutional and program specific surveys (EBI, I-clicker; employer, NEAC); ATI and TEAS testing</p> <p>Ongoing evaluation completed by comparing program components with AACN and ANA publications; other professional nursing standards and guidelines</p> <p>Comparison of expected individual student learning and expected student outcomes for alignment with those of program.</p> <p>Discussion of feedback in faculty meetings</p>		<p>curriculum structure and expected program outcomes.</p> <p>Course outcomes will be consistent with the roles (nurse generalist) for which the program is preparing its graduates.</p> <p>The curriculum will incorporate knowledge and skills identified in <i>The Essentials of Baccalaureate Education for Professional Nursing Practice</i> (AACN, 2008).</p>	<p>Aggregate/summary data and corresponding program revisions will be available for review.</p>	

Standard & Key Element	Component and Assessment Strategy	Schedule and Responsibility	Expected Results	Actual Outcomes	Continuous Improvement, Future Plan
<p>Key Element III-C The curriculum is logically structured to achieve expected individual and aggregate student outcomes.</p> <p>The baccalaureate curriculum builds upon a foundation of the arts, sciences, and humanities.</p>	<p>Program Mission, Philosophy, Goals and Student Outcomes</p> <p>Course syllabi</p> <p>Integration of arts, sciences, and humanities coursework.</p> <p>Formal strategy: evaluative surveys</p> <p>Informal strategy: solicit feedback when opportunity arises</p> <p>Formal evaluation completed with use of: institutional and program specific surveys (EBI, I-clicker; employer, NEAC); ATI and TEAS testing</p> <p>Ongoing evaluation completed by comparing program components with AACN and ANA publications; other professional nursing standards and</p>	<p>Ongoing, End-of-Semester, Annually</p> <p>Responsibility: program faculty; Program Curriculum and Evaluation Committees; students; college administration</p>	<p>The curriculum is logically structured to allow for achievement of Individual and aggregate students outcomes.</p> <p>The curriculum builds upon a foundation of the arts, sciences, and humanities.</p>	<p>The curriculum affords students opportunities to achieve expected individual and aggregate student outcomes.</p> <p>Students need a foundation in the arts, sciences, and humanities to accomplish curricular objectives.</p>	<p>Continue to evaluate the curriculum to determine alignment with expected individual and aggregate student outcomes.</p> <p>Continue to evaluate the curriculum to determine integration of content from the arts, sciences, and humanities.</p>

Standard & Key Element	Component and Assessment Strategy	Schedule and Responsibility	Expected Results	Actual Outcomes	Continuous Improvement, Future Plan
	<p>guidelines</p> <p>Discussion of feedback in faculty meetings</p>				
<p>Key Element III-D</p> <p>Teaching-learning practices and environments support the achievement of expected individual student learning outcomes.</p>	<p>Course content</p> <p>Course syllabi and other program materials</p> <p>Formal strategy: evaluative surveys</p> <p>Informal strategy: solicit feedback when opportunity arises</p> <p>Formal evaluation completed with use of: institutional and program specific surveys (EBI, I-clicker; employer, NEAC); ATI and TEAS testing</p> <p>Ongoing evaluation completed by comparing program components with AACN and ANA publications; other professional nursing standards and</p>	<p>Ongoing, End-of-Semester, Annually</p> <p>Responsibility: program faculty; Program Curriculum and Evaluation Committees; students; college administration</p>	<p>Specific teaching-learning practices are identified within all courses and are routinely examined for their value in fostering optimal student learning experiences.</p>	<p>Teaching-learning practices utilized do foster optimal student learning experiences.</p> <p>Minutes describing evaluative processes are available for review.</p>	<p>Continue to evaluate teaching-learning practices in light of program's mission, philosophy, goals, and expected program outcomes.</p>

Standard & Key Element	Component and Assessment Strategy	Schedule and Responsibility	Expected Results	Actual Outcomes	Continuous Improvement, Future Plan
	<p>guidelines</p> <p>Discussion of feedback in faculty meetings</p>				
<p>Key Element III-E</p> <p>The curriculum and teaching-learning practices consider the needs and expectations of the identified community of interest.</p>	<p>Course content</p> <p>Course syllabi and other program materials</p> <p>Formal strategy: evaluative surveys</p> <p>Informal strategy: solicit feedback when opportunity arises</p> <p>Formal evaluation completed with use of: institutional and program specific surveys (EBI, I-clicker; employer, NEAC); ATI and TEAS testing</p> <p>Ongoing evaluation completed by comparing program components with AACN</p>	<p>Ongoing, End-of-Semester, Annually</p> <p>Responsibility: program faculty; Program Curriculum and Evaluation Committees; NEAC; students; college administration</p>	<p>Specific teaching-learning practices consider the needs and expectations of identified communities of interest.</p>	<p>Teaching-learning practices utilized consider the needs and expectations of identified communities of interest.</p> <p>Minutes describing evaluative processes are available for review.</p>	<p>Continue to evaluate teaching-learning practices in light of the needs and expectations of identified communities of interest.</p>

Standard & Key Element	Component and Assessment Strategy	Schedule and Responsibility	Expected Results	Actual Outcomes	Continuous Improvement, Future Plan
	<p>and ANA publications; other professional nursing standards and guidelines</p> <p>Discussion of feedback in faculty meetings</p>				
<p>Key Element III-F</p> <p>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.</p>	<p>Course content</p> <p>Course syllabi and other program materials</p> <p>Formal strategy: evaluative surveys</p> <p>Informal strategy: solicit feedback when opportunity arises</p> <p>Formal evaluation completed with use of: institutional and program specific surveys (EBI, I-clicker; employer, NEAC); ATI and TEAS testing</p> <p>Ongoing evaluation completed by comparing program components with AACN</p>	<p>Ongoing, End-of-Semester, Annually</p> <p>Responsibility: program faculty; Program Curriculum and Evaluation Committees; NEAC; students; college administration</p>	<p>Benchmark: 90% of students will successfully complete each clinical rotation.</p> <p>Benchmark: 90% of students indicate they are able to achieve each identified learning outcome.</p> <p>Benchmark: 90% of graduates indicate they are able to assume the role of a professional competent nurse.</p> <p>Benchmark: 90% of alumni indicate they are able to assume the role of a professional competent nurse.</p> <p>Benchmark: 90% of</p>	<p>The process for evaluating individual student performance is well-defined and conducted in a consistent manner.</p> <p>Minutes describing evaluative processes are available for review.</p>	<p>Continue to evaluate individual student performance in a consistent manner.</p>

Standard & Key Element	Component and Assessment Strategy	Schedule and Responsibility	Expected Results	Actual Outcomes	Continuous Improvement, Future Plan
	<p>and ANA publications; other professional nursing standards and guidelines</p> <p>Discussion of feedback in faculty meetings</p>		<p>employers indicate graduates of the program are able to assume the role of a professional competent nurse.</p> <p>Course and program reviews are completed according to the college evaluation plan.</p> <p>Evaluation policies and procedures are defined and applied in a consistent manner.</p> <p>This process reflects consistent evaluation of expected student performance and individual student learning outcomes.</p>		
<p>Key Element III-G</p> <p>Curriculum and teaching learning practices are evaluated at regularly scheduled intervals to foster ongoing improvement.</p>	<p>Course content – concept mapping</p> <p>Course syllabi and other program materials</p> <p>Formal strategy: evaluative surveys</p>	<p>Ongoing, End-of-Semester, Annually</p> <p>Responsibility: program faculty; Program Curriculum and Evaluation Committees; NEAC; students; college</p>	<p>Benchmark: 90% of students indicate teaching-learning practices as effective in fostering ongoing improvement.</p> <p>Benchmark: 90% of</p>	<p>The process for evaluating teaching-learning processes is well-defined and conducted in a consistent manner.</p> <p>Minutes describing</p>	<p>Continue to evaluate teaching-learning practices in a consistent manner.</p>

Standard & Key Element	Component and Assessment Strategy	Schedule and Responsibility	Expected Results	Actual Outcomes	Continuous Improvement, Future Plan
	<p>Informal strategy: solicit feedback when opportunity arises</p> <p>Formal evaluation completed with use of: institutional and program specific surveys (EBI, I-clicker; employer, NEAC); ATI and TEAS testing</p> <p>Ongoing evaluation completed by comparing program components with AACN and ANA publications; other professional nursing standards and guidelines</p> <p>Discussion of feedback in faculty meetings</p>	administration	<p>graduates indicate teaching learning practices as effective in fostering ongoing improvement.</p> <p>Teaching-learning practices are consistently reviewed according to the college evaluation plan.</p> <p>Evaluation policies and procedures are defined and applied in a consistent manner.</p> <p>This process reflects consistent evaluation of expected student performance and individual student learning outcomes.</p>	evaluative processes are available for review.	

Standard IV Program Effectiveness: 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.

Standard & Key Element	Component and Assessment Strategy	Schedule and Responsibility	Expected Results	Actual Outcomes	Continuous Improvement, Future Plan
Key Element IV-A Surveys and other data 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.	Course content – concept mapping Course syllabi and other program materials Formal strategy: evaluative surveys Informal strategy: solicit feedback when opportunity arises Formal evaluation completed with use of: institutional and program specific surveys (EBI, I-clicker; employer, NEAC); ATI and TEAS testing Ongoing evaluation completed by	Ongoing, End-of-Semester, Annually Responsibility: program faculty; Program Curriculum and Evaluation Committees; NEAC; students; alumni; college administration	Aggregate student outcome data demonstrate program achievements. Benchmark: 90% of students indicate the curriculum is effective in preparing them to assume the role of a professional competent nurse. Benchmark: 90% of graduates indicate the curriculum prepared them to assume the role of a professional competent nurse Benchmark: 90% of alumni indicate they have assumed the role	The process for evaluating satisfaction with the program is efficient and conducted in a consistent manner. Minutes describing evaluative processes are available for review.	Continue to evaluate program effectiveness in a consistent manner.

Standard & Key Element	Component and Assessment Strategy	Schedule and Responsibility	Expected Results	Actual Outcomes	Continuous Improvement, Future Plan
	<p>comparing program components with AACN and ANA publications; other professional nursing standards and guidelines</p> <p>Discussion of feedback in faculty meetings</p>		<p>of a professional competent nurse.</p> <p>Benchmark: 90% of employers indicate graduates of the program perform their duties in a professional competent manner.</p> <p>Benchmark: 90% of students will complete the program within five semesters.</p> <p>Benchmark: 90% of graduates will successfully pass the NCLEX-RN on their first attempt.</p> <p>Benchmark: 90% of graduates will be employed within one year of graduation.</p>		
Key Element IV-B Aggregate student outcome data are analyzed and compared with student	<p>Program Mission, Philosophy, Goals and Student Outcomes</p> <p>Formal strategy:</p>	<p>Ongoing, End-of-Semester, Annually</p> <p>Responsibility: program faculty; Program</p>	Actual student outcomes data is analyzed in relation to expected student outcomes to identify	The process for evaluating outcome data is efficient and conducted in a consistent manner.	Continue to evaluate aggregate student outcome data and compare with student outcomes in a

Standard & Key Element	Component and Assessment Strategy	Schedule and Responsibility	Expected Results	Actual Outcomes	Continuous Improvement, Future Plan
outcomes.	<p>evaluative surveys</p> <p>Informal strategy: solicit feedback when opportunity arises</p> <p>Formal evaluation completed with use of: institutional and program specific surveys (EBI, I-clicker; employer, NEAC); ATI and TEAS testing</p> <p>Ongoing evaluation completed by comparing program components with AACN and ANA publications; other professional nursing standards and guidelines</p> <p>Discussion of feedback in faculty meetings</p>	Curriculum and Evaluation Committees; NEAC; students; alumni; college administration	<p>areas of discrepancies.</p> <p>If discrepancies are noted appropriate changes are instituted.</p>	Minutes describing evaluative processes are available for review.	consistent manner.
Key Element IV-C Aggregate student outcome data provide evidence of the program's	<p>Program Mission, Philosophy, Goals and Student Outcomes</p> <p>Formal strategy:</p>	<p>Ongoing, End-of-Semester, Annually</p> <p>Responsibility: program faculty; Program</p>	Aggregate student outcome data demonstrate the program is effective in achieving its mission,	The process for evaluating outcome data provides evidence of the program's effectiveness in	Continue to evaluate aggregate student outcome data in a consistent manner to evaluate program

