



Department of Health Sciences

Moss School of Nursing

Practical Nurse

Accreditation Visit

Oct 22-24, 2014



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Section 1

Executive Summary

Executive Summary

General Information:

1. Program type being reviewed:

PN Program

Initial Accreditation

Oct. 22-24, 2014

2. Name and Address of Governing Organization:

Colorado Mesa University

1100 North Avenue

Grand Junction, CO 81501

3. Name, credentials, and title of the chief executive officer of the governing organization:

Timothy Foster JD, President

4. Name of the governing organization's accrediting body and accreditation status (date of last review and action):

The Higher Learning Commission of North Central Association of Colleges and Schools

Full Accreditation

Last review- Oct 2013 (Full accreditation letter March 27, 2014 (in resource room)

Found on this web page <http://www.coloradomesa.edu/self-study/documents/ColoradoMesaUniversityPEAQReaffirmationAction.pdf>

5. Name and address of the nursing unit:

Department of Health Sciences

Moss School of Nursing

1100 North Avenue

Grand Junction, CO 81501

6. Name, credentials, and title of the nurse administrator of the nursing education unit:

Dr. Debra Bailey, RN, PhD, FNP

PhD Nursing

Director of Health Sciences / DNP Program Director

Associate Professor of Nursing

Moss School of Nursing

Colorado Mesa University

7. Telephone, fax number, and email address of the nurse administrator:

Phone Number: 970-248-1772

Fax Number: 970-248-1133

E-mail: dbailey@coloradomesa.edu

8. Name of the State Board of Nursing and approval status (date of last review and action):

Department of Regulatory Agencies

Colorado State Board of Nursing

Full approval

PN last review: July 2008 (in resource room)

9. ACEN Accreditation Standards and Criteria used to prepare the Self-Study Report:

2013 ACEN Standards and Criteria

Introduction

Colorado (CO) is the nation's eighth largest state by area, with a land mass of more than 103,000 square miles. According to the 2010 census, the population of CO was 5,187,582 (ranking 22nd in the nation for population), with an average population of 48 people per square mile (compared with a national average of 87 people per square mile). An estimate of the 2013 Census indicated the population of CO around 5,268,367. The majority of the population resides in the eastern counties, primarily Metro Denver. Mesa County is in the western portion of state and is the fourth most land mass and the eleventh most populous of CO's 64 counties. Approximately 147,000 people reside in an area that is 3,341 square miles (<http://www.gjep.org/Data-Demographics.aspx>).

CO ranks 33rd in the nation for the number of nurses per 100,000 residents. There are 874 per 100,000; Health Resources and Services Administration (HRSA), 2013). The nursing and primary care provider shortage has far-reaching effects, particularly in rural communities such as Mesa County.

Colorado Mesa University (CMU) is a comprehensive public University whose purpose is to promote the acquisition of skills as well as the discovery and application of knowledge. Students are encouraged to develop the intellectual, ethical, and aesthetic sensibilities enabling an individual to pursue a rewarding career and assume a responsible and productive role in society. CMU has been designated by the state legislature as a regional education provider with the responsibility of meeting the educational needs for 14 Western Slope counties (*MSC Progress Report August, 2010, p. 1-3*; the progress report will be available in resource room). The role and mission of the institution was reenacted in 2010 by the Colorado General Assembly (Colorado Revised Statutes 23-53-101) and amended in 2011 when Mesa State College was renamed Colorado Mesa University (*CMU Catalog, 2013-2014, p. 7*). Currently the institution offers 60 majors; student-to-faculty ratio is 22:1.

The institution has a performance contract with the Colorado Commission on Higher Education (CCHE) articulating a commitment to the state's four goals for higher education as documented in the commission's master plan which can be accessed online and will be available in the resource room.

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

See CMU vision & mission in the catalog (*CMU Catalog*, 2014-15, p.7-8.) The catalog can be accessed online and will be available in resource room. http://www.coloradomesa.edu/shared/catalog/CMU_Catalog_1415.pdf

Main: CMU's main campus is located in Grand Junction (GJ), CO and encompasses 78 acres. GJ, a city of over 46,000, serves as the cultural, educational, and commercial center for this region. Nestled between mountains and high-desert canyons, the area is home to some of the best outdoor recreation in the country and enjoys approximately 300 days of sunshine a year. The University offers programs of value in the areas of civic and cultural life, research, and recreation. The institution plays an active and a constructive role in improving the quality of human life and the environment. Educational services are extended to anyone regardless of age, race, color, national origin, religion, gender, disability, veteran status, or sexual orientation. Currently CMU offers programs leading to awards in four levels: technical certificates, associate degrees, baccalaureate degrees, and at the graduate level, the master's and doctoral degree.

Western Colorado Community College (WCCC) – Tilman M. Bishop Campus: In 2005, WCCC, a two-year, open admission institution, was created as an integral component of CMU. Implicit in the WCCC's two-year role and mission is the expectation of offering programs and services supporting those less prepared for postsecondary education. Meeting this diversity of needs necessitates delivering programs using a combination of site-based and distance-delivery modes. Programs at the Bishop Campus serve the technical education needs of both university and area high school students, as well as continuing and community education needs of industry and individuals.

Montrose: CMU's Montrose Campus, located at the base of the San Juan Mountains, provides access to a variety of associate and bachelor degree programs in a scenic, smaller community campus setting. The Montrose Campus offers courses leading to the completion of selected associate of art (AA) degrees; bachelor of art (BA) degree completion tracks; general education classes, and selected upper-division and graduate-level classes.

Industrial Energy Training Center: The Center is located on the South Campus and houses staff offices, training areas, and classrooms for the electric line-worker program.

Organizational Structure

CMU is comprised of 13 academic departments: Art; Biological Sciences; Business; Computer Science, Mathematics, and Statistics; Health Sciences (DHS); Kinesiology; Languages, Literature, and Mass Communication; Mechanical Engineering/Technology; Music; Physical and Environmental Sciences; Social and Behavioral Sciences; Teacher Education; and Theatre. The Practical Nursing Program (PN program) is one of eleven programs, representing various health disciplines in the Department of Health Sciences. A campus-wide organizational chart is provided in Appendix 1.2a page 133. A DHS organizational chart is provided in Appendix 1.2b page 134.

Strategic Planning: Across the campus, staff remain involved in strategic planning with investments in student recruitment, which, when coupled with program and campus enhancements, have resulted in increased student enrollment (*Strategic Plan*, 2010; <http://www.coloradomesa.edu/president/documents/StrategicPlan01-27-11.PDF>; the plan will be available in the resource room).

Enrollment: More than 9,000 students are enrolled at CMU, with 12 percent of the student body coming from outside CO. The student population is 54 percent female, 46 percent male, and 20 percent from traditionally underrepresented groups. The vast majority of students (73 percent) are traditional-aged students and enrolled in full-time study. Many students attend classes while also working and caring for families, and CMU is proud to offer evening, online, and distance education classes allowing non-traditional and working students the opportunity to further their educational attainment and advance in their professions

Accreditation Status/Carnegie Classification: Beginning in 1957, CMU has been continually accredited by the Higher Learning Commission and was reaccredited in April of 2014

The Carnegie Classification for CMU is:

- Undergraduate Instructional Program: Bal/SGC: Balanced arts & sciences/professions, some graduate coexistence
- Graduate Instructional Program: Postbac-Prof/Ed: Post baccalaureate professional (education dominant)

Department of Health Sciences (DHS) Nursing Education Career Ladder

CMU and DHS are proud of the faculty in the Practical Nursing program who dedicate time, energy and talents to our students. CMU's administration is supportive of the accreditation process for the PN

program.

Moss School of Nursing & Career Ladder

It should be noted that in September 2012, CMU received funding from a philanthropic couple who have long supported the institution; the Moss School of Nursing was established in their honor.

CMU offers a unique opportunity for students that are interested in progressing through various levels of nursing licensure. Colorado Mesa University is the only program in Colorado that encourages the student to obtain an entry level license, enter the work field, and then return for further education.

Completion of the Practical Nurse certificate allows students to progress to the Associate of Applied Science in nursing program or apply for advanced placement in the Bachelor of Science in Nursing program. Graduates from the Colorado Mesa University Practical Nurse program will receive preferential consideration for admission to the Associate of Applied Science in nursing program.

Our Colorado Mesa University campus in Montrose, Colorado also offers the LPN to AAS option. The Montrose campus offers more rural health clinical opportunities and is designed to expose students to health care in a small town atmosphere.

History of the PN program:

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

At the same time a health care coalition was started in Mesa County to develop training opportunities addressing the health care worker shortage. This coalition has broad based membership including a regional health care system and other stakeholders. The coalition focused on Mesa County and developed the first rung of the Health Care Career Ladder by receiving funding to establish the Certified Nurse Assistant Program. Then, in partnership with Mesa State College (now Colorado Mesa University), funding was secured to offer the LPN program from Delta/Montrose Vocational School to residents of Mesa County via teleconferencing and on-site lab time. As additional funding became available and community support grew, the LPN program moved to Grand Junction.

The first PN program began in 2006 with a cohort of 30 students. The enrollment trend has been consistent for the past eight years. The program starts in August and is completed in May. There are a total of 48 credits including general education credits. Pre-requisite and general education courses can

be completed in two semesters. Students who are admitted to the PN program complete the nursing courses in two semesters. The entire length of the program is four semesters.

Practical Nurse

The Practical Nursing program prepares the student to be a direct care giver in hospitals, long-term facilities, and ambulatory care-clinic settings. The potential student must demonstrate college level proficiency in reading and writing to be admitted to this program. This program has selective admission requirements that may change from year to year. It is the student's responsibility to obtain the current admission requirements.

Summary of Standards and Criteria:

Standard 1: Mission and Administrative Capacity

The mission statement and philosophy of the PN program are congruent with CMU and DHS. CMU is governed by a Board of Trustees whose members are governor-appointed and who work closely with administrators and faculty to implement the mission of the University. Faculty, administrators, students, staff, and the public have access to the Board of Trustees through email. One faculty and one student trustee are elected by the University community to serve as non-voting members who represent the entire faculty and students. The Director of Health Sciences (DHS), PN Director and faculty have authority to implement the PN program and achieve the student learning and program outcomes. The organizational structure at CMU allows for the DH, PN Director, (who is a full-time, tenured faculty), faculty, and students to participate in the governance process. The director of the PN program is involved in standing committees on CMU campus. All other faculty are full-time, non-tenure tract. Faculty participate and are active in the PN program and DHS meetings. Students have adequate opportunities to participate in student activities and committees at CMU. Students are given information via CMU email and through student representatives.

Communities of interest participate through the Nurse Advisory Council (NAC). Feedback from the Advisory council is valued and utilized for evaluation of the program. Partnerships provide valuable relationships within the community and promote student access to a variety of educational experiences.

The DH is qualified and authorized to administer the health sciences programs. The DH has thirty-four years in both the clinical and educational arenas. She is licensed in Colorado as a Registered Nurse, a Family Nurse Practitioner (FNP), and has taught in the associate, baccalaureate

and graduate programs. She holds a Master's of Science in Nursing, Post Master's FNP and a PhD in Nursing. She began this position in August of 2012, and has authority and responsibility for administration for all of the DHS programs. She is responsible for the budget, with collaboration from the Program Director. The position is a twelve month, full-time, tenure assignment. She is supported in her role by eight Program Directors who oversee nine specific programs.

CMU policies are applicable to all faculty and are published in the CMU faculty handbook. Stringent policies are published in the PN student handbook. These stricter policies are related to clinical agency requirements and State Board of Nursing Requirements.

Standard 2: Faculty and Staff

Faculty in the PN program meets CMU and Colorado State Board of Nursing (CSBON) requirements. Both full-time and part-time faculty members are Registered Nurses in the state of Colorado and hold a minimum of a baccalaureate degree. Shown in table 2.1 page 41, and 2.2 page 43. Of the eight faculty in the program, two full-time faculty hold Master's degree in nursing education; One part-time faculty holds a Master's degree in nursing another is starting her Master's degree in Nursing in August 2014; Two part-time faculty will finish Master's degrees in December of 2014, and the other full-time faculty member will begin working on her Master's degree in January of 2015. The Program Director holds a Master's degree with an emphasis in education and teaches one class in the program.

There are sufficient faculty members to support and ensure that both Student Learning Outcomes and program outcomes are achieved. The faculty workload supports faculty teaching responsibilities. Faculty members have expertise in leadership, obstetrics, pediatrics, medical/surgical, critical care and mental health nursing. Faculty actively participate in endeavors that contribute to institutional teaching and application.

The number of support staff is sufficient to ensure student learning and program outcomes are achieved. There are two professional administrative assistants in the Department of Health Sciences. All faculty members are mentored and oriented by the director of nursing and faculty. A formal mentoring process was adopted by DHS, in 2014. Faculty participates in the new faculty orientation for CMU.

Full-and part-time faculty have a performance evaluation annually. All full-time and part-time faculty are evaluated in the classroom and during clinical every semester by either the program

director or the Director of Health Sciences. Evaluation by the Program Director was mandated by the University in fall of 2013. Evaluation for reappointment, promotion, and/or tenure is completed in accordance with CMU procedures and departmental promotion and tenure guidelines

There are no online classes in the PN program. However, one hybrid class that all students are required to register for in the program. CMU IT department provides technical support for all faculty and staff. Distance learning provides support for hybrid classes.

Standard 3: Students:

Students in the program are governed by CMU, DHS, PN and Colorado State Board of Nursing (CSBON) policies. All nursing policies are congruent with the University except where noted. Policies which are different are clearly written in the student handbook. Policies are readily available to students and the public, and are nondiscriminatory and applied consistently.

All students are notified in a timely manner of any policy changes, via email, formal mail, bulletin boards and in the classroom.

Numerous support services are available on campus for students. Student success is supported by qualified staff responsible for direct student supportive services. Policies and procedures at CMU for maintenance of student educational and financial records are in compliance with state and federal regulations. The University has a written, comprehensive student loan repayment program. Students receiving financial assistance are notified of their financial obligations and ethical responsibilities annually. A policy is in place to address grievances. Records of grievances are kept by the Director of Health Sciences and Program Director.

Support is available for technological services for all students through CMU online. The IT help desk and distance learning are available for any online support.

Standard 4: Curriculum:

The nursing curriculum is organized from basic nursing concepts to complex nursing care, and integrates professional standards, competencies, and state and national guidelines. Faculty members review and refine the curriculum annually for rigor and currency. Curriculum decisions are based on review of literature, current practice, student, faculty and communities of interest feedback.

Achievement of Student Learning Outcomes is measured in each course throughout the curriculum. Every course integrates ethical, diverse, and current practices. The curriculum includes best practice standards and is guided by educational theory, interdisciplinary collaboration, and research.

Faculty use a variety of evaluation methods based on student learning and program outcomes. Student learning and program outcomes are measurable and reflect established professional and practice competencies. Program length is congruent with the attainment of program outcomes and is consistent with CMU policies, state, and national guidelines.

Learning activities, instructional methods, and evaluation are developed in coordination with Student Learning Outcomes and are based on evidence based practices. Students are exposed to varied clinical experiences that prepare students to be proficient practitioners. Clinical facilities are selected for optimal student learning and support Student Learning Outcomes. Affiliation agreements are maintained for all clinical experiences by the DHS professional administrative assistant.

Standard 5: Resources

Resources are adequate to ensure the attainment of student learning and program outcomes.

The majority of the CMU budget comes from the general fund which is based on full-time equivalent students (FTE's). Funds are distributed to the Director of Health Sciences by the Office of Academic Affairs. The funds are then allocated by the DHS Director for each program. Further augmentation of the budget may be initiated by special funds and grant dollars.

Physical resources are sufficient to ensure the achievement of the program outcomes and meet the needs of faculty, staff, and students. DHS is located in the Maverick Center. All faculty have offices with a computer, telephone, and file cabinets. There is a conference/break room within the health sciences office. The conference room is equipped with AV capable equipment (overhead projection screen or flat screen TV) which can be connected to a computer/laptop and DVD/VCR for presentation purposes. Each classroom is equipped with a computer, a DVD/VCR combination player, a data projector and screen, amplifiers and speakers.

All resources are current for both faculty and students. Recent updates in fall of 2014, of both email and Microsoft office was updated. Learning resources, such as the library and Learning Resource Center, are current and comprehensive. The library meets the needs of the faculty and staff through classic and contemporary books, journals and bound periodicals, videos, CD-ROMS, online reserve sources online search engines and full text electronic journals. Nursing faculty have input into the selection, development, and maintenance of learning resources. Electronic access to reserve the above resources is available to students and faculty.

Standard 6: Outcomes:

The PN program has a functional and comprehensive systematic evaluation plan (SEP) to evaluate Student Learning Outcomes, program outcomes, specific competencies, and ACEN standards. The SEP is evaluated annually, updated and revised as necessary. Findings are aggregated, trended, and utilized for program evaluation and decision- making.

Other trended and aggregated information for overall assessment planning include NCLEX pass rates, completion rates, job placement rates, employer and graduate satisfaction. These findings are reviewed annually for evaluation of the overall program. Benchmarks have been set for each of the program outcomes. Review of the data includes the following:

- In the last five years the pass rates on the PN NCLEX exam have been 96-100%. This is well above the national mean. We do not anticipate a drop in the NCLEX pass rates for the year, 2013-2014, even though a new NCLEX PN test was utilized. Results to date show all students who have taken the licensure examination for 2013-2014 have passed.
- Benchmarks for completion rates have not been met for the last several years. Significant changes were made in 2013-2014 to improve retention rates. An interview process was initiated, questions were carefully selected to identify students more apt to be successful in the program (interview questions available in the resource room). Early detection and frequent communication with students who may be struggling lead to an increased retention rate in 2013-2014. The benchmark was met for 2013-2014.
- Job placement rates have been above the benchmark.
- Employee and graduate satisfaction ratings have met or exceeded the benchmarks.

Analysis and Summary of Strengths and Areas Needing Development:**Strengths:**

- CMU student pass rates for the NCLEX have always been above the national average since the program's inception
- Job placement rates are consistently above the benchmark
- Scholarship monies are available for PN students each year, primarily from the Workforce Center of Mesa County
- Strong and supportive community relationships (Nursing Advisory Counsel, community as a whole)
- Program Director who is tenured

- Simulation lab and laboratory with advanced technology for student learning
- New student laboratory for practicing skills
- Opportunities in multiple clinical settings with a wide range of clinical experiences
- Experienced faculty with a broad range of expertise
- Full-time faculty receive tuition benefits for 12 credits of graduate work at CMU each year
- CMU support staff for all students and faculty (i.e. library, IT, distance education, EAS, Tutorial Learning Center, state-of-the-art classrooms)
- Ongoing community and tuition support for career ladder with return-to-work policies in many health care organizations

Areas Needing Development:

- Recruitment and retention of qualified faculty
- Survey response rates for both employer and graduate surveys
- Turnover in faculty leadership in the PN program
- Improve record keeping for data collection of clinical sites

Future Plans:

- Curriculum revision (looking at concept- based curriculum)
- Increase numbers of students admitted in the PN program
- Increase experiences with the aging population on the Western Slope

Section 2

Standards 1-5

STANDARD 1

Mission and Administrative Capacity

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

1:1 The mission/philosophy and program outcomes of the nursing education unit are congruent with the core values and mission/goals of the governing organization.

The nursing unit at CMU is defined as an individual program within DHS. The unit for this program is Practical Nursing (PN).

The mission and philosophy of CMU encourages lifelong learning while maintaining a high standard for academic excellence. The PN unit is one of nine programs representing various health disciplines in the DHS. The mission of CMU, the DHS, and the PN program addresses the importance of serving the needs of the community by providing quality faculty, advanced technology, and preparing students for the 21st century. The mission, vision and values of CMU can be accessed online at:

<https://www.coloradomesa.edu/about/values.html> and will be available in the resource room.

The PN's nursing program mission & philosophy may be accessed online in the student handbook, pages 4-5 at: <http://www.coloradomesa.edu/healthsciences/documents/PNStudentHandbook-RevisedJuly2014.pdf>. Appendix 1.1A pages 131-133 represents the related themes of the mission, vision and values between CMU, DHS and the PN program.

Graduates from the CMU PN program become life-long learners and contribute to the profession of nursing within the community. CMU has adopted the Degree Profile from the Lumina Foundation. The Degree Profile offers reference points for all associate's, bachelor's, and master's degree programs. The Degree Profile is a framework that illustrates core knowledge that a student who graduates with a certificate or a degree from CMU, should be expected to attain, regardless of the field of study. Utilization of the Degree Profile should help students commit themselves to fully prepare for citizenship, to contribute to the economy, and accomplish career goals. The profile incorporates five basic areas of learning: Broad, Integrative Knowledge, Specialized Knowledge, Intellectual Skills, Applied Learning, and Civic Learning.

The Degree Profile is a framework for both CMU and PN outcomes.

The program outcomes (PO) for the PN program are:

- Performance on PN NCLEX examination
- Program completion
- Job placement
- Graduate satisfaction
- Employer satisfaction

Students are introduced to PO's during orientation and this is further explained in each course. PO's are utilized for decision making to indicate if students are ready for practice as a proficient practitioner. They are utilized to make decisions based on these outcomes. Students are expected to be active participants in their learning and are given specific objectives to help with their success in the PN program.

Table: 1.1a Related themes between CMU, DHS and PN program Mission/Values

1. Flexible approach to learning allow students to choose multiple and potential pathways to achievement.
2. Curriculum brings liberal education and professional programs that prepare students for the 21st century.
3. Community support from businesses, residents of the region and alumni.



CMU

- 1. Flexible approach to learning allow students to choose multiple and potential pathways to achievement.
- 2. Curriculum brings liberal education and professional programs that prepare students for the 21st century.
- 3. Community support from businesses, residents of the region and alumni.

DHS

- 1. Unique educational career ladder.
- 2. Prepares health care professionals for the 21st century
- 3. Graduates continue in the role of engagement and collaboration within the community.

PN program

- 1. Appreciate the value of advanced education in terms of personal and professional growth. These experiences proved a foundation for advancing on the career ladder.
- 2. A commitment to enhance the discipline is demonstrated by remaining active in professional organizations as well as in the political and regulatory processes.
- 3. This Certificate of Practical Nursing program is designed to respond to the emerging health care needs of individuals, families, and groups and provide a foundation for excellence in nursing practice.

Table: 1.1a Related themes between CMU, DHS and PN program Mission/Values

1.2 The governing organization and nursing education unit ensure representation of the nurse administrator and nursing faculty in governance activities; opportunities exist for student representation in governance activities.

The governing organization for CMU is comprised of a Board of Trustees that includes nine voting and two non-voting members. The voting members are appointed by the Colorado governor, confirmed by the Colorado State Senate, and serve staggered terms. The University faculty and student body each elect one non-voting member to serve two-and one-year terms, respectively.

The Colorado Mesa University, President is appointed by, and reports to the board and is responsible for the leadership and fiduciary sustainability of the institution and its employees.

The Colorado Commission on Higher Education (CCHE) is the policy and coordinating board for the state's higher education system including CMU. There are seven Vice Presidents/ Directors who are responsible for various aspects in the function of the University.

The DHS is led by the Director of Health Sciences who oversees all of the programs in the health sciences department. The DHS Director appoints directors for each of the nine programs. Each Program Director reports directly to the DHS Director. Program Directors oversee the programs as well as provide faculty support in their specific disciplines. There are two professional administrative assistants who support all of the programs in the day-to-day operations. See Appendix 1.2a page 134 shows CMU organizational chart. Department of Health Sciences Organizational chart can be found in Appendix 1.2b, page 135. The job descriptions for the Director of Health Sciences and PN director can be found in the resources room.

Faculty representation at CMU is through governance in the Faculty Senate. The authority of the Senate is described in the faculty senate bylaws. http://www.coloradomesa.edu/facsenate/documents/Adopted_CMU_Senate_Constitution_050313.pdf

Fourteen voting members are elected for a three-year term. There are three non-voting members and one non-voting student representative. The PN Program Director, Genell Stites is the faculty senate representative for DHS. Faculty have an opportunity to be elected for various standing committees within the faculty senate. All faculty are encouraged to become involved in university and department activities. Faculty are encouraged to keep current by obtaining continuing education units (CEUs.) Table 1.2C represents faculty involvement in university, and department activities. Students are represented by the Associated Student Government. Elections are conducted each semester once in the fall and once in the spring. PN students may participate in ongoing governance activities including campus-wide

committees, DHS committees, and PN committees. Students are able to participate in the Student Nurses Association, Nursing Advisory Council, and faculty meetings.

Two student representatives regularly attend faculty meetings and report pertinent information from the meetings to the class. Student representatives are informed of any committees, both in the program and campus-wide, during faculty meeting times. The student representatives disburse this information to their classmates via email and in class announcements. Student representatives voice concerns and suggestions during the faculty meetings. One PN student representative attends the Nursing Advisory Council (NAC) meetings held twice yearly. The student representative gives information to the council regarding the program.

Students are informed of the Student Nursing Association meetings on the Nursing website. <http://www.coloradomesa.edu/healthsciences/StudentNursesAssociation.html>. These meetings and activities are posted each semester. Students also participate in health fairs, lab draws, and other community activities offered to nursing students to enhance skills, communication, and community involvement.

Table 1.2C: Faculty Members (full-time) Involvement in University and Department Activities

Faculty Name	Activities/Committees
Genell Stites	Member Faculty Senate Scholarship committee Search committees: Administrative Assistant Medical Surgical tenured faculty (BSN) Advanced Medical Surgical tenured faculty (BSN) OB/Pediatrics tenured faculty (BSN) Medical Surgical tenured faculty (AAS) Electronic Policy Committee Nursing to EMT-B program committee Department Curriculum Department Assessment Higher Learning Commission (Accreditation University) Faculty member Department Leadership Committee Certified in Electronic Fetal Monitoring and In- patient obstetrics Career and Technical Education Credentialed Guest Lecture BSN program LPN-AAS Program Director 2007-present PN Program Director 2013-present
Linda Pilcher	Faculty member 2012-present Career and Technical Education Credentialed Sigma Theta Tau-member Colorado Nurse Association member Lead Medical Surgical Instructor Volunteer community service representative Department Meetings Mentor faculty

Faculty Name	Activities/Committees
Tedra Gummin	Faculty member 2014 Career and Technical Education Credentialed 2014 Summer taught English in China Nurse at Methodist Camp
Kristel Van Hoose	Faculty member 2014 Career and Technical Education Credentialed Department meetings

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

The communities of interest for the program include internal and external groups. Students, department administrator, program administrators, and University administration represent the internal groups.

External communities of interest include health care facilities used as clinical sites for student learning, employers, other health care professionals, alumni, and consumers of health care services. See Table 1.3 Communities of interest. The Nursing Advisory Council meets biannually and is comprised of health care agency personnel and community leaders. This group provides valuable feedback regarding curricular revisions and program effectiveness, number of applicants, number of students applied, and NCLEX pass rates. The NAC provides feedback on clinical experiences, satisfaction with graduates and insight into new procedures, personnel practices, job opportunities, residency programs, availability of financial assistance, and scholarships.

Input is received from the communities of interest by several processes. St. Mary's Hospital hosts a student clinical enhancement meeting each semester with CMU and other nursing programs to discuss concerns and areas that need improvement within the clinical setting. Survey results and other evaluative measures will be discussed in Standard 6 of this self-study.

Internal sources also receive input regarding the program. Faculty meetings are held twice a month and are attended by program faculty and two student representatives. Student representatives relay important information to their class members regarding meeting discussions. Student representatives also convey at the meetings any problems or concerns that have been submitted by the class members. Students are encouraged to attend the Student Nurses Association meetings which are held on campus. Faculty meet regularly to discuss student concerns, curriculum and program changes and outcomes. Faculty minutes can be found in the resource room. CMU's nursing Alumni Association is very active with an interactive web page on Facebook. The web page is a way to keep in touch with activities and events occurring within nursing and the CMU campus. <http://www.coloradomesa.edu/%3A/alum/index.html>

Table 1.3 Communities of interest

Member	Agency/Affiliations
Dr. Debra Bailey	Department of Health Sciences, Director of Health Sciences, DNP Program Director, Colorado Mesa University
Diane Bailey	Program Director, BSN program
Joel Bechtel	Western Colorado Lung Center
Sue Brown	Home Care of the Grand Valley
Sue Conry	Hilltop Community Resources
Teresa Coons	John McConnell Math & Science Center of Western Colorado
Dr. Sandy Forrest	Director of MSN Program, Colorado Mesa University
Jane Foster	Quality Health Network
Tim Foster	President, Colorado Mesa University
Mark Fugere	Mesa County Workforce Center
Dr. Carol Futhey	Provost, Vice President of Academic Affairs
Kristen Gundt	Community Hospital
Cathy Hartt	MOA Program Director, Colorado Mesa University
Lori Henderson	Family Health West
Joey Montoya-Boese	Director Colorado Mesa University, Montrose Campus
Joan Napollili	Montrose Memorial Hospital
Shelly Peterson	St. Mary's Hospital, Chief Nursing Officer
Greg Rainwski	Mesa County Health Department
Mary Rasmusson	Montrose Hospital
Dr. Kristy Ruess	Colorado Mesa University
Cathy Roberts	St. Mary's Hospital, Assistant Chief Nursing Officer

Member	Agency/Affiliations
Elizabeth Roten	VA Hospital
Kathy Sramek	DCMH Foundation
Genell Stites	PN & LPN-AAS Program Director, Colorado Mesa University
Brigitte Sundermann	Vice President of Western Colorado Community College
Theresa Thompson	Community Hospital
Patti Ward	Program Director Radiological Technology, Colorado Mesa University
Christy Whitney	President and CEO, Hope West
Angie Wickersham	Hilltop
Melissa Wood	Larchwood Inns
Janel Webb	Delta Memorial Hospital
Dr. Adrienne Bethancourt	Director RN-BSN Program, Colorado Mesa University
Debbie Sharp	Mind Springs
Sharon Raggio	Mind Springs
Sarah Sharp	Strive/Audyssey

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

The PN program maintains community partnerships with clinical partners to promote effective education for students. These partnerships promote Student Learning Outcomes and program Outcomes. The faculty believes students need various opportunities to enhance their education. Students receive clinical experience at hospitals, treatment facilities, and at community health organizations. Without the cooperation of these facilities and organizations, students would not have the opportunity for varied clinical experiences. Students participate in western Colorado health fairs, and administer flu vaccines at many clinics.

Faculty and program administrators promote ongoing dialog allowing for formal/informal exchange of feedback, sharing of experiences and conflict resolution. These partnerships strengthen the program by providing a forum for sharing ideas. Community leaders and health care organizations invite student and faculty participation in educational or health related activities which promote the nursing profession. One partnership formed in September of 2012, established an endowment fund at CMU specifically for nursing programs. CMU received funding from a local philanthropic who has long supported the institution. The Moss School of Nursing was established in their honor.

The Colorado Health Foundation funded stethoscopes and nursing shoes for all new students in the nursing program. Students received these during the first week of classes in spring of 2013.

Students are encouraged to continue their education within CMU career ladder by applying to the LPN to AAS program. Table 1.4 represents partnerships within the program.

Table 1.4 Partnerships within the Program

Goals	Evaluation																								
<p>Enhance the profession</p>	<p>CMU career ladder encourages students to continue their education. This begins by first receiving their PN degree then continuing to the LPN-AAS program and on to the RN-BSN program.</p> <p>Each year the director of the LPN-AAS program visits the classroom encouraging students to continue their education. The application process and requirements for the program are discussed.</p> <table border="1" data-bbox="500 558 1196 1199"> <thead> <tr> <th data-bbox="500 558 654 858">Year</th> <th data-bbox="654 558 837 858">Number of PN Graduates</th> <th data-bbox="837 558 1008 858">Number returning to the AAS program</th> <th data-bbox="1008 558 1196 858">% of graduating PN students continuing to AAS Program</th> </tr> </thead> <tbody> <tr> <td data-bbox="500 858 654 926">2014</td> <td data-bbox="654 858 837 926">25</td> <td data-bbox="837 858 1008 926">17</td> <td data-bbox="1008 858 1196 926">68%</td> </tr> <tr> <td data-bbox="500 926 654 993">2013</td> <td data-bbox="654 926 837 993">24</td> <td data-bbox="837 926 1008 993">22</td> <td data-bbox="1008 926 1196 993">92%</td> </tr> <tr> <td data-bbox="500 993 654 1060">2012</td> <td data-bbox="654 993 837 1060">26</td> <td data-bbox="837 993 1008 1060">20</td> <td data-bbox="1008 993 1196 1060">77%</td> </tr> <tr> <td data-bbox="500 1060 654 1127">2011</td> <td data-bbox="654 1060 837 1127">26</td> <td data-bbox="837 1060 1008 1127">22</td> <td data-bbox="1008 1060 1196 1127">87%</td> </tr> <tr> <td data-bbox="500 1127 654 1199">2010</td> <td data-bbox="654 1127 837 1199">18</td> <td data-bbox="837 1127 1008 1199">15</td> <td data-bbox="1008 1127 1196 1199">83%</td> </tr> </tbody> </table>	Year	Number of PN Graduates	Number returning to the AAS program	% of graduating PN students continuing to AAS Program	2014	25	17	68%	2013	24	22	92%	2012	26	20	77%	2011	26	22	87%	2010	18	15	83%
Year	Number of PN Graduates	Number returning to the AAS program	% of graduating PN students continuing to AAS Program																						
2014	25	17	68%																						
2013	24	22	92%																						
2012	26	20	77%																						
2011	26	22	87%																						
2010	18	15	83%																						
Goals	Evaluation																								
<p>Benefit the community</p>	<p>Faculty and students provide services to the community</p> <p>See below for examples:</p> <ul style="list-style-type: none"> PN students attend health fair at elementary school PN Nursing advisory council PN students give flu shots to homeless PN students attended Rifle health fair Diabetes night out Western Colorado Pediatrics High Risk 																								
<p>Promote excellence in nursing education-students</p>	<p>Encourage continuation of education in the career ladder. LPN-AAS Program director discusses with each class what the expectations are for continuing into the AAS program and the benefits.</p> <p>LPN publication discussed in class (Current issues with LPNs)</p> <p>Epic training at St. Mary’s learning to use an online charting system.</p>																								

Promote excellence in nursing education-faculty	Faculty maintains professional certifications and membership in professional organizations. Scholarships and repayment of loans are available for faculty members to continue their education. One faculty member received money from Colorado State Board of Nursing, Center for Nursing Excellence and a HRSA grant. Full-time faculty can take up to 12 credits per academic year at CMU at no cost. Faculty Boot Camp for full-time faculty Attend professional conferences (NLN and Nurse Educators Boot camp of the Rockies) Journal Club
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1.5 The nursing education unit is administered by a nurse who holds a graduate degree with a major in nursing.