Standard & Key Element	Component and Assessment Strategy	Schedule and Responsibility	Expected Results	Actual Outcomes	Continuous Improvement, Future Plan
effectiveness in achieving its mission, goals, and expected outcomes.	<p>evaluative surveys</p> <p>Informal strategy: solicit feedback when opportunity arises</p> <p>Formal evaluation completed with use of: institutional and program specific surveys (EBI, I-clicker; employer, NEAC); ATI and TEAS testing</p> <p>Ongoing evaluation completed by comparing program components with AACN and ANA publications; other professional nursing standards and guidelines</p> <p>Discussion of feedback in faculty meetings</p>	Curriculum and Evaluation Committees; NEAC; students; alumni; college administration	philosophy, goals, and expected outcomes.	<p>achieving its mission, goals, and expected outcomes.</p> <p>Minutes describing evaluative processes are available for review.</p>	effectiveness.
Key Element IV-D Aggregate student outcome data are used, as appropriate, to foster ongoing	<p>Program Mission, Philosophy, Goals and Student Outcomes</p> <p>Formal strategy:</p>	<p>Ongoing, End-of-Semester, Annually</p> <p>Responsibility: program faculty; Program</p>	Adjustments to foster ongoing program improvement are deliberate and congruent with the	Aggregate student outcomes data is used to foster ongoing program improvement. Minutes and summary	Continue to evaluate aggregate student outcome data in a consistent manner to foster ongoing

Standard & Key Element	Component and Assessment Strategy	Schedule and Responsibility	Expected Results	Actual Outcomes	Continuous Improvement, Future Plan
program improvement.	<p>evaluative surveys</p> <p>Informal strategy: solicit feedback when opportunity arises</p> <p>Formal evaluation completed with use of: institutional and program specific surveys (EBI, I-clicker; employer, NEAC); ATI and TEAS testing</p> <p>Ongoing evaluation completed by comparing program components with AACN and ANA publications; other professional nursing standards and guidelines</p> <p>Discussion of feedback in faculty meetings</p>	Curriculum and Evaluation Committees; NEAC; students; alumni; college administration	program's mission, philosophy, goals, and expected student outcomes.	of aggregate data are available for review.	program improvement.
Key Element IV-E Aggregate faculty outcomes are consistent with and contribute to	<p>Program Mission, Philosophy, Goals and Student Outcomes</p> <p>Formal strategy:</p>	<p>Ongoing, End-of-Semester, Annually</p> <p>Responsibility: program faculty; Program</p>	There will be congruence between expectations of the faculty in their roles and evaluation of faculty	Aggregate faculty outcomes data is used to foster ongoing program improvement.	Continue to evaluate aggregate faculty outcome data in a consistent manner to foster ongoing

Standard & Key Element	Component and Assessment Strategy	Schedule and Responsibility	Expected Results	Actual Outcomes	Continuous Improvement, Future Plan
achievement of the program's mission, goals, and expected student outcomes.	<p>evaluative surveys</p> <p>Informal strategy: solicit feedback when opportunity arises</p> <p>Formal evaluation completed with use of: institutional and program specific surveys (EBI, I-clicker; employer, NEAC); ATI and TEAS testing</p> <p>Ongoing evaluation completed by comparing program components with AACN and ANA publications; other professional nursing standards and guidelines</p> <p>Discussion of feedback in faculty meetings</p>	Curriculum and Evaluation Committees; NEAC; students; alumni; college administration	performance.	Minutes and summary of aggregate data are available for review.	program improvement (consistency with and contribution to the program's mission, philosophy, goals, and expected outcomes).
Key Element IV-F Information from formal complaints is used, as appropriate to foster ongoing	<p>Program and college grievance process.</p> <p>Formal strategy: evaluative surveys</p>	<p>Ongoing, End-of-Semester, Annually</p> <p>Responsibility: program faculty; Program</p>	If formal complaints indicate a need for program improvement there is evidence that action has been taken to	The institution's and program's formal complaint process is used to foster ongoing program improvement.	Continue to monitor student complaints and/or grievances to foster ongoing program improvement.

Standard & Key Element	Component and Assessment Strategy	Schedule and Responsibility	Expected Results	Actual Outcomes	Continuous Improvement, Future Plan
program improvement.	<p>Informal strategy: solicit feedback when opportunity arises</p> <p>Formal evaluation completed with use of: institutional and program specific surveys (EBI, I-clicker; employer, NEAC)</p> <p>Ongoing evaluation completed by comparing program components with AACN and ANA publications; other professional nursing standards and guidelines</p> <p>Discussion of feedback in faculty meetings</p>	Curriculum and Evaluation Committees; NEAC; students; alumni; college administration	address that need.		

Revised September 2008
Accepted November 2008

APPENDIX 1.B.2: CLINICAL PRECEPTOR POLICY

STANDARD I: PROGRAM QUALITY: MISSION AND GOVERNANCE

STANDARD 1: The mission, goals, and expected aggregate student and faculty and 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 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.

Key Element I-B: The 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.

APPENDIX I.B.2: CLINICAL PRECEPTORSHIP POLICY

I. Purpose: To assure that the use of nurse preceptors in clinical nursing courses is consistent with the philosophy and mission of Mesa State College's Bachelor of Science Program and that these nurse preceptors contribute significantly to the learning experiences of BSN students.

Preceptor Definition: Registered Nurse who agrees to work with senior level student over an extended period of time.

Primary Nurse Definition: Registered Nurse who works with student nurse at any level on a one or two day basis.

II. Procedure:

A. Preceptors for BSN students must be licensed as an RN in the state of Colorado (preferably with a BSN degree), have at least one year of experience as an RN, and at least six months experience in their present position.

B. Each preceptor shall be assigned to one BSN student, but a student may have multiple experiences.

C. The Mesa State College supervising faculty will provide orientation materials to each preceptor including at least the following:

1. The name of the student assigned to the preceptor
2. A list of objectives for the course
3. A copy of the student evaluation tool
4. Contact information for the student and faculty supervisor

D. Supervising faculty are responsible for:

1. Facilitating the student evaluation and overseeing the evaluation placement in the student's file
2. Evaluating the experience and effectiveness of the preceptor

E. Data collection and storage

1. The Nursing Clinical Preceptor sheet will be completed by each preceptor.
2. These information sheets will be kept confidential and will be stored in a locked file within the Department of Health Sciences.
3. Each student will evaluate his/her preceptor.
4. The completed Preceptor Evaluation Tool will be kept confidential and will be stored in a locked file within the Department of Health Sciences.

III. Roles and Responsibilities

A. RN Preceptor: The preceptor's role includes those of coach, teacher, facilitator, resource person and evaluator. The preceptor will:

1. Serves as clinical expert, role model, and direct supervisor of the student nurse (SN).
2. Meets with the SN initially and throughout the experience to review and reevaluate objectives and activities, in addition to the daily contact on the unit.
3. Jointly with the SN plans assignments, projects and activities to meet the learning objectives with the designated time frames.
4. Encourages the SN to be increasingly self-directed.
5. Shares experiences and knowledge with the SN.

6. Allows the SN to provide direct patient care in order to gain experience and meet objectives.
7. Gives feedback to the SN about performance and progress on an ongoing basis.
8. Participates in the site visits/telephone calls made by the instructor during the experience.
9. Informs the faculty advisor of any problems arising from a student's placement.
10. Evaluates the SN's progress in meeting his or her objectives.

Mesa State College
Department of Health Sciences
Preceptor Evaluation Tool

Name and position of Evaluator: _____

Name and position of Preceptor: _____

Area of Responsibility	Circle the most appropriate number according to the following scale:				
	1= Strongly Disagrees	2= Disagrees	3= Neither Agrees nor Disagrees	4= Agrees	5= Strongly Agrees
Serves as clinical expert, role model, and supervisor of the student nurse (SN).	1	2	3	4	5
Meets with the SN initially and throughout the experience to review and reevaluate objectives and activities.	1	2	3	4	5
Jointly plans assignments, projects and activities to meet the learning objectives.	1	2	3	4	5
Encourages the SN to be increasingly self-directed.	1	2	3	4	5
Shares experiences and knowledge with the SN.	1	2	3	4	5
Allows the SN to provide direct patient care to gain experience and meet objectives.	1	2	3	4	5
Gives feedback to the SN about performance and progress on an ongoing basis.	1	2	3	4	5
Participates in the site visits/telephone calls made by the instructor during the experience.	1	2	3	4	5
Informs the faculty advisor of any problems arising from a student's placement.	1	2	3	4	5
Evaluates the SN's progress in meeting his or her objectives	1	2	3	4	5

Evaluator Comments:

Evaluator Signature: _____ Date: _____

APPENDIX I.C.1: ALIGNMENT OF EXPECTED FACULTY AND STUDENT OUTCOMES

STANDARD 1: The mission, goals, and expected aggregate student and faculty and 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 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.

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

APPENDIX I.C.1: ALIGNMENT OF EXPECTED FACULTY AND STUDENT LEARNING OUTCOMES

FACULTY OUTCOMES	STUDENT LEARNING OUTCOMES
<ul style="list-style-type: none"> • Modify teaching strategies based on evaluation of outcomes of teaching/learning activities. • Implement changes in curriculum to advance student learning, as needed. 	<ul style="list-style-type: none"> • 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.
<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • Collaborative Communication: manages the collaborative health care of individuals, families, and communities through use of clear, effective, thorough, and accurate communication.
<ul style="list-style-type: none"> • Continue to meet accreditation standards. • Utilize outcome data from standardized testing and program evaluation to enhance 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. 	<ul style="list-style-type: none"> • 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.

<ul style="list-style-type: none"> • 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 alumna 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. 	<ul style="list-style-type: none"> • Critical Thinking: demonstrates intellectual curiosity, rational inquiry, and effective problem-solving skills while maintaining empathy, creativity, faith in reason, and compassion for another. • Professional Development: enrolls in graduate education, continuing education programs, professional reading, participation in professional organizations, and community service. • Leadership: directs the delivery of care across settings and among caregivers, including oversight of licensed and unlicensed personnel in any assigned or delegated tasks.
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APPENDIX I.C.2: FACULTY EVALUATION PLAN

STANDARD 1: The mission, goals, and expected aggregate student and faculty and 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 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.

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

APPENDIX I.C.2: FACULTY EVALUATION PLAN

<p>BSN Mission and Goals</p>	<p>Formal annual evaluation for department and college, student evaluations of faculty, department chair evaluation including classroom evaluation.</p> <p>Peer evaluations included at time faculty applies for tenure or promotion</p>	<p>Teaching and mentoring students in order to meet student outcomes is the most important faculty responsibility.</p> <p>Scholarship evaluated using Boyer's Model of Scholarship.</p> <p>Service includes both professional and community activities.</p> <p>Program mission and goals (please see Appendix I.A.1) are met when faculty efforts are directed primarily toward the role of teaching, when scholarship is most directed at Boyer's described areas of <i>scholarship of teaching, application, and integration</i>, and service is appraised both at the college and community level.</p>
<p>Expected Student Outcomes related to Faculty Roles and Outcomes</p>	<p>End of semester student evaluations, continual evaluations of student outcomes in clinical areas, exit evaluations, and ATI testing.</p> <p>External community perception of student outcomes (i.e. clinical areas, nurse preceptors, advisory committee, employers, community members)</p>	<p>The faculty outcomes related to teaching (classroom and clinical), service to the community, practice (role-modeling), Boyer's scholarship criteria of teaching, and advising of both groups and individuals are directed toward and congruent with the expected student outcome behaviors of: critical thinking, coordination of care, collaborative communication, evidence based practice, professionalism, leadership, and professional development.</p>

FACULTY EVALUATION CRITERIA
DEPARTMENT OF HEALTH SCIENCES

TEACHING (minimum rating of 60%)			
Mean score on student evaluation* 4.5-5 4-4.5 3.0-4.0 Below 3.0	Points 5 4 3 0	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.	Points 3 3 2 3 2 3
Mean score on classroom or clinical assessment by Department Head or peer** 6.7-7 6.0-6.6 5.0-6.0 Below 5.0	5 4 3 0	Teaching courses above and beyond normal academic contract (honors, outreach, online, distance, independent study) Contribution to student learning beyond typical classroom involvement.	 2 3
Evidence of positive substantive comments on student evaluations	5	Responsive to department faculty/staffing needs. Team teaching, collaboration, guest lecturing. Initiating and supportive engagement in the change process	 2 2 2
Honors and recognition for contributions to the field of teaching	5		
Mentoring Mentoring new faculty. Undertaking professional role modeling as an educator	3 2		
Accreditation Collaborating with other faculty to obtain and sustain program accreditation activities	5		
*Tenure-track and temporary faculty are evaluated in all courses in spring and fall terms. Tenured faculty are 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 = 43-57 points Highly Proficient = 29-42 points Proficient = 15-28 points Unsatisfactory = below 15 points Comments:			

SCHOLARLY ACTIVITIES (Minimum rating of 5%)			
Publications (per article) Evidence-based publications for practice or refereed journals Non-refereed journals or other articles Textbook Chapter Article, chapter or textbook reviewer	Points 4 3 4 3 2	Professional development: Attendance at professional meetings or courses related to professional growth (per class/conference/workshop) Post-graduate coursework National/international conference Regional/local conference Professional intensive workshops Professional meetings Engaging in reflective self-inquiry	Points 4 4 3 2 1 1
Other scholarly contributions Test item writing Software development Development of audio/video presentations	3 3 3	Recognizing excellence in practice: Maintains ongoing certification and/or clinical competence through faculty practice or consultation in related field	1-4
Presentations and poster sessions (per presentation or poster session) Developing and presenting evidence-based presentations OR disseminating teaching and learning methods National State Local	4 3 2	Grants/Awards: Research and development of grants and/or other funding sources Recognition by professional bodies as a scholar in a defined area. Scholarly awards	5 4 3
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	1-4 1-4 1-4 1-4 1-4 1-4	Other evidence of outside scholarly work Projects benefiting college, department and students, mentoring undergraduate research	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	1
Significant public relations, fundraising, securing scholarships	1
Contributing to academic climate of the department or university	1
Collaborating across disciplines	1
Developing and engaging in interdisciplinary programs and/or service projects	1
Conducting policy analysis	1
Professional service (per activity)	
Leadership in national or state professional organization	3
Leadership in local professional organization	2
Actively contributes to professional organization	2
Membership in professional organization	1
Consulting	2
Developing and engaging in interdisciplinary programs and/or service projects	1
Conducting policy analysis	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
Developing and engaging in interdisciplinary programs and/or service projects	1
Conducting policy analysis	1
<p>Total points received = _____ Rating _____ Percentage weight _____%</p> <p>Excellent = 15-20 points total Highly Proficient = 10-14 points total Proficient = 5-9 points Unsatisfactory = below 5 points</p> <p>Comments:</p>	

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 1-4
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	1-4
<p>Total points received = _____ Rating _____ Percentage weight _____%</p> <p>Excellent = 16-20 points total Highly Proficient = 11-15 points total Proficient = 6 -10 points Unsatisfactory = below 6 points</p> <p>Comments:</p>	

APPENDIX I.C.3: ALIGNMENT OF EDUCATOR COMPETENCIES (NLN, 2005)
WITH EXPECTED FACULTY OUTCOMES

STANDARD 1: The mission, goals, and expected aggregate student and faculty and 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 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.

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

APPENDIX I.C.3: ALIGNMENT OF EDUCATOR COMPETENCIES (NLN, 2005)
WITH EXPECTED FACULTY OUTCOMES

NURSE EDUCATOR COMPETENCY	EXPECTED FACULTY OUTCOMES
<ul style="list-style-type: none"> • Facilitate Learning: creating an environment that facilitates student learning and achievement of desired cognitive, affective, and psychomotor outcomes. 	<ul style="list-style-type: none"> • Modify teaching strategies based on evaluation of outcomes of teaching/learning activities. • Implement changes in the curriculum to advance student learning, as needed.
<ul style="list-style-type: none"> • Facilitate Learner Development and Socialization: help students develop as nurses and integrate the values and behaviors expected of those who fulfill that role. 	<ul style="list-style-type: none"> • 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.
<ul style="list-style-type: none"> • Use Assessment and Evaluation Strategies: assess and evaluate student learning in all settings, as well as in all domains of learning. • Participate in Curriculum Design and Evaluation of Program Outcomes: formulate program outcomes and design curricula that reflect contemporary health care trends and prepare graduates to function effectively in the health care environment. 	<ul style="list-style-type: none"> • Continue to meet accreditation standards. • Utilize outcome data from standardized testing and program evaluation to enhance 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.
<ul style="list-style-type: none"> • Function as a Change Agent and Leader: create a preferred future for nursing education and nursing 	<ul style="list-style-type: none"> • Collaborate with other schools to implement graduate education in western Colorado.

practice.	
<ul style="list-style-type: none"> • Pursue Continuous Quality Improvement in the Nurse Educator Role: recognize an ongoing commitment to develop and maintain competence in the educator role. • Engage in Scholarship: acknowledge scholarship as an integral component of the faculty role, and that teaching itself is a scholarly activity. 	<ul style="list-style-type: none"> • 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 alumna support and activities.
<ul style="list-style-type: none"> • Function within the Educational Environment: recognize how political, institutional, social, and economic forces impact their role. 	<ul style="list-style-type: none"> • 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.

National League of Nursing, (2005). *Core competencies of nurse educators with task statements*. New York, NY: NLN.

APPENDIX I.F.1: ADMISSION PROCESS AND FORMS

STANDARD I: PROGRAM QUALITY: MISSION AND GOVERNANCE

STANDARD 1: The mission, goals, and expected aggregate student and faculty and 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 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.

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

MESA STATE COLLEGE
Health Sciences
Baccalaureate Nursing Program
Summary Sheet: Application

You may fax items to the Health Sciences Department at (970) 248-1133.

This list is to help you meet the BSN Application requirements.

The following items need to be in the Health Sciences Office prior to the application deadline of March 1 for fall and October 1 for spring:

- _____ 1. Application for Generic Baccalaureate in Nursing.
- _____ 2. Copy(ies) of all transcript(s) from other colleges/universities, if applicable; transcript evaluation prepared by the Registrar's Office, if applicable; copy of current Mesa State College transcript, if applicable. ***Transcript evaluation by Registrar is required for all courses taken at other colleges.*** Tear off the bottom of this page and send/deliver it to the Office of the Registrar, Mesa State College, 1100 North Avenue, Grand Junction, CO 81501. Do not print them yourself from the online records. Remember, it is *your* responsibility to make sure the transcripts arrive in the Health Sciences Office! (Check with Health Sciences, not with the Registrar!)
- _____ 3. Standardized Admission Test (TEAS: Test for Excellence in Academic Skills) at an approximate cost to applicant of \$30.00. For additional information, please check the website.
- _____ 4. For biology pre-requisites in progress, include an instructor-signed "request for grade" form verifying the grade you are expected to receive.
- _____ 5. Copy of appropriate CPR certification, CPR/AED for Professional Caregiver (ARC) or CPR for the Healthcare Provider (AHA).

*Please tear or cut off the form below and take/mail it to the Office of the Registrar, Mesa State College, 1100 North Avenue, Grand Junction, CO 81501 so they can send us copies of your transcripts. **It is still the student's responsibility to make sure all necessary paperwork is received in the Health Sciences Office prior to the deadline.**



(Tear off this portion and deliver/mail to Mesa State College Registrar's Office)

For BSN Program. Registrar: Please send copies of the following to the Mesa State Health Sciences Office: (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. Please complete the grey area.

Full Name (please print clearly) _____ 700 _____
MSC Student ID # _____
Signature _____

FOR REGISTRAR'S USE ONLY:

Has applicant been accepted at MSC? Yes <input type="checkbox"/> No <input type="checkbox"/> In what program? Baccalaureate <input type="checkbox"/> Associate <input type="checkbox"/>	
Attached: Other colleges attended transcripts: <input type="checkbox"/>	Transcript evaluation: <input type="checkbox"/>
Current Mesa State College transcript: <input type="checkbox"/>	

MESA STATE COLLEGE
Health Sciences
Basic (Generic) Application for Baccalaureate in Nursing

1. Full legal name _____
*Last**First**M.I. Maiden Name*

2. Date application submitted _____

3. College ID # (assigned upon acceptance to Mesa State College) 700

4. Email Address (*print clearly*): _____

5. Present mailing address:

*Street Address**Apt #*

*City**State**Zip*

6. Permanent home address (if different from above):

*Street Address**Apt #*

*City**State**Zip*

7. Home phone number with area code: () ☐ N/A

8. Cell phone number with area code: () ☐ N/A

9. Are you a... (*please check appropriate box(s)*):

Colorado Resident? ☐ Yes ☐ No Western Colorado Resident? ☐ Yes ☐ No

10. Have you applied to the BSN program before? Yes ☐ No ☐

If yes, when _____



2009 – 2010 PETITION/PROGRAM SHEET
Degree: Bachelor of Science in Nursing
www.mesastate.edu/academics/programs.html

About This Major . . .

The Baccalaureate of Science in Nursing (BSN) Program is accredited by the Colorado State Board of Nursing and the Commission on Collegiate Nursing Education (CCNE). This program is designed for high school graduates, Associate and Diploma RNs, and LPNs. The four-year program provides educational experiences to prepare a professional nurse generalist to practice in a variety of health care settings. The program integrates nursing theory, practice, and science with a broad liberal arts education. The program has been developed to prepare a highly competent professional with the education necessary to meet the increasing need for quality health care in society today and provides students with the foundation for graduate study in nursing.

The department usually receives about three times more nursing applications than it can accept. Therefore, grades and completion of required courses are considered in the application process, as well as the score on a standardized entrance test and CPR certification. Mesa State's BSN nursing program started in 1988 and has been fully accredited since its inception. The college is very proud to report that the graduates of this program have maintained a 90-100% pass rate on the National Council for Licensure Examination (NCLEX), which is the examination an RN must pass to obtain a license to practice.

POLICIES:

1. It is your responsibility to determine whether you have met the requirements for your degree. Please see the MSC Catalog for a complete list of graduation requirements.
2. You must turn in your "Intent to Graduate" form to the Registrar's Office **by September 15 if you plan to graduate the following May, and by February 15 if you plan to graduate the following December.**
3. This program sheet must be submitted with your graduation planning sheet to your advisor during the **semester prior to the semester of graduation, no later than October 1 for spring graduates, no later than March 1 for fall graduates.**
4. Your advisor will sign and forward the Program Sheet and Graduation Planning Sheet to the Department Head for signature.
5. Finally, the Department Head or the department administrative assistant will take the signed forms to the Registrar's Office. (Students cannot handle the forms once the advisor signs.)
6. If your petition for graduation is denied, it will be your responsibility to reapply for graduation in a subsequent semester. Your "Intent to Graduate" does not automatically move to a later graduation date.
7. NOTE: The semester before graduation, you will be required to take a Major Field Achievement Test (exit exam).

NAME: _____ **STUDENT ID #** _____

LOCAL ADDRESS AND PHONE NUMBER: _____

_____ () _____

I, (Signature) _____, hereby certify that I have completed (or will complete) all the courses listed on the Program Sheet. I further certify that the grade listed for those courses is the final course grade received except for the courses in which I am currently enrolled and the courses which I complete next semester. I have indicated the semester in which I will complete these courses.

_____, 20_____
Signature of Advisor Date

_____, 20_____
Signature of Department Head Date

_____, 20_____
Signature of Registrar Date

Students should work closely with a faculty advisor when selecting and scheduling courses prior to registration.

Degree Requirements:

- 120 semester hours total (A minimum of 28 taken at MSC)
- 40 upper division credits (A minimum of 15 taken within the major at MSC)
- 2.00 cumulative GPA or higher in all MSC coursework
- 2.00 GPA or higher in coursework toward the major content area.
- Pre-collegiate courses (usually numbered below 100) cannot be used for graduation.
- When filling out the program sheet a course can be used only once.
- A student must follow the MSC graduation requirements either from 1)the program sheet for the major in effect at the time the student officially declares a major; or 2)a program sheet for the major approved for a year subsequent to the year during which the student officially declares the major and is approved for the student by the department head. Because a program may have requirements specific to the degree, the student should check with the faculty advisor for additional criteria. It is the student's responsibility to be aware of, and follow, all requirements for the degree being pursued. Any exceptions or substitutions must be approved by the student's faculty advisor and Department Head.
- See the "Undergraduate Graduation Requirements" in the Mesa State College catalog for additional graduation information.