Debra Bailey, PhD, FNP, CDE, became the CMU DHS Director of Health Sciences in August of 2012. Dr. Bailey has eighteen years of teaching experience at CMU in the associate, baccalaureate, and graduate programs. She has thirty-four years nursing experience including a twenty-seven year history in advanced practice nursing. She has held an RN license in Colorado since 1980 and South Dakota from 1984-1986, where she obtained her Neonatal Nurse Practitioner Certificate. Her academic qualifications include an ADN and BSN from Mesa State University. She earned her MSN from the University of Colorado, with a focus area of study in Community Health in 1993, and a (post-masters) in Family Nurse Practitioner Degree in 1998. She completed her PhD in Nursing with an emphasis on adolescents, transitions, and Type 1 Diabetes in rural settings from the University of Colorado, Denver in January or 2013.

Dr. Bailey's professional experience includes nursing practice, advanced nursing practice and education. After graduating with her RN she served as a staff nurse in neuro-trauma, orthopedics, pediatrics and neonatal ICU for St. Mary's Hospital, Grand Junction, CO. She became a Neonatal Nurse Practitioner after earning a certification from South Dakota State University, and practiced as an NNP for eleven years at St. Mary's Hospital. She has experience as a school nurse, a diabetes resource nurse for the state of Colorado, and serves as a sexual assault nurse examiner for Mesa County since 2003.

Prior to becoming the Director of Health Sciences at the CMU, Dr. Bailey was a tenured, associate professor of nursing at CMU. Her teaching experience includes public health, home health, health promotion, pediatrics, health assessment, pharmacology, chronic disease management, diabetes, and leadership. Her major accomplishments include initiating diabetes resource visits for kids hosted at CMU, a night out for kids with diabetes, and developing preceptor sites for the nurse practitioner students in the community. International presentation on combating child pornography in Puerto Rico, US, 2012. Debra maintains current membership in ANA, CNA, STT, IAFN, and national certification as a family nurse practitioner, certified diabetes educator, and sexual assault nurse examiner. She is the Director of Region 3 for the Colorado Nurses Association. A current curriculum vita and transcripts for Dr. Debra Bailey will be available in the resource room.

1.6 The nurse administrator is experientially qualified, meets governing organization and state requirement, and is oriented and mentored to the role.

The CSBN under the chapter 2 rules requires the administrator of the governing unit to have certain qualifications. Chapter 2 rules will be available in the resource room.

Dr. Bailey meets the governing organization's requirements for administrative positions within the University. She is doctoral prepared and is reviewed annually per University guidelines. Dr. Bailey was oriented and mentored by the previous Director of Health Sciences and by the Vice President of Academic Affairs. Dr. Bailey meets the qualification for the administrator of the Health Sciences department.

1.7 When present, nursing program coordinators and or faculty who assist with program administration are academically and experientially qualified.

The authority of the Program Director for management functions is delegated by the Director of Health Sciences. The Program Director is responsible for the development and administrating of the PN programs, and is given release time to fulfill this responsibilities.

Genell Stites RNC, C-EFM, MSN is the Program Director for the practical nursing program at CMU. Genell received her Bachelor's degree from the University of Northern Colorado in 1989. She worked as a Registered Nurse (RN) on the medical surgical, pediatrics and ICU units for four years, from 1989-1993. During this time she served as clinical faculty on the medical unit at a local community college in Wyoming. She has worked as a Labor and Delivery nurse from 1993, to present. This enables her to keep current in clinical practice.

Genell started at CMU in 2004 as a clinical instructor in the Bachelor of Science program. Genell completed her Master's degree in education with an emphasis in Leadership from Regis University in 2006. She has been the Program Director for the LPN-AAS RN program since 2007, and became the director of the Practical Nursing program in 2013.

Genell has taught many courses at CMU, including PN obstetrics and clinical, PN pediatrics clinical, BSN obstetrics and pediatrics clinical, LPN-AAS RN health assessment, transitions, pharmacology, leadership, obstetrics and capstone.

She serves on the faculty senate for the department of health sciences, and was a member of the CMU accreditation committee from 2011-2013.

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

The nurse administrator has responsibility for all functions, programs, and development of programs for the health sciences department. Dr. Bailey is supported by a director for each of the nine programs in the health sciences department. She reports directly to the Provost, Vice President of Academic Affairs for monthly meetings. Dr. Bailey meets with President Foster twice during the semester, and as needed throughout the year. Each Department Head and Director of Health Sciences and Teacher Education for the CMU campus meet bimonthly as a support unit and to receive important university information. The President and Provost, Vice President for Academic Affairs attend the Department Head meetings. Dr. Bailey meets biannually with Whitney Sutton in the Finance Department to plan and evaluate the department's budget. Additionally, bimonthly and as needed leadership meetings are held with the eight Program Directors each semester. Meetings bring all Program Directors within the health sciences department together. Leadership meetings serve as a resource, source of support, and means for decision making within the department. Leadership meeting minutes will be available in the resource room. Table 1.8 shows the responsibilities of the Director of Health Sciences and the PN Program Director.

Table 1.8 Responsibilities of the Director of Health Sciences and the PN Program Director.

Responsibilities	Director of Health Sciences	Program Director
Budget	<p>Effectively develops and administers the departmental budget.</p> <p>Manages department facilities and equipment, including maintenance and control of appropriate inventory.</p> <p>Maintains essential departmental records.</p>	<p>Contributes to departmental budget planning and budget decisions.</p>
Hiring	<p>Recruits and recommends qualified faculty for employment.</p> <p>Advertises for positions</p> <p>Secures new faculty positions and tenure track positions.</p>	<p>Recruits and selects faculty for employment and assists with classroom and clinical performance review of all faculty</p>
Evaluation & Development of faculty	<p>Effectively allocates personnel to meet departmental and institutional responsibilities including establishing teaching schedules and committee assignments.</p> <p>Performance evaluations yearly for all faculty</p> <p>Performs classroom and clinical evaluations for all faculty or delegates to Program Directors.</p>	<p>Demonstrates leadership within the faculty for the development, implementation and evaluation of the curriculum and other program components.</p> <p>Assists in classroom and clinical evaluation of faculty</p>
Student Management	<p>Effectively resolves student concerns, complaints, and grievances in accordance with established policies.</p> <p>Effectively advises and counsels students in program plans.</p> <p>Effectively reviews and approves petitions to graduate.</p>	<p>Identifies and advocates for services needed by student in the program.</p> <p>Participates in academic advising, and guidance of the students.</p> <p>Coordinates the development, evaluation and revisions for student admission, progression and retention, and graduation policies within the policies of the program and department.</p> <p>Works with students to complete petitions to graduation.</p>

Responsibilities	Director of Health Sciences	Program Director
<p>Instruction</p>	<p>Effectively schedules classes to meet academic program requirements.</p> <p>Assists with the coordination of courses and programs designed to satisfy the CMU designation as a regional education provider in conjunction with the faculty, coordinates academic program reviews, evaluations and assessment activities.</p> <p>In conjunction with the faculty develops appropriate curriculum, courses and programs.</p> <p>Monitors selection of appropriate pedagogical.</p> <p>Oversees the curriculum for congruency within State Board of Nursing and National guidelines.</p>	<p>Plans and provides theoretical instruction and clinical, laboratory and simulation experiences in the program.</p> <p>Develops and maintains an environment conducive to the teaching and learning process.</p> <p>Participates in activities that facilitate the program, maintains professional expertise in the areas of administration, teaching and maintenance of nursing competencies.</p> <p>Develops and coordinates the use of educational facilities and clinical resources.</p>
<p>Department, University and Community</p>	<p>Maintains communication with both internal and external constituents.</p> <p>Effectively advocates for the department.</p> <p>In consultation with the Vice-President for Academic Affairs, determines faculty release time for administrative duties.</p>	<p>Develops and maintains program relationships with department administration, acting as liaison with other programs within the department as well as with other nursing programs.</p> <p>Develops and maintains ongoing relationships within the community, fostering the program's responsiveness to community/employer needs.</p>

1.9 The nurse administrator has the authority to prepare and administer the program budget with faculty input.

A variety of fiscal and physical resources are available and sufficient to fulfill each program's mission, goals, SLO's and PO's. Adequacy of resources is reviewed annually and modified as needed and as monies become available. The DHS has the authority to move funds across budget categories and between budget items within the categories. This provides the department with the necessary flexibility to manage their resources. Faculty have input to the budget process at faculty and leadership meetings.

The Colorado Commission of Higher Education (CCHE) is the policy and coordinating board for the state's higher education system (<http://highered.colorado.gov/CCHE/Commissioners.html>). Commissioners are appointed by the governor and confirmed by the Colorado State Senate. The CCHE's mission is to provide access to high-quality, affordable education that is student-centered, quality driven, and performance-based for all Colorado residents.

CCHE grants full authority and responsibility for the control and governance of the University to the institution's Board of Trustees (BOT) (<http://www.coloradomesa.edu/trustees/index.html>). The BOT are appointed by the governor and confirmed by the CO State Senate. The Trustees serve as the policy-making board for the University. This includes such areas as finance, resources, academic programs, personnel policies, curriculum, admissions, and role and mission. To assist in meeting their responsibilities, the Trustees delegate to the President of Colorado Mesa University, the authority to interpret and administer policies in all areas of operations. The President is responsible to the BOT. As chief executive officer, the President has general authority and responsibility for the institution and for keeping the board informed in a timely and appropriate manner, regarding CMU affairs.

The BOT expects the President to be responsible for communicating with the legislature, the CCHE, and other state agencies on a regular basis. Other modes of input to the board come from the student and faculty Trustees, each elected by their constituents. Faculty input is a vital component of informed decision-making at CMU. The BOT recognizes the Faculty Senate as a formal, direct, two-way communication link between the board and the faculty; the President of the senate has an opportunity to address the BOT at each public session.

Income for the CMU budget comes from the institution's general fund and student fees (http://www.coloradomesa.edu:/president/documents/2013_Impact_Study.pdf). Funding from the general fund is based on full time equivalent students (FTES). The President allocates funds to the office of Academic Affairs, who then distributes the funds among department heads. The DHS Director

allocates monies to each program based on fiscal projections of the program’s needs and student credit hours. The budget may be further augmented by special initiative funds and grant dollars.

When resources are needed, faculty members bring the request forward to the Program Director. These requests are then submitted to the Director of Health Sciences for review. Subsequently, the DHS Director submits requests on behalf of the Program Director and faculty to CMU administration. Budgets are discussed and reviewed every year during leadership meetings. Faculty strongly believe there is equity in the budget request process for all educational departments at CMU. Table 1.9 represents the Program Budget. Comparison of health science department to kinesiology and biology budget will be available in the resource room.

Table 1.9 Program Budget

Select Budget Line Items and Total Budget Health Sciences Department	2011-2012	2012-2013	2013-2014	2014-2015
Total Budget for Health Sciences Full time faculty	889,045.03	958,083.05	1,182,990.00	1,637,928.16
Total Budget for Health Sciences Supplies	102,868.95	103,143.00	105,000.00	107,100.00
PN: Salary and Benefits	\$192,659	196,512.18	200,442.24	205,854.19
PN: Instructional Supplies	\$19,852	20,249.04	20,653.98	21,210.65

PN total budget is based on the percentage of student credit hours and need for the year. If one program needs an additional person or piece of equipment there is flexibility in the budget to move money to that program.

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

Faculty have a contractual agreement between the board of Trustees of CMU and Colorado Mesa University. Faculty are covered by the contractual agreement as listed below:

Faculty - Faculty include only professional personnel whose primary responsibility is to provide academic instruction to students of the University, and who may hold academic rank. Faculty do not include professional personnel who are counselors, librarians, student service personnel, or other administrative personnel.

Nursing - Policies of the nursing educational unit are established with faculty and nurse administrator collaboration. The nursing faculty follows the same governing organization policies and guidelines as the rest of the University. Workload /assignment guidelines are based upon the CMU appointment for faculty. Policies of the nursing education unit are comprehensive, provide for the welfare of faculty and staff, and are justified by the goals and outcomes of the nursing education unit (Faculty Handbooks in document room). Policies can be found on the CMU website at <http://www.coloradomesa.edu/hr/prof.html>.

Nursing faculty adhere to additional policies as required by clinical affiliations; for example, remaining current in CPR, immunization guidelines, etc. University-wide student policies are found in *CMU Academic Resources (available in the resource room)* and are accessible via the website to all CMU students at https://www.coloradomesa.edu/academics/student_resources.html. Program policies are consistent with the governing organization's policies, yet follow more stringent program specifics where applicable. Student-related policies specific to nursing are reflected in the program's handbook (available on the program website), which is reviewed by faculty and students at the beginning of the fall semester each year.

The PN program and CMU stipulate that 12 credit hours is considered full-time employment. For classroom instruction, faculty receives one credit for a 50-minute period. One credit in the classroom equals 15 contact hours. In clinical, 1-credit hour equals 45 contact hours. Because clinical hours are longer, faculty receive double credit hours for clinical for preparation, grading and time with students outside of clinical (clinical 2 credit hours = 4 credit hours for faculty). Tenure track and tenured faculty are responsible for 3 credit hours of scholarship, service and advising in their faculty appointment, making the faculty load a 15/15 credit year.

Policies of the PN program are comprehensive, provide for the welfare of faculty and staff, and are consistent with those of the governing organization. The contractual agreement stipulates work load, tenure promotion, grievance and harassment procedures, and other relevant workplace concerns.

1.11 Distance education, when utilized, is congruent with the mission of the governing organization and the mission/philosophy of the nursing education unit.

Students in the nursing program may use distance learning to meet many of their general education requirements. Although education of nurses typically combines didactic, classroom, lab, and clinical components, the program utilizes the distance learning online format for course grading of all the classes in the PN program. NURS 156 (Socialization) and NURS 109 & 109L (Introduction to mental health) utilize a hybrid format. This means that a percentage of the class is online and the other percentage is classroom based.

D2L (Desire to Learn) is the online format for these courses. Online assignments might include discussion, power point presentation, drop box assignments and testing.

Standard 2
Faculty and Staff

Qualified and credentialed faculty are sufficient in number to ensure the achievement of the Student Learning Outcomes and program outcomes. Sufficient qualified staff are available to support the nursing education unit.

2.1 A minimum of 50% of the full-time faculty hold a graduate degree with a major in nursing: the remaining full-time faculty holds a minimum of a baccalaureate degree with a major in nursing.

CMU PN program is governed by the Colorado State Board of Nursing and the Department of Regulatory Agencies under the Chapter 2 rules. Chapter 2 rules will be available in the resource room. Faculty must have an active Registered Nurse license in the State of Colorado, two years of professional nursing clinical experience, and a minimum of a Bachelor's of Science degree in Nursing. Currently, there are three full-time faculty. Two of the full-time faculty have a Master's Degree in Nursing. One full-time faculty has a bachelor's degree in nursing, and is new to CMU starting fall 2014. She will begin full-time clinical rotations with the PN program in spring of 2015. She will start her Master's Degree program in the spring of 2015 with a completion date of spring of 2018. The Program Director has a master's in nursing and teaches one class in the PN program. Of the three full-time faculty, 67% hold a master's degree in nursing. Of the three faculty 100% of the faculty either hold a master's degree or are beginning a master's program this academic year.

**PN Faculty Utilization Profile
2014-2015 Full-Time Faculty**

Name	% Theory	% Clinical	% Advising/Tutorial	% Administrations
Linda Pilcher	80%	20%		
Tedra Gummin	50%	50%		
Krystal Van Hoose		100%		

Qualifications of all faculty members with their major teaching assignments, are identified in the faculty profile form. Table 2.1 provides a profile of the full-time faculty teaching in the PN program. Faculty files will be available in the resource room.

FACULTY PROFILE Table 2.1 Full-Time Faculty PN program									
Faculty Name	FT/PT	Date of Initial Appointment	Rank	Bachelor Degree (credential)	Institution Granting Degree	Graduate Degrees (credential)	Institution Granting Degrees	Areas of Clinical Expertise	Academic Teaching (T) and Other (O) Areas of Responsibility
Linda Pilcher	FT	1/17/12	Lecturer of Nursing	Bachelor of Science in Nursing	South University	Masters of Science in Nursing	South University	Medical Surgical Nursing	T
Tedra Gummin	FT	8/18/14	Lecturer of Nursing	Bachelor of Science in Nursing	Mesa State College	Masters of Science in Nursing	Colorado Mesa University	Medical Surgical Nursing	T
Kristel Van Hoose	FT	8/18/14	Lecturer of Nursing	Bachelor of Science in Nursing	University of Northern Colorado	Masters of Science in Nursing (Starting January 2015)	Colorado Mesa University	Obstetrics	T

2.2 Part-time faculty hold a minimum of a baccalaureate degree with a major in nursing.

All part-time faculty (100%) have a minimum of a baccalaureate degree with a major in nursing. There are five part-time faculty members. One has a master's degree, two will finish their master's degrees in December 2014, and another part-time faculty started in fall 2014. Four out of the five have or are in master's degree programs (80%) The majority of part-time faculty are responsible for clinical and lab instruction with students.

Part-Time Faculty

Name	% Theory	% Clinical	% Advising/Tutorial	% Administration
Dianna Korber		100%		
Susan Stark		100%		
Lynn Duncan		100%		
Sue Mathews		100%		
Peggy Link		100%		

Table 2.2 Part-Time Faculty Profile

FACULTY PROFILE										
Faculty Name	FT/PT	Date of Initial Appointment	Rank	Bachelor Degree (credential)	Institution Granting Degree	Graduate Degrees (credential)	Institution Granting Degrees	Areas of Clinical Expertise	Academic Teaching (T) and Other (O) Areas of Responsibility	
Dianna Korber	PT	8/18/14	Lecturer of Nursing	Bachelor of Science in Nursing	University of Texas Health Science Center			Medical Surgical Nursing	T	
Susan Stark	PT	8/11/14	Lecturer of Nursing	Bachelor of Science in Nursing	University of Northern Colorado	Masters of Science in Nursing (started Fall 2014)	Colorado Mesa University	Medical Surgical Nursing	T	
Lynn Duncan	PT	12/14/11	CEC Assistant Coordinator	Bachelor of Science in Nursing	South Dakota State University	Masters of Science in Nursing (Fall 2014)	Colorado Mesa University	Medical Surgical Nursing		O
Sue Mathews	PT	1/17/2007	CEC Coordinator	Bachelor of Science in Nursing	Colorado Mesa University	Masters of Science in Nursing (Fall 2014)	Colorado Mesa University	Medical Surgical Nursing		O
Peggy Link	PT	8/19/2013	CEC Assistant Coordinator	Bachelor in Human Development	California University at Davis	Masters of Science in Nursing	Grand Canyon University	Medical Surgical Nursing		O

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

Credentials of the full and part-time faculty meet state of Colorado and CMU requirements for a certificate (PN) program. Colorado requires an active license to practice in the state, two years of full-time nursing equivalent clinical experience, a minimum of a bachelor's degree in nursing or ongoing plan indicating progression towards a bachelor's degree. Other Colorado State Board of Nursing (CSBN) requirements for faculty appointments to a PN program include sufficient faculty to prepare students to achieve objectives and maintain patient safety. This includes a minimum of two full-time faculty for the education unit, and sufficient number of faculty for each nursing specialty area.

CMU faculty meet all of the above criteria. All faculty have at least a Bachelor's Degree in Nursing and the majority of the faculty either have a Master's Degree or will be finishing a Master's Degree in Nursing within the next year. Out of the eight faculty, 75 % either have a Master's Degree or are finishing a Master's Degree. Faculty are required to have CPR, current immunizations as required by both CMU and the clinical sites. Faculty also maintain continuing education, certifications, and qualifications required by their specialty areas. Faculty records are audited once per year with the preparation of the annual report to the CSBN. License renewals are also verified during the month of September, in which they are due to expire. All faculty are listed in tables 2.1 & 2.2. These tables show compliance with the above criteria.

Faculty must meet the CMU credentials for employment. Information regarding requirements are in the Boards of Trustee's Policy Guide

<https://www.coloradomesa.edu/%3A/trustees/documents/manual.pdf> page 18 and in the Professional Personnel Employment Handbook <https://www.coloradomesa.edu/hr/documents/CMU-PPEH-AllSections.pdf> section III-1. Both resources will be provided in the resource room.

2.4 Preceptors, when utilized are academically and experientially qualified, oriented, mentored, and monitored, and have clearly documented roles and responsibilities.

The PN program does not utilize preceptors for any portion of the clinical rotation. All students are supervised by a clinical instructor for each of the rotations.

2.5 The number of full-time faculty is sufficient to ensure that the Student Learning Outcomes and program outcomes are achieved.

Full-time faculty are sufficient to ensure that Student Learning Outcomes and program outcomes are achieved. Currently there are three full-time faculty in the PN program. Students-to-faculty ratios are monitored to ensure student success.

Workloads are determined contractually to program faculty. Requirements are based on the structure of the course being taught. CMU PN program admits 30 students each fall. The program is nine months long not including the general education and pre-requisite requirements. Classroom ratio is 1:30 and clinical ratio is 1:10. The CSBN does not have a specified number of faculty-to-student ratio for theory portions of the program. Changes for the 2014-2015 will be implemented for a 1-6 ratio in the clinical facility. Students are divided into two groups. Half of the students will attend clinical on Thursday and the other half on Friday. Smaller clinical groups will allow the instructor increased time to insure students are achieving the competencies and objectives. CSBN requires no more than 1:10 ratio in clinical. The CSBN website listed below for further clarification. Information on faculty requirements are on page 2.

<http://cdn.colorado.gov/cs/Satellite?blobcol=urldata&blobheadername1=Content-Dis+ition&blobheadername2=Content-Type&blobheadervalue1=inline%3B+filename%3D%22Chapter+2+-+Rules+and+Regulations+for+Approval+of+Nursing+Education+Programs.pdf%22&blobheadervalue2=application%2Fpdf&blobkey=id&blobtable=MungoBlobs&blobwhere=1251853891184&ssbinary=true>

Chapter 2 rules will be located in resource room. CMU PN program meets all requirements.

Full-time faculty are required to teach 12 credit hours each semester. Occasionally, faculty may have an overload to ensure program outcomes and Student Learning Outcomes are being met. The Director of Health Sciences and Program Director communicate with faculty to ensure that person is willing to accept an overload. Faculty members who teach an overload are financially compensated. CMU allows instructors to teach an overload with these requirements: Faculty can have no more than eight total overload credits a year. Faculty must have an excellent rating on performance evaluation to be considered to teach an overload. The DHS Director is responsible for determining if the faculty member is eligible to teach overload credits. Faculty are assigned to courses according to their area of expertise. Faculty members are also encouraged to develop expertise in other clinical specialties to increase faculty flexibility and to meet specific student needs.

Faculty for the PN program are clinically competent, provide excellent instruction, and serve as role models for students. Program faculty meet the CMU and CSBN requirements with a minimum of a Bachelor's Degree in Nursing. The CSBN and CMU also require a minimum of at least two years of full-time clinical experience. Evidence of instructor competencies is demonstrated through student evaluations, clinical evaluations, and certifications in specialty areas. The Director of Health Sciences and Program Director review evaluations each semester. Evaluations of faculty will be available in the resource room.

2.6 Faculty (full and part-time) maintain expertise in their areas of responsibility, and their performance reflects scholarship and evidence-based teaching and clinical practices.

The National Council State Board of Nursing (NCSBN) 2008, states that scholarship in certificate programs focuses more on teaching than research. Furthermore, the NCSBN includes three areas faculty are responsible for which include; collaboration, director of student learning, and role model. https://www.ncsbn.org/Final_08_Faculty_Qual_Report.pdf. This document will be available in the resource room. Furthermore, ACEN proposes activities that facilitate the enhancement of expertise and achievement of the goals and outcomes of the nursing education unit. This may include, but are not limited to: application of knowledge, teaching, service, practice, and research.

Faculty characteristics (full-time and part-time) reflect the National Council State Board of Nursing definition of scholarship and ACEN definition of scholarship, evidence-based teaching and clinical practice. Full-time and part-time faculty members are engaged in activities that maintain their educational, professional and clinical expertise in the areas of teaching.

Faculty participating in a variety of professional organizations and community activities including serving on advisory boards, facilitating local and regional health fairs, speaking at nursing and multidisciplinary conferences and conventions, and being actively involved in a variety of professional organizations. Table 2.6 represents evidence of scholarship/clinical practice requirements.

Table 2.6 Evidence of Scholarship/Clinical Practice Requirements

Full Time Faculty Name	Evidence of Scholarship/Clinical Practice
Linda Pilcher	Integration of courses across curriculum to reflect similar concepts for each course (i.e. pharmacology, fundamentals, medical/surgical) Staff nurse ER PRN (Delta) -Staff nurse medical/ surgical PRN (Delta) -BLS; -ACLS; -PALS -Mentoring graduate students
Tedra Gummin	Certified Emergency Room Nurse Membership Emergency Nursing Association Camp Nurse Cedaredge ER Nurse Community Hospital
Kristel Van Hoose	Labor and Delivery Nurse, St. Mary's Hospital BLS Fetal Monitoring Registered Nurse Clinician inpatient obstetrics Yearly Competencies: Conscious sedation, Fetal Monitoring Medication administration, Baby Safe, Breast Feeding
Part Time Faculty Name	Evidence of Scholarship/Clinical Practice
Dianne Korber	American Association of Critical Care Nurses (AACN) IABP Monitoring, 12 Lead Interpretation, Hemodynamic/ICP Monitoring, CVAD and PICC lines Instructor Certified Basic Life and Advanced Life Support
Susan Stark	Academic Advising BLS
Lynn Duncan	American Heart Association BLS instructor Simulation development BLS
Sue Mathews	Teaching HSCI 101 Intro to Health Care American Heart Association BLS Instructor American Heart Association ACLS Instructor PALS Instructor INACSL- Simulation Conference
Peggy Link	Community Hospital staff nurse (ER and Medication Surgical) PRN BLS

Full-time and part-time faculty are eligible to apply for professional development funds. Monies are made available to faculty at both the university and departmental level; this includes grant dollars and department funds. CMU funds are available via proposal submission through the Academic Affairs office, with selection criteria based on potential professional benefits to both the individual and to the Department of Health Sciences. Funds are distributed based on the potential benefit of the activity faculty development and to the department as a whole. Professional development funds may be used for projects for creative teaching or presentations, travel to conferences, or for tuition reimbursement. Some of the professional development activities are listed below:

- The Center for Nursing Excellence –provides opportunities to enhance professional development
- National League for Nursing Summit
- Education opportunities presented by CMU faculty prior to each semester
- T2T a weekly newsletter and presentation on teaching strategies
- Professional conferences
- Professional Development Speakers at CMU
- Full-time faculty receive 12 credits that can be used for tuition waiver.

2.7 The number, utilization, and credentials of staff and non-nurse faculty within the nursing education unit are sufficient to achieve the program goals and outcomes.

The PN program is one of nine programs within the Department of Health Sciences at Colorado Mesa University. The other programs include: DNP, MSN, BSN, RN-BSN, LPN-AAS, PN, and Radiologic Technology (AAS and BS); EMT (certificate), Medical Laboratory Technician (AAS). Faculty who teach in the nursing programs are licensed RN's in the State of Colorado. The non-nurse staff provide the support that the nursing program needs to achieve program goals and outcomes.

The department employs two full time professional administrative assistants. During the last year the department had a temporary administrative assistant until a full-time person could be hired. A full-time professional administrative assistant was hired on Sept 1, 2014. The administrative assistants maintains student and faculty records, answers student questions, enters student registration, and completes all details that allow the program to run smoothly.

Work study students help with filing, printing, shredding, and other office duties as assigned by the administrative assistant.

The PN program utilizes support from information technology, which allows both faculty and students to receive help regarding computer or technical problems. Library support is also available

to both faculty and students. Job descriptions for the administrative assistants will be available in the resource room.

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

There is a university-based orientation program offered each fall (prior to the beginning of the academic year) for new faculty. Each new faculty is provided campus and academic resources, the opportunity to meet key individuals, learn communication strategies prevalent within the University, and become familiar to the physical layout of the campus. Materials are also provided online to assist faculty in meeting their assigned duties

(<http://www.coloradomesa.edu/academics/documents/LecturerResourceGuide.pdf>).

Faculty are oriented by faculty members identified as mentors, the Program Director and the Director of Health Sciences. The initial point of contact for mentoring is the DHS Director, as she is responsible for hiring, orienting, and introducing the individual to CMU and program. A formal mentoring program was implemented. Appendix 2.8 page 136-145 shows the mentoring policy and guidelines.

Upon hire, all new faculty members receive program and student handbooks which outline policies and procedures for the DHS and PN program. The handbooks introduce faculty to the mission, philosophy and desired outcomes for the PN program. The PN student handbook can be found at this website <http://www.coloradomesa.edu/healthsciences/documents/PNStudentHandbook-RevisedJuly2014.pdf>. The faculty and student handbook will be available in the resource room.

Ongoing mentoring is provided by the Program Director, current faculty, administrative personnel and online learning support. Support and orientation are also provided by the IT department.

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

Systematic assessment is conducted by the DHS Director and Program Director. All faculty are evaluated each semester. Methods of evaluation include classroom, clinical and or laboratory observation, review of contractual obligations and student evaluations (courses and/or clinical). Self-evaluations are solicited by the DHS Director and reviewed annually.

Teaching is the most important role of faculty at CMU. The *Professional Personnel Employment Handbook*, serving as the faculty handbook, specifies a normal teaching load for full-time faculty of 24 semester hours per academic year (http://www.coloradomesa.edu/hr/prof_handbk.html) page

VI-I. Available in resource room. This is usually divided equally between fall and spring semesters to equal 12 hours per semester.

Faculty are expected to prepare for classes; evaluate student performance; participate in professional, community-based, campus, or program activities; advise students; complete scholarly activities; and other professional activities. Full-time faculty are expected to devote at least 40 hours per week during the academic year to meet their teaching, advising, scholarship, and service obligations.

Formal evaluation of faculty performance occurs annually and is based on four elements: teaching effectiveness, student advising, scholarly activity, and service. Faculty participate in each area as outlined in their annual professional plan. Full-time and part-time non-tenured faculty are evaluated on teaching only.

The primary purpose of an evaluation is to assist faculty in individual growth and to improve their contributions to CMU. Performance evaluations contribute to a number of decisions, including, salary adjustments, retention, tenure, promotion, special recognition, sabbatical leave, professional development awards and dismissal. Annual performance reviews and comprehensive evaluations are the two types of formal faculty performance evaluations used at CMU to facilitate these decisions.

The evaluation process for all faculty at CMU is an on-going process and applies the criteria and assessment tools in the performance evaluation plan. In addition, evaluations involve an assessment of a faculty member's success in achieving goals established during the planning process. The Director of Health Sciences submits the evaluation to the Provost, Vice President of Academic Affairs (VPAA) for final review.

The General Evaluation Criteria and their relative weights used in the evaluation process are as follows:

- a. Teaching effectiveness - range of 60 - 75%.
- b. Advising - minimum of 5%.
- c. Scholarly Activity - minimum of 5%.
- d. Service - minimum of 5%.