GENERAL EDUCATION REQUIREMENTS (31 semester hours)

See the current Mesa State College catalog for a list of courses that fulfill the requirements below. If a course is on the general education list of options and a requirement for your major, you must use it to fulfill the major requirement and make a different selection within the general education requirement.

Course No	Title	Sem.hrs	Grade	Term/Trns
-----------	-------	---------	-------	-----------

English (6 semester hours, must receive a grade of "C" or better and must be completed by the time the student has 60 semester hours.)

ENGL 111	English Composition	3	_____	_____
ENGL 112	English Composition	3	_____	_____

Math: (3 semester hours, must receive a grade of "C" or better, must be completed by the time the student has 60 semester hours.)

MATH 113	College Algebra	4*	_____	_____
----------	-----------------	----	-------	-------

*3 credits apply to the General Ed requirements and 1 credit applies to elective credit

Humanities (3 semester hours)

_____	_____	_____	_____	_____
-------	-------	-------	-------	-------

Social and Behavioral Sciences (6 semester hours)

PSYC 150	General Psychology	3	_____	_____
PSYC 233	Human Growth & Dev.	3	_____	_____

(PSYC 150 and PSYC 233 are also program requirements)

Course No	Title	Sem.hrs	Grade	Term/Trns
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Natural Sciences (7 semester hours, one course must include a lab)

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	L	_____	_____	_____

Fine Arts (3 semester hours)

_____	_____	_____	_____	_____
-------	-------	-------	-------	-------

History (3 semester hours)

HIST	_____	_____	_____	_____
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OTHER LOWER DIVISION REQUIREMENTS (6 semester hours)

Kinesiology (3 semester hours)

KINE 100	Health and Wellness	1	_____	_____
KINA 1	_____	1	_____	_____
KINA 1	_____	1	_____	_____

Applied Studies (3 semester hours)

_____	_____	_____	_____	_____
-------	-------	-------	-------	-------

DEGREE DISTINCTION REQUIREMENTS (6 semester hours)

Must receive a grade of "C" or better

STAT 200	Probability and Statistics	3	_____	_____
----------	----------------------------	---	-------	-------

Humanities or Social/Behavioral Sciences (3 semester hours)

_____	_____	_____	_____	_____
-------	-------	-------	-------	-------

NURSING MAJOR REQUIREMENTS

(80 semester hours) Must pass all courses with a grade of "C" or higher.

Required Support Courses (12 semester hours)

BIOL 209	Human Anatomy and Physiology I	3	_____	_____
BIOL 209L	Human Anatomy and Physiology I Lab	1	_____	_____
BIOL 210	Human Anatomy and Physiology II	3	_____	_____
BIOL 210L	Human Anatomy and Physiology II Lab	1	_____	_____
BIOL 241	Pathophysiology	4	_____	_____

Required Nursing Courses (68 semester hours)

NURS 201	Fundamentals of Nursing	4	_____	_____
NURS 201L	Fundamentals of Nursing Lab	3	_____	_____
NURS 202	Health Assessment/Promotion	3	_____	_____
NURS 202L	Health Assessment/Promotion Lab	1	_____	_____
NURS 203	Pharmacology I	2	_____	_____
NURS 204	Nursing Theory/Foundations	1	_____	_____
NURS 301	Medical/Surgical Process	4	_____	_____
NURS 301L	Medical/Surgical Process Lab	4	_____	_____
NURS 302	Family Nursing Through the Lifespan	3	_____	_____
NURS 303	Professional Development	2	_____	_____
NURS 304	Pharmacology II	2	_____	_____
NURS 313	Mental Health	3	_____	_____
NURS 313L	Mental Health Lab	2	_____	_____
NURS 314	The Childbearing Family	3	_____	_____

Course No	Title	Sem.hrs	Grade	Term/Trns
-----------	-------	---------	-------	-----------

NURS 314L	The Childbearing Family Lab	2	_____	NURS _____	_____	2	_____	_____
NURS 315	Pediatrics	2	_____	*MATH 113	College Algebra	1	_____	_____
NURS 315L	Pediatrics Lab	1	_____					
NURS 403	Community Health Nursing	4	_____					
NURS 403L	Community Health Nursing Lab	2	_____					
NURS 406	Advanced Medical/Surgical	3	_____					
Electives (2 semester hours Nursing Elective, plus 1 semester hours)								
NURS 406L	Advanced Med/Surg Lab	3	_____					
NURS 407	Nursing Research	3	_____					
NURS 411	Leadership	2	_____					
NURS 411L	Leadership Lab	1	_____					
NURS 412L	Senior Specialty	4	_____					
NURS 415	Business of Health Care	2	_____					
NURS 416	Nursing Therapeutics	2	_____					

LPN's: Previous degree _____

School: _____ Graduation Date _____

NLN Accredited _____ ACT-PEP Exams – Date Taken _____

LPNs must take all the courses, both non-nursing and nursing, except NURS 201/201L. Also, LPNs are required to obtain IV certification prior to application to the nursing program.

APPENDIX I.F.2: RE-ADMISSION PROCESS AND FORMS

STANDARD I: PROGRAM QUALITY: MISSION AND GOVERNANCE

STANDARD 1: The mission, goals, and expected aggregate student and faculty and 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 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.

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

Re-Admission

- I. Purpose: to inform students who have been out of the program for at least a year of the policy/process for re-admission into the nursing program.
- II. General Information:
 - A. All students petitioning to return to the program should complete an application for re-admission. These forms may be secured from the administrative assistant of Department of Health Sciences.
 - B. The number of spaces for returning students is limited and varies from semester to semester. Students seeking re-admission to the nursing program should submit applications for fall semester prior to March 1 and for spring prior to October 1.
 - C. Any nursing course may be repeated one time, if the faculty approve. A second failure within the nursing program means that the student must withdraw from the program, and the faculty believes the student should pursue alternate goals.
 - D. If a student fails a course due to unsafe physical or emotional care of patients, the faculty may decide to not allow the student to repeat the course.
 - E. *Students will be admitted to the program only twice regardless of reason for leaving. Attendance in any nursing class or portion of nursing classes is considered an admittance.*
- III. Process:
 - A. Students who withdraw from or fail to complete the first nursing course must apply for admission into the program with the rest of the applicants to the program. These individuals will be considered according to the criteria utilized for the other applicants.
 - B. Students who withdraw from or fail to complete any clinical nursing course may petition for re-admission. If space is available, re-admission will be considered.
 - C. If a student is readmitted after having been absent for one academic year or more, he/she must follow the curriculum outlined in the catalog which is current at the time of re-enrollment.
 - D. In rare situations, a student who fails a required clinical nursing course may be allowed to take nursing electives while waiting for space to become available.
 - E. Student must complete re-admission form.

BSN Nursing Program
Department of Health Sciences

Re-Admission Application

This form must be completed by any student who deviates from the standard progression of the BSN nursing program. The form is to be returned to the Program Director prior to enrolling in any nursing classes. **Any student who fails any two nursing courses is *not* eligible to continue in the nursing program or to be readmitted.**

Name _____ MSC ID # _____

Address _____

Phone # _____ Date _____

Semester last attended Nursing Classes _____ Year _____

Reason for Being Off-Track From Standard Progression in the Program:

Corrective Actions Taken to Correct the Situation Causing the Deviation (if applicable):

Semester you wish to return _____ Year _____

Nursing courses you wish to enroll in upon returning. (If you failed a required course, you must re-enter taking that course.)

APPENDIX I.F.4: MATH COMPETENCY

STANDARD I: PROGRAM QUALITY: MISSION AND GOVERNANCE

STANDARD 1: The mission, goals, and expected aggregate student and faculty and 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 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.

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DEPARTMENT OF HEALTH SCIENCES

ADVISORY BOARD MEMBERS

- Dr. Joel Bechtel, Western Colorado Lung Center
- Ms. Deb Brauchler, Associate Chief Nurse of Psychiatry, Veteran's Administration Hospital
- Ms. Beth Bricker, Chief Nursing Officer, Community Hospital
- Ms. Tonya Chapin, Practical Nurse Program Director, Mesa State College
- Ms. Dianna Chestnut, Director of Regional Workforce Development, Western Healthcare Alliance
- Dr. Teresa Coons, Executive Director, Western Colorado Math & Science Center
- Ms. Jane Foster, Clinical Administrative Support, Quality Health Network
- Mr. Tim Foster, President, Mesa State College
- Mr. Mark Fugere, Director, JOBS Program, Mesa County Workforce Center
- Dr. Carol Futhey, Vice President of Academic Affairs, Mesa State College
- Ms. Judy Goodhart, former Bachelor of Science Program Director, Retired
- Ms. Cathy Hartt, Associate Director-LPN- Associate of Applied Science in Nursing Program-Mesa State College, Montrose Campus
- Ms. Alma Jackson, Bachelor of Science Program Director, Mesa State College
- Ms. Patti Kendall, Director of Home Care, Hilltop Community Resource
- Ms. Joey Montoya-Boese, Director, Mesa State College Montrose Campus
- Ms. Joan Napolilli, Director of Nursing, Montrose Memorial Hospital
- Ms. Mary Rasmussen, Montrose Memorial Hospital
- Dr. Kristy Reuss, Department Head, Mesa State College Department of Health Sciences
- Ms. Jody Roeber, LPN Program Coordinator, Delta-Montrose Technical College
- Mr. Jerry Spicer, Vice President of Patient Services/CNO, St. Mary's Hospital
- Ms. Kathy Sramek, Education & Marketing PR Manager, DCMH Foundation
- Ms. Genell Stites, LPN-Associate of Applied Science in Nursing Program Director, Mesa State College
- Ms. Teresa Thompson, Diabetes & Nutrition Education, Community Hospital
- Ms. Deb Tittle, Director of Clinical Services, Mesa County Health Department
- Ms. Christy Whitney, President & CEO, Hospice & Palliative Care of Western Colorado
- Ms. Melissa Wood, Nursing Home Administrator, Larchwood Inns

Student Representatives:

- Ms. Clarissa Workman, LPN-AAS Student, Mesa State College – Grand Junction Campus
- Ms. Keri Partlow, LPN-AAS Student, Mesa State College – Montrose Campus
- Ms. Paula Kohari, LPN-AAS Student, Mesa State College – Montrose Campus
- Ms. Lilly Hoffman-Dinkins, Bachelor of Science Program, Mesa State College
- Ms. Jennifer Brown, Practical Nurse Program, Mesa State College

APPENDIX I.F.4: MATH COMPETENCY

STANDARD I: PROGRAM QUALITY: MISSION AND GOVERNANCE

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Math Competency

- I. Purpose: to assure basic math competency to progress in the nursing program.
- II. Math requirements at each level
 - A. Level I
 1. A math competency quiz may be given weekly in Pharm I (N203) which will require a score of 90% or higher to demonstrate a competency level. If a score of <90% is received, the student will be responsible to seek and verify tutoring and/or remedial studies to continue participation in the clinical portion of Fundamentals of Nursing (NURS 201L).
 - B. Level II
 1. Prior to the beginning of the clinical portion of Medical Surgical Nursing (NURS 301), math competency tests will be given which will require scores of 90% or higher to begin passing medications in the clinical area. The test may be retaken up to two times to attain the level of 90%. After that, remediation must take place before continuing on in the program.
 2. At the completion of Pharm II (NURS 304) a math competency test will be given which will require a score of 90% or higher. A score of < 90% will require that NURS 304 (Pharm II) be repeated prior to any further clinical rotations.
 - C. Level III and IV
 1. It is per instructor prerogative if a math competency test were administered at these levels.
 2. If a math competency test is administered, the competency level will be at 90% or higher.
 3. The test may be retaken up to 2 times to attain the 90% level, with the original grade standing.
 4. If a grade of 90% is not attained, the instructor and the student will develop a collaborative plan for remedial work.

APPENDIX I.F.5: GRADING CRITERIA AND NCLEX-RN® TEST PLAN

STANDARD I: PROGRAM QUALITY: MISSION AND GOVERNANCE

STANDARD 1: The mission, goals, and expected aggregate student and faculty and 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 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.