The total of the four weights shall equal 100%. Each faculty member with the approval of the Director of Health Sciences, establishes an individual percentage distribution as part of the annual development plan. Differences in disciplines and faculty activities among departments are reflected in the departmental guidelines for the general evaluation criteria. Specific evaluating criteria derived from the basic employment and professional responsibilities are established by the DHS Director with

faculty consultation, and approval by the Provost, VPAA. The Provost, VPAA is responsible for establishing consistent academic standards across CMU departments.

The following Performance Ratings are used for evaluations:

- a. **Excellent.** Evidence convincingly demonstrates that the faculty member has made exceptional contributions in the General Evaluation Criteria area under consideration- contributions that clearly would be recognized as outstanding by professional colleagues at comparable institutions.
- b. **Highly Proficient.** Evidence clearly demonstrates that the Faculty member has made significant contributions in the area under consideration and is considered highly skilled in that area.
- c. **Proficient.** Evidence demonstrates that the faculty member meets minimum expectations and has made modest contributions in the area under consideration.
- d. **Below Standard.** Evidence demonstrates that the faculty member's contributions are below accepted standards in the area under consideration. A need for improvement is clearly indicated. The level of contribution does not justify any salary increase and may jeopardize continued employment with the University.

The faculty evaluation process is conducted according to the following schedule:

- a. Tenured faculty will have a comprehensive evaluation at least every five years with Annual performance reviews in each of the interim years.
- b. Tenured faculty applying for a promotion in academic rank will have a comprehensive evaluation.
- c. Tenure-track faculty will have a comprehensive evaluation each year.
- d. Full-time technical faculty will have a comprehensive evaluation each year.
- e. All other Full-time faculty will generally be reviewed annually, normally on teaching effectiveness alone.

Documentation of evaluation is maintained by the DHS Director, human resources department and employee files. Evaluation form available in resource room.

2.10 Faculty (full and part-time) engage in ongoing development and receive support for instructional and distance technologies.

All nursing courses utilize D2L Learning Management System for instructional materials, assignments, student communication, and grading. Ongoing support and training is available through the distance education department and IT support. Faculty members are available to help as well. Currently, one nursing course is being offered as a hybrid course.

STANDARD 3

Students

Student policies and services support the achievement of the Student Learning Outcomes and program outcomes of the nursing education unit.

3.1 Policies for nursing students are congruent with those of the governing organization, publicly accessible, non-discriminatory, and consistently applied: differences are justified by the Student Learning Outcomes and program outcomes.

Student policies of CMU and the PN program are available in multiple locations. The CMU catalog clearly states health sciences career programs have policies specific to their program, and admission into CMU does not guarantee admission into the nursing program, which requires a separate application.

http://www.coloradomesa.edu/shared/catalog/CMU_Catalog_1415.pdf page 17 & 88 also available in the resource room.

Information that can be found in the catalog includes course descriptions, tuition, fees, academic integrity, academic calendar, master course schedule, FERPA information, and programs of study. University policies may be reviewed on the CMU website:

http://www.coloradomesa.edu/shared/catalog/CMU_Catalog_1415.pdf. CMU academic policies are available online at

<http://www.coloradomesa.edu/academics/policies.html> and will be available in the resource room.

Policies that are the same for nursing and non-nursing students at CMU include:

- University admission <http://future.coloradomesa.edu/admissions>
- Academic integrity
http://www.coloradomesa.edu/academics/policies/academic_integrity.html
- Academic probation or suspension
https://www.coloradomesa.edu/shared/catalog/CMU_Catalog_1314.pdf#page=43
- Graduation process <http://www.coloradomesa.edu/commencement/may/index.html>
- Grievance/complaints and appeal procedures
http://www.coloradomesa.edu/shared/documents/academic_policies_guide.pdf
- Right to privacy <http://www.coloradomesa.edu/businessoffice/documents/FERPA.pdf>
- Tuition (contact hours, course credit)
- Disability <http://www.coloradomesa.edu/eas/index.html>
- Harassment http://www.coloradomesa.edu/shared/documents/academic_policies_guide.pdf

- Student load

<http://www.coloradomesa.edu/academics/documents/StudentLoadandLimitations.pdf>

Student nursing specific program policies can be reviewed online at

- <http://www.coloradomesa.edu/healthsciences/ladder.html> (career ladder)

Faculty and student handbooks available in the resource room.

The following policies are different for nursing students as opposed to other disciplines on campus.

The rationales are listed below:

- **Academic Dishonesty:** Upon entrance into the program, all students sign a statement regarding academic dishonesty. This statement applies throughout the entire program of study. Students identified as violating academic honesty will be subject to disciplinary action up to and including dismissal from the program.
- **Admission and Re-Admission:** Students admitted to the University must then apply to the program. It is a separate application process for the PN program admission. Applicants must meet the minimum criteria by March 1, each year in order to be considered for the program. They must compete for available seats through a non-biased anonymous point system incorporating characteristics that faculty believe are most likely to predict success in the program. Those who are selected will interview with a five panel team. Students are then invited to accept a spot in the PN program based on their interview.

Application process for the PN program can be located on line at

<http://www.coloradomesa.edu/healthsciences/documents/PNHandout.pdf> . A hard copy available in the resource room.

- **Attendance**

Policy: <http://www.coloradomesa.edu/healthsciences/documents/PNStudentHandbook-RevisedJuly2014.pdf>) page 39 also available in the resource room.

Attendance and participation in class is mandatory. Each class is mandatory and worth 10 attendance points. Students who miss one class will lose all 10 attendance points, regardless of reason. Punctuality is essential. Students must report to the class 10 MINUTES BEFORE the time designated for class. In the case of absence or tardiness, students are required to notify the instructor prior to the time scheduled for class. Students who are tardy for class or leave class early, regardless of reason, will lose 5 of the 10 points awarded each day.

A no show-no call absence will result in a letter grade deduction on the final grade in addition to zero attendance points for that day.

- **Confidentiality:** <http://www.coloradomesa.edu/healthsciences/documents/PNStudentHandbook-RevisedJuly2014.pdf> (page 28-30)

Students will receive initial and ongoing education about confidentiality and patient privacy during their nursing education. Students will receive printed information about confidentiality, and will be required to sign a form stating agreement to comply with this policy. Appendix 3.1 shows agreement form. The form must be signed and a copy returned to the Department to be placed in student's file before being allowed to attend clinical. PN students will provide evidence of confidentiality training at their respective institution.

- **CPR Certification:** Once admitted to the program students must submit a copy of appropriate CPR certification (CPR/AED for Professional Caregiver) or CPR for the Healthcare Provider. Students must maintain CPR certification throughout the program.
- **Criminal Background check:** To maintain a safe and productive educational and clinical environment, potential students who have been accepted into the program will undergo a criminal background investigation. Many of the clinical agencies do a repeat background check for their facility.
- **Grading/Testing:** Students are held to a rigorous grading standard in order to produce the highest quality nurses. The grading scale for all nursing courses is:
Students must pass each course with a 76% and must have a cumulative test grade and a 76% to pass each course.

Nursing grading scale:

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

University grading scale:

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

- **Health Policies (admission and throughout program completion):** Clinical agencies have specific health requirements students must comply with to attend clinical. Annual health-examination is mandatory for all students and is the financial responsibility of the student. Students must show they are free of infectious diseases, immune to certain diseases via vaccination, and are able to meet physical, mental, emotional, and environmental requirements.
- **Immunizations:** Students admitted to the program are required to have proof of several immunizations (Hepatitis B, TB, Tetanus, MMR, and Varicella and annual flu vaccine.
- **Liability Insurance:** Students are required to have medical liability insurance and maintain it throughout the entire program. The policy must be comprehensive general liability insurance for the PN student covering bodily injury and property damage liability with minimum coverage limits of \$1 million per occurrence/\$2 million general total limit, and medical professional liability insurance with minimum coverage limits of \$1 million per occurrence or \$3 million annual aggregate.
- **Mental and Physical Capacity Requirements:** Under the supervision of a licensed nurse the student nurse has direct responsibility of patient care for those assigned individuals during a scheduled shift. A shift varies in duration from 4-12 hours and may be during the day, night or weekend. Students are responsible for communication with families, caregivers, and other staff, be it written, verbal, electronic demonstration or other media in relation to their assignment. Duties may require sitting, standing walking, and lifting, bending, twisting, squatting, carrying, pushing, pulling, typing, pinching, gripping and bimanual dexterity. Students must undergo a physical stating that they are capable of doing these activities.
- **Professional Behavior:** Preparing students for transition into professional life requires certain expected behaviors consistent with safe and ethical professional nursing both in classroom and clinical settings. If student behavior interferes with class or clinical experiences or

threatens the safety of other students, such behavior will result in disciplinary action, up to and including immediate dismissal from the program.

- **Withdrawal/Probation/Dismissal/Program Progression:** Nursing courses must be retaken if a student wishes to withdraw from the program and or class. As in other courses on campus the student is able to retake the course the next semester it is offered. In the nursing program the student must progress through classes in a sequential order. Clinical spaces are limited and withdrawal may prevent a student from progressing the next year as spaces may be filled. A student who fails two classes is dismissed from the nursing program.
- **Clinical Policies:** Clinical policies include the following: conduct, confidentiality, professional standards, dress code, and Health Insurance Portability and Accountability Act (HIPPA). These policies are requirements of the clinical sites as well as meet the professional standards for nursing practice.
- **Dress Code:** Dress code policies are in place to meet the requirements of clinical sites, as well as to meet professional standards for nursing. Requirements include; dress, personal grooming, white uniform, name tags worn at all times and accessories.

The program handbook is reviewed and revised on an annual basis by faculty. Students may assess the PN student handbook on line

at <http://www.coloradomesa.edu/healthsciences/documents/PNStudentHandbook-RevisedJuly2014.pdf>. Students sign an affidavit indicating their agreement to abide by the written policies. The signed affidavit is placed in the student files. See example of Handbook signature affidavit in Appendix 3.1 page 146. If changes need to be made during the next review cycle, students are given written copies of the changes and informed by email.

The policies of both CMU and the PN program are applied consistently, and are non-discriminatory.

3.2: Public information is accurate, clear, consistent, and accessible, including the program's accreditation status and the ACEN contact information.

Information regarding the program can be found on CMU website under health science. Once on the site locate the degree program in which the student is interested. The site has the most-up-to date, accurate, and clear information. The website is updated each semester or as changes occur. The site lists the web page for information related to ACEN. Information regarding accreditation located on the website states the practical nurse program is in **ACEN Candidacy** (*formerly NLNAC*) for accreditation and is planning an **ACEN** site visit for accreditation in fall 2014. (*See website for*

Information on name change: <http://www.acenursing.org/>. Website for information on the PN program is located at: <http://www.coloradomesa.edu/healthsciences/ladder.html>. Students interested in the nursing program are encouraged to attend Health Sciences informational sessions held twice a month. Information about all programs in the Health Science Department are conducted by faculty in the department. Students are encouraged to contact their adviser for additional information regarding a specific program.

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

Changes to program policies, procedures and program information are clarified for students during the first day of class, throughout the year as needed, and via e-mail. Changes are also reflected on the DHS website. If a class or clinical hour needs to be altered from originally scheduled times, advance notice (when possible) is provided in class and/or via student University e-mail. The program handbook and policies are updated yearly by the faculty, Program Director and DHS Director. If a change is made during the year the student must sign an affidavit regarding this change. The affidavit is placed in the student file. In addition to the PN Student Handbook, information is disseminated to students via announcements in class and student e-mail. Students are informed of the importance of checking their CMU student e-mail daily throughout the semester.

Students are encouraged to sign up for the Emergency Notification System during registration. In case of an emergency, students, faculty, and staff will be notified through one or more of the following channels: text, voice-mail, CMU e-mail, MAVzone and Channel 2 news.

3.4 Student services are commensurate with the needs of nursing students, including those receiving instruction using alternative methods of delivery.

A variety of services are available for all students at CMU. The student services are listed in the CMU catalog online at http://www.coloradomesa.edu/shared/catalog/CMU_Catalog_1415.pdf, page 32-36. Hard copy also available in the resource room.

Information regarding student services is also available on the Student Services link: <http://www.coloradomesa.edu/student-services/>. Services include: Admissions, Advising and Career Center, Clubs and Organizations, Student Health Clinic, Mental Health Support, Distance Education, Educational Access, Emergency Notification System, Financial Aid Office, Hamilton Recreational Facility, Intermural Sports, International Student Exchange Program, IT Help Desk, Library, Little

Mav's Learning Center, National Student Exchange, Outdoor Program, Register's Office, Residential Hall, TRIO, Tutorial Service, Testing & Prometric Center, Veteran Services, and Parking Services. Table 3.4 is a listing of many of the student services, Director/coordinator and description.

Any student on campus that has declared nursing as a major may participate in the Student Nurses Association. CMU has a very active Student Nurses Association that sponsors many community service and educational events. Meetings are held on the first and third Thursday of the month. With a membership of approximately 53,000 nationwide, the National Student Nurses' Association mentors the professional development of future nurses, and facilitates their entrance into the profession by providing educational resources, leadership opportunities, and career guidance. Student activities center on service projects, health fairs, fund-raising and community outreach projects. A link to CMU Student Nurses Association is:

<http://www.coloradomesa.edu/healthsciences/StudentNursesAssociation.html>.

Students are assigned to a nursing advisor who is a full-time nursing faculty member. Students meet with their advisor at least once each semester and more often as needed. Students are encouraged to contact their nursing advisor with questions or concerns as they progress through the program. The advisor will refer the student to the appropriate University or community resource as needed.

Table 3.4 Services, Director/Coordinator, and Description

Student Services	Director/ Coordinator	Description
Admissions: 970-248-1875 admissions@coloradomesa.edu	Jared Meier	Initial point of contact for prospective students and their families
Advising and Career Center: 970-248-1177 advising@coloradomesa.edu	Millie Moland	Assist students in meeting their academic and career goals.
Clubs and Organizations: 970.248.1111 http://www.coloradomesa.edu/studentlife/cab.html	Mitch Karstens	Increase student involvement in campus life.
Student Health Clinic: 970-256-6345 https://www.coloradomesa.edu/student-services/healthcenter.html	Daniel Sandoval	Provide quality, accessible medical care. Medical treatment and prevention.
Mental Health Support: 970-241-6500 https://www.coloradomesa.edu/student-services/counseling.html	Daniel Sandoval	Help students with difficult life situations and transitions.
Distance Education: 970-248-1384 http://www.coloradomesa.edu/distanceeducation/index.html	Gillian McKnight-Tutein	Provides quality online courses which enable students to create their own learning experience through collaboration and engagement with faculty and other students in a vibrant learning community.
Educational Assess Services: 970-248-1801 http://www.coloradomesa.edu/eas/index.html	Dana VandeBurgt	Provides academic accommodations for students with disabilities

Student Services	Director/ Coordinator	Description
Emergency Notification System: http://www.coloradomesa.edu/security/emergencynotification.html	John Camper Chief of Police	Send alert text messages to cellular phones and distribute voice messages in the event of an emergency situation
Financial Aid Office: 970-248-1396 http://www.coloradomesa.edu/finaid/index.html	Curt Martin, Director Sally Schuman	Assist in sorting through various forms of student financial aid.
Hamilton Recreational Facility: 970-248-1592 http://www.coloradomesa.edu/reccenter/index.html	Lynn Wilson	The Hamilton Recreation Center is the premier recreational facility in Western Colorado offering something for every student, faculty, staff, alumni, and community swim member.
Intermural Sports: 970-248-1591 http://www.coloradomesa.edu/reccenter/contact.html	Athena Whaley	Coordinating intermural activities for CMU students.
International Student Exchange Program: 970- 248-1731 http://www.coloradomesa.edu/academics/isep.html	Tim Hatten	The goal is to help students gain the most out of their study abroad experience, both socially and academically.
IT Help desk: 970-248-1758 http://www.coloradomesa.edu/universitycenter/infodesk.html	Jeremy Brown	The campus service counter for information about events, services, and schedules, as well as providing a variety of sundry items.
Library: 970-248-1862 http://www.coloradomesa.edu/cmulibrary/index.html	Sarah Cron	Supports the educating mission of the University by providing a diverse collection of materials for use by students and faculty.

Student Services	Director/ Coordinator	Description
Little Mav's Learning Center: 970-248-1318 http://www.coloradomesa.edu/littlemavs/index.html	Ruth Klaich	Provides a service to Colorado Mesa University students, faculty and staff, by providing quality child care with a balanced curriculum geared to the age and developmental level of the children while providing a practicum lab opportunity for students at Colorado Mesa University.
National Student Exchange: 970-248-1613 http://www.coloradomesa.edu/nse/index.html	Jared Meier	Through the National Student Exchange program students can attend a different school, in a different part of the country, and pay the same tuition as at Colorado Mesa University.
Outdoor Program: 970-248-1428 http://www.coloradomesa.edu/op/index.html	Chad Thatcher	Purpose is to offer and promote affordable, safe, environmentally conscious, non-competitive outdoor recreation through trips, non-credit and accredited instruction, international expeditions and equipment rental.
Registrar's Office: 970-248-1555 http://www.coloradomesa.edu/registrar/index.html	Holly Teal	Maintains academic records, V. A. benefits and certifying degree requirements for graduation.
Residential Hall: 970-248-1536 http://www.coloradomesa.edu/reslife/ResidenceHalls.html	Amy L. Howard and Nathan Watchman	Encourages community, Academic success, Healthy relationships, and Diversity

Student Services	Director/ Coordinator	Description
TRIO: 970-248-1492 http://www.coloradomesa.edu/academics/trio/index.html	Melissa Calhoon	Assist participants in achieving their academic potential, gaining valuable life skills and expanding cultural horizons through one-on-one interactions and group activities
Tutorial Learning Center: 970-248-1392 http://www.coloradomesa.edu/tutoring/index.html	Darell Diedrich	The TLC provides <i>free, walk-in</i> tutoring for a variety of subjects. TLC goals include creating opportunities for student success and helping students become more independent in their learning.
Testing & Prometric Center: 970-248-1260 http://www.coloradomesa.edu/testing/index.html	Terri Wise	Provides testing services to Colorado Mesa University students, alumni and members of the Western Colorado community.
Veteran Services: 970-248-1555 http://www.coloradomesa.edu/registrar/va/index.html	Amanda Herron	CMU is committed to supporting those who have served our country.
Parking Services: 970-248-1758 http://www.coloradomesa.edu/parking/index.html	Mark Sutton	Responsible for all interactions related to parking at CMU.

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

Education records are in compliance with the policies of CMU, state and federal guidelines. Federal Education and Privacy Act (FERPA) is the guiding policy regarding student records. CMU policy is located at: <https://www.coloradomesa.edu/%3A/studentaccounts/documents/FERPA.pdf>. This policy has strict guidelines for release of student information and records. Policy states: FERPA provides current, and former students, and parents of dependent students the right to inspect, review, and challenge their educational records. Students are permitted to inspect and review their educational records within a maximum of 45 days after the request is received. Students may not review financial information received from their parents or guardians, confidential letters and recommendations placed in their files prior to January 1, 1975 academic records containing information regarding other students, administrative, disciplinary, law enforcement, student health records, and/or records which are maintained in the sole possession of the . While students who have a financial hold or past due account (all holds included) have a right to inspect their academic records, no transcript will be released to the student or other party until holds are reconciled. Bankruptcy, however, removes any financial obligations the student has to Colorado Mesa University.

According to Robert Cackler of the registrar's office records must be kept for seventy-five years. These records are kept electronically and are in a secure location. Information regarding FERPA can be found in the PN student Handbook. All current PN student nursing records are kept in a locked cabinet in the front office. Previous year's student records are scanned and are kept online in a secure location. The administrative assistant has a key to the locked cabinet. Students do not have access to these files. Faculty must keep all records of tests and assignments for one year. Grades must be kept for five years following graduation.

3.6 Compliance with the Higher Education Reauthorization Act Title IV edibility and certification requirements is a maintained, including default rates and the results of financial or compliance audits.

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

See 3.6.3 comments.

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

See 3.6.3 comments.

3.6.3 Financial aid records are maintained in compliance with the policies of the governing organization, state, and federal guidelines.

All CMU financial records are maintained in the financial aid office. The staff confirms that records are kept in compliance with state, government guidelines and CMU guidelines. CMU student records are maintained to protect the privacy of students and provide access to their information. Compliance with Title IV was confirmed. Students may find information regarding financial aid at this website:

<http://www.coloradomesa.edu/studentaccounts/index.html>.

Records are maintained by nine staff members. The members include an associate director, an assistant director, four financial aid counselors, a counselor and work-study coordinator, a counselor and a scholarship coordinator, and a financial literacy and department manager counselor. According to Sally Schuman, Assistant Director of Financial Aid the default rate for 2009- 10.1%, 2010 -10% and, 2011- 12%. These are the last three years that default rates were calculated at CMU. The Assistant Director indicated they had no compliance violations with the last audit.

Students may receive assistance completing the Free Application for Federal Student Aid (FAFSA). Submission of this form is the first step to receiving financial aid. Students may file the application online at <https://fafsa.ed.gov/>.

Financial aid counseling is offered before and after assistance has been awarded. Students may receive a variety of financial aid awards. Students can receive information regarding financial aid on the website: <http://www.coloradomesa.edu/finaid/finaidfaqs.html>.

Student Entrance Counseling for Stafford Loan: First-time borrowers or transfer students are required by the federal government to complete a student loan entrance counseling session before obtaining a Federal Stafford student loan. The purpose of the session is to help students understand their rights and obligations as a loan borrower.

Exit Loan Counseling for Stafford Loans: Students who cease to be enrolled in at least six credit hours at CMU must complete a student loan exit counseling session. The purpose of this session is to inform the student of various forbearance's deferments and repayment options, as well as their rights and responsibilities for the Federal Stafford loan.

Perkins Student Loan: Information regarding the Perkins loan including the promissory note and counseling may be located at

<http://www.coloradomesa.edu/studentaccounts/perkinsloans.html>.

Students have a variety of methods in which to pay for their university education. Methods of payment include; financial aid, online through ePay, check by mail, by phone with a credit card, and in person by credit card, cash or check.

Students who have questions regarding delinquent accounts may contact a financial aid counselor and/or access frequent questions about delinquent accounts at this site:

<http://www.coloradomesa.edu/studentaccounts/delinquentacct.html>.

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

CMU and the PN program have congruent policies for students to voice complaints and or grievances. Students are made aware of the process at the beginning of each semester and as needed. Students must read and sign that they have read the student handbook in which the grievance policy is clearly written. The policy is discussed during orientation to the program any questions regarding the policy are answered. The PN Policy regarding complaints and grievances may be accessed at: <http://www.coloradomesa.edu/healthsciences/documents/PNStudentHandbook-RevisedJuly2014.pdf> on page 38. The policy has specific guidelines that address appeal of a grade, academic dishonesty, campus student conduct, program, policy, rule or decision, and CMU rule of decision.

To encourage responsibility, conflict management, and conflict resolution skills, any student with a grievance is encouraged to communicate with parties directly involved prior to escalating their resolution efforts. Students first meet with the person directly involved to try to settle the complaint or grievance. Students may then talk with the Program Director if they feel the complaint has not been resolved. If the issue is not resolved, the student may then appeal to the Director of Health Sciences (Dr. Debra Bailey). The final appeal may be heard by Assistant VP, Dr. Steve Werman, and/or Provost, Dr. Carol Futhey.

CMU grievance policy is located at <http://www.coloradomesa.edu/academics/documents/SectionIX-GrievancePolicy.pdf>. CMU complaints policy is located at

http://www.coloradomesa.edu/academics/documents/StudentComplaintPolicy_Final.pdf. The Higher

Education complaint policy is located at

<http://highered.colorado.gov/Academics/Complaints/default.html>. This policy can only be used after the student has followed the internal grievance process.

Over the past three year there have been four formal grievances. These grievances were all settled per the grievance policy process. Policies will be available in the resource room.

3.8 Orientation to technology is provided, and technological support is available to students.

All students must meet the CMU computer literacy requirements. Most students who enter CMU's PN program have already been oriented to the requirements of D2L, the online information program. Faculty utilize D2L shells as a mechanism for disseminating course information, course documents (i.e. syllabi, and power points). Students are oriented how to access D2L, access their grades, and power points for lectures during orientation. Numerous tutorials are available on the University website to assist students. The website can be accessed at:

<http://www.coloradomesa.edu/mavzone/cmuonline/studentquickguides.htm>. The distance education team consists of three staff members who are available for student support. The IT help desk is also available to assist students with any computer problems.

Students are provided orientation to Kaplan testing at the beginning of the semester. A representative from Kaplan is available to provide further information when needed. Technical support for students is available via phone or the website 24 hours a day, 7 days a week. The Kaplan website for students can be viewed at <http://nursing.kaplan.com/>. Student must have a Kaplan name and password to access the information. Kaplan provides students with a webinar orientation. This orientation is done during the initial orientation to the program in August. Kaplan is the testing system utilized for proctored PN NCLEX questions for each subject within the program. Kaplan provides students increased access to PN NCLEX style questions.

Students are oriented to high and low fidelity simulation by the faculty and/or Clinical Education Center (CEC) personnel. Simulation evaluation and teaching are done by Master's prepared faculty.

Each of the clinical facilities utilizes a different EMR system. Students are provided orientation to the EMR system for each facility by clinical personnel. Students are given the opportunity to practice during clinical orientation. Clinical faculty and staff nurses are available for questions and as a resource during clinical experiences.

Beginning in 2014, the purchase of a medication dispensing system promotes safe medication administration by allowing the students to remove medications using the six rights of administration.

Faculty will be oriented to the medication dispensing system early fall of 2014, and then orient the students later in the semester.

3.9: Information related to technology requirements and policies specific to distance education are accurate, clear, consistent and accessible.

PN students at CMU utilize D2L as a mechanism for receiving grades, syllabi, and power points. Only one class, NURS. 156 Socialization, utilizes a hybrid format for delivery of content. Mental Health, NURS. 109L students turn in assignments to the drop box. All students in the program receive the same in class delivery method. All policies for distance learning are online and available to review.

Standard 4: Curriculum

The curriculum supports the achievement of the identified Student Learning Outcomes and program outcomes of the nursing education unit consistent with safe practice in contemporary healthcare environments.

4.1: The curriculum incorporates established professional standards, guidelines, and competencies, and has clearly articulated Student Learning Outcomes and program outcomes consistent with contemporary practice.

Colorado Mesa University, Practical Nursing (CMU PN) program correlates theory content with concurrent clinical experiences. The specific standards guiding the PN program are taken from two publications: National Publication of Practical Nurses and Standards of Practice and Educational Competencies of Graduates of Practical/Vocational Nursing Programs. These were specifically chosen to guide students and faculty in the practices and standards of the Practical Nurse. Other publications were chosen to guide our practice in safety, ethics and the Colorado State Board of Nursing Rules. The list of professional guidelines is located in appendix 4.1 page 147. Hard copies of each guide will be in the resource room. The competencies and outcomes of the program are consistent with identified professional standards. Clearly articulated program competencies are derived from knowledge, skills, and attitudes by Quality and Safety Education for Nurses (QSEN), and the NLN education competencies model (2010) and the Colorado State Board of Nursing Rules.

The American Nurses Association (2010) suggests that a competency is an expected level of performance that integrates knowledge, skills, abilities, and judgment. Furthermore, faculty adhere to the core nursing professional practice values established by the Institute of Medicine and adopted by the National Advisory Board (Quality and Safety Education for Nurses). These competencies are designed to provide students with a foundation for nursing practice and an opportunity to acquire the knowledge (K), skills(S), and attitudes (A) that are essential for safe, competent nursing practice in contemporary health care environments. The foundation includes the integration of knowledge from the art of nursing, the science of nursing science, and knowledge from a variety of disciplines outside of nursing. Additionally, nursing practice includes commitment to life-long learning to expand personal and professional growth. QSEN competencies are utilized to enhance Student Learning Outcomes (SLO's), and the QSEN outcome of safety in regard to knowledge, skills and attitudes. The syllabi include course objectives and Student Learning Outcomes. All clinical syllabi incorporate the QSEN competencies into the grading scale. The Student Learning Outcomes and QSEN competencies assist students in their

learning and enable faculty to evaluate important concepts. The overall goal of the QSEN project is to prepare future nurses with the knowledge, skills and attitudes (KSA's) necessary to improve the quality and safety of the healthcare systems where they will practice. The curriculum was updated to include the most recent ACEN guidelines in spring of 2014. The Colorado Nursing Practice Act is a guide for scope of practice, students use in the PN program. Health People 2020 is the publication used to update students on current information.

The professional standards and guidelines provide a basis for the evaluation of student learning. Additionally, these publications provide students with definitive ethical and legal standards to guide their nursing practice. The standards and guidelines are in the student handbook that is posted on the DHS Website and is available in the resource room. <http://www.coloradomesa.edu/healthsciences/documents/PNStudentHandbook-RevisedJuly2014.pdf> page 6.

Faculty provide diverse educational experiences incorporating a variety of teaching methodologies and clinical experiences. Nursing faculty recognize students have their own unique learning needs and integrate knowledge best when they are actively involved in the learning process. Clinical experiences reflect the complexities of current professional nursing practice. Diverse experiences enable students to develop the clinical judgment required to provide safe patient care.

Courses are organized sequentially with a clinical component to build on the theoretical knowledge gained in the classroom. The curriculum has been designed to flow from the program philosophy and mission through the PN framework into a logical progression of course work. The progression of the program enables the students to achieve the SLO's and PO's.

The CMU PN program reflects and supports the nursing process as a foundation for practice. The nursing process is a systematic, rational method of planning and providing care that requires critical thinking, skills to identify and treat actual or potential health problems. Faculty content experts enhance the students learning experience within the clinical setting. Sequence of courses allow students to learn basic skills, and knowledge before progressing to more complex skills. Students are able to safely and effectively increasing their knowledge as courses progress in complexity. PN students are taught to delivery holistic patient centered care.

The components of the nursing process are assessment, diagnosis, planning, implementation, and evaluation. PN students do not do the initial assessment but may do subsequent assessments. They use an existing nursing diagnosis in planning care for patients/clients. They implement the plan of care and assess the effectiveness. Students work with their instructor and nurse to ensure patient care and safety

is maintained. Faculty understands an individual's health status is constantly changing and course content must be adapted to meet the needs of divergent populations and learners.

The philosophy of the nursing program is presented in standard 1. It is reviewed annually, revised as needed with the last revision in 2012. Review of the philosophy occurred in 2013- 2014 without any modifications. The mission statement and philosophy of the nursing education unit provides a framework in which to foster the development of measurable Student Learning Outcomes and program outcomes. The PN SLO's include; professional behavior, communication, assessment, planning, caring interventions, and collaboratively managing patient care. Student Learning Outcomes are utilized in all aspects of the program to guide the delivery of content, testing and evaluation. Course objectives build upon the Student Learning Outcomes as students' progress through the program applying advancing theoretical concepts into clinical experiences.

PN program competencies of graduates are derived from *The NLN Education Competencies Model* (2010). These competencies include human flourishing, nursing judgment, professional identity and spirit of inquiry. Table 4.1 shows the Comparison of Student Learning Outcomes, PN Competencies and QSEN.

Table 4.1 Comparison of Student Learning Outcomes, Competencies and QSEN Competencies.

PN Student Learning Outcomes Student will be able to:	PN Competencies Student will be able to:	QSEN Competencies Student Will be able to:
<p>Professional Behavior: Function as a competent practical within a legal and ethical framework to provide Holistic care to patients from diverse backgrounds.</p> <p>Communication: Promote a therapeutic environment supporting communication across the lifespan for a vulnerable and diverse population.</p> <p>Assessment: Demonstrate clinical decision-making and critical thinking skills to provide effective nursing care for individuals throughout the developmental stages across the lifespan.</p> <p>Planning: In a collaborative manner organize and incorporate assessment data (using critical thinking) to plan/revise patient care based on established nursing diagnoses, assessments, and evaluation data.</p> <p>Caring Interventions: Utilize knowledge of the nursing process, patient needs, and the role of the nurse when providing safe, effective, and individualize patient care, which respects values, culture, and expressed need.</p> <p>Managing: Collaboratively organize patient care through shared planning, decision making, problem solving, and goal-setting, employing therapeutic nursing interventions to stable patients in a variety of health care settings.</p>	<p>Human Flourishing: Promote the human dignity, integrity, self-determination, and personal growth of patients, oneself, and members of the health care team.</p> <p>Nursing Judgment: Provide a rationale for judgments used in the provision of safe, quality care and for decisions that promote the health of patients within a family context.</p> <p>Professional Identity: Assess how one’s personal strengths and values affect one’s identity as a nurse and one’s contributions as a member of the health care team.</p> <p>Spirit of Inquiry: Question the basis for nursing actions, considering research, evidence, tradition, and cultural diversity; technological advances; health care legislation; defined scope of practice; and consumer expectations.</p>	<p>Patient-Centered Care: Recognize the patient or designee as the source of control and full partner in providing compassionate and coordinated care based on respect for patient’s preferences, values, and needs.</p> <p>Teamwork and Collaboration: Function effectively within nursing and inter-professional teams, fostering open communication, mutual respect, and shared decision-making to achieve quality patient care.</p> <p>Evidence-based Practice (EBP): Integrate best current evidence with clinical expertise and patient/family preferences and values for delivery of optimal health care.</p> <p>Quality Improvement (QI): Use data to monitor the outcomes of care processes and use improvement methods to design and test changes to continuously improve the quality and safety of health care systems.</p> <p>Safety: Minimizes risk of harm to patients and providers through both system effectiveness and individual performance.</p> <p>Informatics: Minimizes risk of harm to patients and providers through both system effectiveness and individual performance.</p>

CMU nursing programs are built on a career ladder concept. The first step is the Practical Nurse (PN) program. The second step in the career ladder is the Associate in Applied Science Degree in Nursing (LPN-AAS) Students may enter the LPN-AAS program after successful passing of the NCLEX-PN board and completion of the IV certification course. Students successful in the LPN-AAS may proceed to the RN-BSN program once they have successfully taken the NCLEX-RN board.