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

Grading/Testing

- I. Purpose: To describe the system for grading, the examination process and grade reporting.
- II. General Information
 - A. Instructors have the freedom to determine the grading scale for individual courses.
 - B. All sections of the same course will follow the same grading scale.
 - C. Instructors will determine the components that comprise the final grade in a course and include this information in the course syllabus, along with course expectations.
 - D. The grading system used in nursing is:

93-100%	= A
85-92%	= B
76-84%	= C
70-75%	= D
69 and below	= F
- III. Academic Standards

Academic standards will be followed as explained in the Mesa State College Catalog.
- IV. Examinations
 - A. The faculty member may administer unit, midterm and final examinations as part of the evaluation process.
 - B. The faculty member may assign an alternate learning project to examine mastery of course content when appropriate.
 - C. The class must meet during the final examination period to fulfill standard requirements for semester instructional time.
 - D. Students are expected to take examinations at scheduled times. With prior approval of the faculty member, an examination may be taken at another time. The students and the faculty member must make specific arrangements for date and time and location.
 - E. Special testing needs must have documentation provided by the appropriate campus student support services.
- V. Grade Reporting
 - A. Final grades must be submitted to the Records Office by the deadline. Grades are entered online and instructions are provided by the Registrar.
 - B. Faculty members may not post grades unless written authorization is given by the students.
 - C. Final grades are posted on Maverick online section of the MSC website.
 - D. All faculty should make a copy of final grades and place in grades report book at administrative assistant work station.

Grading System

I. Purpose: To clarify for other institutions the grading policy utilized by the Department of Health Sciences.

II. General Information:

A. Faculty believe that because of the nature of patient care responsibility in the health care professions, a higher grading scale should be utilized. Certification exams in RT require a passing score of 75.

B. Higher standards are utilized through the Department as follows:

BSN Nursing

93-100% = A

85-92% = B

76-84% = C

70-75% = D

69 and below = F

Radiologic Technology

93-100% = A

84-92% = B

76-84% = C

74 and below = F

III. Procedure:

A. When students are applying for graduate school or for a scholarship, they may request the "letter clarifying grade".

B. See next page for the appropriate form.

MESA STATE COLLEGE
Department of Health Sciences

Letter Clarifying Department Grading System

To Whom It May Concern:

_____ has requested that I clarify our grading system in the *Department of Health Sciences* in comparison to that of Mesa State College, in general. These two grading systems are different. However, the grades that appear on the transcript appear the same. For the general college the grading system is:

90-100% = A	4 quality points
80-89% = B	3 quality points
70-79% = C	2 quality points
60-69% = D	1 quality point
59 and below = F	0 quality points

For all Nursing programs, the grading system is:

93-100% = A	4 quality points
85-92% = B	3 quality points
76-84% = C	2 quality points
70-75% = D	1 quality point
69 and below = F	0 quality points

For the Radiologic Technology program, the grading system is:

93-100% = A
84-92% = B
75-83% = C
74 and below = F

For the EMT programs, the grading system is:

95-100% = A	4 quality points
87-94% = B	3 quality points
80-86% = C	2 quality points
72-79% = D	1 quality point
71 and below = F	0 quality points

(Individual instructors may use a different grading form.) We felt that you should be aware of this difference in the grading systems when accepting transfer courses. Thank you for your cooperation. If I can provide additional information, please contact me.

Sincerely,



Kristy Reuss, Ph.D., R.N.
Department Chair

Grading Criteria

I. Purpose: To provide descriptions of the letter grades used in the BSN Program.

II. General Information

The following information provides guidelines for evaluation of clinical practice. The descriptions indicate how well the student has met outcomes or objectives for the course and/or clinical lab.

The descriptors (1, 2, 3, and 4) are defined as:

1. Degree of supervision required for the selected course's level of clinical practice (considers safety and accuracy of student performance).
2. Competence of nursing care, such as problem solving, setting priorities, observation skills, and appropriateness in designing care strategies, dexterity, and interactions with clients, staff and peers.
3. Depth and breadth of preparation for clinical practice and ability to apply theory and skills in clinical setting.
4. Motivation and readiness for clinical practice as well as demonstration of interest and self-directed learning.

The A (4) student:

1. Consistently functions with little or no guidance, except in very complex situations
2. Demonstrates outstanding performance of nursing care
3. Demonstrates superior knowledge and consistently integrates appropriate knowledge with skills
4. Is consistently self-directed in his/her approach to learning (*e.g.* initiates new learning experiences)

The B (3) student:

1. Generally functions satisfactorily with minimum guidance in the usual clinical situation
2. Demonstrates above average performance of nursing care
3. Solidly demonstrates accurate and appropriate knowledge and usually integrates knowledge with skills
4. Recognizes learning opportunities but may require assistance in utilizing them

The C (2) student:

1. Functions safely with moderate amount of guidance in the usual clinical situation
2. Demonstrates average performance of nursing care
3. Demonstrates adequate knowledge and requires moderate assistance in integrating knowledge with skills
4. Requires some direction in recognizing and utilizing learning opportunities

The D (1) student:

1. Usually requires intense guidance for the performance of activities at a safe level
2. Clinical performance reflects difficulty in the provision of nursing care

3. Demonstrates gaps in necessary knowledge and requires frequent assistance in integrating knowledge and skills
4. Requires frequent and detailed instruction regarding learning opportunities

The F (0) student:

1. Is considered unsafe to practice without constant, intense guidance
2. Failed to meet clinical objectives
3. Frequently lacks necessary knowledge and skills and is unable to integrate these into practice
4. Requires constant, detailed instruction regarding learning opportunities and is often unable to utilize them

Rev. 4/08

Test Blueprint

I. Purpose: To provide description of test plan structure that will be followed for each nursing course.

II. General Information:

Knowledge of course content that is evaluation via written test will follow Bloom's Taxonomic Classification System, as follows:

- A. **Knowledge**—Verbatim recall of specific information that has been presented in class through lecture, handouts, videos, computer programs, etc. EXAMPLE OF VERBS USED: to define, distinguish, recall, list, recognize
- B. **Comprehension**—Paraphrasing information; does not imply understanding. EXAMPLE OF VERBS USED: to translate, paraphrase, rephrase, restate, rearrange
- C. **Application**—Ability to use learned concepts in specific situations. This includes knowledge gained in a new situation. EXAMPLES OF VERBS USED: To apply, generalize, relate, organize, classify
- D. **Analysis**—To break an idea, problem, disease, communication, or any process into parts. This includes breaking apart something that is known and making it new learning for the student. EXAMPLES OF VERBS USED: To contrast, deduce, categorize, discriminate, analyze
- E. **Synthesis**—To take previously learned information, form new patterns or wholes and create something new. EXAMPLES OF VERBS USED: To propose, plan, produce, design, synthesize, formulate
- F. **Evaluation**—To make a value judgment regarding how actions or materials meet certain criteria. Should be a deduction made by students based on their studies. This step is not achieved through use of multiple choice questions and is not to be confused with the evaluation step in the nursing process. EXAMPLES OF VERBS USED: To judge, assess, validate, standardize, appraise

III. Procedure:

NCLEX Test blueprint for distribution of program content is as follows (effective 5/2007):

Safe effective environment

- | | |
|------------------------------------|--------|
| • Management of care | 13-19% |
| • Safety and infection control | 8-14% |
| • Health promotion and maintenance | 6-12% |
| • Psychosocial integrity | 6-12% |

Physiological integrity

- | | |
|--|--------|
| • Basic care and comfort | 6-12% |
| • Pharmacological & parental therapies | 13-19% |
| • Reduction of risk potential | 13-19% |
| • Physiological adaptation | 11-17% |

APPENDIX I.F.6: PERFORMANCE IMPROVEMENT CONTRACT

STANDARD I: PROGRAM QUALITY: MISSION AND GOVERNANCE

STANDARD 1: The mission, goals, and expected aggregate student and faculty and 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 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.

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

Performance Improvement Contract

- I. Purpose: To provide written agreement between student and faculty to satisfy areas of needed growth for a particular course.
- II. Procedure:
 - A. The faculty and student (and program director, if needed) will jointly establish
 - 1. Area in need of improvement
 - 2. Plan for improvement
 - 3. Resources
 - 4. Date for Completion
 - 5. Outcome
 - B. Both parties will sign form
 - C. Faculty will make copy to place in student file and the student will receive a copy.

Mesa State College
Department of Health Sciences
Student Performance Improvement Contract

Student: _____ Date: _____

Course: _____

I. Area in Need of Improvement:

II. Plan for Improvement:

III. Resources:

Learning

ATL ☐
Math Lab ☐
Other ☐

Behavioral

Psych Health ☐
Books, journals, etc. ☐
Other ☐

IV. Date for Completion: _____

By signing this contract the student agrees to complete area of improvement or he/she will: _____

Signatures:

Student: _____ Date: _____

Faculty: _____ Date: _____

V. Outcome—description:

Signature: _____ Date: _____

(Faculty individual supervising student)

STANDARD II

APPENDIX II.A.1: BSN OPERATING BUDGET

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 aggregate outcomes. The faculty, as a resource of the program, enables the achievement of the mission, goals, and expected aggregate student outcomes.

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

APPENDIX II.A.1: BSN OPERATING BUDGET

Academic Year	Tenure Track Faculty Salaries and Benefits	Temporary Faculty Salaries and Benefits	Staff Salary (prorated based on number of students)	Operating Expense (prorated based on number of students)	Total Budget	FTEF	Grant Monies	Number of BSN Students
2009-10	\$ 873,652	\$ 250,215	\$ 56,010	\$ 81,233	\$ 1,261,110	20.19	\$ 66,375	170
2008-09	\$ 866,713	\$ 312,744	\$ 27,437	\$ 78,785	\$ 1,285,679	19.54	\$ 6,375	150
2007-08	\$ 681,532	\$ 136,322	\$ 32,875	\$ 43,549	\$ 894,278	16.08	\$ 16,435	150
2006-07	\$ 532,504	\$ 124,180	\$ 31,331	\$ 73,716	\$ 761,731	17.18	\$ 28,586	150
2005-06	\$ 500,230	\$ 161,422	\$ 29,068	\$ 58,677	\$ 749,397	18.25	\$ 47,181	150
2004-05	\$ 469,586	\$ 127,028	\$ 28,271	\$ 57,679	\$ 682,564	11.94	\$ 8,698	150
2003-04	\$ 536,246	\$ 127,028	\$ 28,271	\$ 57,679	\$ 749,224	11.94	\$ 8,696	129
2002-03	\$ 499,937	\$ 113,017	\$ 30,792	\$ 24,718	\$ 668,464	14.15		109

APPENDIX II.D.1: FACULTY PROFILE BSN PROGRAM

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 aggregate outcomes. The faculty, as a resource of the program, enables the achievement of the mission, goals, and expected aggregate student outcomes.

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.