Program outcomes of the PN program are as follows:

1. Performance on licensure exam: Graduates will pass the NCLEX-PN on their first attempt at a rate equal to or greater than the National NCLEX-PN pass rate for first time candidates.
2. Program Completion: Eighty-five percent of students who enter the PN program will complete the program in two terms.
3. Program Satisfaction:
 - a. Graduate/Alumni Satisfaction: Eighty-five percent of graduates or alumni will express satisfaction with their preparation for practice as indicated on the graduate survey (chose agree or strongly agree)
 - b. Employer Satisfaction: Eighty-five percent of employers will express satisfaction with graduate's preparation for practice as indicated by the employer survey.
4. Job Placement: Eighty-five percent of graduates will be employed as LPNs within one year of graduation.

Program Outcomes are performance indicators that reflect the extent to which the purposes of the program are achieved and by which program effectiveness is documented. PO's are clearly articulated, measurable, consumer-oriented indexes designed to evaluate the degree to which the program is achieving its mission. Analysis of program outcomes in standard VI.

4.2: The Student Learning Outcomes are used to organize the curriculum, guide the delivery of instruction, direct learning activities, and evaluate student progress.

Student Learning Outcomes are utilized throughout the curriculum to guide all aspects of student development. Faculty have established clear, concise, and measurable SLO's. These are in the student handbook and all course syllabi. All students are required to sign documentation they have read the syllabus. The SLO's express the outcome of the student learning experience and how the student will accomplish the learning objectives. Additionally, SLO's clarify expected competencies or proficiencies of the students' knowledge at the completion of the program. SLO's are evaluated with tests to ensure students understand these concepts. Evaluation of clinical skills, competencies and learning concepts

are documented by each clinical faculty member utilizing the SLO's as the core measure for student understanding. Learning outcomes are measurable, specific student behaviors that evidence the acquisition of desired knowledge, skills, abilities, capacities, attitudes or dispositions that are consistent with standards of professional practice. PN Student Learning Outcomes are referenced in table 4.1 in standard 4.1. Bloom's taxonomy has been adopted by the University to explain how to move from simple to complex learning outcomes for each degree program offered at CMU. DHS has adopted the same concept. The use of Bloom's taxonomy enables faculty to organize course content from simple to complex learning outcomes to enable student achievement. Students move from simple concepts in the first semester to more complex concepts in the second semester. Table 4.2 represents QSEN and SLO's moving from simple concepts to increasingly more complex concepts for each course.

Table 4.2 QSEN, SLO's Moving from Simple Concepts to More Complex Concepts by Course.

Course	Semester	SLO	QSEN	Bloom's	Didactic/Clinical
NURS. 101 Pharmacology Calculations	Fall	Communication Assessment Planning Managing	Patient Centered Care Safety Informatics Evidence-based Practice	Knowledge	Didactic
NURS. 112 Basic Concepts of Pharmacology	Fall	Professional Behavior Communication Assessment Planning Caring Interventions Managing	Patient Centered Care Teamwork and collaboration Quality Improvement Safety Informatics Evidence-based Practice	Knowledge	Didactic
NURS. 106 Fund Med. Surg. Concepts I	Fall	Communication Assessment Planning Caring Interventions Managing	Patient Centered Care Teamwork and collaboration Quality Improvement Safety Evidence-based Practice	Knowledge	Didactic
NURS. 106L Fund Med. Surg. Concepts I Lab	Fall	Professional Behavior Communication Assessment Planning Caring Interventions Managing	Patient Centered Care Teamwork and collaboration Quality Improvement Safety Informatics Evidence-based Practice	Knowledge	Clinical

Course	Semester	SLO	QSEN	Bloom's	Didactic/Clinical
NURS 107L Foundations of Nursing Lab	Fall	Professional Behavior Communication Assessment Planning Caring Interventions Managing	Patient Centered Care Teamwork and collaboration Quality Improvement Safety Informatics Evidence-based Practice	Knowledge	Clinical
NURS 105L IV Certification for PN's	Fall	Professional Behavior Communication Assessment Planning Caring Interventions	Patient Centered Care Quality Improvement Safety Evidence-based Practice	Knowledge	Didactic/Clinical
NURS. 109 Introduction to Mental Health	Spring	Professional Behavior Communication Assessment Planning Caring Interventions Managing	Patient Centered Care Teamwork and collaboration Quality Improvement Safety Informatics Evidence-based Practice	Knowledge	Didactic
NURS. 109L Introduction to Mental Health Lab	Spring	Professional Behavior Communication Assessment Planning Caring Interventions Managing	Patient Centered Care Teamwork and collaboration Quality Improvement Safety Informatics Evidence-based Practice	Comprehension	Clinical

Course	Semester	SLO	QSEN	Bloom's	Didactic/Clinical
NURS. 117 Nursing Care of the Childbearing Family	Spring	Professional Behavior: Communication Assessment Planning Caring Interventions Managing	Patient Centered Care Teamwork and collaboration Quality Improvement Safety Informatics Evidence-based Practice	Knowledge	Didactic
NURS. 117L Nursing Care of the Childbearing Family Lab	Spring	Professional Behavior Communication Assessment Planning Caring Interventions Managing	Patient Centered Care Teamwork and collaboration Quality Improvement Safety Informatics Evidence-based Practice	Comprehension	Clinical
NURS. 118 Nursing Care of Children	Spring	Professional Behavior Communication Assessment Planning Caring Interventions Managing	Patient Centered Care Teamwork and collaboration Quality Improvement Safety Informatics Evidence-based Practice	Knowledge	Didactic
NURS. 118L Nursing Care of Children Lab	Spring	Professional Behavior Communication Assessment Planning Caring Interventions Managing	Patient Centered Care Teamwork and collaboration Quality Improvement Safety Informatics Evidence-based Practice	Comprehension	Clinical

Course	Semester	SLO	QSEN	Bloom's	Didactic/Clinical
NURS. 156 Socialization	Spring	Professional Behavior Communication Planning Managing	Teamwork and collaboration Quality Improvement Informatics	Comprehension	Didactic
NURS. 172 Fund Med. Surg. Concepts II	Spring	Professional Behavior Communication Assessment Planning Caring Interventions Managing	Patient Centered Care Teamwork and collaboration Quality Improvement Safety Informatics Evidence-based Practice	Comprehension	Didactic
NURS. 172 Fund Med. Surg. Concepts II Lab	Spring	Professional Behavior Communication Assessment Planning Caring Interventions Managing	Patient Centered Care Teamwork and collaboration Quality Improvement Safety Informatics Evidence-based Practice	Application	Didactic

Didactic (classroom) = paper, exam/test question, oral presentation, standardized test, homework, group work discussion, teaching learning project

Clinical=Clinical performance, skill lab, journal, reflection, post conference, simulation, plan of care.

Abbreviated syllabi in appendix 4.2 pages 148-171. Full syllabus located in the resource room.

4.3: The curriculum is developed by the faculty and regularly reviewed to ensure integrity, rigor, and currency.

Curriculum is reviewed annually by faculty as well as on an as-needed basis to assure Student Learning Outcomes are clear and that program learning outcomes are achieved. Sources used to evaluate the curriculum and make evidence-based decisions to the curriculum include: Kaplan testing, NCLEX test result, surveys of students, graduates, and employers, course evaluations, and program evaluations. All curriculum changes and modifications at CMU must be submitted to the curriculum committee for review and approval. Each department has a representative on the curriculum committee. Tonya Chapin is the Health Science representative and the curriculum chair for CMU. Any curriculum changes within the department must be submitted to Tonya for review before being submitted to the committee. The curriculum committee meets monthly to review all curriculum changes at CMU. The CMU website for curriculum committee information is located at <http://www.coloradomesa.edu/facsenate/1314curriculummeetings.html>.

Faculty members select textbooks based on curriculum, currency, support materials, student feedback, and application of latest information. The small size of the program allows individual faculty to identify changes in course content and clinical experiences based on theory test results and clinical performance grading. Individual instructors bring their suggestions to faculty meetings for discussion and decisions.

The Program Director and DHS Director meet biannually with members of NAC. Council members are alerted to any anticipated program changes and in turn, provide feedback regarding policy changes, clinical issues, equipment needs, expectations of graduates, and problems encountered with current students and/or graduates. Based on council members' input, corresponding curricular changes may be submitted to curriculum committee for consideration.

In 2011-2012, student and faculty feedback indicated foundations of nursing lab needed to allow more time for practice of skills. Foundation of nursing lab was increased from 2 to 3 hours allowing most of the clinical skills to be taught prior to entering clinical rotations. The foundations of nursing lab was moved to follow foundations of nursing theory. This change would help students learn about the concept and concurrently practice it in the lab. Foundations of Nursing II was integrated into the fall lab to allow more lab and clinical opportunities in the spring. These changes were approved through CMU curriculum committee.

It was determined by faculty, based on student feedback, a change in the delivery of the two J-Term courses; NURS. 108 and NURS. 108L Foundations of Nursing II and Foundations of Nursing II lab was necessary. Faculty met to discuss the best way for delivery of content, from this discussion NURS 108 & NURS 108L (mental health and mental health lab) were moved to the spring semester. The course was delivered over an eight week period allowing students a broader introduction to the aspects of mental health. Informal student input suggested students felt moving the course allowed them to spend more time learning and comprehending the subject.

It was decided that NURS. 108 and NURS. 108L needed to be changed to reflect what was being delivered in each of these courses. In January, the Program Director brought possible changes in curriculum to the curriculum committee for review. These changes were approved and will be effective starting the 2014-2015 calendar years. The courses deleted are, NURS. 108 and NURS. 108L. The deletion of these courses were approved at the curriculum meeting, and two separate courses reflecting what content was being taught were approved. The new courses are NURS. 105L, IV certification for the PN, and NURS. 109 and NURS. 109L, Introduction to mental health and Introduction to mental health lab. Minutes for this curriculum meeting can be found at this website http://www.coloradomesa.edu/facsenate/documents/Minutes_UCC012314.pdf page 5-7 and will be available in the resource room.

Rigor: Nursing faculty believe rigor is a strong component of the PN program. The NCLEX data demonstrate first time pass rates are consistently at or above the state and national average. The pass rates on the NCLEX PN exam have been consistently at 96-100 % for the past three years. Community feedback collected formally and informally indicates CMU graduates are prepared for employment upon graduation from the program. Faculty review results from Kaplan PN readiness test each year. The readiness test measures student strengths, weakness and readiness for successfully passing the NCLEX PN exam. Information from this test gives students areas for improvement for passing NCLEX.

Kaplan testing is used in all courses throughout the program. Each student has a final comprehensive examination for every theory course. Students also have a Kaplan examination for each of the theory courses at the end of the semester. Both of these testing methods help faculty to identify areas the student may be lacking in comprehension of content. Faculty modify content to improve areas of weakness exhibited during testing. The final exam is worth 15% of the grade and the Kaplan exam is worth 5% of the grade. Kaplan testing reflects mastery of content within the defined area of testing. Students who do not meet this benchmark are required to remediate within the Kaplan test. Students are required to take the non-proctored Kaplan tests related to the content tested in the proctored

Kaplan exam. A score of 93% on each non-proctored exam must be achieved before taking the proctored exam. The non-proctored Kaplan is worth 5% of the total grade in each of the courses.

Currency: Faculty share best practices in their courses, both informally and formally. In 2013-2014, two new faculty members began in the program. New faculty members brought ideas to share with students from their own clinical practices. In 2014-2015, one faculty member is teaching from the previous year, the other faculty member was let go, and two more faculty members were hired. All faculty have content expertise as well as broad clinical experiences that will be utilized in the classroom and clinical settings. Evidence based practice is discussed and utilized throughout the program.

Simulation and role play has been utilized in the classroom helping students to incorporate concepts visually before clinical rotations. Increased simulation will be used during the 2014-2015 school year.

Laboratory facilities maintain the most current equipment and supplies students will use in in facilities in health care facilities in western Colorado. Laboratory personnel maintain an environment to emulate facilities in the area. The laboratory moved to its new location May, 2014. The lab has state-of-the-art equipment for students to practice nursing skills. A medical dispensing system was purchased by Perkins funds for students to use in fall of 2014.

4.4: General education courses/competencies enhance professional nursing knowledge and practice if included in the program of study.

General education courses enhance the professional nursing knowledge in the PN program at CMU. General education courses build writing skills, reading skills, and foundational knowledge. The courses teach about the human body parts, how each part works in the human body. General education courses emphasis growth and development through the life span. All of these courses are the building blocks to success in the PN program. Table 4.4 shows the general education requirements, description and how each general education course enhances a student's successful completion in the program.

Table 4.4 General Education Requirements, Description and Student Successful Completion of Program.

General education Class	Class description	Enhances Completion of program
English 111 English Composition	Introduction to writing as a process with an emphasis on achieving rhetorical purpose.	Writing is utilized throughout nursing. Papers, charting and written assignments.
English 112 English Composition	The practice of academic writing that extends one's own thinking in response to the ideas of others.	Increases writing skills to help students with papers, ideas, and creativity.
Biology 209 Human Anatomy & Physiology I	Study of the form and function of several major systems of the human body.	Need to understand the body and how it works to be able to understand diseases processes.
Biology 209L Human Anatomy & Physiology I Lab	Study of the form and function of several major systems of the human body.	Need to understand the body and how it works to be able to understand disease processes.
Biology 210 Human Anatomy & Physiology II	Continuation of Human Anatomy and Physiology, which covers additional body systems and disease processes.	Need to understand the body and how it works to be able to understand disease processes.
Biology 210L Human Anatomy & Physiology II Lab	Continuation of Human Anatomy and Physiology, which covers additional body systems and disease processes.	Need to understand the body and how it works to be able to understand disease processes.
Psychology 233 Human Growth and Development	Developmental principles, ages and stages of the life span, and adjustment techniques.	Understand all of the developmental stages over the life span. Students take care of clients of all ages. This class helps them to understand each of the stages.

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

Faculty create didactic and clinical experiences for students to actively engage in discussions and with diverse populations within the regional medical community. Faculty promote culture awareness within student learning experiences in order to promote integration of cultural sensitivity into nursing practice. The largest minority population that students encounter in Grand Junction is Hispanic. Students learn that diversity includes not only culture, gender or ethnic groups but also those who are homeless, teenagers or hold different viewpoints. Students are encouraged to communicate in bilingual languages as appropriate.

Faculty expects all students to work with and respect individuals regardless of race, ethnicity, or gender. Socioeconomic issues are discussed throughout the curriculum. Students learn to recognize the effect these influences have on patients ability to access care. Students care for a significant population that is medically underserved for socioeconomic reasons.

During clinical, students are also expected to care for patients with different nutritional, physical, emotional and mental needs. Culture, diversity and ethnicity are incorporated into each course increasing students' knowledge and understanding of diverse populations. Table 4.5 demonstrates culture and diversity concepts that are integrated into the program.

One project implemented in NURS. 107 fall, 2013 introduced students to different cultural groups. Students presented to the class a power point on a chosen country with emphasis on care and practices within the culture. Students dressed as people in the country would, and shared food from that region as well. Another project involved post clinical discussion regarding care of patients with beliefs and practices different from their own. Assignments were reflective journaling of these experiences. In NURS. 117 the class spent time discussing cultural beliefs, and practices that might affect care in the United States. Discussion included how to include family viewpoints into nursing practice.

Table 4.5 Culture and Diversity Concepts Integrated into the PN Program.

Course	Student Objectives	Assignments	Clinical Facility
NURS. 101 Pharmacology Calculations	Learn about differences with medication administration within various age groups. Acknowledge and support patient centered care for all individuals.	Tests Quizzes	Utilized within all clinical rotations
NURS. 105L Nursing IV Certification	Introduces learners to theoretical and clinical skills essential IV certification. Describe normal physiology of fluid and electrolytes, including adult normal values. Utilize psychological principles in preparing a patient for IV therapy.	Lab	St. Mary's Hospital, Hilltop, Community Hospital
NURS. 106 Fundamentals Medical\Surgical Concepts	Discuss principles of cultural awareness in the plan of care for patients with commonly occurring health conditions.	Tests Quizzes Discussion Workbooks	Theoretical concepts are utilized in NURS. 106L
NURS. 106L Fundamentals Medical/Surgical Concepts Lab	Lab introduces the student to medical-surgical nursing concepts integrating knowledge from foundational nursing, the sciences, pharmacology, and nutrition and cultural concepts	Clinical Paperwork Journal Care Map/Care Plan	St. Mary's Hospital, Hilltop, Community Hospital
NURS. 107 Foundations of Nursing	Differentiate common variations in assessment data for pediatric and geriatric patients. Examine the concept of holistic health care and its relationship to the wellness-illness continuum. Identify physical, psychological, life-style and socio-cultural considerations that influence alterations in health and physical assessment data.	Case Studies Discussion Tests Quizzes Workbooks Presentation on Cultures	Theoretical concepts are utilized in NURS. 107L

Course	Student Objectives	Assignments	Clinical Facility
NURS. 107L Foundations of Nursing Lab	Incorporate cultural considerations that influence alteration in care. Evaluate bioethical dilemmas including beginning/end of life and quality of life issues.	Skills check offs Practice assignments Simulation	St. Mary's Hospital, Hilltop, Community Hospital
NURS. 112 Basic Concepts of Pharmacology	Identify the cultural considerations of administering medications to patients.	Discussion Tests Quizzes	Utilized within all clinical rotations
NURS. 109 Introduction to Mental Health	Discuss cultural issues that influence family dynamics with psychiatric disorders.	Discussion Group presentations Tests Role Play	Theoretical concepts utilized in NURS. 109L
NURS. 109L Introduction to Mental Health Lab	Provides an opportunity to practice the mental health nursing skills required to meet the needs of clients in a variety of mental health settings with different ethnicities, diversity and cultures.	Clinical Paperwork Journal Mental Health Paper	Hilltop, Hospice, Mental Health Institute, Recovery Services, PACE
NURS. 117 Nursing Care of the Childbearing Family	Focus on normal pregnancy, physiologic and psychological changes experienced, and care of the normal newborn. Differences in care among cultures and ethnicities.	Tests Discussion Simulation	Theoretical concepts utilized in NURS. 117L
NURS. 117L Nursing Care of the Childbearing Family Lab	Delivery compassionate and culturally sensitive care to diverse populations within the childbearing family.	Clinical Paperwork	St. Mary's Hospital

Course	Student Objectives	Assignments	Clinical Facility
NURS. 118 Nursing Care of Children	Understand different developmental stages when taking care of children from different culturally diverse groups	Tests Quizzes Discussion	Theoretical concepts utilized in NURS. 118L
NURS. 118L Nursing Care of Children Lab	Deliver compassionate and culturally sensitive care to children within a variety of settings and in diverse populations.	Clinical Paperwork	St. Mary's Hospital Little Mavericks, Western Colorado Pediatrics
NURS. 172 Fundamentals Medical/Surgical Concepts II	Introduction to medical-surgical nursing concepts integrating knowledge from foundational nursing, the sciences, pharmacology, and nutrition and cultural concepts.	Tests Discussion Quizzes Workbook	Theoretical concepts utilized in NURS. 172L
NURS. 172L Fundamentals Medical/Surgical Concepts II Lab	Builds on concepts from knowledge in fundamentals I lab incorporating care of ethical and diverse populations in the clinical setting.	Clinical Paperwork Care Maps	St. Mary's Hospital, Community Hospital, Hilltop, Surgical Center, Rocky Mountain Health Plans, Fruita Wound Clinic, other outpatient units
NURS. 156 Socialization	Introduction to cultural diverse populations within the country and region.	Group Discussion Resume Practice job interviews, Role Playing	No Clinical

Books for all courses will be available in the resource room for review.

4.6: The curriculum and instructional processes reflect educational theory, interprofessional collaboration, research, and current standards of practice.

CMU utilizes innovative and creative teaching strategies to engage the adult learner. Faculty believe that students are self-directed learners and the instructors are there to guide students. The role of faculty is that of teacher, facilitator, evaluator, advisor, mentor and resource person. Faculty is responsible for assisting individual students to become knowledgeable, demonstrate competencies and meet the program outcomes. Faculty engage student learning experiences by utilizing evidence based practice to meet the growing health care demands for entry into practice.

Faculty emphasize a caring environment that fosters student growth and promotes learning. Faculty respect the knowledge and experience students bring to the educational environment. Adult learning theory empowers learners with mentoring and guidance allowing both autonomy and self-responsibility in the learning experience.

CMU uses a simulation lab that is highly developed with high and low fidelity equipment to enhance student experiences. The CMU lab personnel continually purchase equipment and supplies to ensure students work with similar equipment used in local facilities.

Faculty remain current in educational theory by attending professional development workshops and conferences. All faculty members maintain career and technical education certificates (CTE's). Faculty attend annual conferences to increase knowledge in teaching and learning.

It is important that students are provided learning opportunities that reflect current standard practices. The majority of the faculty maintain a clinical practice outside of CMU that allows up-to-date information to be accessed in changing health care trends. Faculty makes deliberate choices about concepts, content, and experiences essential to professional nursing education. Decisions on content are based on program's mission, philosophy, educational outcomes, and local and national trends. Because students cannot memorize the entire body of nursing knowledge, faculty focus teaching the basic core concepts in which to build upon. Faculty assist students to obtain critical thinking, sound reasoning and decision making skills.

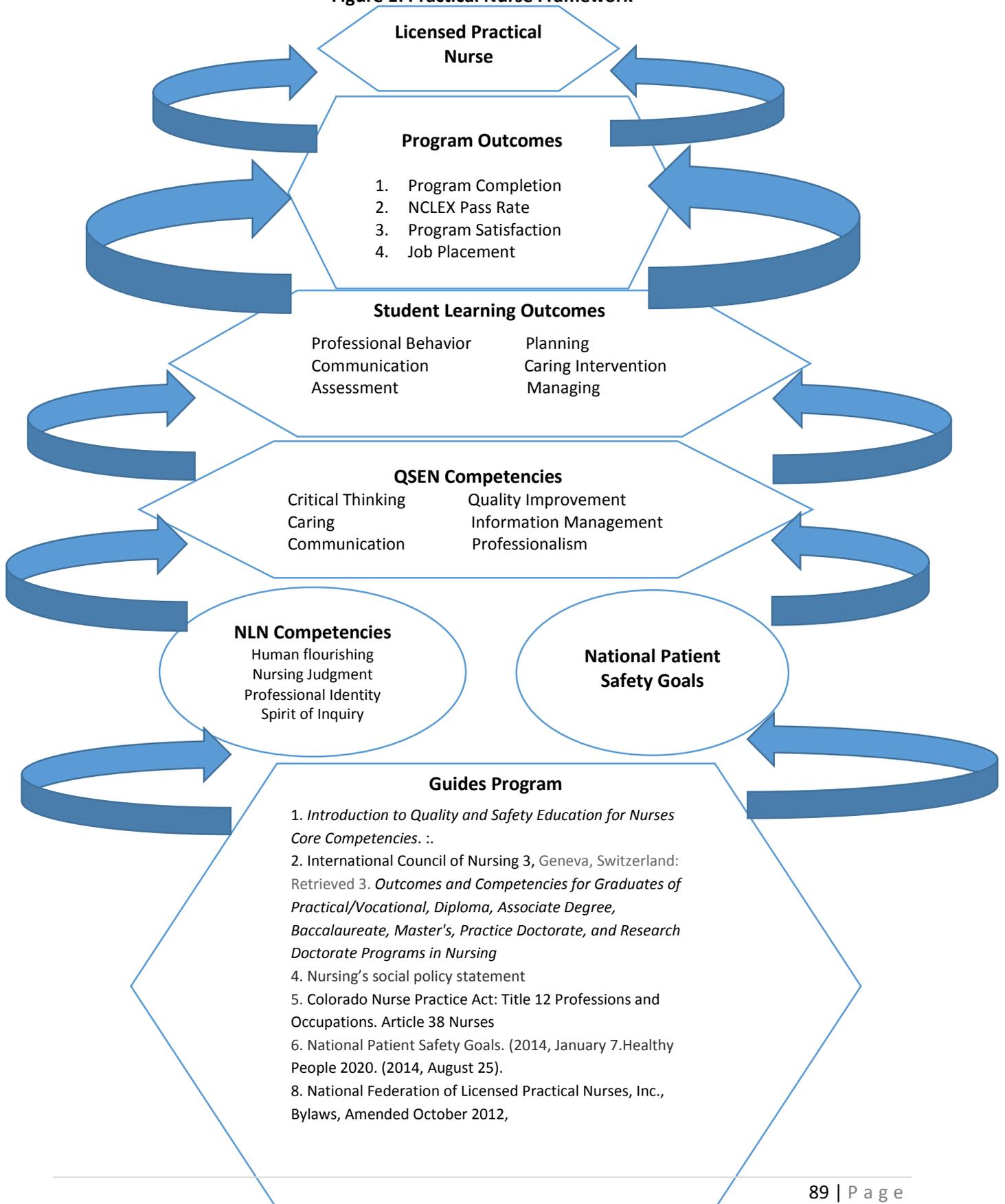
CMU supports faculty members who develop and implement innovative teaching strategies within the existing curriculum. Nursing instructors work with other instructors within DHS programs in the career ladder to facilitate quality education in a supportive environment. Mentoring has proven to be successful to improve the instructional process. Many faculty in other DHS programs are guest

speakers for various subjects' further supporting opportunities to learn varied teaching strategies and content.

An example of interprofessional collaboration with the BSN senior level students has been in place for the last three years. Senior BSN students work with the PN students in the clinical setting to enhance positive therapeutic communication skills. The BSN students coach PN students with communication among disciplines within the hospital setting. BSN senior students may review certain procedures and concepts, such as understanding lab values, with PN students. The instructor always supervises the procedure with the student. The mentoring process has proven to be successful to improve instructional process in a safe environment with the nursing students.

The CMU Practical Nursing curriculum is guided by the nursing program framework, CSBN practice act and the nursing process. The framework includes NLN competencies, SLO's, QSEN competencies and PO's. Figure 1: Represents the PN framework below:

Figure 1: Practical Nurse Framework



4.7: Evaluation methodologies are varied, reflect established professional and practice competencies, and measure the achievement of the Student Learning Outcomes.

Faculty uses a variety of methods to evaluate student learning. Students are required to meet SLO's and course objectives for each course. Evaluation tools, rubrics, and clinical evaluation plans are used to ensure students are meeting the rigorous standards of the nursing program. Each syllabus lists the Student Learning Outcomes and course objectives. Students are oriented to syllabi on the first day of class.

Students receive the PN student handbook during orientation. Students are required to acknowledge reading the student handbook and sign an acknowledgement form that is placed into their files. Example of the acknowledgement form will be in the resource room. Students are expected to read and follow the handbook as a guide throughout the entire program.

Tests in every course are designed to ensure SLO's are being met. Each test question relates to a specific student learning outcome. The goal for the student is to score a 76% or higher on the overall test. The goal for the class is that 85% of the students answer the question correctly. The goal for each course is that; 95% students receive a 76% or higher on the final comprehensive examination. Students who do not receive a 76% or higher grade are encouraged to review the exam with a faculty member. Students who do not receive an average score of 76% will not pass the course and must repeat the course the next year. Students cannot continue in the program until the course has been completed successfully. Students who fail two classes will not be allowed to stay in the program.

The DHS nursing programs utilize Kaplan testing. Kaplan is an outside testing tool that aids students for test preparation to achieve success with NCLEX-style questions. Kaplan formulates different styles of questions to improve test taking strategies on the PN NCLEX exam. Each course has a Kaplan testing component as part of the final grade. Kaplan exams are worth ten percent of the final grade; five percent from the non-proctored tests and five percent from the proctored examinations. Students are required to take the non-proctored tests assigned before taking the proctored examination. Students must receive a 93% on each of the non-proctored in order to receive the full five percent for the non-proctored grade assignment. Each proctored examination has a separate benchmark for students to meet that indicates proficiency in that subject. Students who do not meet the benchmark are required to remediate to the 93% level on the non-proctored failed content. Kaplan is also used to ensure instruction in the classroom reflects current theoretical practices. Kaplan is not demonstrated in the SLO's. Faculty have discussed the possibility of correlating select SLO's to Kaplan testing.

Methods of evaluation used in the program are examination, quizzes, essay, discussion, care maps, group work, power point presentations, journaling, papers, workbook assignments, and simulation.

Example of Grading for Kaplan Testing and Course Grade Calculation:

<u>Grade Calculation:</u>		Proctored exam will be “Gerontology” and will be awarded points as follows:
In-Class Tests	= 55%	82.75 to 100% = 150 points (50 points extra credit)
Comprehensive Final Exam	= 15%	71.75 to 82.74% = 125 points (25 points extra credit)
Quizzes, Homework	= 10%	61.8 to 71.74% = 100 points
Attendance	= 10%	51.4 to 61.79% = 75 points
Kaplan	= 10%	<51.4% = 50 points
(non-proctored)	(5%)	
(Proctored)	<u>(5%)</u>	
TOTAL =	100%	

Didactic Evaluation: A variety of evaluation methodologies are utilized throughout the courses. Evaluation incorporates several components to test knowledge and to ensure teaching strategies have been met for each student. The primary evaluation tool in didactic is by examination. Examination includes multiple choices, case studies, ultimate format questions, papers and sequence questions. Quizzes may be used for evaluation. Some courses have workbook assignments to complete before testing. Workbooks enhance the students learning and retention of concepts. Test questions are taken from a test bank that corresponds with the adopted book. Faculty validates test questions to identify if a question needs to be rewritten for accuracy or content. Review of student performance of test questions is reviewed to assure student comprehension of material.

Simulation: Simulation is utilized throughout the nursing program. In 2013, less simulation was used due to transition and training of new Program Director and new faculty within the PN program. Simulation has been incorporated into the courses and clinical for fall of 2014. Simulation Learning System (SLS) maximizes the capabilities of human patient simulators and assists faculty in assessing program competencies and Student Learning Outcomes. SLS is an adaptable, step-by-step online support system making it easy to implement simulation throughout the curriculum. Simulation provides a comfortable environment for students to gain confidence in caring for patients with various health problems and beliefs. Simulation also allows for students to experience situations in which they may not have an opportunity to encounter in the clinical setting. In simulation, students are given the opportunity to make mistakes without causing adverse effects furthering development of their critical

thinking skills. Reflective debriefing allows opportunities to evaluate nursing care in a safe environment before skills are practiced on a patient.

The learning environment provides a foundation for effective simulated patient experiences accurately reflecting real life situations. Students participate in simulated learning experience enter the simulated clinical environment prepared with basic knowledge of the material and use the experience to gain further understanding. Faculty assume the role of facilitator providing cues when necessary. Faculty and students participate in active debriefing. During the debriefing, students share their thoughts as to how the case unfolded. They identify their own strengths and challenges, individually and collectively. Faculty provides feedback and guidance to formalize the learning process. Simulation receives a pass/fail grade. Simulation is sometimes used in the classroom to further student understanding of specific content. For example, NURS. 117 uses Sim Mom for activities related to birth, hemorrhage, and postpartum assessment.

Clinical Evaluation: The primary evaluation tool for clinical care maps. A rubric provides a basis for evaluation of student work and expectations. Student keeps a journal regarding experiences they had during their clinical day. Students are evaluated by their clinical instructors using the clinical evaluation tool. Appendix 4.7 is an example of the clinical evaluation tool on pages 171-175. Students are evaluated according to accomplishment of clinical objectives and are given a rating in accordance with what the student demonstrated throughout the clinical experience. Students must successfully perform the following critical behaviors: safety, preparation for care, accountability/honesty, confidentiality, and medication administration. A failure to perform at a passing level in any of the critical behavior areas results in a clinical failure.

The clinical performance tool reflects program core concepts and course objectives. The tool evaluates students on the six specific SLO's competencies. These are professional behavior, planning, communication, caring intervention, assessment, and management of care. Specific behaviors are identified for each area utilizing the QSEN competencies. Students are given an average score for each behavior based on the clinical performance rating scale. Scores are converted to a percentage and a letter grade at the end of each clinical rotation. The students have a skills list that are evaluated by an instructor and or a nurse who has assessed this skill. The evaluation tool shows clinical progress throughout the curriculum with higher learning competencies in the second semester.

4.8: The length of time and the credit hours required for program completion are congruent with the attainment of identified Student Learning Outcomes and program outcomes and consistent with the policies of the governing organization, state, and national standards, and best practices.

The Practical Nursing program is part of the career ladder that allows students to attend school while working. Students start in the PN program, and may continue to the LPN-AAS program. They can advance through the career ladder to the BSN, MSN and Doctor of Nursing Practice.

Students in the PN program must complete all general education, foundation courses, and core nursing courses to be eligible to take the PN NCLEX exam. The PN program consists of seventeen general education credits and thirty-one nursing credits for a total of 48 credits. Students who do not meet graduation requirements will be ineligible for verification of program completion, and thus cannot take the licensing examination. The nursing program begins in August with completion in May for a two semester, 9 month program.

Admission to the program occurs once a year in August. Students must complete the program within one year after being admitted to the PN program. Part-time progression in the nursing program is not offered. Students who have extenuating circumstances or fail a class thus delaying progression, must return to complete the PN program within two years. Courses must be taken in the appropriate sequence. Classes are offered during the day with some clinical rotations scheduled on weekends.

Program length is within the standards set by the CSBN. The program utilizes the components identified by the CSBN and QSEN. The CSBN chapter two rules state that the Curriculum for a Nursing Education Program must include the following components:

- A. The curriculum for the Nursing Education Program shall enable the student to develop the nursing knowledge, skills and competencies necessary for the level of nursing practice of the Nursing Education Program. For professional and practical Nursing Education Programs, this includes skills in intravenous therapy, plus theory and clinical experience in four recognized specialty areas; pediatrics, obstetrics, psychiatric, and medical-surgical nursing.
- B. Theory and Concurrent Clinical Experience shall provide students the opportunity to acquire and demonstrate the knowledge, skills and competencies for safe and effective nursing practice.
- C. The curriculum must:

1. Reflect consistency between the mission, outcomes, curriculum design, and course Progression, and learning outcomes of the Nursing Education Program.
2. Be organized and logically sequenced to facilitate learning.
3. Facilitate seamless academic progression between in-state Nursing Education Programs.
4. Provide Clinical Experience and Clinical Simulation to prepare the student for the safe practice of nursing. This experience must be concurrent with theory and include:
 - a minimum of four hundred (400) clinical hours.
5. Provide theoretical instruction to prepare the student for the safe practice of nursing. This theoretical instruction must include: a minimum of three hundred (300) theory hours.
6. Practical nursing education programs must include didactic instruction in nursing and clinical practice caring for stable patients with predictable outcomes.

The Chapter two rules regarding education programs may be found

at: http://cdn.colorado.gov/cs/Satellite?blobcol=urldata&blobheadername1=Content-Disposition&blobheadername2=Content-Type&blobheadervalue1=inline%3B+filename%3D%22Chapter_2_clean+adopted+06.14.2014.pdf%22&blobheadervalue2=application%2Fpdf&blobkey=id&blobtable=MungoBlobs&blobwhere=1251998948185&ssbinary=true. The rules will be available in the resource room.

Table 4.8 shows the summary of Contact Hours and Table 4.8a shows PN Nursing Curriculum and general education requirements.

Table 4.8 Summary of Contact Hours

Course	Credits	Theory contact Hours	Skills Lab Contact Hours	Clinical contact Hours	Simulation Contact Hours
NURS. 101	1	15			
NURS. 105L	1			45	
NURS. 106	3	45			
NURS. 106L	2			90	
NURS. 107	3	45			
NURS. 107L	2	15	75		40
NURS. 112	2	30			
NURS. 109	2	30			
NURS. 109L	1			45	
NURS. 117	2	30			4
Nurs. 117L	1			45	
Nurs. 118	2	30			
Nurs. 118L	1			45	
Nurs. 156	1	15			
Nurs. 172	3	45			
Nurs. 172L	4			180	16
Total Hours	31	300	75	450	60

Total Contact Hours	Classroom Hours	Clinical Hours
885	300	585
Total contact Hours	1credit= 15 contact hours	1 credit hour=45 contact hours

Table 4.8a PN Nursing Curriculum and General Education Requirements

General Education		
Fall Semester		Spring Semester
English 111	3 credits	English 112
Psychology 233	3 credits	Biology 210
Biology 209	3 credits	Biology 210L
Biology 209L	1 credit	
Total Credits Fall==10 credits		Total Credits == 7 credits
(Note many students take classes that will apply to the LPN-AAS program for general education requirements to establish a full load for financial aid.)		
PN Program		
Fall Semester		Spring Semester
NURS. 101 Pharmacology Calculations-	1 credit	NURS. 109 Introduction to Mental Health-
NURS. 105L PN IV certification-	1 credit	NURS. 109L Introduction to Mental Health Lab-
NURS. 106 Fund Med Surg Concept I-	3 credits	NURS. 117 Nursing Care of Childbearing Family-
NURS. 106L Fund Med Surg Concept I lab-	2 credits	NURS. 117L Nursing Care of Childbearing Family Lab-
NURS. 107 Foundations of Nursing-	3 credits	NURS. 118 Nursing Care of Children-
NURS. 107L Foundations of Nursing Lab-	2 credits	NURS. 118L Nursing Care of Children Lab-
NURS. 112 Basic Concepts of Pharmacology-	2 credits	NURS. 156 Socialization-
		NURS. 172 Fund Med Surg Concepts II-
		NURS. 172L Fund Med Surg Concepts II Lab-
		4 credits
Total Credits=14		Total Credits=17
Credits PN Nursing Program	Support Classes	Total Credits
31	17	48

Tables above show compliance with the CSBN. The program length is within the recommended length for a certificate program. Student Learning Outcomes and program outcomes are consistently met utilizing the PN established curriculum.

4.9: Practice learning environments support the achievement of student learning outcomes and program outcomes.

Students gain critical experience at clinical sites in various community agencies. Faculty has established positive working relationships with clinical personnel to provide these optimal learning opportunities that meet Student Learning Outcomes.

Affiliation agreements clearly delineate facility and University responsibilities regarding safety for both the patients and students. The patient population and the students' level of education and experience are taken into consideration when assigning various clinical units and sites to students. For example, in the first semester students utilize long term care facilities, orthopedic, medical, and surgical units. Second semester students are placed in in-patient and out-patient units as well as clinics and long-term care facilities.

The administrative assistant is responsible for maintaining and updating the clinical contracts and agreements. Below is the exact wording from contracts utilized at CMU:

“This agreement shall be effective for an initial period of one year and shall thereafter automatically renew for additional one-year periods unless either party shall terminate this Agreement as provided herein. Notwithstanding the foregoing, either party may terminate this Agreement upon not less than six months' written notice to the other, provided that any student in the midst of an assignment in the program when notice is given will be permitted to complete the assignment before the termination can take effect. No student may begin a clinical experience at Agency after notice has been given unless that student's assignment can be completed prior to the termination date.”

Agreements for each affiliation will be available in the resource room.

Table 4.9 shows the Clinical Facilities and Relationship to SLO's

Table 4.9 Clinical Facilities and Relationship to SLO's

Facility	Professional Behavior	Communication	Assessment	Planning	Caring Interventions	Managing
St. Mary's Hospital	X	X	X	X	X	X
Community Hospital	X	X	X	X	X	X
Hilltop	X	X	X	X	X	X
Rocky Mountain Health Plans	X	X	X		X	
Hope West	X	X	X		X	
Mental Health Institute	X	X	X		X	
Grand Valley Surgical Center	X	X			X	
Primary Care Partners	X	X	X		X	
Little Mav's	X	X		X	X	
Western Co. Pediatrics	X	X	X		X	
Fruita Health West	X	X	X	X	X	X
PACE	X	X	X		X	X
Urgent Care	X	X	X	X	X	X
Larchwood Inns	X	X	X	X	X	X
Mantey Heights	X	X	X	X	X	X
Mesa Manor	X	X	X	X	X	X

Acute Care: Student gain experience at several acute care clinical sites, each with unique strengths and a variety of health care services. These sites provide students the opportunity to meet clinical course objectives, Student Learning Outcomes, and program outcomes across the curriculum. All sites maintain strong educational programs for their staff, including in-service education and skill days to assure that care meets the highest standard. The safety goals for each facility are discussed with students' during orientation and prior to their clinical experience.

St. Mary's Hospital & Regional Medical Center is dedicated to meeting the health care needs of residents in western Colorado and eastern Utah. A not-for-profit organization, St. Mary's Hospital was founded in 1896 by the Sisters of Charity of Leavenworth. The small, wood-framed building that stood over 100 years ago offered only 10 beds. Today, St. Mary's Hospital is the largest medical center between Denver and Salt Lake City. St. Mary's is fully-accredited hospital with more than 350 beds, a level II trauma center, air emergency transport services, and a level II neonatology center. St. Mary's offers a full range of psychiatric services, a rehabilitation center, dialysis, open-heart surgery, brain and spine center, and a comprehensive oncology clinic. It is currently the only hospital in the Mesa County providing labor and delivery services. Approximately, 2000 staff and 300 active physicians, representing more than 40 specialties, provide the high-level and compassionate care. Approximately 700 volunteers support the staff, donating more than 150,000 hours of service each year. St. Mary's provides specialized services, experienced professionals, and the latest in techniques and technology close to home for people of western Colorado and eastern Utah. St. Mary's provides the majority of the medical-surgical experience for the PN program. Students are able to rotate through many units such as orthopedics, medical, surgical, neurological, respiratory, wound therapy, physical therapy, neonatal intensive care, labor and delivery, transitional care nursing, postpartum and pediatrics.

Community Hospital is a full-service acute-care hospital licensed for 78 beds. As part of the Colorado West Healthcare System, they offer outpatient diagnostic services and inpatient care for the Western Slope region of Colorado, as well as Eastern Utah. Community Hospital brings together expert staff and world-class technology in a healing, family-centered environment. Diagnostic capabilities, include state-of-the-art ultrasound, PET/CT, 64-slice CT, digital mammography and cardiac testing. The hospital is both Joint Commission and American Osteopathic Association- accredited and is the only hospital with this dual accreditation in the western United States. The laboratory is University of American -accredited. For lab tests not completed onsite, the hospital uses Mayo clinic services. Community hospital provides clinical experiences including special procedures (endoscopy and colonoscopy, urgent care, medical surgical units, home health, ICU, ER, and operating room.

Family Health West is located in Fruita, Colorado. This hospital remains on the leading edge of rural health care service delivery for more than 60 years. The 20-bed hospital was a result of a community effort in the mid-1940s to provide health care for residents of rural Mesa County in western Colorado. Local farmers and ranchers drove to Utah and brought back loads of bricks and supplies to build the hospital. Although the hospital weathered many crises in the early years, it survived because of the community's commitment and dedication to maintaining local health care. In the 1980s, Family Health West began to implement a broader range of health care services to meet the needs of the community. The Continuum of Health Care was developed to include senior, elder and Alzheimer's care services. Family Health West is now recognized as a pioneer and leader in health care services for individuals of all ages and in the implementation of innovative Alzheimer's and eldercare. Family Health West offers fifteen different services.

Each of these facilities offers students wide and varied opportunities to become skilled, safe practicing LPNs.

4.10: Students participate in clinical experiences that are evidence-based and reflect contemporary practice and nationally established patient health and safety goals.

Clinical sites are congruent with the National Patient Health and Safety Goals and are fully accredited. Clinical sites offer a variety of clinical experience and opportunities to assist nursing students to succeed in the program and in professional practice. The DHS faculty meets semi-annually with the main clinical site- St. Mary's Hospital- to ensure clinical sites and program needs are met. The Program Director meets with other facilities as needed. Open communication is encouraged, promoting optimal clinical environment to achieve the program outcomes. Table 4.10 shows the National Patient Safety goals and how they are implemented into the PN program.

Table 4.10 Implementation of National Patient Safety Goals in the PN Program

National Patient Safety Goal 1: Identify Patients Correctly	
NURS 101, 106L, 107, 172L, 118L	2 patient identifiers (name and date of birth) & 6 Patient medication rights for administration of every medication. Information is double checked with ID band and instructor or floor nurse.
NURS 117L	Matching of bracelets with patients and two nurses. Two patient identifiers (name and date of birth) double checked with the ID band
National Patient Safety Goal 2: Improve Staff Communication	
NURS 107, 107L, 106L, 172L	Students practice giving report to one another. Students report to the nurse at end of their shift utilizing SBAR.
NURS 156	Discuss and role- play effective communication, SBAR. Discuss conflict resolution
National Patient Safety Goal 3: Use Medications Safely	
NURS 101, 112	Students learn to give medications, usage, dosage, safety, teaching, labs, and contraindications with return demonstration. 2 patient identifiers & 6 patient rights.
NURS 106L, 172L	Medication cards made by student for all patients medications for that day with reason for medication, side effects, contraindications, labs, and teaching.
NURS 117L, 118L	Medication cards of all medications utilized on the OB, Pediatric units before clinical starts. Must bring with them to every clinical
Patient Safety Goal 6: Use Alarms Safely	
NURS 107, 107L	Teaching about safety alarms to students with return demonstration.
NURS 106L, 172L, 117L, 118L	Learned to answer call lights, check that the bed is low and that if alarms need to be on they are turned on. Communicate any issues with charge nurse, and, or instructor.

National Patient Safety Goal 7: Prevent Infection	
NURS 106, 172 107, 107L	Lecture and discussion on cause, treatment and prevention of infection. Isolation procedures related to disease process discussed with return demonstration.
National Patient Safety Goal 1: Identify Patients Correctly	
NURS 106L, 172L	Hand hygiene, sterile dressing technique, PPE assessed by instructor at every clinical
NURS 117L, 118L	Utilize PPE, hand hygiene, steril vs asepsis. Compliance with hospital protocols regarding any patient in isolation.
National Patient Safety Goal 15: Identify Patient Safety Risk	
NURS 107 107L	Discuss fall risk, restraints, Braden scale.
NURS 106L, 172L	With instructor, and, or nurse, check restraints, assess for fall risk and Braden scale
NURS 109L	With instructor and or nurse assess for fall risk and Braden scale
National Patient Safety Goal: Prevent Mistakes in Surgery	
NURS 107L	Discuss with return demonstration time out during surgery
NURS 172L	Observation of time out procedure during surgery
NURS 117L	Observation of time out procedure during surgery

4.11: Written agreements for clinical practice agencies are current, specify expectations for all parties, and ensure the protection of students.

Affiliation Agreements are updated with clinical agencies annually. The DHS Director and Assistant Vice President of Auxiliary Services, Andy Rodriguez review and sign all contracts initially and with any new changes. Professional Assistant, Renae Phillips generates new contract agreements and the above procedure is completed. Andy Rodriguez, Assistant Vice President of Auxiliary Services has final approval on all agency contracts.

Affiliation agreements list responsibilities of the University, agency, and mutual responsibilities of each entity. The agreement is a binding contract between the University and the agency. Signed contracts are kept in a secure area online with the administrative assistant. The original contract is filed in the purchasing department. Under no circumstances may a student start a clinical rotation at a facility in which CMU does not have a contract. The administrative assistant informs faculty when a contract has been signed. Copy of the affiliation agreement can be found in the resource room.

4.12: Learning activities, instructional materials, and evaluation methods are appropriate for all delivery formats and consistent with the Student Learning Outcomes.

CMU offers only one site in which the program is administered therefore; all students receive information and instruction through the same method. Learning activities, instructional and evaluation methods are equal among all students.

Standard 5

5.1: Fiscal resources are sustainable, sufficient to ensure the achievement of the student learning outcomes and program outcomes, and commensurate with the resources of the governing organization.

The budget is sufficient to support the needs of students and program outcomes. Financial stability supports student learning, and program outcomes, and is sustainable. Compensation of nursing unit personnel supports recruitment and retention of qualified faculty and staff. Equipment and supplies (e.g., computing, laboratory, and teaching-learning) are sufficient to achieve the mission and goals of Student Learning Outcomes and Program Outcomes. There is a process for regular review of the adequacy of the program's fiscal and physical resources and improvements are made as appropriate.

Fiscal and physical resources are available to program faculty within DHS to review. Available resources include, but are not limited to: allocated monies, Tomlinson Library, classroom and office space for students and faculty, lab stocked with standard medical equipment, simulation equipment, HR support of employees and consistent fiscal support. The DHS has the authority to move funds across budget categories to respond to program needs. Faculty have the necessary flexibility to manage their resources and request needed funds in the budget.

Budget Process: CCHE is the policy and coordinating board for the state's higher education system, including CMU. <http://highered.colorado.gov/Finance/Budget/>. The board consists of 11 members, appointed by the governor and confirmed by the Colorado State Senate. CCHE grants full authority and responsibility to the Board of Trustees for the control and governance of CMU.

<http://www.coloradomesa.edu/trustees/index.html>). The Trustees serve as the policy-making board for the institution. This includes such areas as finance, resources, academic programs, personnel policies, curriculum, admissions, and mission. To assist in meeting their responsibilities, the Trustees delegate to the President of Colorado Mesa University, the authority to interpret and administer policies in all areas of operations. The President is responsible to the BOT. As chief executive officer, the President has general authority and responsibility for the institution and for keeping the board informed of CMU affairs in a timely and appropriate manner.

The BOT expects the President to be responsible for communicating with the legislature, the CCHE, and other state agencies on a regular basis. Other modes of input to the board come from the student and faculty Trustees, each elected by their constituents. Faculty input is a vital component of informed decision-making at CMU. The BOT recognizes the Faculty Senate as a formal, direct, two-way

communication link between the board and the faculty; the President of the senate has an opportunity to address the BOT at each public session.

Income for the CMU budget comes from the institution's general fund and student fees (http://www.coloradomesa.edu:/president/documents/2013_Impact_Study.pdf). Funding from the general fund is based on full time equivalent students (FTES). The President allocates funds to the office of Academic Affairs, who then distributes the funds among department heads. The DH allocates monies to each program based on fiscal projections of the program's needs and student credit hours. The budget may be further augmented by special initiative funds and grant dollars.

When resources are needed, faculty members bring the request forward to the Program Director. These requests are then submitted to the Director of Health Sciences for review. Subsequently, the DHS Director submits requests on behalf of the Program Director and faculty to CMU administration. Budgets are discussed and reviewed every year during leadership meetings. Faculty believe there is equity in the budget request process for all programs within the DHS department at CMU.

Salary ranges are included in the annual budget review and are revaluated every three years. Salaries are comparable to other institutions of similar size and status and generally support recruitment and retention of qualified faculty and staff <http://www.evaluatinginnovationsinnursing.org/nufaqs-nurse-faculty-data-query/>. Nursing faculty have benefitted from salary increases that were specifically designed to improve recruitment and retention of younger faculty and part-time, adjunct faculty to facilitate clinical rotations. The increases in salaries ranged from 2% for the more seasoned, higher ranking professors to 18% for newly hired adjunct faculty. In addition, all CMU faculty have received annual cost of living raises ranging from 2.5-3.7% for academic years 2007-2014. Documents relative to faculty salaries will be available in the resource room.

5.2: Physical resources are sufficient to ensure the achievement of the nursing education unit outcomes and meet the needs of the faculty, staff, and students.

Faculty believe there are adequate physical resources available to ensure achievement of expected PO's, competencies and SLO's. Available physical resources include, Tomlinson Library, renovated and expanded classroom and office space in the Maverick Center, and the Clinical Education Center lab stocked with standard medical equipment, simulation equipment, supportive human resources personnel, and fiscal support <http://www.coloradomesa.edu/healthsciences/atl.html>.

Maverick Center- DHS moved into the newly renovated and expanded MC in the summer of 2009. The facility includes faculty offices, conference room, and five dedicated classrooms accommodating

between 30-40 students. The conference room is equipped with AV capable equipment (overhead projection screen or flat screen TV) which can hook up to a computer/laptop and DVD/VCR for presentation purposes.

There are fourteen classrooms of varying sizes within the Maverick Center. Five of the classrooms are dedicated to DHS programs. All of the general purpose classrooms and computer labs are supplied with a computer, a DVS/VCR combination player, a data projector and screen, amplifiers and speakers. Microphones are provided in larger lecture halls. Classrooms also contain document cameras for projecting hard copy materials. Audio Visual equipment in the MC is controlled by Crestron touch panels. In 2014, all computers were updated from Microsoft Word 2010 to Microsoft Word 2013 for both faculty and staff. Email was also updated to a more current version for all staff and faculty.

Clinical Education Center- CEC center recently moved across the street into a newly renovated space. There are four skills labs set up with six Hill-Rom beds, a murphy bed and a transport stretcher. The skills lab is extremely busy requiring strict scheduling to meet the demands of all DHS programs. Scheduling of space must be done prior to the semester. Request for equipment and lab layout must be made at least one week prior to the lab use in order for the CEC staff to efficiently and effectively set up and provide all equipment necessary for a productive lab. All labs are “smart” labs with video demonstration links and computerized documentation system. Another area of demand is the high fidelity simulation suite. This suite is housed in the Maverick Center. There are three rooms: a control room, ED simulation room, and a medical-surgical room. The ED simulation and medical-surgical room have a working wall unit for simulated oxygen and suction capabilities. It is designed so the wall units are portable and can be placed into the clinical labs for skill mastery. Two of the three simulation manikins are housed in the simulation suite. Additionally, there are five low fidelity manikins, birthing simulation manikin, sim baby, two OB fundi, a pelvic model with normal and abnormal variants, two pediatric vita sims, ten IV arms and a chester chest. Other equipment available to facilitate student learning are feeding pumps, suction machines, breathe sound simulator and more.

Study Areas- The student study areas were relocated with the relocation of the lab in May 2014. The lab is housed on the lower floor of the building while the student study area is on the second floor. This area is dedicated to studying and socializing. There are eight computers and an ink-jet printer. Nursing students have access to other quiet areas on campus for studying. Students also, use the library which has individual rooms, cubicles, and a computer center, or the student center where there is a café area, and study lounge.

Audi-Visual and Computer Lab- Audio-visual equipment is located in the CEC. There is a large selection of videos, DVDs, and books for students and instructors to access. Students may view the videos/DVDs within the CEC. Instructors may sign out materials for didactic use.

Offices and Equipment- Full-time faculty enjoy a spacious well-equipped office. Each office houses a personal computer, desk, telephone with voice-mail, filing drawers, book shelves, and chairs. There is adequate space and privacy to conduct personal counseling for students. Faculty may access several printers within the department.

Administrative assistants share an office located just outside of the health science department. Administrative assistants rotate time at the front desk throughout the day. Two computers, two printers, shredder, fax machine, storage cabinet, and office supplies are kept at the front desk. Filing cabinets with sensitive information are kept locked. The administrative assistant has the key. Access to a large conference room in the health sciences department can be used for meetings, and, or as a break room for the department. This room has a refrigerator and two microwave ovens.

Vending Machines and food- There are vending machines located throughout the campus. Inside the Maverick Center, where health sciences department is located several vending machines. Improvements are underway to include a Starbucks on campus, as well as additional choices. The cafeteria is housed in the University center with various food options. Students and faculty have the ability to put money on the maverick card for use in the cafeteria.

5.3: Learning resources and technology are selected with faculty input and are comprehensive, current, and accessible to faculty and students.

Faculty are committed to providing learning resources for students and faculty reflecting evidence-based practices. Faculty places high priority on assisting students to become life-long learners. Learning resources and technology are evaluated by faculty as well as students. Many resources are available on campus to facilitate student success.

Tomlinson Library: Professional and support staff provides information literacy instruction and actively develop quality services, resources and facilities. Staff are committed to education, service, inclusiveness, innovation, expertise, partnership, stewardship, accountability, and respect. Tomlinson Library upholds the basic tenets of librarianship. Such as intellectual freedom, professionalism, confidentiality, and life-long learning. The library provides free and equal access to all and are committed to an informed citizens. Tomlinson Library contains over 300,000 volumes, including a large government documents collection, and a world-class geology library. It is equipped with state-of-the-art

computer technology and is considered one of the finest small educational libraries in the state. Items that are housed in the library include books, periodicals, maps, and newspapers, audio and visual media. Services at the library are readily available to faculty and staff to support the information, instruction, and research needs of the community. All CMU students have access to more than seventy on line databases and hard copies of journals or books using their identification card.

Practical Nursing students have access to CINAHL which includes more than 600 research and medical journals. Also, available electronically are many other databases such as Academic Search Premier, Omni File Select, Lexis-Nexis, EBSCO Host Web, and Business Source Premier. Additional resources are available to students in the local medical libraries (St. Mary's Hospital, Veterans Administration Medical Center and Community Hospital). Students and faculty can access materials through interlibrary loan and prospector when materials are unavailable locally. Additionally, faculty can request materials for the library to purchase that will enhance student learning. A DHS faculty member serves on the Library Committee who oversees and evaluates the inventory of available resources. New resource acquisition is updated on an annual basis. Library reference staff has been instrumental in orienting nursing students to the use of the library, conducting effective database searches, and accessing interlibrary loan materials. Library and informational resources are available at (<http://www.coloradomesa.edu/cmulibrary/about.html>).

Admissions Office: The Admissions Office serves as the initial point of contact for prospective students and their families (<https://www.coloradomesa.edu/admissions/index.html>). Among the staff's responsibility is the recruitment of students and the processing of admissions applications and petitions for changes to residency classification for tuition purposes. Activities of CMU's student ambassadors are also coordinated through this office.

Academic Advising and Career Services: All students have access to the services provided by this department including: testing support, tutoring, writing support, educational access, career assessment, career advising, employment preparedness workshops, internship information, and academic advising (<http://www.coloradomesa.edu/advising/index.html>). In addition, CMU maintains an Early Alert Service to assist in identifying students in need of additional support and advising. This intervention has contributed significantly to improving CMU's retention efforts.

Program Advising: All advising for the program is done by the Program Director. Students may make appointments to meet with the director. Students are also able to meet during office hours (5 hours a week) and/or have questions answered by email.

Campus Recreation Services: Students, staff, administration, and faculty have access to the health facilities located in the Maverick Center. Opportunities include use of the indoor swimming pool, weight training equipment, aerobic equipment and classes, yoga and Pilates classes, personal trainers, and access to a wide variety of physical education classes. Students, staff, administration, and faculty are also encouraged to participate in community wide health promotion endeavors. Faculty and staff also have access to a health risk appraisal service on an annual basis called “My Health IQ” which includes health testing, feedback reports, progress monitoring, and health education.

Educational Access Services: Support services for students with documented disabilities are available through Educational Access Services (<http://www.coloradomesa.edu/eas/index.html>). Several services are available: volunteer note takers, testing accommodations, and textbooks in alternate formats. Prospective and current students are encouraged to contact the EAS Coordinator to discuss accommodations.

Financial Aid and Planning: The Financial Aid Office works with students to meet educational expenses through various monetary resources (<http://www.coloradomesa.edu/finaid/index.html>). Depending on a student’s qualifications, aid is available in the form of scholarships and grants that do not need to be repaid. Additionally, students can apply for loans on a need or non-need basis, as well as work-study employment. If students need assistance with payment arrangements, financial planning, and financial management they may contact the student financial counselor.

Health Center: Student health services are available on an outpatient basis to all registered students, regardless of the number of credit hours carried, at a minimal financial cost. Outpatient health services include: first aid, dispensing of simple medications, assessment and referral to specialty physicians and dentist, counsel for personal health problems, simple physical examinations, and limited laboratory testing. Services are provided Monday through Friday by a full-time RN, a part-time physician, and a nurse practitioner. For emergency illness or accidents occurring after hours, or on weekends, students can access the Med-X Urgent Care Clinic. Immediate emergency help is obtained by dialing 911.

- **Alcohol/Drug Education:** Group classes are offered consisting of understanding the effects of binge drinking, drinking and driving, and the use of marijuana, methamphetamine, club drugs (GHB, ecstasy), and tobacco.
- **Behavioral Clinical Services:** Students dealing with personal problems affecting their academic life are encouraged to seek professional counseling services through this agency.

Information Technology: CMU’s Information Technology (IT) department provides support to the faculty, staff, and students (<http://www.coloradomesa.edu/it/index.html>). The purpose of IT is to

enhance the teaching and learning process that has become the hallmark of the institution's role and mission. IT provides support and operation for the administrative computing system, as well as for all academic systems and software. The department maintains and operates all telephone and telecommunication needs, and operates the University classroom audiovisual and distance learning operations.

This service is an essential part of the institution's operational capability, requiring an increasingly larger part of the institution's limited resources. The IT department supports D2L; Document Imaging – a project to provide storage, indexing, management, and retrieval of the voluminous quantity of paper documents in the Enrollment Management Department; as well as technology operations maintenance – a life cycle project to provide replacement of IT equipment and components on a four-year basis.

- **Banner:** Banner modules allow for: enhancement of student services through a single campus-wide solution of integrated databases; efficient dissemination of accurate and consistent information to the faculty, staff, and students; uniform application of University policies and procedures, and support for administrative requirements by the technical support team.
- **MAVzone:** Students may access MAVzone, a computerized communication system. Where students sign in to the site and access the following information and services: campus announcements, campus web services (i.e. admissions, financial aid, housing, program sheets, registration worksheet, and tuition and fees schedule), register for classes, check email, and join groups. Students have personalized access to their information and may communicate with faculty, staff, and other students. Once a student has logged into MAVzone there is an online course search system allowing them to access an up-to-date list of courses and view the number of seats available in a particular class. Prospective students may also use the online search system to check course availability.

Outlook: This is the campus-wide communications tool. In addition to email, it provides shared calendaring, contact management, integrated web page viewing, and Really Simple Syndication (RSS) feeds-used when publishing frequently updated works. Outlook allows for one or more customized home screens that can include recent items from inboxes, and newsfeeds, as well as a browser window (highlighting upcoming calendar events or current tasks). Additional screen tabs provide details of email, calendar, contacts, tasks, and newsfeeds.

D2L: CMU uses D2L as the course management system (<http://coloradomesa.edu/online/help.html>). This network-based software allows faculty and students to better communicate and enhance course work, and to more efficiently deal with the structural necessities of enrollment and grading, affording

more time for other activities. By using D2L, faculty have an easy way to communicate with students, provide online assignments, facilitate learning through discussion and chat rooms, make use of the various resources available on the web, and provide regular student feedback through usage of D2L's online grades.

Registrar's Office: The Registrar's Office provides a variety of services that include registering students into classes, maintaining academic records, and certifying degree requirements for graduation (<http://www.coloradomesa.edu/registrar/>). The office is responsible for processing applications for readmission to the University, as well as forms to add/drop a class, holds on registration, change of address, and non-release of directory information protected by federal law. Enrollment verification for loan or insurance purposes is also the responsibility of the registrar's office. The office also prepares transcripts and evaluates transcripts from other institutions to determine the number of credits that will apply toward a particular degree.

Testing Center: The center's services include, but are not limited to, examinations required for admission to the PN program, examinations for proficiency and certification in nursing and teaching, and the credit by examination program (<https://www.coloradomesa.edu/testing/index.html>). Assessment of academic skills in English and mathematics are provided for current and potential students.

Tutorial Services: The Tutorial Learning Center (TLC) provides free tutoring for a variety of courses and subjects, including writing (<http://www.coloradomesa.edu/tutoring/index.html>). Qualified peer tutors, recommended by faculty, are trained to help students with their academic endeavors. The primary goal of peer tutoring is to create opportunities for student success.

Learning Resources specific to nursing students

Lab Equipment: All equipment used in clinical lab settings is similar to equipment used in clinical sites. The PN program currently shares access to equipment with other DHS programs. Shared access of equipment and lab allows development of interdisciplinary communication and coordination between students from a variety of programs. Lab equipment is purchased in order of need. CEC staff strive to have the most up-to-date learning opportunities simulating current best practices and trends. The Lab Coordinator orders the majority of the equipment and supplies at the beginning of each fiscal year. Inventories are reviewed throughout the year and supplies are restocked as need. Recent purchase made by the CEC 2011-2014 will be available in the resource room.

Clinical Education Center (CEC): The CEC nursing labs and computer center are available to students five days a week. The labs are also available for practice of skills in the evenings. Students must sign in and out when utilizing the lab.

BSN Senior Students: During their final semester, BSN students work with the PN students in the clinical setting. The BSN students are a resource for the PN students and help guide best practices. Students work together in the clinical setting enhancing collaboration and interdisciplinary skills.

5.4: Fiscal, physical, technological and learning resources are sufficient to meet the needs of the faculty and students engaged in alternative methods of delivery.

CMU PN program only offers one method of delivery to all students.

Section 3

Standard 6

Standard 6 Outcomes

CMU systematic plan for program evaluation (SEP) is a comprehensive multi-faceted plan. The SEP is individualized to meet the needs of the students, faculty and program. The SEP presents a format for the measurement and evaluation of Student Learning Outcomes and Program Outcomes. Data based on outcomes is used for programmatic maintenance and improvements. Faculty meet annually and as needed to evaluate and update the SEP. Components include; Student Learning Outcomes, Program Outcomes, support systems, and ACEN standards.