APPENDIX II.D.1: FACULTY PROFILE BSN PROGRAM

Faculty Name	FT/PT	Date of Initial Appt	Rank	Baccalaureate Degree and Name of Institution Granting Degree	Master's Degree and Name of Institution Granting Degree	Doctorate Degree and Name of Institution Granting Degree	Areas of Clinical Expertise	Academic Teaching (T) and Other (O) Areas of Responsibility	
Armijo, Dorothy	PT	2008	Lecturer	Bachelor of Science in Nursing University of Texas Health Science Center	Master of Science in Nursing Walden University		Obstetrics	T	
Bailey, Debra	FT	8/2006	Assistant Professor	Bachelor of Science from Mesa State College	Master in Community Health from University of Colorado		Family Health	T	
Bailey, Diane	PT	2008	Lecturer	Bachelor of Science from Mesa State College	Master of Science in Nursing Walden University		Pediatrics	T	
Brock, Judith	FT	2005	Assistant Professor	Bachelor of Science in Nursing from Texas Women's University	Master in Public Health from University of Northern Colorado		Public Health	T	
Carter, Carol	PT	1/22/07	Lecturer	Bachelor of Science in Nursing from Loretta Heights College			Medical Case Management	T	

Faculty Name	FT/PT	Date of Initial Appt	Rank	Baccalaureate Degree and Name of Institution Granting Degree	Master's Degree and Name of Institution Granting Degree	Doctorate Degree and Name of Institution Granting Degree	Areas of Clinical Expertise	Academic Teaching (T) and Other (O) Areas of Responsibility	
Christensen, Sherry	PT	1/22/08	Lecturer	Bachelor of Science in Nursing from Mesa State College			Occupational Health	T	
Coffin, Kelly	FT	2009	Assistant Professor	Bachelor of Science in Nursing Washburn University	Walden University		Med/Surg Critical Care	T	
Forrest, Sandy	FT	1980	Professor	Bachelor of Science in Nursing from Florida International University	Master of Science in Psychiatric Nursing from University of Miami Master of Science in Adult Education from Florida International University	Ph.D. In Psychiatric Nursing from University of Texas	PSYC	T	O
Goebel, Susan	FT	1998	Associate Professor	Bachelor of Science in Nursing from University of North Dakota	Master of Science in Parent-Child Nursing from University of North Dakota		Women's Health Community Health	T	
Hartt, Cathy	PT	2005	Assistant Professor	Bachelor of Science in Nursing from Mesa State College	Master's of Science in Nursing from the University of Utah		Obstetrics	T	O

Faculty Name	FT/PT	Date of Initial Appt	Rank	Baccalaureate Degree and Name of Institution Granting Degree	Master's Degree and Name of Institution Granting Degree	Doctorate Degree and Name of Institution Granting Degree	Areas of Clinical Expertise	Academic Teaching (T) and Other (O) Areas of Responsibility	
Hoffman, Bethany	FT	1999	Associate Professor	Bachelor of Science in Nursing from University of Cincinnati	Master of Science in Psychiatric Mental Health Nursing from the University of Colorado Health Sciences Center		PSYC	T	
Jackson, Alma	FT	2006	Assistant Professor	Bachelor of Science in Nursing Loretto Heights College	Master of Science, Community Health and Wellness California College for Health Sciences	Ph.D in Education Capella University	Business Research Home Health	T	
Love, Terressa	PT	2008	Instructor	Bachelor of Science in Nursing from University of Nevada-Las Vegas	Masters of Science in Nursing from University of Nevada-Las Vegas		Obstetrics	T	
Mathews, Sue	FT	2007	ATL Coordinator	Associate in Nursing; Bachelor of Science in Biology					O
Noga, Joan	PT	2009	Lecturer	Bachelor of Science in Nursing Michigan State University	Master of Science-Teaching Clinical Nursing Wayne State University		Med/Surg, Critical Care	T	

Faculty Name	FT/PT	Date of Initial Appt	Rank	Baccalaureate Degree and Name of Institution Granting Degree	Master's Degree and Name of Institution Granting Degree	Doctorate Degree and Name of Institution Granting Degree	Areas of Clinical Expertise	Academic Teaching (T) and Other (O) Areas of Responsibility	
Reuss, Kristine	FT	1990 as instructor 2003 as Dept. Head	Department Head, Professor	University of Colorado Health Sciences Center	University of Colorado Health Sciences Center	Ph.D. in Nursing University of Colorado	Community Health Therapeutic Touch	T	O
Roten, Micah	PT	2007	Lecturer	Bachelor of Science in Nursing Mesa State College			Med/Surg, Critical Care	T	
Roy, Cheryl	FT	1996	Associate Professor	Bachelor of Science in Nursing University of Iowa	Master of Science, Med-Surg Nursing/Pulmonary Nurse Clinical Specialty University of Colorado Health Sciences Center	Doctoral Education University of Colorado Health Sciences Center All courses completed	Med/Surg, Forensic Nursing	T	
Salaz, Lisa	PT	2008	Lecturer	Bachelor of Science in Nursing Mesa State College			Med/Surg	T	
Shiao, Michelle	PT	2009	Lecturer	Bachelor of Science in Nursing Indiana University School of Nursing	Masters of Science in Nursing University of Indianapolis		Med/Surg, Healthcare Administration	T	

Faculty Name	FT/PT	Date of Initial Appt	Rank	Baccalaureate Degree and Name of Institution Granting Degree	Master's Degree and Name of Institution Granting Degree	Doctorate Degree and Name of Institution Granting Degree	Areas of Clinical Expertise	Academic Teaching (T) and Other (O) Areas of Responsibility	
Thomas, Cynthia	FT	1999	Associate Professor	Bachelor of Science in Nursing University of Utah	Master of Science, Med-Surg Nursing University of Colorado Health Sciences Center	Ph.D. in Nursing University of Colorado	Med/Surg, Critical Care	T	
Warner, Kay	PT	2009	Lecturer	Bachelor of Science in Nursing Mesa State College	Master of Science in Nursing Walden University (in progress)		Med/Surg, Critical Care	T	
Webel, Mary	PT	2005	Lecturer	Bachelor of Science in Nursing Mesa State College			Medical Surgical Nursing	T	
Williams, Judy	PT	1992	Instructor	Bachelor of Science in Nursing Mesa State College	Master of Science in Nursing University of Arizona		Med-Surg	T	
Zadrozny, Jennifer	FT	2005	Assistant Professor	Bachelor of Science in Nursing Mesa State College	Master of Science, FNP University of Colorado Health Sciences Center		Obstetrics	T	

BSN FACULTY WORK PROFILE
(Percentage each assignment)
2009-2010
Full-time Faculty

Name	Theory	Clinical	Advising	Administration
1. Kristine Reuss	8	0	12	80
2. Cheryl Roy	40	50	10	0
3. Debbie Bailey	40	50	10	0
4. Sue Goebel	40	50	10	0
5. Sandy Forrest	30	40	10	20 - Accreditation
6. Bethany Hoffman	40	50	10	0
7. Cynthia Thomas	40	50	10	0
8. Judith Brock	40	50	10	0
9. Jennifer Zadrozny	40	50	10	0
10. Alma Jackson	80	0	10	10
11. Kelly Coffin	60	40		
13. Sue Mathews	0	100 (ATL)		

Part-time Faculty

Name	Theory	Clinical	Advising	Administration
1. Sherry Christensen		100		
2. Judy Williams	0	100		
3. Dorothy Armijo	30	70		
4. Mary Webel	0	100		
5. Micah Roten	100	0		
6. Diane Bailey	0	100		
7. Terressa Love	0	100		
8. Michelle Shiao	60	40		
9. Lisa Salaz	100	0		
10. Joan Noga	0	100		
11. Kay Warner	0	100		
12. Carol Carter	0	100 (Sim lab)		
13. Cathy Hartt	100	0		

Note: an updated table will be available in the resource room.

APPENDIX II.F.1: CLINICAL FACILITY AND RATIO

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 aggregate outcomes. The faculty, as a resource of the program, enables the achievement of the mission, goals, and expected aggregate student outcomes.

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.

APPENDIX II.F.1: BSN CLINICAL FACILITY AND RATIO

Fall 2009 – Spring 2010

COURSE	SITE	FACULTY FACILITATOR	Clinical/Lab
N-201L-Fundamentals of Nursing	Veterans Ad. Med. Center	Sylvia Barton	1:7
	Larchwood Care Center	Sue Matthews	1:7
	Aspen Ridge Care Center	Sherry Christiansen	1:7
	Hilltop – Commons, Fountains	Kelly Coffin	1:7
	Mantey Heights Care Center	Joan Noga	1:7
		Micah Roten-Spring 09	1:7
N – 301L– Medical/surgical Nursing	St. Mary's Hospital	Judy Williams	1:10
		Mary Webel	1:10
		Lisa Salaz	1:10
N – 313L – Mental Health	Colorado West Mental Health	Bethany Hoffman	1:10
	Veteran's Administration Medical Center	Kari Weirath	1:10
	Assist Training x three groups		1:10
	Colorado West Recovery Services		1:1
	Division of Youth Services		1:1
	Catholic Outreach Day Center		1:1
	St. Mary's – ED (Psych evals); 4C (Mental health evals)		1:1
	Tree House		1:1
	Meth Task Force		1:1
N- 314L – Childbearing Family	Latimer House – Support services		1:1
	St. Mary's Hospital	Jennifer Zadrozny	1:10
		Terressa Love	
		Deb Bailey	
	(Peds and OB covered by 1 Clinical instructor – 6 OB, 4 Peds)		

COURSE	SITE	FACULTY FACILITATOR	Clinical/Lab
N- - 315L – Pediatrics	St. Mary's Hospital (only 4 at a time in Peds, 6 in OB)	Debra Bailey	1:10
	Primary Care Partners – Healthy Steps	Terressa Love	
	School District # 51 – Child Find	Jennifer Zadrozny	
	Migrant Health		
	(These experiences other that SMH are covered by Deb Bailey		1:1
N – 403L – Community Health	Mesa County Health Department	Judy Brock	1:2
	Mesa County Health Department – Family Planning		1:1
	Mesa County Health Department – Immunizations		1:1
	Mesa County Health Department - HCP		1:1
	School District # 51 – School nurse	Sue Goebel	1:1
	School District # 51 – Dental screening		1:1
	Primary Care Partners – FNP Lora Page and Deb Bailey	Debra Bailey	1:1
	Primary Care Partners – Diabetes Education		1:1
	Wellness Connection		1:1
	St. Mary's Life Center		1:1
	St. Mary's Family Practice – HIV clinic		1:1
	St. Mary's Trauma Prevention		1:2
	Home Care of Grand Valley		1:1
	Rocky Mountain Health Plans – Home Health		1:1
	Hospice and Palliative Care		1:1
	Marillac Clinic		1:2
	Catholic Outreach Soup Kitchen		1:3
	Holy Family Health Promotion Project		1:4
	Montrose Health Department		1:1
	Co Dept of Public Health		1:1

COURSE	SITE	FACULTY FACILITATOR	Clinical/Lab
	Community Hospital –Diabetes Educator		1:1
	Delta County Health Department		1:1
	Delta County School District		1:1
	Live Well		1:3
	Mesa County Jail		1:2
	Mesa State College Health Fair – Fall and spring		1:10
	Well Oldster’s Clinic		1:2
N – 406L – Advanced Med/surg	St. Mary’s Hospital	Cindy Thomas	1:10
	Community Hospital	Cheryl Roy	1:10
		Kay Warner	1:10
N – 411L - Leadership	St. Mary’s Hospital	Sandy Forrest	1:1
	Community Hospital		
	VA Medical Center		
	Hospice & Palliative Care		
	Mesa County Health Department		
	Dos Rios		
	Montrose Memorial Hospital		
	Delta Memorial Hospital		
	This is a practicum experience where students are paired with preceptor to complete 40 hours of actual experience. Sites vary with student request.		
N-412L – Senior Specialty	This is a practicum experience where students are paired with preceptor to complete 144 hours of actual experience. Sites vary with student request. Most are at SMH		1:1, with max amount at SMH each semester of approx 12

Note: an updated table will be available in the resource room.

STANDARD III

APPENDIX III.A.1: CURRICULAR CHANGES (2003-2008)

STANDARD III: PROGRAM QUALITY: CURRICULUM AND TEACHING-LEARNING PRACTICES

The curriculum is developed in accordance with the mission goals, and expected outcomes of the program and reflects professional nursing standards and guidelines and the needs and expectations of the community of interest. There is congruence between teaching-learning experiences and expected outcomes. The environment for teaching, learning and evaluation of student performance fosters achievement of expected outcomes.