The SEP provides an organized method for monitoring the achievement of the competencies of the students both in terms of progression and completion within the program. Review of Student Learning Outcomes, Program Outcomes, and support structure evaluate program effectiveness. The PN program strives to promote successful learning through curriculum and achievement of outcomes enabling new graduates to function safely as a nurse.

Faculty evaluation of Student Learning Outcomes and program outcomes demonstrates graduates consistently meet and or exceed the institutional mission, standards and outcomes of the CMU PN program.

6.1: The systematic plan for evaluation of the nursing education unit emphasizes the ongoing assessment and evaluation of each the following:

Development of the SEP is an important, valuable and integral tool to measure and collect information to assess areas for improvement within the program. Nursing faculty, Program Director and DHS Director value the process whereby the program maintains high standards so that students can obtain the highest quality of education. Initial development of the SEP began in 2007. The SEP was revised in 2011-2012 to align with ACEN (formally NLNAC). Revisions were made again in 2014 to align with the newly revised ACEN standards.

CMU has a strong commitment to the evaluation process. CMU has an assessment committee designed to help with evaluation and assessment throughout the campus. The systematic plan for evaluation is comprised of expected levels of achievement, frequency of evaluation, assessment method, results and actions. See appendix 6.1c pages 183-223 for SEP.

Student Learning Outcomes: Students are introduced to Student Learning Outcomes during orientation. Faculty explain SLO's definition, use, and the utilization of these outcomes in the program for measurement of achievement. Each syllabus includes the SLO's and are utilized to evaluate comprehension of concepts within each test and on the final examination in each course. Examples of

evaluation of tests will be available in the resource room. SLO's and course objectives guide the delivery of content in each course. SLO's are utilized for evaluation of each student during clinical rotations and final clinical evaluation. Graduates and employers evaluate the program each year utilizing questions pertaining to the SLO's. See Appendix 6.1 pages 177-178, and 6.1a pages 179-180 for graduate and employer surveys.

Program Outcomes: Faculty identified four measureable outcomes as a basis for evaluation of the PN program. Program outcomes are reviewed during student orientation and with each syllabus. Graduates are sent evaluations six months after graduating from the program. Employers are sent evaluations nine months from the graduation date. Faculty aggregate, trend and evaluate the data.

Program outcomes include:

1. Program Completion: Eighty-five percent of students who enter the Practical Nurse (PN) program will complete the program within two semesters. This goal was met in 2010-2011 and 2013-2014. In years 2011-2012, and 2012-2013, the completion rate 83%. Faculty identified a need to incorporate early detection of students who were not achieving program expectations. Faculty identified these students within the first four weeks of class and provided extra study sessions to help with understanding of concepts. Students were encouraged to form study groups to provide support.

The interview process was changed to identify students with strengths and weaknesses to improve student success in the program. Questions were changed to identify preparation and desire to become a nurse. Professionalism and communication skills are integral to the interview process.

Students receive timely feedback from Instructors. A performance improvement plan is completed when faculty recognize a student may not satisfactorily complete theory or clinical objectives in a given course. See appendix 6.1b pages 180-181 for example of performance improvement plan.

2. Performance on Licensure Exam: Graduates will pass the NCLEX-PN on their first attempt at a rate equal to or greater than the National NCLEX-PN pass rate for first time candidates. NCSBN reports from Mountain Measurements (now Educational Benchmarking Incorporated, EBI) provide extensive feedback on graduate performance on the PN NCLEX. These reports are reviewed by the Program Director, faculty and DHS Director for ongoing program improvements. The licensure pass rate for the PN graduates has consistently been above the national average since the inception of the program with lowest average at 96 %.

3. Program Satisfaction:

Graduate Satisfaction: Eighty-five percent of graduates express satisfaction with their preparation for practice as indicated on the graduate survey. The survey is collected six months following graduation. The response rate was low on evaluations initially mailed to students. The response rate increased by 50% when the process of obtaining surveys was changed. Faculty distributes surveys directly to former PN students on their return to the LPN-AAS program. Those students not returning were mailed the survey. See appendix 6.1 for survey, Page 177-180. Survey results will be available in the resource room.

Employer Satisfaction: Eight-five percent of employers surveyed will express satisfaction with graduate's preparation for practice as indicated by the employer survey. Employer surveys indicate satisfaction with PN graduates. In 2011-2012, faculty changed both the employer and graduate surveys to align with the SLO's, and P.O's. Delivery of employer surveys was changed in 2011-2012 in an attempt to improve response rate. There has been a slight increase in the response rate. Faculty will continue to analyze how to get the best response rate from employers. See appendix 6.1 for survey. Survey results will be available in the resource room.

4. Job Placement: Ninety percent of new graduates will be employed as LPNs within one year of graduation. LPNs on the Western slope have consistently found employment. The placement rate is completed by calling and or emailing students one year after graduation. The director of the program is required to report job placement, continuing education, military service, and salary ranges by completing the VE 135. Data collected is reported to the Colorado Community College System. VE-135 data will be available in the resource room.

6.2: Evaluation findings are aggregated and trended by program option, location, and date of completion and are sufficient to inform program decision-making for the maintenance and improvement of the Student Learning Outcomes and program outcomes.

Faculty gather and aggregate data throughout the year. This data is used for decision making regarding improvements to the PN program. A variety of methods are utilized to collect data for program improvements. Table 6.2 demonstrates assessment methods utilized by the PN program for data collection. Table 6.2.a shows improvements made to the program that were data driven.

Table 6.2 Assessment Methods for Evaluation of Student Learning Outcomes.

Assessment Process/Tool	Assessment Measured
Course evaluations (end of each semester)	Survey at the end of each course used to collect data about the instructor, classroom, overall satisfaction of the course and teaching methodology. Provides for improvement to the program and course.
Evaluations of students in clinical (each clinical course)	Evaluation of students based on the QSEN competencies and Student Learning Outcomes.
Faculty evaluation of students in courses	Faculty evaluate students through objective and subjective data, and formal presentation.
Student Examinations	Examinations of tests and final exam. These are graphed showing percentage of students for each question that got the question correct. Each question has a Student Learning Outcome associated with it. Goal is 76% of class will meet each Student Learning Outcome on each test.
Kaplan testing for each course	Proctored Kaplan exam at end of each course. Goal 80% of students will meet the benchmark on the exams. Measured Student Learning Outcomes.
Kaplan NCLEX predictor end of the year in May)	Proctored exam- probability of passing PN NCLEX. Goal 90% of students will meet the 90% probability of passing the NCLEX exam. Student Learning Outcomes and Program outcomes measured.
Graduate Survey (6 months after graduation)	Student satisfaction, job placement, Student Learning Outcomes and program outcomes met.
Employer Survey (9 months after graduation)	Student learning and program outcomes and employee satisfaction
NCLEX PN results	Program outcomes, Student Learning Outcomes.

Table 6.2.a Example of Data-Driven Improvements

Data	Action plan
Faculty recruitment of Master's prepared faculty	Advertise in newspaper. Faculty with at least 18 credits a year or more would be able to receive up to 12 credits a year free for a Master's degree or Doctorate degree.
Program completion rate lower than 85% of students complete in 2 semesters.	Interviews for admission to the program. Early identification of students who are not achieving benchmarks within first 4 weeks of semester. Initiate student performance plan for success in program.
Student feedback regarding J-term mental health and IV certification.	Curriculum change for 2014-2015. Move IV certification to fall term and mental health to spring term. Each of these courses has a separate course number.

Table 6.2b shows Class Revisions in Relationship to Student Learning Outcomes.

Class revisions in relationship to SLO's D=Data, A=Action, R=Results

Professional Behavior: Function as a competent practical nurse within a legal and ethical framework to provide holistic care to patients from diverse backgrounds.			
	2012	2013	2014
All clinical rotations	D= Student Learning Outcomes need assessed A= Change clinical form to include all Student Learning Outcomes to evaluate student performance R=Evaluation consistent with all classes in evaluation of Student Learning Outcomes throughout the program		D= Include QSEN components to evaluate students for each student learning outcome. A= Change clinical student evaluation tool to reflect QSEN competency R= will evaluate Fall 2014
Communication: Promote a therapeutic environment supporting communication across the lifespan for vulnerable and diverse populations			
	2012	2013	2014
NURS. 107 Foundations of Nursing		D=Faculty recognized need for increase awareness of cultural ethnicity. A=Students presented on different countries and discuss cultural practices. R= Students reported a better understanding of different cultures.	
NURS. 108 Foundations of Nursing II			D=Faculty noted students needed practice in therapeutic communication skills. A=Role playing of good and poor communication R=Students reported and faculty noted better communication during clinical rotations.

Assessment: Demonstrate clinical decision-making and critical thinking skills to provide effective nursing care for individuals throughout the developmental stages across the lifespan			
	2012	2013	2014
NURS. 101 Pharmacology Calculations		D=Students struggling with math calculations A=Changed to Dimensional Analysis R=Understanding of math concepts increased and students able to do calculations in facilities with more confidence.	
Planning: In a collaborative manner, organize and incorporate assessment data (using critical thinking) to plan/revise patient care based on established nursing diagnoses, assessments, and evaluation data.			
	2012	2013	2014
NURS. 106L Fundamentals of Medical Surgical Concepts I Lab		D=Faculty recognized students needed an in-depth class on writing care plans A=Four hour class dedicated to working on learning how to write care plans R=Students reported they felt they were ready at beginning of clinical and able to create well written care plans.	
NURS. 172L Fundamentals of Medical Surgical Concepts II Lab			D= Faculty recognized students needed an in-depth class on care maps. A=Three hour class dedicated to care map was established. R=Students able to write a better care map at beginning of clinical rotations.

Caring Interventions: Utilize knowledge of the nursing process, patient needs, and the role of the nurse when providing safe, effective, and individualize patient care, which respects values, culture, and expressed needs.

	2012	2013	2014
NURS. 117 Nursing Care of the Childbearing Family			D=Students wanted more simulation to help with understanding the nursing process and providing safe, effective care. A= Incorporated simulation into several classroom settings. R= Students informally said it helped them when they went to the clinical setting.

Managing: Collaboratively organize patient care through shared planning, decision making, problem solving, and goal-setting, employing therapeutic nursing interventions to stable patients in a variety of health care settings.

	2012	2013	2014
<p>NURS. 117L Nursing Care of the Childbearing Family Lab and NURS. 118L Nursing Care of Children Lab</p>	<p>D=Faculty noticed students were not comfortable and felt they were not prepared for these rotations A=Students came in night before to choose patients and discussed with clinical instructor plan of care for their patient. This was done at pre-clinical. R=Students voiced they felt more comfortable and prepared to take care of their patient.</p>		
<p>NURS. 172L Fundamentals of Medical Surgical Concepts Lab</p>			<p>D=Students asked for a variety of settings outside hospital. A= Faculty secured sites at surgical center, urgent care, procedure center, wound center, doctors office. R=Students informal feedback indicated they liked the experience of working in diverse settings.</p>

In July of 1985, Article XII of House Bill 1187 enacted by the Colorado General Assembly, mandated that institutions of higher education in Colorado demonstrate student improvement in knowledge, capacities and skills between entrance and graduation. CMU uses the Kaplan Diagnostic Examination to demonstrate improvement in knowledge and skills.

The PN-Kaplan Diagnostics Examination is given in the last semester of the year of expected graduation and is paid for by student fees. The students receive the test date and score required to meet the benchmark for the Kaplan Diagnostics Examination. Students view their results immediately upon completion of exam. Table 6.2.C shows scores from the Kaplan Diagnostic Examination. The goal is for 90% of PN students to receive a 90% probability of passing the PN NCLEX. Kaplan does not include a national mean score in the reporting process. However a Mastery level score for each exam is utilized.

Table 6.2.C Kaplan Diagnostic Examination Results

Year	Group Mean	% pass PN Boards
2012	92.9%	100%
2013	94.8%	96%
2014	91.4%	100% with 2 remaining to take

Since Kaplan is a strong predictor of success on the NCLEX, students begin to work on Kaplan non-proctored and proctored examinations in each course throughout the program. Students must achieve at least a 93% on the non-proctored test to receive the entire 5% for overall grade in that course. If 93% benchmark is not achieved the student must wait 2 days to retake the same non-proctored test.

Kaplan proctored tests are administered at the end of each course. Students who do not meet the benchmark for a specific proctored test are encouraged to remediate. Evaluation of proctored tests are utilized to revise teaching strategies in the content area. Students receive a two day live Kaplan NCLEX review at the end of the program to help prepare for PN boards.

6.3: Evaluation findings are shared with communities of interest.

In 2008, one advisory council, the Nursing Advisory Council (NAC) was formed to represent all undergraduate nursing programs at CMU. One council was formed because many of the stakeholders were on each of the nursing advisory councils. Each nursing program meets biannually. During each meeting council members receive a verbal report given by the Program Director sharing program outcomes, quality improvement changes, clinical placements and curricular changes. Council members have input into these changes as well as offer other feedback. See resource room for NAC minutes.

Community press releases inform the public of activities and changes within the program. The CSBN and Department of Education receive an annual report of Program evaluation findings.

Department faculty members inform students and personnel of policies and procedures changes within different clinical organizations/agencies that directly affect students at these clinical sites.

St. Mary’s Hospital in Grand Junction, CO where the majority of the students are placed holds a biannually meeting to discuss student placement outcomes. Feedback is evaluated on a semester basis for patient safety, staffing ratios with students and improvement in processes. Responses and data will be available in the resource room.

Information that directly affects students, including changes in policies, procedures, and program information is provided by faculty either in class, through email, and D2L CMU website. Information is also disseminated via meetings, letters, student handbook, and University catalogs.

6.4: The program demonstrates evidence of achievement in meeting the program outcomes.

6.4.1 Performance on licensure exam: The program’s three-year mean for the licensure exam pass rate will be at or above the national mean for the same three-year period.

Actual level of achievement: Graduates will pass the NCLEX-PN on their first attempt at a rate equal to or greater than the National NCLEX-PN pass rate for first time candidates. Table 6.4.1 shows first time pass rates for the PN NCLEX at CMU.

Table 6.4.1 First Time Pass Rates PN NCLEX CMU

National Pass Rates	CMU PN Pass Rates
2011-84.83%	2011-100%
2012-84.23%	2012-100%
2013-84.63	2013-96%
2014-82.59 as of June	2014-100% with 2 remaining to take

The PN program utilizes NCSBN reports from Mountain Measurement (EBI), which provide extensive feedback to programs on graduate performance on the PN NCLEX. Report will be available in the resource room. Reports are reviewed by the Program Director and faculty for ongoing program improvements. Licensure pass rates for the PN program have consistently been above the national average. The PN NCLEX pass rate three year mean is 98%.

The successful pass rates of the PN students can be attributed to qualified faculty, clinical placement opportunities, non-proctored Kaplan testing, Kaplan proctored testing, emphasis on critical thinking, and

test with alternate format questions on all exams. Students in the PN program also take a Kaplan readiness test to predict probability of passing NCLEX.

6.4.2: Program completion: Expected levels of achievement for program completion are determined by the faculty and reflect student demographic and program options.

Completion of the program is an important indicator of student success. Measurement of completion is part of CMU and the PN program strategic plan. Recently, CMU requested each department to evaluate retention rates and plan strategies to improve retention of students. Ideas were shared with all departments and with the Provost, Vice President of Academic Affairs. Each department on campus will be instituting new retention strategies for the fall of 2014.

Faculty recognize there are unavoidable situations that can alter student’s progression and completion of the program in two semesters. Faculty advise, mentor and monitor student achievement and progression in the program. Completion rates are determined by the number of students admitted to the program divided by the number of students who graduate from the program. Program completion rates are recorded and monitored each year. Faculty uses this information to identify potential barriers that hinder student success.

Expected level of achievement: Eighty-five % of students will complete the program within 150% of the stated length.

Actual level of achievement: Table 6.4.2 indicates completion rates for the PN program in the last three years.

Table 6.4.2 Completion Rates for the PN Program Last Three Years

Admission year	Number admitted	Number Graduated	Number Dropped	Number Dismissed	% competed in 150% of program length
2011-2012	29	24	5	0	83%
2012-2013	30	25	4	1	83%
2013-2014	32	30	1	1 return in 2013-2014	94% will increase if student who returns in 2014-2015 completes program
2014-2015	30				

Action taken: The interview process was changed to identify students with strengths and weaknesses to improve student success in the program. Questions were changed to identify preparation and desire to become a nurse. Professionalism and communication skills are integral to the interview process. Faculty will continue tracking these changes in 2014-2015 to measure if those specific changes continue to make a difference in the completion rates of the students.

6.4.3: Graduate program satisfaction: Qualitative and quantitative measures address graduates six to twelve months post-graduation.

Graduate satisfaction is closely linked with the strategic goals, completion of the program, and retention. Satisfaction of the graduates indicates the overall quality of the program, student's success and confidence as a new graduate. Faculty strongly believe graduate satisfaction is attainment of program outcomes and crucial to the success of the program.

In the past, students received a web-based "Survey Monkey" three months after graduation to provide feedback on program outcomes, satisfaction with nursing faculty, quality of teaching, and facilities, satisfaction with administration and support services. Students were also surveyed about program strengths and expectations, employment after graduation, the likelihood of continuing nursing education, recommendation of the program and areas for improvement. The survey has changed over time to directly correlate the Student Learning Outcomes and Program Outcomes. Delivery of the survey was changed to increase the response rate.

The survey is collected six months following graduation. The response rate was low on evaluations initially mailed to students. The response rate increased by 50% when the process of obtaining surveys was changed. Faculty distributes surveys directly to former PN students on their return to the LPN-AAS program. Those students not returning were mailed the survey. Survey results will be available in the resource room.

Expected level of achievement: Eighty-five percent of graduates or alumni will express satisfaction with their preparation for practice as indicated on the graduate survey.

Actual level of achievement: Table 6.4.3 shows satisfaction with the program for the last three years.

Table 6.4.3 Survey of Satisfaction with the PN Program

Year	Number of returned responses	Returned responses agree of strongly agree agree are satisfied with the program
2010-2011	22	22/29=76%
2011-2012	9	9/9=100%
2012-2013	15	15/15=100%

Qualitative data will be available to view in the resource room.

6.4.4: Employer program satisfaction: Qualitative and quantitative measures address employer satisfaction with graduate preparation for entry-level positions six to twelve months post-graduation.

The employer survey measures employer satisfaction of the graduates. Community involvement is fundamental to the success of the program. Employers are both part of the community as well as stakeholders. Employers provide insight into student learning and the relationship to job performance and is valuable to the program. The survey is sent nine months post- graduation. The survey provides employers an opportunity to provide feedback about connecting student outcomes to employer satisfaction and preparation for practice. Employers as stakeholders provide information to the program regarding consistency of program quality and improvements essential for practice. Employers are surveyed on a Likert scale, 1-5 if the PN programs meet the SLO's and PO's. Faculty elected to eliminate the number 3 (neutral) on the scale as it provides no beneficial data. Faculty are interested in receiving information regarding: strongly agree, agree, strongly disagree or disagree to form a basis for program improvement. Surveys are tabulated and data reviewed annually by faculty. Survey data from employers can be viewed in the resource room.

Expected level of achievement: Eighty-five percent of employers will express satisfaction with the graduate's preparation for practice, the SLO's and PO's as indicated by the employer survey.

Actual level of achievement: Table 6.4.4 shows satisfaction of employers with PN graduates for the last three years.

Table 6.4.4 Satisfaction of Employers with PN Graduates

Year	Number of returned responses	<i>Returned responses agree of strongly agree or agree are satisfied with the program</i>
2010-2011	2 out of 10	2/2=100%
2011-2012	4 out of 15	4/4=100%
2012-2013	5 out of 15	5/5=100%

Many different methods have been used to increase the number of responses to the employer survey. Survey Monkey was first used with poor results. Faculty sent letters directly to the employer with no improvement in response rates. The last two years, students who return to the LPN-AAS program were given an envelope with the survey sealed inside. Surveys were taken to their direct supervisor for completion. The response rate is still low at around 4-6 employers annually. Faculty continues to brainstorm ideas to increase response rates. Feedback from survey's received has been positive. Qualitative Data will be available to view in the resource room.

6.4.5: Job placement rates: Expected levels of achievement are determined by the faculty and are addressed through quantified measures six to twelve months post-graduation.

Job placement rates reflect the ability of the graduate to be prepared for practice. The correlation with Student Learning Outcomes and job placement of graduates as an LPN, is an indicator of the quality of the program. The skills, knowledge, critical thinking and degree attainment attribute to the graduate's ability for lifetime employment. Students generally seek entry level positions following successfully passing the NCLEX PN boards. In generally, CMU PN students are employed in long-term care facilities, doctor's offices, clinics and a few in the hospital settings.

Data collected annually from the VE-135 are used to evaluate achievement of the LPN. The Program Director is required to report job placement, continuing education, military service, and salary ranges by completing the VE 135. Data collected is reported to the Colorado Community College System. VE-135 data will be available in the resource room.

Expected level of achievement: Eighty-five percent of graduates will be employed as LPNs within one year of graduation.

Actual level of achievement: Table 6.4.5 shows job placements rates for the last three years.

Table 6.4.5 Job placement Rates for PN Graduates

Year	% placement	# Responses	% Response Rate
2010-2011	100%	26/26	100%
2011-2012	96%	28/28	100%
2012-2013	100%	26/26	100%

Raw data (data utilized to summarize the results) from the VE-135 can be viewed in the resource room.

Section 4

Appendix

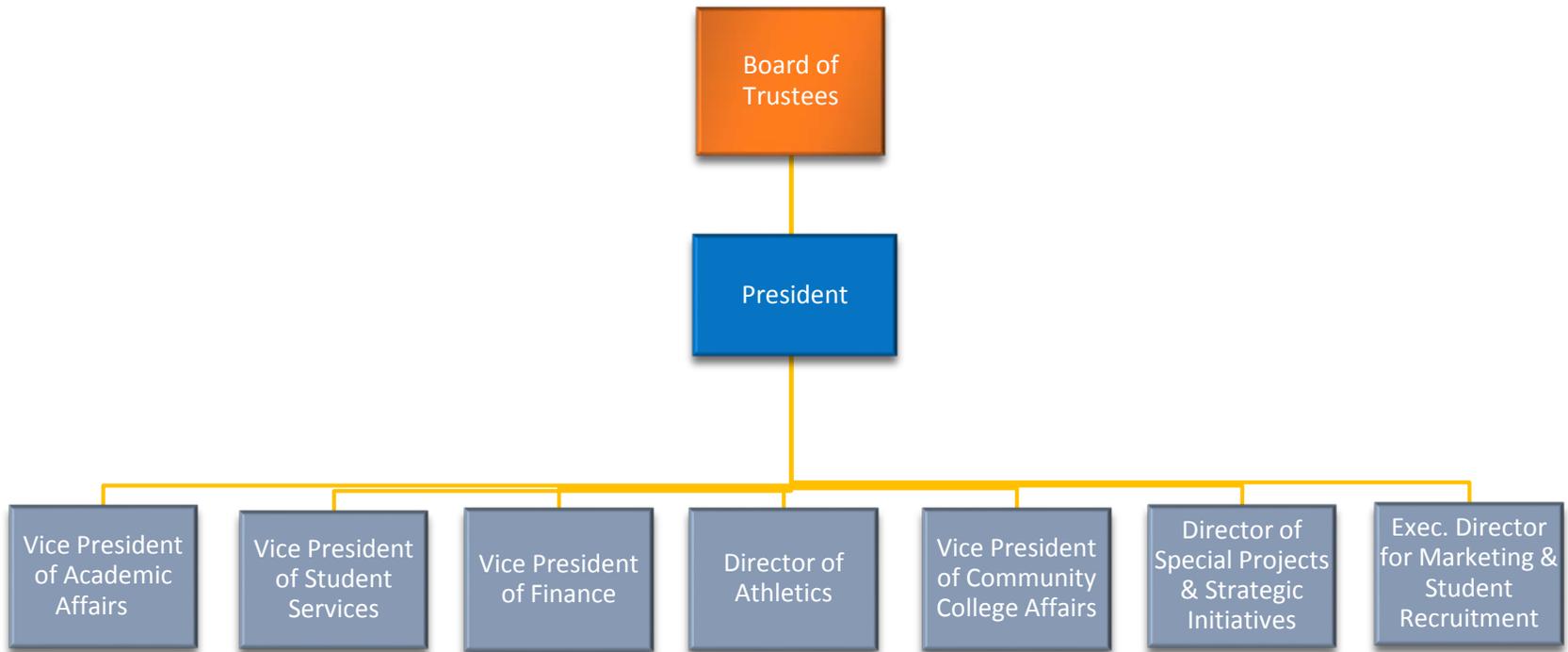
Appendix 1.1 Congruency of the Mission and Vision Statement of CMU, DHS, and PN Nursing Program

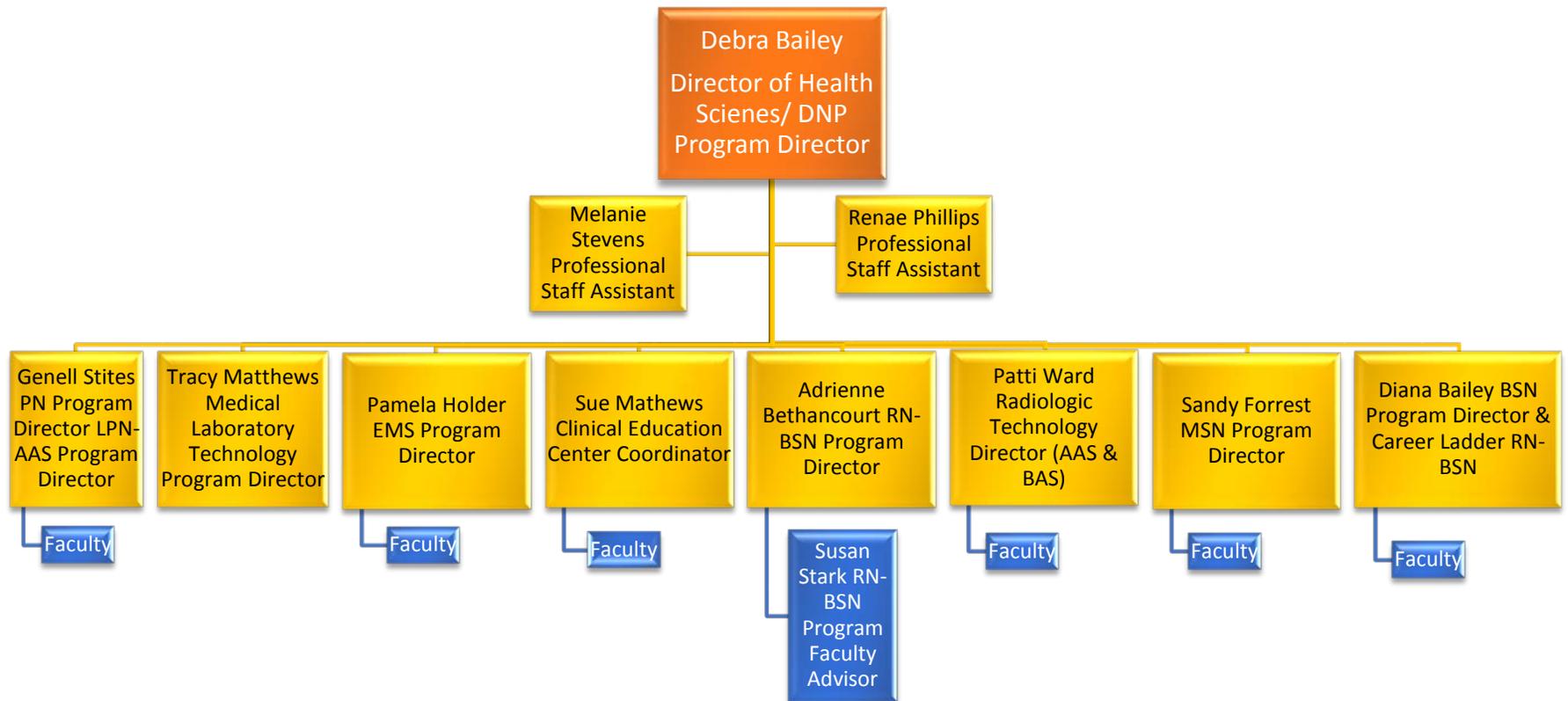
CMU Mission/Vision	DHS Mission/Vision	PN Mission/Vision
<p><u>Mission:</u> Colorado Mesa University is a dynamic learning environment that offers abundant opportunities for students and the larger community to grow intellectually, professionally, and personally. By celebrating exceptional teaching, academic excellence, scholarly and creative activities, and by encouraging diversity, critical thinking, and social responsibility, CMU advances the common good of Colorado and beyond.</p> <p><u>Vision and Values:</u> To achieve this vision Colorado Mesa University will leverage:</p> <ul style="list-style-type: none"> • An adaptable, flexible approach to learning that allows students to choose from multiple and potentially <p>Integrated pathways to achieve certification, associates, bachelors, and graduate degrees.</p> <ul style="list-style-type: none"> • A highly qualified faculty that excels in teaching and interacting with students. • A curriculum, often bridging liberal education and professional programs, for the 21st century in the areas of personal and social responsibility, civic engagement, 	<p><u>Mission:</u> The CMU Department of Health Sciences educates healthcare professionals of the 21st Century, through student and faculty engagement, community collaboration and advanced technology. With a unique educational career ladder, students are prepared to be critical thinkers, leaders, and to engage in life-long learning to improve the health of society Graduates carry forward the highest values in professionalism safety, cultural respect and accountability into the dynamic world of health care.</p> <p><u>Values:</u> We will serve as the foremost healthcare education provider in Western Colorado</p>	<p><u>Mission:</u> The program prepares graduates having met state licensure requirements to practice in a collaborative manner as:</p> <ul style="list-style-type: none"> • provider of care • manager of care • member of the discipline • lifelong learner <p>This Certificate of Practical Nursing program is designed to respond to the emerging health care needs of individuals, families, and groups and provide a foundation for excellence in nursing practice. Practical nurses are an integral component of the nursing profession and are accountable for the ethical, personal, and professional standards that guide their delivery of care.</p> <p>Graduates of the program: are prepared to be proficient practitioner for entry into practice to function as technical nurses and interact with individuals in a caring manner. Graduates are able to practice safe, ethical, noncomplex bedside nursing in a structured health care environment under the direct supervision of a registered nurse. As a health care provider this individual is concerned with the promotion of well-being of the individual and is respectful of the dignity, worth, and autonomy of each person. Additionally, this person appreciates the value of advanced education in terms of personal and professional growth.</p> <p><u>Philosophy:</u> The philosophy of the PN program is consistent with the general purposes of liberal education at MSC. The program prepares a proficient practitioner who values the lifelong process of self-evaluation, self-acceptance, and learning which support the ongoing attainment of clinical skills. The primary role of the entry level graduate of the program is to provide nursing in a caring manner in structured health care settings for individual patients who are experiencing common, well-defined health problems with predictable outcomes. This is achieved through supervised clinical practice founded upon basic nursing theoretical concepts and introductory content from the various sciences. These experiences provide a foundation for advancing on the career ladder.</p> <p>Each learner possesses unique experiences, interests, values, attitudes, motivations, learning styles and capabilities that must be recognized and</p>

CMU Mission/Vision	DHS Mission/Vision	PN Mission/Vision
<p>ethics, and intercultural/global learning.</p> <ul style="list-style-type: none"> Continued investment in facilities and technology that expand, expedite, and Enhance learning for every student. Community support from businesses, industries, alumni, and residents of the region. A wide array of academic programs that are improved on an on-going, continuous basis for quality and relevance to Western Colorado's needs in the context of an ever changing world. An administration that uses human and natural resources wisely, embraces excellence, is committed to shared governance, and is focused on the future. 		<p>cultivated. Students have a responsibility to actively participate in the educational process, and join faculty in planning for this approach. Faculty utilize alternative and traditional teaching-learning strategies, in accordance with academic requirements of the college, recognized standards of practical nursing practice, and societal expectations to enhance learner needs. Learning is achieved through progression from simple concepts to complex concepts in an environment that is conducive to teaching-learning. The faculty further believes in continuous quality improvement in nursing education, which is apparent in outcomes based assessment of the program's mission and goals.</p> <p>The faculty identifies patients, as the recipient of care across the lifespan, as those who are ill, injured, convalescent, or disabled who are in:</p> <ul style="list-style-type: none"> hospitals medical offices nursing homes clinics private and group homes and other health care institutions. <p>Patients are unique with basic needs, whose condition is stable and predictable, and whose well-being is influenced by internal and external environmental factors.</p> <p>Health, when viewed on a continuum, is distinguished by patterns of interrelationships with the environment. Health and illness are not polar opposites, but are part of a rhythmic process, and part of the whole expression of life. Health is a positive state of well-being; illness is an altered state which may threaten the individual's ability to gratify basic needs. A desired outcome is for each individual to be able to function at his/her optimum level of wellness. Within this framework, the delivery of health care resources is an interdisciplinary collaborative effort among health professionals.</p> <p>The environment, as defined by each individual, family, group, community, is the total context or health care milieu, in which people exist. Environments encompass the physical surroundings, and social, and personal beliefs that influence people's perceptions and interactions in regard to health. Environments change in response to: biologic factors; societal values and needs; gender, racial, ethnic and cultural diversity; technological advances; health care legislation; defined scope of practice; and consumer expectations.</p>

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

Appendix 1.2a





Appendix 1.2b

Appendix 2.8

Mentoring Program

Purpose: The purpose of this mentoring program is to enable new nursing faculty to have a collaborative network with other experienced faculty enhancing success in their role of adjunct or full time faculty. Mentoring programs hold the potential to contribute to new faculty morale, motivation, a sense of community, and employment longevity.

A. Overview

1. Trust underlies all processes within mentor/mentee relationship and confidentiality is paramount.
2. The mentor is not to be evaluating the mentee relative to any formal evaluation, documentation of abilities or tenure process as this prevents an open trusting relationship.
3. The mentoring program includes coaching, networking, advising, and supporting new nursing faculty relative to their roles and functions.
4. Objectives of a Mentoring Program
 - a. Retain new faculty by helping them become more familiar with the institutional and department culture, increase their learning curve, and to become aware of university, department, and program resources.
 - b. Foster a cooperative network by helping new nursing faculty meet and network with other faculty and staff.
 - c. Increase the flow of accurate and timely information.
 - d. Contribute to new nursing faculty morale, motivation, and a sense of community.

B. Mentoring Program

1. Choosing appropriate mentors
 - a. Possible mentors should include individuals known to act as a guide for new faculty members.
 - b. This seasoned faculty should have demonstrated skills of sincerity when listening and reflect a dynamic presence within their coaching role.
 - c. The accurate choice of a nurse faculty mentor will encompass the desire for an experienced/seasoned faculty with excellence and security in their role - without the need to control the mentee.
 - d. A nursing faculty mentor will safeguard the unique skills of their mentee while enhancing this new faculty's progress toward role adjustments.
2. Developing the mentor program
 - a. Responsibilities for orientation are best handled by the Director of Health Sciences and Program Director early in the nursing faculty's employment.

- b. The mentorship program is aimed at a broader set of faculty development goals and incorporates interpersonal relationship of mentor/mentee beyond the orientation process for new faculty.

C. Mentor Role

1. Mentor Agreement

- a. Mentor will formally agree to role of mentor
- b. Mentor agrees to be available and willing to:
 - Commit time to be a mentor
 - Possess the knowledge and influence needed to be a mentor
 - Step forward to share knowledge
 - Possess good interpersonal communication skills (especially listening)
 - Enhance in a clear and directive manner the level of participation and personal/professional responsibility for a new nursing faculty mentee

2. Specific Functional Mentor Role

- a. Recognize and evaluate what you as a mentor can offer
- b. Take time to be available to your mentee. Periodic reviews of progress must include both constructive criticism of errors and recognition with praise for accomplishments and excellence
- c. Clearly show the new nursing faculty how to collaborate and cooperate with other faculty.
- d. Suggest strategies for effective teaching, grading, and evaluation of nursing students in both class and clinical settings
- e. Act as an advocate for the new faculty member.
- f. Clarify expectations with your mentee about the extent to which you will offer guidance concerning any personal as well as professional issues (e.g. advice for balancing family and career responsibilities)
- g. Give constructive feedback (as well as praise) when warranted but present it with specific suggestions for improvement
- h. Create realistic expectations for the mentee and negotiate with other seasoned faculty about these same realistic expectations when they interact with the new nursing faculty.
- i. Help new faculty learn what kinds of available institutional support they should seek in order to further their own career development - such as faculty continuing education and development funds
- j. Tell your mentee if he/she asks for too little - or too much - of your time
- k. Maintain confidentiality
- l. Discuss with the mentee the "rules" (formal and informal) of the University, department, and program.
- m. Propose effective ways of interacting with nursing students, clinical personnel, and faculty colleagues.

- n. Assist with establishing priorities: budgeting time while balancing class/clinical/labs and developing new teaching strategies.
- o. Suggest how to say "no" to certain demands on his/her time.
- p. Provide social support by introducing him/her to faculty/staff from other departments.
- q. Advise new faculty to seek out their resources of DHS Director or Program Director for contract issues, tenure schedules, and formal promotion processes.
- r. Using care 'to not do' for the mentee but alternatively facilitate the new faculty towards action to learn the roles and functions of a new nursing faculty.
- s. Preserve the uniqueness of the new faculty member's intellectual independence and avoid developing a competitive relationship.
- t. Counsel the mentee to expect the inevitable new faculty moments that can be so disarming - like the first student evaluation scores, questions the mentee cannot answer when in front of the class, and negative comments (e.g. 'this teacher does not appear to be comfortable with the content', 'This instructor acts like she is only one day ahead of us in her reading', 'This faculty seems to refer to her/his notes often during lectures').
- u. Encourage the mentee to put into context some of the possible accuracy of evaluation comments. Suggest that your mentee consider the possibility that some of the students' comments have some validity.
- v. Assist the new nursing faculty to navigate realistic time-frames.

D. Mentoring Communication Skills

1. It is easy for a mentor to fall into the trap of having all the answers.
2. Dispensing information is often required; it's quick and easy and may make you feel good about yourself as a mentor. But if you only give advice, much of it becomes lost.
3. The balancing act involves coaching your mentee to discover insight on her/his own and offering advice only when they cannot come up with alternative solutions – always after listening thoroughly to the mentee.
 - a. Give advice only when your mentee has done some preliminary thinking on his/her own, and only after you have listened carefully and thoroughly understand the issue at hand. Don't jump at the chance to provide your insight too early in the conversation.
 - b. Don't give advice only when your mentee sees you as the 'answer person.'
 - c. Give advice when your mentee ask for and needs it. One of the most frustrating mentor responses to the question, "What do you think I should do?" is, "What do you think you should do?" It can feel manipulative to the mentee; you apparently have an opinion but for the sake of mentoring, you are withholding it.
 - d. Provide direction and give advice when your mentee is stuck. Then ask: "How do you think my advice would apply to your situation?"
 - e. The goal is for the mentee to make the outcome his/her own. Your advice is meant only to get him/her "unstuck."
 - f. Your goal as a mentor should be to retain the new faculty person's individuality.

E. Mentoring Linguistics

1. Sample problem-solving questions
 - a. What do you think about this idea?
 - b. What do you think is important?
 - c. How would you solve this?
 - d. If you were in my shoes, what would you do?
 - e. What other factors should we be considering?
 - f. In your opinion, why is this approach going to work?
 - g. What do you see as the obstacles we face?
2. Global Questions
 - a. How are things going?
 - b. What are your goals?
 - c. What are you trying to accomplish?
3. Problem Identification
 - a. What results have you achieved so far?
 - b. Where are you stuck?
 - c. What kinds of problems are you encountering?
 - d. Why do you think that happened?
4. Options & Solutions
 - a. What solutions have you attempted?
 - b. What do you see as your options?
 - c. Do you want input from me?
5. Planning
 - a. What is your "go forward" plan?
 - b. How can you apply what you've learned to your job?
 - c. Who else would benefit from knowing this?
6. Support
 - a. What can I do to better support you?
 - b. Whose support do you need?
 - c. Would it be helpful to talk about this again?

F. Mentee Commitments

1. The mentee commits to time for mentor meetings.
2. The mentee must come prepared to mentorship sessions with questions/concerns and the skill to speak about the challenges of teaching
3. The mentee recognizes that this is an interpersonal relationship process. If the mentor match is not compatible, it is important to speak assertively to the mentor and then the DHS Director and Program Director about any concerns so that the mentorship process can succeed.
4. The mentee needs to have realistic expectations of the mentor and be an active participant in all faculty functions.
5. The mentee expects their faculty development will require some probing guidance from the mentor including an in-depth review of and exploration of their interests, abilities, ideas, and beliefs.
6. The mentee needs to remain open to suggestion by the mentor and refrain from expecting the mentor to solve all problems.
7. The mentee agrees to evaluate the nursing faculty mentorship program constructively

G. Typical Mentoring Issues with New Nursing Faculty

1. What resources are available for teaching enhancement? (e.g. test construction)
2. How does one identify and recruit help for students in academic/financial/remediation need beyond the mentee's expertise?
3. What degree of freedom for making change does this new nursing faculty have (e.g. revision of course syllabi, classroom teaching strategies, and clinical experiences)?
4. What committees should one be on and how much committee work should one expect in the first year of hire?
5. What social events occur in the department?
6. How do you deal effectively with the difficult/angry student?
7. How do you deal with the difficult or demanding nursing faculty peer?
8. How do you stay politically correct when student issues within the clinical agency conflict with established policies or procedures?
9. How does one establish an appropriate balance between this first year of teaching and home demands, up to date clinical skills, program, department and campus-wide committee work?
10. How does one say "no" – but remain within contractual guidelines and on-track to a positive tenure review?
11. 'What criteria?' and 'Where are the criteria?' that will be used for tenure review - how exactly will the mentee's teaching, scholarship, advising, and service be evaluated?
12. Are there any remaining issues from a basic orientation of the program, department, classroom, nursing skills lab, and clinical agency orientations that remain problematic or unclear?
13. What are the formal and informal communication systems in this program and department?
14. How does the mentee deal with the feeling of overload?

Department of Health Sciences
New Faculty Orientation Checklist

Faculty Name _____ Faculty Mentor _____

1. Try to reach out to new employee at least one month prior to teaching and determine immediate needs.
2. Meet with new employee 1 week prior to the beginning of school to ensure readiness for the first day of classes.
3. Mentor and mentee should meet every week for the first semester of teaching and then once every 2 weeks over the second semester of teaching.
4. May want to use the T2T "What do you do when" topics every week you meet to generate dialogue around difficult student situations/interactions.

Tenure Track and Full-time Faculty

DH = Department Head/ Director of Health Sciences

Date completed and initials

DHS Director= Two departments of campus have Directors

Identify Department of Health Sciences (DHS), leadership team and organizational chart

Discuss the most effective way to reach mentor, Program Director, and Department Head (DH)

Mentor

Identify key support staff in Dept. of Health Sciences (Admin Asst., CEC Coordinator, student assistants) and how to communicate with staff for support needs

Scheduling times for the CEC

Scheduling activities that require classrooms outside of normal teaching time

Green/Blue sheets

DH And Mentor

Provide personal contact information (email, cell phone, pagers) and weekly schedule to Admin Asst. and DH

Office hours

Clinical schedule o applicable

Leave of absence requests

Calling in sick

Job description for each Administrative Assistant

Distribute department faculty contact information

DH And Mentor

Review faculty and student handbooks prior to beginning clinical. Most important items initially include:

Academic Honesty

Dress Code (Student and Faculty)

Attendance

Use of Electronics

Confidentiality

Grievances

DH

Review faculty job description prior to beginning semester

Mentor

Establish relationship and ongoing schedule for meeting with assigned mentor/mentee

1 x per week or every other first semester

Every 23 weeks second semester

PRN third semester

DH And Mentor

Identify personal professional development plan for faculty role

- Professional Development Plan established with DH
- Introduction to the components of the evaluation form
- Student evaluations
- Clicker evaluations
- Program Director/Department Head classroom evaluations each semester

Mentor

Identify format and key elements of a course syllabus

www.coloradomesa.edu/online/documents/CMUSyllabusTemplate.docx

Mentor

State process for obtaining textbooks and teaching resources

(This will be specific to the course taught)

Mentor

Discuss the importance of using Program Learning Outcomes and Student Learning Outcomes for

- Syllabus
- Clinical Evaluations
- Assignments and test writing

Mentor

Demonstrate ability to assess student learning

- Write test questions or access test bank
- Test Plan, Test Policy (suggest a new committee to bring this up to date)
- Rubrics for presentations and assignments

Mentor

Identify process for students to hand in assignments

Mentor

Identify effective classroom teaching strategies

- Establish a schedule for new faculty to watch 2 instructors teach in the DHS in first semester
- Establish a schedule to watch new instructor teach twice and provide feedback in the first semester

Mentor

State scope of responsibility for didactic instructor

State scope of responsibility for clinical instructor

(See separate clinical instructor orientation)

Mentor

Demonstrate ability to calculate grades

- Grade books electronic and paper
- Procedure for posting grades on D2L only
- Only proctored online testing
- Scantron grading

Mentor

Demonstrate ability to locate class rosters on Maverick Online

- Student contact information
- Student pictures

Mentor

Demonstrate ability to enter grades into Maverick Online by established deadline

Mentor

Demonstrate use of information technology resources

- Email

- F drive
- H drive
- R drive
- Turnitin
- D2L
- Copy machines
- Scanton grading
- Classroom controls
- Kaplan

Mentor

Demonstrate use of online/distance learning modalities

- T2T
- Interactive teleconferencing
- Turn it in

(if applicable)

DH And Mentor

Identify goals for improving classroom learning based on student evaluation

Mentor

Discuss necessity to regularly attend faculty meetings of

- All meetings for Tenure Track Faculty
- 2 meetings per year for 0.8 faculty
- All department meetings for all faculty
- Being on time for meetings

Mentor

Meetings that are considered Mandatory for Tenure Track Faculty:

- Tim and Carol Semester updates
- Faculty Development Meetings (T2T, Carol Futhey professional faculty development)
- Pinning & Graduation (May need to order regalia)
- Faculty Meetings
- Department Meetings

Mentor

Components tenure track year by year

www.coloradomesa.edu/.../TenureandPromotionDocumentation.docx

Mentor

Specialists in the Department

- Power Point (Patti Ward)
- Word Documents (Sandy Forrest)
- Informatics (Karen Urban)
- Rubrics (Kristy Russ)
- Test Design and analysis (Bette Schans)
- Learning Styles (Patti Ward)
- Creative Learning Strategies (Tonya Chapin)
- Concept Mapping (Judy Williams)
- D2L (Bridgette Marshall)

Mentor

Advising Requirements

Tenure track faculty

- 2 freshman orientation/semester

- 2 Open Advising Sessions/ semester
- 1 recruiting event/ semester
- Advisee list and resources to manage

Office hours

- How many per week
- Where to post schedule
- Hours on campus expectation
- Where to find classroom schedule prior to first class taught
- How to schedule labs if needed (Computer and skills labs)

Full time faculty

- No requirements

Mentor

Deadlines

- Entering Grades
- Professional Faculty Development Funds
- Mandated safety training
- CPR, Flu vaccines
- St. Mary's, YAMC, and Community Hospital clinical instructor requirements

Mentor

Committee Descriptions Campus and Program

Mentor

Benefits Fair and Wellness Program

Mentor

Phone Procedures

- Placing phone on vacation mode and taking off
- Transferring a call
- Obtaining messages
- Obtaining messages from off campus site

Revised 2/24/14

Mentor

Computer Procedures

- How to contact IT
- Automatic signature
- Vacation or out of office reply

Mentor

Key Guest Speakers in the Department

- What guest speakers in department are already being utilized
- How to get a parking pass for guest speaker
- How many guest speakers are acceptable in a semester
- Thank you for guest speakers

Mentor

Arrange schedule to watch other faculty teach

- Teaching strategies
- Question and answer
- Eliciting classroom engagement
- Kinesthetic teaching

Arrange for classroom evaluation (1 time per semester)

- Department Head or Program Director

Mentor

Peer

If teaching clinical then separate evaluation each semester

Department of Health Sciences New Employee Orientation Committee:

Chair.....Tonya Chapin RN, MSN Associate Professor of Nursing

MemberDr. Kristine Reuss RN, PhD Professor of Nursing

Member.....Beverly Lyne RN, MSN Assistant Professor of Nursing

Member.....Bridgette Marshall P.N.P. Assistant Professor of Nursing

Member..... Karen Urban RN, MSN Assistant Professor of Nursing

Director of Health Sciences..... Dr. Debra Bailey RN, PhD

Appendix 3.1



Department of Health Sciences

Read PN Program Student Handbook

I have read this handbook, completely understood all policies, procedures, and all other content. By signing this form I agree to fully comply with all said policies and procedures set forth herein while I am a student in the PN Program at Colorado Mesa University.

Print Student Name

Student Signature

CMU Student ID #

Date

Appendix 4.1

Professional Standards, Guidelines, and/or Competencies used by PN Curriculum

The PN curriculum uses the following professional standards, guidelines, and or competencies:

MSN,RN, P. K., Vottero, PhD, RN, CNE, B. A., & PhD, FNP, C. C. (2014). *Introduction to Quality and Safety Education for Nurses Core Competencies*. : Springer Publishing Company.

Jean-Marteau. (2012) International Council of Nursing 3, Geneva, Switzerland: Retrieved from http://www.icn.ch/images/stories/documents/about/icncode_english.pdf

Outcomes and Competencies for Graduates of Practical/Vocational, Diploma, Associate Degree, Baccalaureate, Master's, Practice Doctorate, and Research Doctorate Programs in Nursing. (2010). New York, NY: National League for Nurses

Nursing's social policy statement. (2010, January 1). Retrieved February 1, 2014, from nursingworld.org/social-policy-statement

Colorado Nurse Practice Act: Title 12 Professions and Occupations. Article 38 Nurses (2013) , Retrieved from <http://cdn.colorado.gov/cs/Satellite?blobcol=urldata&blobheadername1=Content-Disposition&blobheadername2=Content-Type&blobheadervalue1=inline%3B+filename%3D%22Colorado+Revised+Statutes+for+Nurses%2C+effective+July+1%2C+2013.pdf%22&blobheadervalue2=application%2Fpdf&blobkey=id&blobtable=MungoBlobs&blobwhere=1251981434233&ssbinary=true>

National Patient Safety Goals. (2014, January 1). Retrieved from http://www.jointcommission.org/standards_information/npsgs.aspx

Healthy People 2020. (2014, August 25). Retrieved from <http://www.healthypeople.gov/2020/topicsobjectives2020/default.aspx>

National Federation of Licensed Practical Nurses, Inc., Bylaws, Amended October 2012, <http://www.nflpn.org/Docs/Bylaws%20Amended%20Oct%202012.pdf>

Appendix 4.2

Colorado Mesa University
Department of Health Sciences
Moss School of Nursing
Pharmacology Calculations
NURS. 101

TITLE OF COURSE AND PREFIX/NUMBER: Pharmacology Calculations, NURS101

CREDIT HOURS: 1.0 Total

CONTACT HOURS (Theory): 15

PREREQUISITE: Successful completion of PN program prerequisites.

CO-REQUISITE: NURS107/107L, NUR106/106L and NURS112.

HOURS OUTSIDE OF CLASSROOM: An undergraduate student should expect to spend on this course a minimum of two hours outside the classroom for every hour in the classroom. More details are available from the faculty member or department office.

Required Text Book:

Mulholland, J. (2011). *The Nurse, the Math, the Meds: Drug Calculations Using Dimensional Analysis* (2nd Ed). St. Louis, MO: Mosby.

COURSE DESCRIPTION:

This course introduces the nursing student to the concepts and techniques of dosage calculations and medication administration by a variety of routes. Learners will apply basic math concepts to complex conversion of dosages between and among various systems of weights and volumes. Learners will apply critical thinking skills to the calculation and administration of medications by oral and parenteral (including intravenous) routes of administrations.

FORMAT OF CLASS: This class will utilize lecture, with small group discussion, and critical thinking. *The instructor may assign point values to such activities.* Dimensional Analysis mathematical concepts and various units of measurement principles will be demonstrated and evaluated. More details are available from the faculty member or department office.

COURSE OBJECTIVES (NURS101):

At the end of this course the student nurse will be able to:

Compare various units of measurement for medication to include metric, apothecary and household systems of measure.

Explain variations in units (weight, volume and concentration) used to calculate medications.

Apply ratio and proportion and formula methods to accurately convert medication dosages between and within various systems.

Using various drug forms, calculate medication dosages for oral, parenteral (including intravenous) and miscellaneous routes of administration.

Using body weight, calculate and determine if ordered dosages are within therapeutic and safe ranges.

Differentiate between various intravenous administration equipment and delivery methods.

Calculate flow rates for intravenous fluids using a variety of equipment.

GRADING SCALE: The final course grade will be determined by the Health Sciences grading scale:

A = 92.5 – 100%

B = 84.5 – 92.4%

C = 75.5 – 84.4%

F = <75.5%

EVALUATION METHODS: Theory grade is assigned based on student performance in each of the following areas: Unit examinations, quizzes, comprehensive final, Kaplan non-proctored, Kaplan Proctored exams and attendance/participation. Announced and unannounced quizzes may be given over material. Quizzes cannot be made up for any reason.

Grade Calculation:

In-Class Tests = 30%

Comprehensive Final Exam = 40%

Homework = 20%

Attendance = 10%

TOTAL = 100%

Students need to pass tests with a cumulative score of 75.5% or higher. If the cumulative test scores do not equal 75.5%, regardless of the class grade, the student will not pass NURS101. The student is ineligible to continue in the program. In addition, in order to pass this course a student must achieve an average of 90% or above on the final calculation exam. The student will have ONE opportunity to retake the calculation final.

TOPICAL OUTLINE

PART I: Essential Math Review for Medication Calculations

1. Essential Math Review
2. Dimensional Analysis Calculations

PART II: Modern Metric System and Medication Calculations

1. Measurement Units and Conversion for Medications
2. Patient Records, Medication Orders and Labels
3. Solid and Liquid Oral Dose Calculations

PART III: Reconstituted Medications

1. Syringe Measurements
2. Reconstitution of Powders and Liquids

PART IV: Parenteral Medication Calculations

1. Injectable Medication Calculations
2. Basic Intravenous Calculations

PART VI: Medications for Infants and Children

1. Pediatric Dosage Calculations

Colorado Mesa University
Department of Health Sciences
Moss School of Nursing
Nursing IV Certification
NURS. 105L

TITLE OF COURSE AND PREFIX/NUMBER: Foundations of Nursing II Extended IV Certification NURS105L

CREDIT HOURS: 1.0 Total

CONTACT HOURS: 30 Theory

PREREQUISITE: Successful completion of PN program prerequisites.

CO-REQUISITE: NURS 107/107L, NURS 101, NURS 112, NURS. 106/106L

HOURS OUTSIDE OF CLASSROOM: An undergraduate student should expect to spend on this course a minimum of two hours outside the classroom for every hour in the classroom. More details are available from the faculty member or department office.

REQUIREDTEXTBOOKS:

IV THERAPY NOTES: NURSE'S CLINICAL POCKET GUIDE Lynn D. Phillips, MSN, RN, and CRNI - ISBN-13: 978-0-8036-1288-4

COURSE DESCRIPTION: This course introduces learners to theoretical and clinical skills essential IV certification.

COURSE OBJECTIVES: IV UNIT OBJECTIVES:

Upon completion of this section and certification by the Colorado Board of Nursing the student will be able to (some of these objectives will be met during clinical experiences over the spring semester):

Identify the legal implications of IV therapy and venous blood sampling as they relate to the LPN's scope of practice.

Discuss the role of the LPN in IV therapy

Identify upper extremity access sites and factors influencing site selection.

Describe normal physiology of fluid and electrolytes, including adult normal values.

Identify fluids used in IV therapy and rationale for use as defined in 2.6 of the Rules and Regulations.

Utilize psychological principles in preparing a patient for IV therapy and/or venous blood sampling.

Describe the local and systemic complications of IV therapy.

Utilize the nursing process to safely administer IV therapy to adult patients in a structured setting.

Describe infection control measures utilized in the performance of IV therapy and venous blood sampling.

Identify the types of peripheral and central venous access devices.

Select appropriate equipment needed to start an IV infusion, maintain an infusion and for venous blood sampling.

Demonstrate beginning skills in the initiation of IV therapy and venous blood sampling through peripheral and venous access devices.

Monitor the venous access device site.

Correctly replace and discontinue IV fluids.

Utilize appropriate equipment including IV pumps

Discontinue peripheral venous access device.

Calculate the correct rate of flow of an IV solution.

Recognize drug incompatibilities and the implications of these incompatibilities.

Relate the pharmacodynamics, pharmacokinetics and pharmacotherapeutics of antibiotic administration.

Initiate a minimum of three successful peripheral venipunctures with supervision.

Collect venous blood specimens for laboratory tests using appropriate equipment and technique.

Flush venous access devices designed to maintain venous patency with normal saline and/or sub-therapeutic dosage of heparin.

Perform sterile dressing and cap changes on central venous access devices.

Administer pre-mixed antibiotic solutions via venous access devices regulated by gravity flow or a pump.

Demonstrate appropriate nursing care, interventions, reporting and documentation related to intravenous therapy/venous blood sampling.

Demonstrate skills in initiating IV antibiotic therapy under the supervision of a registered nurse who is present in the same patient care area.

EVALUATION METHODS: The final grade is assigned based on student performance in each of the following areas: Unit examinations, quizzes, attendance, participation and skill demonstration. Announced and unannounced quizzes may be given over material. Quizzes cannot be made up for any reason.

GRADE CALCULATION:

- IV Skills Check offs (Pass/Fail): 30% of lab grade is successful completion of *all* identified skills check offs. Skills to be completed with preceptor supervision:
 - a. Peripheral IV starts on three clients
 - b. Initiation and monitoring of IV fluid administration on three clients through peripheral and central venous access devices.
 - c. Flushes into venous access devices designed to maintain venous patency for three patients.
 - d. Administration of pre-mixed antibiotics via venous access device to three clients.
 - e. Utilization of IV pumps.
 - f. Peripheral venous blood sampling on three clients
 - g. Discontinuing of one peripheral short device.
 - h. Documentation of nursing actions and observations.
 - i. Sterile dressing change on central venous access device.
 - j. Blood collection from a central venous access device.

IV Course Outline

- I. Legal implications
 - A. Colorado Nurse Practice Act
 - B. Legal requirements
- II. Anatomy and physiology of upper extremity access sites
 - A. Peripheral veins and large veins used for central venous access
 - B. Factors influencing selection of veins
 - C. Considerations regarding the older adult
- III. Commonly used IV fluids
 - A. Types of fluids
 - B. Composition of fluids
- IV. Fluids and electrolytes
 - A. Composition of body fluids
 - B. Fluid compartments
 - C. Fluid balance disorders
 - D. Rationale for IV therapy
- V. Psychological and physical preparation of patient
 - A. Pre-procedure
 - B. During procedure
 - C. Follow-up care of patient
 - D. Documentation
- VI. Complications of IV Therapy
 - A. Local
 - B. Systemic
- VII. Regulating and monitoring fluids
 - A. Calculating flow rate
 - B. Factors affecting flow rate
- VIII. Equipment and techniques of IV therapy
 - A. Types of venous access devices – central and peripheral
- B. Safety factors/Infection control
 - C. Preparation of venipuncture site
 - D. Venipuncture technique- using peripheral short catheter
 - E. Securing peripheral short catheter device
 - F. Flushing venous access device
 - G. Administering pre-mixed antibiotics
 - H. IV Pumps and filters
- IX. Replacing and Monitoring IV fluids
 - A. Techniques
 - B. Hazards
 - C. Observations
- D. Interventions
- X. Care of Venous Access Device

- A. Monitoring of venous access device
 - B. Technique for sterile dressing and cap changes for central lines
- XI. Termination of peripheral short catheters
 - A. Stopping the flow
 - B. Removing the peripheral short catheter
- XII. Venous Blood Sampling
 - A. Securing the area
 - A. Equipment
 - B. Technique
 - C. Care of Sample
- XIII. Pharmacology and Administration of Antibiotics
 - A. Pharmacokinetics
 - B. Pharmacodynamics
 - C. Pharmacotherapeutics

Colorado Mesa University
Department of Health Sciences
Moss School of Nursing
Fundamental Med-Surg Concepts I
NURS. 106

TITLE OF COURSE AND PREFIX/NUMBER: Fundamental Med-Surg Concepts I NURS106

CREDIT HOURS: 3.0

CONTACT HOURS (Theory): 45

PREREQUISITE: Successful completion of PN program prerequisites.

CO-REQUISITE: NURS107/107L, NURS101, NURS112, and NUR 106L

HOURS OUTSIDE OF CLASSROOM: An undergraduate student should expect to spend on this course a minimum of two hours outside the classroom for every hour in the classroom. More details are available from the faculty member or department office.

REQUIRED TEXTBOOKS:

Williams, L. & Hopper, P. (2011). *Understanding Medical Surgical Nursing 4th. Ed.* Philadelphia, PA: Williams, L. & Hopper, P. (2011). *Student Workbook for Understanding Medical Surgical Nursing 4th Ed.*, Philadelphia, PA: F. A. Davis Company.

ADDITIONAL BOOKS:

Mosby. *Dictionary of Med/Surg Health, 7th ed., or*
Taber's Cyclopedic Medical Dictionary, 20th ed.
Davis's Lab & Diagnostic Tests with Nursing Implications.

COURSE DESCRIPTION:

The course introduces the student to medical-surgical nursing concepts integrating knowledge from foundational nursing, the sciences, pharmacology, and nutrition and cultural concepts. The course provides foundations for nursing care planning for the medical and surgical clients.

COURSE OBJECTIVES (NURS106):

At the end of this course the student nurse will be able to:

1. Discriminate between focusing on disease versus optimal functioning when planning nursing care for adult patients across the life span.
2. Integrate prior and current learning concepts about diagnostics, dietetics, and pharmacology with nursing care.
3. Integrate critical thinking skills with the nursing process for care of the adult across the life span with health problems.
4. Explain in depth and breadth etiology and pathophysiology related to signs and symptoms and treatment modalities for adult patients across the life span.
5. Discuss principles of cultural awareness in the plan of care for patients with commonly occurring health conditions.
6. Compare and contrast appropriate teaching/learning strategies utilized with the adult patient.
7. Analyze the impact of psychosocial and cultural values and practices in caring for the adult patient across the life span.

EVALUATION METHODS: Theory grade is assigned based on student performance in each of the following areas: Unit examinations, quizzes, comprehensive final, Kaplan non-proctored, Kaplan Proctored exams and attendance/participation. Announced and unannounced quizzes may be given over material. Quizzes cannot be made up for any reason.

Grade Calculation:

In-Class Tests	= 55%
Comprehensive Final Exam	= 15%
Quizzes, Homework	= 10%
Attendance	= 10%
Kaplan	= 10%
(non-proctored)	(5%)
(Proctored)	(5%)
TOTAL =	100%

Students need to pass tests with a cumulative score of 75.5% or higher. If the cumulative test scores do not equal 75.5%, regardless of the class grade, the student will not pass NURS 106. A passing grade of 75.5% must be achieved in both NURS106 & NURS106L in order to progress to the next course. Failure to pass either NURS106 or NURS106L will mean repeating both sections. The student is ineligible to continue in the program until the courses are repeated and satisfactory grades are achieved. (See student handbook.)

KAPLAN: Kaplan is a supplement to learning paid for by student fees. The Kaplan Proctored tests are a strong predictor of the NCLEX. Students will begin to work on Kaplan non-proctored tests over the course of the semester. Students need to achieve at least a **93% on the non-proctored test to receive the entire 5%**. Proctored tests need to be taken no closer than 2 days apart. A proctored test will be scheduled close to the end of the semester.

Required practice tests: cardiovascular, fluid and electrolyte, GI, musculoskeletal, neurological, and renal. Proctored exam will be "Gerontology" and will be awarded points as follows:

82.75 to 100% = 150 points (50 points extra credit)
71.75 to 82.74% = 125 points (25 points extra credit)
61.8 to 71.74% = 100 points
51.4 to 61.79% = 75 points

<51.4% = 50 points

TOPICAL OUTLINE:

Immune System Function (Ch. 18)
Nursing Care of Patients with Infections (Ch. 8)
Cardiovascular System Function, Assessment and Therapeutic Measures (Ch. 21)
Neurologic System Function, Assessment, and Therapeutic Measures (Ch. 47)
Nursing Care of Patients with Hypertension (Ch.22)
Nursing Care of Patients in Shock (Ch.9)
Developmental Considerations in the Nursing Care of Adult (Ch14)
Nursing Care of Older Adult Patients (Ch15)
Nursing Care of Patients in Pain (Ch. 10)
Nursing Care of Patients with Fluid, Electrolyte, and Acid Base Imbalances (Ch. 6)
Nursing Care of Patients with Heart Failure (Ch. 26)
Nursing Care of Patients Having Surgery (Ch. 12)
Nursing Care of Patients with Occlusive Cardiovascular Disorders (Ch. 24)
Urinary System Function, Assessment, and Therapeutic Measures (Ch. 36)
Nursing Care of Patients with Disorders of the Urinary System (Ch. 37)
Respiratory System Function, Assessment, and Therapeutic Measures (Ch. 29)
Nursing Care of Patients with Upper Respiratory Disorders (Ch. 30)
Nursing Care of Patients with Lower Respiratory Tract Disorders (Ch. 31)
Integumentary System Function, Assessment and Therapeutic Measures (Ch. 53)
Nursing Care of Patients with Skin Disorders (Ch. 54)
Gastrointestinal, Hepatobiliary and Pancreatic Systems Functions, Assessment and Therapeutic Measures (Ch. 32)
Nursing Care of Patients with Upper Intestinal Disorders (Ch. 33)
Nursing Care of Patients with Lower Gastrointestinal Disorders (Ch. 34)
Nursing Care of Patients with Liver, Pancreatic, and Gallbladder Disorders (Ch. 35)
Musculoskeletal System Function and Assessment (Ch. 45)
Nursing Care of Patients with Musculoskeletal and Connective Tissue Disorders (Ch. 46)
Endocrine System Function and Assessment (Ch. 38)
Nursing Care of Patients with Disorders of the Endocrine Pancreas (Ch40)
Nursing Care of Patients with Cerebral Vascular Disorders (Ch. 49)
Nursing Care of Patients with Peripheral Nervous System Disorders (Ch. 50)

**Colorado Mesa University
Department of Health Sciences
Moss School of Nursing
Fundamental Med-Surg concepts I Lab
NURS. 106L**

TITLE OF COURSE AND PREFIX/NUMBER: Fundamental Med-Surg Concepts I-Lab NURS106L **CREDIT HOURS:** 2.0

CONTACT HOURS: (Clinical) 90

PREREQUISITE: Successful completion of PN program prerequisites.