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

APPENDIX III.A.1: CURRICULAR CHANGES (2003-2008)

Course number	Curricular changes w/date	Reasons for change	Course CHs
Fundamentals (NURS 201)	Fall 2003: 3 CH to 4 CH	Foundation course needed more hours	4 CH
Pharmacology I (NURS 203)	Fall 2006: 1 CH to 2 CH	Workplace issues of medication errors and increased amount of content to teach	2CH
Nursing Theory (NURS 204)	Fall 2003: 2 CH to 1CH	Content too heavy for students at this level. Moved 1 CH content to NURS 303 in Level II	1 CH
ATI testing in program	Began Fall 2005	Replaced admission math test and critical thinking essay	
TEAS testing for admission	Began Spring 2006	Tests specific areas to assess student's ability to succeed in nursing program	
Medical surgical Nursing (NURS 301)	Fall 2006: 3 CH to 4CH	Amount to teach, added content that was not being taught	4 CH
Professional Development (NURS 303)	Fall 2003: 1 CH to 2 CH	Faculty and student input about need for more hours to cover content (including professionalism, legal-ethical issues, principles of time management, and communication)	2 CH
Pharmacology II (NURS 304)	Fall 2006: 1 CH to 2 CH	In addition to increased errors, faculty believe separating the courses into two different levels provides for better integration of content with clinical courses	2 CH
Home Health (NURS 312)	Fall 2006: Delete course	Content could be placed in Community Health (NURS 403) course in Level IV	4 CH
Mental Health (NURS 313)	Fall 2006: 2 CH to 3 CH	Additional time for content	3 CH
Childbearing Family (NURS 314)	Fall 2006: 2 CH to 3 CH	Additional time for content	3 CH
Community Health (NURS 403)	Fall 2006: 2 CH to 4 CH	Deletion of Home Health course and changed name from Public Health to Community Health to better reflect content	4 CH
Nursing Therapeutics (NURS 416)	Fall 2006: 2 CH	New course added to summarize nursing content from program and prepare students for NCLEX and transition to practice	2CH
Math competency	Spring 2004	Assure basic math competency to progress in the nursing program. Specific requirements for Levels I – IV. (See Math Competency Policy)	

Curriculum revision was initiated because the 120 credit hour requirement for bachelor's degrees was eased for professional programs. Student, faculty, and employer input concerning the curriculum prompted the faculty to consider the additions described above

APPENDIX III.A.2: COURSE DESCRIPTIONS

STANDARD III: PROGRAM QUALITY: CURRICULUM AND TEACHING-LEARNING PRACTICES

The curriculum is developed in accordance with the mission goals, and expected outcomes of the program and reflects professional nursing standards and guidelines and the needs and expectations of the community of interest. There is congruence between teaching-learning experiences and expected outcomes. The environment for teaching, learning and evaluation of student performance fosters achievement of expected outcomes.

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

APPENDIX III.A.2 COURSE DESCRIPTIONS

LEVEL I

NURS 201 Nursing Fundamentals (4)

NURS 201L Nursing Fundamentals Lab (3)

Introduction to the theoretical foundations of nursing in the areas of communication, assessment and critical thinking. Economic issues influencing the professional nurse are examined and important interpersonal and psychomotor skills are developed. Three one-hour lectures and three three-hour laboratories per week. Prerequisite: acceptance into BSN program. Corequisites: NURS 202/202L, 203, 204.

NURS 202 Health Assessment/Promotion (3)

NURS 202L Health Assessment/Promotion Lab (1)

Development of the knowledge necessary for completing an adult health assessment. History taking and physical assessment skills are utilized to develop appropriate interventions designed to assist clients with health promotion and lifestyle changes. Students explore principles of health promotion through the life span in a variety of settings. Three one-hour lectures and one three-hour laboratory per week. Prerequisites: acceptance into BSN program. Corequisites: NURS 201/201L, 203, 204.

NURS 203 Pharmacology I (2)

Introduction to drug therapy with the study of specific classifications, terminology, theories and techniques of safe administration. Using the nursing process, the toxicity of major drug classifications is investigated, as well as principles of pharmacokinetics, pharmacodynamics, and pharmacotherapeutics. Prerequisites: acceptance into BSN program. Corequisites: NURS 201/201L, 202/202L, 204.

NURS 204 Nursing Theory/Foundations (1)

Examination of the history of professional nursing as a scientific discipline. Critical thinking and reasoning are utilized to evaluate selected nursing theories. The language and process of nursing research are introduced as a framework for making sound clinical judgments. Professional networking and legal/ethical issues will be examined. Prerequisites: acceptance in BSN program. Corequisites: NURS 201/201L, 202/202L, 203.

LEVEL II

NURS 300 Professional Transitions and Development (3)

Introduction to selected concepts related to care of the adult client, the childbearing and childbearing families. Designed to facilitate the transition of the diploma and associate degree graduate to the professional practice of nursing at the baccalaureate level. Credit for previous completed nursing courses (with grades of C or better) will be held in escrow until this course has been successfully completed.

NURS 301 Medical Surgical Process (4)

NURS 301L Medical Surgical Process Lab (4)

Application of the nursing process in the care of individuals and their families experiencing

deviations from their usual levels of wellness from onset to resolution. Pathophysiological problems of moderate intensity and relative stability are explored. The nursing process is used to support the coping mechanisms of individuals and their families to assist in the regaining and maintaining of optimal wellness. Three one-hour lectures and four three-hour laboratories per week. Prerequisites: NURS 201/201L, 202/202L, 203, 204. Corequisites: NURS 302, 303, 304.

NURS 302 Family Nursing Through the Lifespan (3)

Theory of family-centered practice in nursing. Utilizing the nursing process, students gather and analyze data to formulate and evaluate interventions with families from diverse backgrounds. Selected learning experiences provide opportunities for the student to develop cognitive, psychomotor and affective competencies essential to the care of both healthy and high-risk families through the lifespan. Three one-hour lectures and one three-hour laboratory per week.

Prerequisites: NURS 201/201L, 202/202L, 203, 204. Co-requisites: NURS 301/301L, 303.

NURS 303 Professional Development (2)

Introduction to basic knowledge and skills related to organizational structure, systems of patient care delivery and communication within the health care team. Principles of time management, teaching-learning theories, and the role of the professional in nursing are explored. Clinical experience will be incorporated into the medical-surgical clinical lab. Awareness of the patient care environment, as well as the organization of health care delivery, will be documented through journaling. Prerequisites: NURS 201/201L, 202/202L, 203, 204. Co-requisites:

NURS 301/301L, 302, 304.

NURS 304 Pharmacology II (2)

Continuation of Pharmacology I covering the nursing process, principles of pharmacokinetics, pharmacodynamics, pharmacotherapeutics and toxicity of major drug classifications. Prerequisites: NURS 201/201L, 202/202L, 203, 204. Co-requisites: NURS 301/301L, 302, 303.

LEVEL III

NURS 313 Mental Health (3)

NURS 313L Mental Health Lab (2)

Development of a knowledge base of mental health and illness, emphasizing the development of interpersonal skills in the use of the therapeutic relationship. Specific learning experiences provide opportunities for the student to develop proficiency in the practice of psychiatric mental health nursing with diverse populations. Two one-hour lectures and two three-hour laboratories per week.

Prerequisites: NURS 301/301L, 302, 303, 304. Co-requisites: NURS 314/314L, 315/315L.

NURS 314 The Childbearing Family (3)

NURS 314L The Childbearing Family Lab (2)

Study of the competencies needed to care for the diverse childbearing family through the trimesters of pregnancy. High risk and complications of pregnancy are addressed as well as critical issues of women's health care. Theoretical content is applied in acute care and community settings. Two one-hour lectures and two three-hour laboratories per week. Prerequisites: NURS 301/301L, 302, 303, 304. Co-requisites: NURS 313/313L, 315/315L.

NURS 315 Pediatrics (2)

NURS 315L Pediatrics Lab (1)

Emphasis on use of the nursing process in the care of children and adolescents experiencing alterations in wellness. The clinical component provides experience with clients in acute care and community settings. Two one-hour lectures and one three-hour laboratory per week. Prerequisites: NURS 301/301L, 302, 303, 304. Co-requisites: NURS 313/313L, 314/314L.

LEVEL IV

NURS 403 Community Health Nursing (4)

NURS 403L Community Health Nursing Lab (2)

Theoretical basis for the practice of public health nursing. Students investigate the principles and practice of public health nursing including epidemiological investigation, environmental health issues, and methods of community health assessment. And interventions with selected population groups. Application of course content is demonstrated in the concurrent clinical course. One one-hour lecture and two three-hour laboratories per week. Prerequisites: NURS 312, 313/313L, 314/314L, 315/315L. Co-requisites: NURS 406/406L and NURS 407.

NURS 406 Advanced Medical/Surgical (3)

NURS 406L Advanced Medical/Surgical Lab (3)

Advanced medical-surgical concepts essential for nursing care of adults requiring intervention in relation to complex multi system illness or injury. The clinical practicum provides opportunity for application of nursing care in institutional and community settings. Three one-hour lectures and three three-hour laboratories per week. Prerequisites: NURS 312, 313/313L, 314/314L, 315/315L. Co-requisites: NURS 403/403L, 407, 415.

NURS 407 Nursing Research (3)

Research with an emphasis on the assessment of the outcomes of health promotion and health care interventions. Research questions relevant to clinical practice are developed, with projects being completed the following semester. Prerequisite: STAT 200. Co-requisites: NURS 403/403L, NURS 406/406L, NURS 415.

LEVEL V

NURS 411 Leadership (2)

NURS 411L Leadership Lab (1)

Use of personal characteristics of the nurse in development of leadership and management strategies. Leadership and management theory are presented. The role of the professional nurse as change agent in shaping health care for the future is explored. Two one-hour lectures and one three-hour laboratory per week. Prerequisites: NURS 403/403L, 406/406L, 407. Co-requisite: NURS412L.

NURS 412L Senior Specialty Lab (4)

Development of specialty-focused knowledge and skills in a specified area of interest. Knowledge and skills from basic and upper division general education and nursing disciplines are integrated when implementing increasingly complex roles to deliver quality nursing care to individuals and groups in a focused clinical area. Prerequisites: NURS 403/403L, 406/406L, 407. Co-requisites: NURS 411/411L, 415, 416.

NURS 415 Business of Health Care (2)

Appraisal of socio-economical factors as they challenge the health care professional's ability to provide quality care. Prerequisites: NURS 403/403L, 406/406L, 407.

NURS 416 Nursing Therapeutics (2)

This course will provide students with an exploration of the core competencies for a Bachelor Degree in Nursing. These four core competencies are: Communication, Assessment, Technical Skill Development, and Critical Thinking. The competencies will be examined from the perspective of a graduating nurse about to transmit into the professional world of nursing. Prerequisites: Successful completion of Level I, II, III, and IV.

APPENDIX III.B.1: LINKAGE TO EXPECTED STUDENT OUTCOMES AND PROGRESSION OF KNOWLEDGE

STANDARD III: PROGRAM QUALITY: CURRICULUM AND TEACHING-LEARNING PRACTICES

The curriculum is developed in accordance with the mission goals, and expected outcomes of the program and reflects professional nursing standards and guidelines and the needs and expectations of the community of interest. There is congruence between teaching-learning experiences and expected outcomes. The environment for teaching, learning and evaluation of student performance fosters achievement of expected outcomes.

Key Element III-B. Expected individual student learning outcomes are consistent with the roles for which the program is preparing its graduate. Curricula are developed, implemented, and revised to reflect 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, 2008).

APPENDIX III.B.1: LINKAGE TO EXPECTED STUDENT OUTCOMES AND PROGRESSION OF KNOWLEDGE

EXPECTED STUDENT OUTCOME	EXAMPLE STUDENT COURSE OBJECTIVE – concept of “safety”
<p>Critical Thinking: demonstrates intellectual curiosity, rational inquiry, and effective problem-solving skills while maintaining empathy, creativity, faith in reason, and compassion for another.</p> <p>Collaborative Communication: manages the collaborative health care of individuals, families, and communities through use of clear, effective, thorough, and accurate communication.</p> <p>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.</p> <p>Professional Development: enrolls in graduate education, continuing education programs, professional reading, participation in professional organizations, and community service.</p> <p>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.</p> <p>Leadership: directs the delivery of care across settings and among caregivers, including oversight of licensed and unlicensed personnel in any assigned or delegated tasks.</p> <p>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.</p>	<p style="text-align: center;">Level I</p> <p>Fundamentals (NURS 201): Examine the nurse’s potential strength in various roles within the health care delivery system. Health Assessment/Promotion (NURS 202): Demonstrate skills in history taking and physical assessment of the adult client while providing for the safety of the client. Pharmacology I (NURS 203): Describe possible adverse reactions/interactions that may occur with drug therapy. Theory/Foundations (NURS 204): Articulate own philosophical base for nursing practice, including the knowledge, values, beliefs, standards, and ethical principles that influence one’s practice.</p> <p style="text-align: center;">Level II</p> <p>Medical-Surgical Process (NURS 301): Examine the impact of illness on the biological, psychological, social, cultural, and spiritual subsystems when caring for the adult patient. Family (NURS 302): Collaborate with clients, families, and interdisciplinary health teams to provide continuity of care. Professional Development (NURS 303): Discuss communication barriers within the nursing team, including the impact of nurse hostility on patient and nurse safety. Pharmacology II (NURS 304): Practice the role of the professional nurse in the administration of medications.</p> <p style="text-align: center;">Level III</p> <p>Mental Health (NURS 313): Demonstrate competence in the safe, therapeutic use of self. Childbearing Family (NURS 314): Examine the impact of stressors which effect the stability and health of maternal child patients. Pediatrics (NURS 315): Correlate the pathophysiological process with evidences of dysfunction, assessment and nursing management of the most common health problems of the infant, toddler, school-age child and adolescent.</p> <p style="text-align: center;">Level IV</p> <p>Community Health (NURS 403): Students will develop primary, secondary, and tertiary prevention measures for selected communicable and chronic diseases. Advanced Medical/Surgical (NURS 406): Analyze the impact of stressors, which affect client and family systems stability in complex care situations.</p>

	<p>Research (NURS 407): Analyze examples of outcomes research to assess health promotion and health care interventions including therapeutic nursing interventions.</p> <p style="text-align: center;">Level V</p> <p>Leadership (NURS 411): Identify the major variables to be considered when planning for staffing.</p> <p>Senior Specialty (NURS 412L): Consistently utilize the nursing process to maximize the health of selected individuals, families, groups, and communities.</p> <p>Business of Health Care (NURS 415): Examine American health care delivery systems as they impact safe delivery and practice patterns.</p> <p>Nursing Therapeutics (NURS 416): Students will explore and integrate transitional competencies toward becoming a competent nurse in today's society.</p>
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STANDARD IV

APPENDIX IV.A.1: STUDENT SURVEYS

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.

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.

APPENDIX IV.A.1: STUDENT SURVEYS

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.

PROGRAM EVALUATION

COURSE:

Class presentations as a whole included worthwhile and informative material.

- A. Strongly agree**
- B. Agree**
- C. Disagree**
- D. Strongly disagree**

Course assignments provided a valuable learning experience for me.

- A. Strongly agree**
- B. Agree**
- C. Disagree**
- D. Strongly disagree**

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**

Mechanisms were provided for student input.

- A. Strongly agree**
- B. Agree**
- C. Disagree**
- D. Strongly disagree**

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:

The staff at (facility name) made me feel welcome.

- A. Strongly agree**
- B. Agree**
- C. Disagree**
- D. Strongly disagree**

The RNs served as positive role models.

- A. Strongly agree**
- B. Agree**
- C. Disagree**
- D. Strongly disagree**

The experience gave me opportunities to develop clinical skills.

- A. Strongly agree**
- B. Agree**
- C. Disagree**
- D. Strongly disagree**

The experience gave me the opportunity to apply and synthesize classroom theory.

- A. Strongly agree**
- B. Agree**
- C. Disagree**
- D. Strongly disagree**

The staff provided appropriate guidance and assistance.

- A. Strongly agree**
- B. Agree**
- C. Disagree**
- D. Strongly disagree**

The staff accurately perceived my role as being that of a learner.

- A. Strongly agree**
- B. Agree**
- C. Disagree**
- D. Strongly disagree**

The staff notified me of additional patient/client learning experiences on the unit/facility.

- A. Strongly agree**
- B. Agree**
- C. Disagree**
- D. Strongly disagree**

EXPECTED STUDENT OUTCOMES

Why this survey is important:

- The BSN program at Mesa State College has identified seven student outcomes which you should be able to demonstrate upon completion of the program.
- This survey will help us see how you are progressing in accomplishing these student outcomes.
- Think about all that you've learned up to this point in time in the BSN program when answering these questions.

Critical Thinking:

- After completing this level of the BSN program, I am prepared to demonstrate intellectual curiosity, rational inquiry, and effective problem-solving skills while maintaining empathy, creativity, faith in reason, and compassion for another.
 - E. Strongly agree
 - F. Agree
 - G. Disagree
 - H. Strongly disagree

Coordination of Care:

- After completing this level of the BSN program, I am prepared to facilitate 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.
 - A. Strongly agree
 - B. Agree
 - C. Disagree
 - D. Strongly disagree

Collaborative Communication:

- After completing this level of the BSN program, I am prepared to manage the collaborative health care of individuals, families, and communities through use of clear, effective, thorough, and accurate communication.
 - A. Strongly agree
 - B. Agree
 - C. Disagree
 - D. Strongly disagree

Evidence-Based Practice:

- After completing this level of the BSN program, I am prepared to provide 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.
 - A. Strongly agree
 - B. Agree
 - C. Disagree
 - D. Strongly disagree

Professionalism:

- After completing this level of the BSN program, I am prepared to practice 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.
 - A. Strongly agree
 - B. Agree
 - C. Disagree
 - D. Strongly disagree

Leadership:

- After completing this level of the BSN program, I am prepared to direct the delivery of care across settings and among caregivers, including oversight of licensed and unlicensed personnel in any assigned or delegated tasks.
 - A. Strongly agree
 - B. Agree
 - C. Disagree
 - D. Strongly disagree

Professional Development:

- After completing this level of the BSN program, I am prepared to enroll in graduate education, continuing education programs, professional reading, participation in professional organizations, and community service.
 - A. Strongly agree
 - B. Agree
 - C. Disagree
 - D. Strongly disagree

If you wish to submit any written comments regarding this course please write them on this sheet of paper. Please do not include your name; comments will be transcribed by an administrative assistant and your identity will remain anonymous.

APPENDIX IV.B.1: COURSE REVISION AS RESPONSE TO EXPECTED STUDENT OUTCOMES AND STUDENT SATISFACTION DATA

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

APPENDIX IV.B.1: COURSE REVISION AS RESPONSE TO EXPECTED STUDENT OUTCOMES AND STUDENT SATISFACTION DATA

Examples of course specific revisions based on the data related to expected student outcomes and student satisfaction include:

- **Fundamentals (NURS 201L):** Student's visit local elementary schools to do health promotion and prevention (hand washing and dental caries). Students interact with third graders and teach the children about the human body. This begins with the passage of a drop of blood in the heart and how the heart and the lungs connect. Children are able to see how a healthy heart functions differently from a diseased one. Nursing students also discuss health promotion (i.e. not to smoke or chew tobacco). They review the digestive system with the children by demonstrating peristalsis. This is accomplished by placing a banana (in a baggie) into a pair of panty hose; students squeeze the banana from one end of the panty hose to the other. They then evaluate the banana relating the findings to the small and large intestine.

- **Health Assessment and Promotion (NURS 202/202L):** A health promotion project that was once a generic assignment has become a group project requiring students to apply the nursing process in developing a poster, a paper, and a professional class presentation. This has improved the quality of the overall project and has prepared the student to do informal research. Students pick a topic, define the scope of the problem, review the literature, identify a coinciding Healthy People 2010 objective, write learning objectives, select age appropriate teaching-strategies, implement the plan to the target population, and evaluate the audiences' learning as well as their own. In the recent past, drama students have participated as "patients" in the learning lab allowing the SN to elicit a history and physical on a "real patient" will affording the opportunity to drama students to practice their improve skills. In the past two semesters upper level student nurses have been patient; this has served students at both levels quite well. The Level V students in Leadership crafted several model patients representing health conditions the Level I students were familiar with. At the end of the practical exam, the Level V student provided meaningful feedback to their underclassmen, both verbally and in writing. This allowed faculty to observe the performance of two levels of students performing nursing in two different fashions.

- **Pharmacology I (NURS 203):** For several semesters, Level I students reported having this course taught one time per week on Fridays did not lead toward successful learning.

Students expressed both verbally and in written evaluations they would wait until the end of the week to give the course any attention. They requested at least twice a week for one hour each. That change was made spring 2009 with good results and increased student satisfaction.

- Theory/Foundations (NURS 204): This course is revised each semester as a result of scheduling, number of students, and “hot topics” in health care news. Each adaptation includes the examination of the ANA *Code of Ethics* and *Social Policy Statement* with a focus on the biomedical principles of beneficence, non-maleficence, autonomy, justice, veracity, and fidelity. Students work in groups to develop a presentation focusing on the nursing theories of care, exploring various definitions of care, and its manifestations. This focus has resulted in the student’s enhanced ability to articulate what care may/may not mean to themselves, families, groups, communities, and patients in a variety of settings. The underlying concepts of nurse, patient, health, and environment are stressed as students identify these as areas in which they may have an impact.

- Medical-Surgical Nursing (NURS 301/301L): Critical thinking is a core competency and an expected outcome for nursing students engaged in patient care. Evaluating critical thinking, and consistency in this evaluation, is a challenge for our clinical instructors. In an effort to meet this challenge, the clinical evaluation tool was revised with respect to specific critical thinking characteristics. Select critical thinking characteristics were applied to the performance criteria in the existing evaluation tool in an effort to qualify the relationship between the clinical performances and associated critical thinking skills. The critical thinking characteristics which were applied to the tool include Inquisitiveness, Open-mindedness, Truth-seeking, Analyticity, Systematicity, and Self-confidence. This revised tool has increased awareness and attention to the critical thinking behaviors in the clinical setting for both the students and the faculty. Additionally, faculty believes it is important to have the opportunity to observe students for a longer period of time. Beginning spring 2009, students no longer rotate between the two instructors on the day shift. Rather the instructors moved amongst the units allowing for better continuity when assisting and observing students.

- Family Nursing Through the Life Span (NURS 302): The additions to this course during the last two years have incorporated care for families in need. Specifically, the care for terminally ill children, the role of the hospice nurse, and methods of addressing grief with

pediatric patients/family members is included. Elder abuse (assessing/reporting) and culturally sensitive care are being reviewed. A class period is devoted to addressing men's health throughout the life span was added. Classes exploring the roots of the student's own family upbringing and problem solving were added. This assists students to explore available resource options with families they care for and teach problem solving skills. Lastly, exploring strengths of families at risk and building on those strengths during illness are incorporated.

- Mental Health (NURS 313/313L): Faculty perceived as giving greater recognition to comments from certain individuals: upon review faculty recognize the importance of encouraging ongoing dialog among all students. Certain courses demand a focus on knowledge acquisition and application which can limit consideration of the uniqueness of an individual.

- Pediatrics (NURS 315/315L): Case presentations and exploration of specific hospital cases are reviewed and analyzed for review and improvement in critical thinking. Students examine the impact of stressors which effect the development and health stability of the pediatric client by following a child through the process of developmental evaluations. They complete a family assessment for a hospitalized child and evaluate developmentally appropriate children as compared to children with special needs.

- Public Health Nursing (NURS 403/403L): Expanded course credits three semesters ago from two to four credit hours allowing incorporation of additional community health content (i.e. home health, hospice, occupational health, correctional (jail) nursing, and school nursing) as well as expanded content in public health concepts. Students formulate a nursing plan for a segment of the county for which students had completed a windshield survey; this assignment enhances the student's understanding of population-based planning. Added *Healthy Places, Healthy People*, (Dreher, Shapiro, & Asselin, 2006) as required reading, given its unique emphasis on population-based care and anthropological approach to public health nursing. A guest speaker from CDC attends class each fall (for all levels and N403) whose presentation focuses on global immunization campaigns and innovative epidemiologic technology.

- Advanced Medical-Surgical Nursing (NURS 406/406L): Added more time in the ATL for simulation, IV management opportunities, and orientation time just prior to clinical experiences. Added a teaching session specific to Focus Charting. In addition assignments

were altered to include a specific patient charting assignment that was graded and critiqued by clinical faculty.

- Leadership (NURS 411/411L): Level V students mentor Level I students with achieving proficiency in clinical skills. Each senior student spends five hours in the ATL with one or more sophomore students; they review how to perform specific skills in preparation for the Level I student's proficiency check-off.

- Nursing Therapeutics (NURS 416): Increased course content and assignments specific to topics students identified needed further examination. Examples include: adding a Human Growth and Development, Health Assessment, Pharmacology review sessions. Additionally, content, discussions, and assignments targeting life transition skills and knowledge were enhanced. For example, guest speakers were invited to present various nursing opportunities during current economic times.

**APPENDIX IV.D.1: BSN FACULTY EVALUATION
BY COURSE AND TERM**

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FACULTY ACCOMPLISHMENTS**

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

APPENDIX IV.DI is an excel file and should be inserted manually here.