CO-REQUISITE: NURS107/107L, NURS101, NURS112, and NURS106

HOURS OUTSIDE OF CLINICAL: An undergraduate student should expect to spend on this course a minimum of two hours outside the clinical experience for every hour in the clinical experience. More details are available from the faculty member or department office.

COURSE DESCRIPTION: Fundamental Med-Surg Concepts I Lab introduces the student to medical-surgical nursing concepts integrating knowledge from foundational nursing, the sciences, pharmacology, and nutrition and cultural concepts. This course provides foundations for nursing care planning of medical and surgical clients.

REQUIRED TEXTBOOKS:

Williams, L. & Hopper, P. (2011). *Understanding Medical Surgical Nursing 4th. Ed.* Philadelphia, PA: Williams, L. & Hopper, P. (2011). *Student Workbook for Understanding Medical Surgical Nursing 4th Ed.,* Philadelphia, PA: F. A. Davis Company.

ADDITIONAL BOOKS:

Mosby. *Dictionary of Med/Surg Health, 7th ed., or*

Taber's Cyclopedia Medical Dictionary, 20th ed.

Davis's *Lab & Diagnostic Tests with Nursing Implications.*

CLINICAL COURSE OBJECTIVES:

By the completion of this rotation the student will be able to:

1. Assess a patient with a chronic illness and describe the individual's progression through the tasks of chronic illness.
2. Identify community resources for individuals with chronic illness.
3. Utilize the nursing process in caring for a patient with a fluid-electrolyte and/or acid-base imbalance.
4. Apply the nursing process in facilitating successful wound healing and resolution of the inflammatory process.
5. Utilize the nursing process in the care of the patient with cancer.
6. Utilize the nursing process in the care of the patient with an infectious disease.
7. Employ the nursing process in the care of the patient who has a joint replacement.
8. Observe the role of the respiratory therapist in the care of patients, paying particular attention to the various modalities of delivering oxygen therapy.
9. Utilize the nursing process in caring for a patient with a dysfunction of the respiratory system.
10. Employ the nursing process in caring for a patient with a dysfunction of the cardiovascular system, including the peripheral vascular and the hematologic systems.
11. Utilize the nursing process in caring for a patient with a medical or surgical problem of the gastrointestinal and biliary systems.
12. Utilize the nursing process in caring for the patient with a disorder of the urinary system.
13. Demonstrate application of the nursing process in caring for a patient with a metabolic disturbance.
14. Demonstrate application of the nursing process in caring for selected patients experiencing neurological dysfunction.
15. Utilize the nursing process in caring for the patient with a disorder of the musculoskeletal system, including rehabilitation.

CLINICAL EVALUATION: A clinical grade is assigned based on student performance in two areas:

Clinical Performance = 65%

Clinical Paperwork = 35%

TOTAL = 100%

A passing grade of 75.5% must be achieved in both NURS106 & NURS106L in order to progress to the next course. Failure to pass either NURS106 or NURS106L will mean repeating both sections. The student is ineligible to continue in the program until the courses are repeated and satisfactory grades are achieved. (See student handbook.)

**Colorado Mesa University
Department of Health Sciences
Moss School of Nursing
Foundations of Nursing
NURS. 107**

TITLE OF COURSE AND PREFIX/NUMBER: Foundations of Nursing NURS107

CREDIT HOURS: 3.0

CONTACT HOURS (Theory): 45

PREREQUISITE: Successful completion of PN program prerequisites.

CO-REQUISITE: NURS 106/106L, NURS 101, NURS 112 and NURS107L

HOURS OUTSIDE OF CLASSROOM: An undergraduate student should expect to spend on this course a minimum of two hours outside the classroom for every hour in the classroom. More details are available from the faculty member or department office.

REQUIRED TEXT BOOKS:

Wilkinson, J. and Treas, L. (2011). Fundamentals of Nursing: Theory, Concepts & Applications, (2nd ed.) Vol.1

Wilkinson, J. and Treas, L. (2011). Fundamentals of Nursing: Thinking & Doing, (2nd ed.) Vol. 2

ADDITIONAL BOOKS:

Mosby. Dictionary of Med/Surg Health, 7th ed., or

Taber's Cyclopedia Medical Dictionary, 20th ed.

Davis's Lab & Diagnostic Tests with Nursing Implications.

COURSE DESCRIPTION: The course introduces the nursing student to applications of critical thinking and the nursing process to provide care to clients in various health care settings. Emphasis is on holistic health care across the health-illness continuum. This course introduces learners to theoretical and clinical skills essential for the nursing role. It emphasizes use of caring, critical thinking, and communication while completing nursing skills. As this course progresses it introduces more complex concepts and behaviors of nursing roles within the context of the nursing process, holistic care and health care.

COURSE OBJECTIVES (NURS107):

At the end of this course the student nurse will be able to:

1. Differentiate common variations in assessment data for pediatric and geriatric patients.
2. Examine the concept of holistic health care and its relationship to the wellness-illness continuum.
3. Identify physical, psychological, life-style and socio-cultural considerations that influence alterations in health and physical assessment data.
4. Identify care that meets common health problems and health maintenance and disease prevention
5. Develop knowledge base, and demonstrate foundational care skills required to provide care in various health care environments.
6. Analyze assessment and interviewing techniques to gather information.
7. Distinguish therapeutic communications from other forms of communication
8. Utilize interview and assessment techniques to collect and organize patient information and build a data base on which to build nursing care decisions.
9. Discuss bioethical dilemmas including beginning/end of life and quality of life issues.
10. Utilize interview and assessment techniques to collect and organize patient information and build a data base on which to build nursing care decisions.

EVALUATION METHODS: Theory grade is assigned based on student performance in each of the following areas: Unit examinations, quizzes, comprehensive final, Kaplan non-proctored, Kaplan Proctored exams and attendance/participation. Announced and unannounced quizzes may be given over material. Quizzes cannot be made up for any reason.

Grade Calculation:

In-Class Tests	= 55%
Comprehensive Final Exam	= 15%
Quizzes, Homework	= 10%
Attendance	= 10%
Kaplan	= 10%
(non-proctored)	(5%)
(Proctored)	<u>(5%)</u>
TOTAL =	100%

Students need to pass tests with a cumulative score of 75.5% or higher. If the cumulative test scores do not equal 75.5%, regardless of the class grade, the student will not pass NURS 107. A passing grade of 75.5% must be achieved in both NURS107 & NURS107L in order to progress to the next course. Failure to pass either NURS107 or NURS107L will mean repeating both sections. The student is ineligible to continue in the program until the courses are repeated and satisfactory grades are achieved. (See Practical Nurse Student Handbook.)

KAPLAN: Kaplan is a supplement to learning paid for by student fees. The Kaplan Proctored tests are a strong predictor of the NCLEX. Students will begin to work on Kaplan non-proctored tests over the course of the semester. Students need to achieve at least a **93% on the non-proctored test to receive the entire 5%**. Non-proctored tests need to be taken no closer than 2 days apart. A proctored test will be scheduled close to the end of the semester.

Required practice tests: fluid and electrolyte, GI, musculoskeletal, neurological, and renal. Proctored exam will be “Foundations of Nursing” and will be awarded points as follows:

- 72.75 to 100% = 150 points (50 points extra credit)
- 68.75 to 72.74% = 125 points (25 points extra credit)
- 58.6 to 68.74% = 100 points
- 41.4 to 58.59% = 75 points
- <41.4% = 50 points

**Colorado Mesa University
Department of Health Sciences
Moss School of Nursing
Foundations of Nursing
NURS. 107L**

TITLE OF COURSE: Foundations of Nursing

PREFIX/NUMBER: NURS 107 **CREDIT HOURS:** 3.0

CONTACT HOURS (Theory): 45

PREREQUISITE: Successful completion of PN program prerequisites.

CO-REQUISITE: NURS 106/106L, NURS 101, NURS 112 and NURS107L

HOURS OUTSIDE OF CLASSROOM: An undergraduate student should expect to spend on this course a minimum of two hours outside the classroom for every hour in the classroom. More details are available from the faculty member or department office.

REQUIRED TEXT BOOKS:

Wilkinson, J. and Treas, L. (2011). Fundamentals of Nursing: Theory, Concepts & Applications, (2nd ed.)

Vol.1Wilkinson, J. and Treas, L. (2011). Fundamentals of Nursing: Thinking & Doing, (2nd ed.) Vol 2

ADDITIONAL BOOKS:

Mosby. Dictionary of Med/Surg Health, 7th ed., or

Taber's Cyclopedia Medical Dictionary, 20th ed.

Davis's Lab & Diagnostic Tests with Nursing Implications.

COURSE DESCRIPTION:

The course introduces the nursing student to applications of critical thinking and the nursing process to provide care to clients in various health care settings. Emphasis is on holistic health care across the health-illness continuum. This course introduces learners to theoretical and clinical skills essential for the nursing role. It emphasizes use of caring, critical thinking, and communication while completing nursing skills. As this course progresses it introduces more complex concepts and behaviors of nursing roles within the context of the nursing process, holistic care and health care.

COURSE OBJECTIVES (NURS107L):

At the end of this course the student nurse will be able to:

Incorporate cultural considerations that influence alteration in care.

Apply techniques of caring, critical thinking and communication as strategies to meet the complex health care needs of patients in a variety of settings.

Analyze assessment and interviewing techniques to gather information in the clinical/lab settings.

Demonstrate the ability to effectively and appropriately communicate with the client and the health care team.

Incorporate assessment and interview techniques to gather information for decision making.

Apply the nursing process, within the scope of PN practice, when providing nursing care.

Apply concepts and principles of critical thinking as a provider of nursing care.

Evaluate bioethical dilemmas including beginning/end of life and quality of life issues.

Incorporate assessment and interview techniques to gather information for decision making.

Assist in the development of the individualized nursing plan of care for clients with actual and potential health care needs and complex health needs. Utilize interview and assessment techniques to collect and organize patient information and build a data base on which to build nursing care decisions.

EVALUATION METHODS:

Theory grade is assigned based on student performance in each of the following areas: unit examinations, quizzes, comprehensive final, Kaplan non-proctored, Kaplan Proctored exams and attendance/participation. Announced and unannounced quizzes may be given over material. Quizzes cannot be made up for any reason.

Grade Calculation:

In-Class Tests	= 55%
Comprehensive Final Exam	= 15%
Quizzes, Homework	= 10%
Attendance	= 10%
Kaplan	= 10%
(non-proctored)	(5%)
(Proctored)	(5%)
TOTAL =	100%

Students need to pass tests with a cumulative score of 75.5% or higher. If the cumulative test scores do not equal 75.5%, regardless of the class grade, the student will not pass NURS 107. A passing grade of 75.5% must be achieved in both NURS107 & NURS107L in order to progress to the next course.

Failure to pass either NURS107 or NURS107L will mean repeating both sections. The student is ineligible to continue in the program until the courses are repeated and satisfactory grades are achieved. (See Practical Nurse Student Handbook.)

KAPLAN:

Kaplan is a supplement to learning paid for by student fees. The Kaplan Proctored tests are a strong predictor of the NCLEX. Students will begin to work on Kaplan non-proctored tests over the course of the semester. Students need to achieve at least a **93% on the non-proctored test to receive the entire 5%**. Proctored tests need to be taken no closer than 2 days apart. A proctored test will be scheduled close to the end of the semester.

Required practice tests: fluid and electrolyte, GI, musculoskeletal, neurological, and renal. Proctored exam will be "Foundations of Nursing" and will be awarded points as follows:

72.75 to 100%	= 150 points (50 points extra credit)
68.75 to 72.74%	= 125 points (25 points extra credit)
58.6 to 68.74%	= 100 points
41.4 to 58.59%	= 75 points
<41.4%	= 50 points

TOPICAL OUTLINE:

Hand washing,
 PPE, Sterile Gloves/Field
 Bed baths/bed making.
 Foot, perineal and oral care.
 Vital signs
 Physical Assessment
 Medication Administration
 Urinary Catheters
 Enemas
 Ambulation
 Oxygenation
 Wound Care/Dressing Changes
 Cultural Diversity
 Initiating and Care of Intravenous Access Devices

**Colorado Mesa University
Department of Health Sciences
Moss School of Nursing
Introduction to Pharmacology
NURS. 112**

TITLE OF COURSE AND PREFIX/NUMBER: Introduction to Pharmacology NURS112

CREDIT HOURS: 2.0 Total

CONTACT HOURS (Theory): 30

PREREQUISITE: Successful completion of PN program prerequisites.

CO-REQUISITE: NURS107/107L, NUR106/106L and NURS10A.

HOURS OUTSIDE OF CLASSROOM: An undergraduate student should expect to spend on this course a minimum of two hours outside the classroom for every hour in the classroom. More details are available from the faculty member or department office.

COURSE SCHEDULE: NURS 101: Tuesday 10:00-12:00 MC 154

Required Textbooks:

Clayton, Stock, & Harroun (2013), Basic Pharmacology for Nurses, 16th Ed. Mosby.

Clayton, Stock, & Harroun (2013). Study Guide for Basic Pharmacology for Nurses. 16th Ed. Mosby.

COURSE DESCRIPTION:

The course introduces the nursing student to the basic concepts of pharmacology related to the actions, therapeutic and adverse effects, interactions of drugs, drug classifications, and the basic pharmacology of commonly used medications. Emphasis is placed on nursing considerations and client education. Learners will apply their knowledge in selected clinical settings while caring for patients across the lifespan.

COURSE OBJECTIVES (NURS112):

At the end of this course, the student will be able to:

1. Identify the cultural considerations of administering medications to all patients.
2. Demonstrate knowledge of the classification of drugs and their physiologic and therapeutic effects on the body.
3. Relate significant patient assessments pertaining to specific drug therapy
4. Define and identify terminology and abbreviations associated with the administration of medications
5. Calculate correctly with 90% accuracy required dosages of drugs
6. Calculate and describe drug therapy for pediatric patients.
7. Practice the role of the professional nurse in the administration of medications.
8. Identify teaching necessary for identified patients and drugs.
9. Demonstrate the ability to use appropriate reference materials when seeking information about drugs that are to be administered.
10. Discuss legal and ethical implications involved with the administration of drugs.

EVALUATION METHODS: Theory grade is assigned based on student performance in each of the following areas: Unit examinations, quizzes, comprehensive final, Kaplan non-proctored, Kaplan Proctored exams and attendance/participation. Announced and unannounced quizzes may be given over material. Quizzes cannot be made up for any reason.

Grade Calculation:

In-Class Tests	= 55%
Comprehensive Final Exam	= 15%
Quizzes, Homework	= 10%
Attendance	= 10%
Kaplan (non-proctored)	= 10%
(Proctored)	= (5%)
TOTAL =	100%

Students need to pass tests with a cumulative score of 75.5% or higher. If the cumulative test scores do not equal 75.5%, regardless of the class grade, the student will not pass NURS 112. The student is ineligible to continue in the program until the courses are repeated and satisfactory grades are achieved. (See Practical Nurse Student Handbook.)

KAPLAN: Kaplan is a supplement to learning paid for by student fees. The Kaplan Proctored tests are a strong predictor of the NCLEX. Students will begin to work on Kaplan non-proctored tests over the course of the semester. Students need to achieve at least a **93% on the non-proctored test to receive the entire 5%**. Proctored tests need to be taken no closer than 2 days apart. A proctored test will be scheduled close to the end of the semester.

Required practice tests: fluid and electrolyte, GI, musculoskeletal, neurological, and renal. Proctored exam will be “Pharmacology I” and will be awarded points as follows:

- 89.75 to 100% = 150 points (50 points extra credit)
- 81.75 to 89.74% = 125 points (25 points extra credit)
- 77.1 to 81.74% = 100 points
- 61.4 to 77.09% = 75 points
- <61.4% = 50 points

TOPICAL OUTLINE:

- Drug Definitions, Names, Standards, & Information Sources (Ch. 1)
- Principles of Drug Action & Drug Interactions (Ch. 2)
- Drug Action across the Life Span (Ch. 3)
- Drugs Affecting the Central Nervous System (Ch. 13)
- Drugs Used for Diuresis (Ch. 29)
- Drugs Used for Sleep (Ch. 14)
- Drugs Used to Treat Hypertension (Ch. 23)
- Drugs Used to Treat Heart Failure (Ch. 28)
- Drugs Used to Treat Dyslipidemias (Ch. 22)
- Drugs Used to Treat Angina Pectoris (Ch. 25)
- Antimicrobial Agents (Ch. 46)
- Drugs Used to Treat Upper Respiratory Disorders (Ch. 30)
- Drugs Used to Treat Lower Respiratory Disorders (Ch. 31)
- Drugs Used for Pain Management (Ch. 20)
- Drugs Used to Treat Disorders of the Urinary System (Ch. 42)
- Drugs Used to Treat Constipation and Diarrhea (Ch. 35)
- Drugs Used to Treat Gastroesophageal Reflux and Peptic Ulcer Disease (Ch. 33)
- Drugs Used to Treat Nausea and Vomiting (Ch. 34)
- Drugs Used to Treat the Muscular System (Ch. 45)
- Corticosteroids (Ch. 38)
- Drugs Used to Treat Thyroid Disorders (Ch. 37)
- Drugs Used to Treat Diabetes Mellitus (Ch. 36)
- Drugs Used to Treat Parkinson’s disease (Ch. 15)
- Drugs Used to Treat Seizure Disorders (Ch. 19)
- Drugs Used to Treat Peripheral Vascular Diseases (Ch. 26)
- Drugs Used to Treat Thromboembolic Disorders (Ch. 27)

Colorado Mesa University
Department of Health Sciences
Moss School of Nursing
Introduction to Mental Health
NURS. 109

TITLE OF COURSE: Introduction to Mental Health
PREFIX/NUMBER: NURS 108
CREDIT HOURS: 3.0 Total
CONTACT HOURS: 45 Theory

PREREQUISITE: Gen Ed pre-requisites and NURS 106/106L, NURS 107/107L, NURS 112, NURS 101& NURS 105L

CO-REQUISITE: Successful completion of concurrent nursing program, NURS 109L

HOURS OUTSIDE OF CLASSROOM: An undergraduate student should expect to spend on this course a minimum of two hours outside the classroom for every hour in the classroom. More details are available from the faculty member or department office.

COURSE DESCRIPTION:

This course introduces the nursing student to more complex concepts and behaviors of nursing roles within the cohort of the nursing process, holistic care, and mental health care. The course emphasizes theoretical and practical aspects of the mental health nursing skills required to meet the needs of clients in a variety of settings.

REQUIRED TEXTBOOK:

Neeb, K. (2006) Fundamentals of Mental Health Nursing (3rd ed.). Philadelphia: F.A. Davis & Co.

ADDITIONAL BOOKS:

References: A nursing diagnosis handbook, a medical dictionary, and a diagnostic and lab reference.

COURSE OBJECTIVES:

Upon completion of the course the student nurse will

- Relate theory/principles of communication and nurse patient relationship to psychiatric nursing care.
- Differentiate the modalities utilized in treating psychiatric disorder
- Integrate critical thinking skills with the nursing process for care of the psychiatric patient with health problems.
- Explore the role of the practical nurse and members of the health team caring for clients with psychiatric disorders.
- Apply critical thinking skills related to concepts of psychiatric health care.
- Discuss principles of cultural competency related to the nursing care of individuals with psychiatric disorders.
- Discuss cultural issues that influence family dynamics with psychiatric disorders.
- Discuss diagnostic classifications in treatment planning.
- Apply nursing process theory to clients with psychiatric disorders.
- Examine the scope and significance of issues and trends impacting psychiatric health care.
- Explain the impact of legal, ethical, and cultural issues in the delivery of psychiatric care.
- Discuss therapeutic communication techniques and promote therapeutic relationships.
- Discuss documentation and communication appropriately with multidisciplinary teams.
- Utilize the nursing process to analyze the needs and develop nursing care maps in consultation with the patient and the multidisciplinary delivery team.
- Participate in the evaluation of outcomes in implementing change.
- Apply principles of cultural competency to the nursing care of individuals with psychiatric disorders.
- Formulate teaching plans based upon outcomes with consideration given to biological, psychological, spiritual, cultural, developmental, environmental and economic factors.
- Use established guidelines in prioritizing and organizing nursing care.
- Promote ethical, legal and professional awareness and responsibility in others.

Kaplan

Kaplan is a supplement to learning paid for by student fees. The Kaplan Proctored tests are a strong predictor of the NCLEX. Students will begin to work on Kaplan practice tests over the course of the semester. Students need to achieve at least a **93% on the non-proctored test to receive the entire 5%**. Practice tests need to be taken no closer than 2 days apart. A proctored test will be scheduled close to the end of the semester.

Proctored exam scores will be awarded points as follows:

- 92.5 to 100% = 150 points (50 points extra credit)
- 81.35 to 92.49% = 125 points (25 points extra credit)
- 71.4 to 81.34% = 100 points
- 61.4 to 71.39% = 75 points
- <61.39% = 50 points

EVALUATION METHODS:

Mastery of course content may be assessed through oral or written examinations. Time is given during each lecture/activity for questions to clarify content. Announced and unannounced quizzes may be given over material. Quizzes cannot be made up for any reason (even if you have an excused absence).

Theory grade is based upon the following:

Unit Tests	=65%
Attendance & Participation	=15%
Quizzes/Homework	=10%
Kaplan Non-Proctored	= (5%)
<u>Kaplan Proctored</u>	<u>= (5%)</u>
Total	=100%

**Colorado Mesa University
Department of Health Sciences
Moss School of Nursing
Introduction to Mental Health Lab
NURS. 109L**

TITLE OF COURSE: Introduction to Mental Health Lab

PREFIX/NUMBER: NURS 109L

CREDIT HOURS: 1.0 Total

CONTACT HOURS: 45 Clinical

PREREQUISITE: Gen Ed pre-requisites and NURS 106/106L, NURS 107/107L, NURS 112, NURS 101, & NURS 105L

CO-REQUISITE: Successful completion of concurrent nursing program, NURS 109

COURSE DESCRIPTION:

This is the companion lab to NURS109. This component of the course provides an opportunity to practice the mental health nursing skills required to meet the needs of clients in a variety of mental health settings.

REQUIRED TEXTBOOK:

Neeb, K. (2006) Fundamentals of Mental Health Nursing (3rd ed.). Philadelphia: F.A. Davis & Co.

CLINICAL OBJECTIVES:

Upon completion of the course the student nurse will

Demonstrate theory/principles of communication and nurse patient relationship to psychiatric nursing care.

Differentiate the modalities utilized in treating psychiatric disorder

Integrate, in collaboration with the preceptor nurse, critical thinking skills with the nursing process for care of the psychiatric patient with health problems.

Explore the role of the practical nurse and members of the health team caring for clients with psychiatric disorders.

Apply critical thinking skills related to concepts of psychiatric health care.

Demonstrate principles of cultural competency related to the nursing care of individuals with psychiatric disorders.

Identify cultural issues that influence family dynamics with psychiatric disorders.

Utilize diagnostic classifications in collaboration with the preceptor nurse, in treatment planning.

Apply nursing process theory to the care of clients with psychiatric disorders.

Identify the scope and significance of issues and trends impacting psychiatric health care.

Explain the impact of legal, ethical, and cultural issues in the delivery of psychiatric care.

Share responsibility for the care of the adult patient in structured settings utilizing technology, information, and resources effectively.

Utilize therapeutic communication techniques and promote therapeutic relationships.

Document and communicate positively and appropriately with multidisciplinary teams.

Utilize the nursing process in collaboration with the preceptor nurse to analyze the needs and develop nursing care maps in consultation with the patient and the multidisciplinary delivery team.

Participate in the evaluation of outcomes in implementing change.

Apply principles of cultural competency to the nursing care of individuals with psychiatric disorders.

Formulate teaching plans in collaboration with the preceptor nurse, based upon outcomes with consideration given to biological, psychological, spiritual, cultural, developmental, environmental and economic factors.

Use established guidelines in prioritizing and organizing nursing care.

Promote ethical, legal and professional awareness and responsibility in others.

LAB GRADE CALCULATION:

Journal Entries: 10%

Mental Health Assessment and Nursing Care Map: 45%

Instructor evaluations of clinical performance: 45%

Lab attendance is required. Students are responsible for reading assignments, viewing selected audiovisual material in the nursing CEC, practicing skills to develop beginning competency, completing performance checklists, and caring for selected patients. The amount of time needed to attain competency in beginning nursing skills varies depending on previous life experience. All assignments will be submitted or completed on the due date. More than one absence may result in a clinical failure.

Colorado Mesa University
Department of Health Sciences
Moss School of Nursing
Nursing Care of the Childbearing Family
NURS. 117

TITLE OF COURSE: Nursing Care of the Childbearing Family

PREFIX/NUMBER: NURS 117

CREDIT HOURS: 2.0 Total

CONTACT HOURS: 30 Contact Hours

PREREQUISITE: Completion of 107,107L, 106, 106L, 112, 101,

CO-REQUISITE: NURS 172,172L, 156, 118, 118L, 117L

HOURS OUTSIDE OF CLASSROOM: An undergraduate student should expect to spend, on this course, a minimum of two hours outside the classroom for every hour in the classroom. More details are available from the faculty member or department office.

TEXTBOOKS: Leifer, G. (2011) *Introduction to Maternity and Pediatric Nursing* (6th ed.)
St. Louis MO: Mosby Elsevier and workbook

COURSE OBJECTIVES:

The learner will be able to:

1. Incorporate the legal and ethical implications of maternal-newborn nursing in daily care.
2. Understand the impact of psychosocial and cultural values and practices in caring for healthy childbearing family.
3. Integrate knowledge of diagnostics, nutrition, and pharmacology into a plan of care for the childbearing family.
4. Integrate critical thinking skills with the nursing process for care of the stable childbearing patient.
5. Use critical thinking skills to explain nursing process for care of the newborn.
6. Demonstrate appropriate teaching-learning strategies when providing information to the childbearing family.
7. Accurately report alterations in health affecting the childbearing family.
8. Discuss health maintenance and promotion from conception through postpartum and the neonatal period with the childbearing family

Grade Calculation:

Theory = 100 % of theory course grade

Tests	= 55%
Attendance/Participation	= 10%
Workbook	= 10%
Kaplan Integrated (proctored) Test	= 10 %
Final Exam	= 15%

TOTAL = 100%

Kaplan Testing: Students will take a focused review exam at least twice during the course of the semester. The focused review exam that incorporates both pediatrics and Obstetrics is called "The Developing Family." This exam must be separated by no less than 3 days. You will need to pass the focused review exams with a 93% or better to be allowed into the integrated test.

Kaplan Scores (Developing Family) 50 points

76.2% or higher=====60 points
66.2%-76.14%=====50 points
61.2%-66.1%=====40 points
56.2%-61.1%=====30 points
<56.1%=====20 points

**Colorado Mesa University
Department of Health Sciences
Moss School of Nursing
Nursing Care of the Childbearing Family Lab
NURS. 117L & NURS 118L**

TITLE OF COURSE: Nursing Care of the Childbearing Family & Nursing Care of Children Lab

PREFIX/NUMBER: NURS 117L & NURS 118L

CREDIT HOURS NURS 117L 1 Credit hour NURS 117L 1Credit hour

CONTACT HOURS: 90 Contact Hours

PREREQUISITE: Completion of 107,107L, 106, 106L, 112, 101, 105L

CO-REQUISITE: NURS 172,172L, 156, 118, 117

HOURS OUTSIDE OF CLASSROOM: An undergraduate student should expect to spend, on this course, a minimum of two hours outside the classroom for every hour in the classroom. More details are available from the faculty member or department office.

TEXTBOOKS: Leifer, G. (2011) *Introduction to Maternity and Pediatric Nursing* (6th ed.) St. Louis MO: Mosby Elsevier and workbook

Clinical Grading 117L/118L

Clinical Performance	65 %
<u>Clinical Paperwork</u>	<u>35 %</u>
	100%

Because N117L/118L are OB and Pediatric Clinical you will have a separate evaluation for OB and Pediatrics Clinical rotations; which will be averaged together for one clinical performance grade. All the paper work, post clinical presentation and attendance will be both OB and Pediatric. These will be averaged together to have one grade for N117L/118L.

Clinical Competencies 117L/118L

1. Advocate for the rights of the childbearing family and/or children and families in crisis.
2. Integrate nursing process to assess coping skills of the stable childbearing family and/or ill children and their families.
3. Assume responsibility for the care of the childbearing family and/or family with a child experiencing illness, analyzing information, in collaboration with the RN and selecting/integrating resources effectively.
4. Use critical thinking to deliver appropriate care for childbearing families and/or the care of the stable child.
5. Demonstrate caring, professional and accountable behavior in caring for the childbearing family and/or family with a child who is ill.
6. Analyze cultural issues that influence family dynamics throughout the life span.
7. Synthesize cultural considerations in planning care for families.
8. Collaborate with multidisciplinary teams to meet the needs of childbearing family and /or children and families experiencing illness.
10. Use indicators and interdisciplinary resources to evaluate outcomes of the childbearing family and/or children and families experiencing illness.
11. Based on identified knowledge deficits, implement teaching grounded on sound theoretical and scientific knowledge.
12. Utilize the communication process to establish and guide therapeutic relationships.

Colorado Mesa University
Department of Health Sciences
Moss School of Nursing
Socialization
NURS. 156

Course Title: Socialization into Practical Nursing

Prefix/Number: NURS. 156

CREDIT HOURS: NURS 156 1 Credit

CONTACT HOURS: 15 Hours

PREREQUISITE: Must be eligible for graduation during semester in which NURS 156 is taken.

CO-REQUISITE: NURS 117/117L, NURS 118, 118L, NURS 171L, NURS 109 & 109L & NURS 172L.

HOURS OUTSIDE OF CLASSROOM: An undergraduate student should expect to spend, on this course, a minimum of two hours outside the classroom for every hour in the classroom. More details are available from the faculty member or department office.

Required Textbook:

Dahlkemper, T. (2013). Nursing Leadership, Management, and Professional Practice for the LPN/LVN in Nursing School and Beyond. (5th ed). Philadelphia: FA Davis

Recommended References:

ANA Code of Ethics for Nurses http://www.nursingworld.org/ethics/code/protected_nwcoe303.htm#prov1

Colorado Board of Nursing <http://www.dora.state.co.us/nursing/licensing/LPN.html>

COURSE DESCRIPTION:

This course is an introduction to time management; examines legal and ethical responsibilities of the practical nurse. Emphasis is given to the Colorado Nurse Practice Act. Job seeking skills are discussed. This course examines the legal implications of communication, confidentiality, Patient Bill of Rights, scope of practice, negligence, report of abuse, and abuse of the elderly. Students will be partnered with a mentoring nurse.

Course Objectives:

- 1) Show respect for the inherent worth and uniqueness of others.
- 2) Complete a holistic assessment of the patient.
- 3) Reflect support for patient's rights to make decisions about their health care.
- 4) Evaluate patient outcome using critical thinking, decision-making skills, and creative problem solving
- 5) Utilize assessment findings, within the LPN scope of practice, to design patient care.
- 6) Implement care that is comprehensive and holistic in design.
- 7) Provide safe and appropriate care in a professionally competent manner incorporating physiological, psychological, social, spiritual, and cultural components.
- 8) Act in accordance with accepted ethical and professional standards of practice
- 9) Maintain effective interdisciplinary collaboration
- 10) Provide relevant information in a clear, thorough, effective, and accurate manner.
- 11) Engage in effective working relationships.
- 12) Collaborate in therapeutic interventions while maintaining personal accountability.
- 13) Use related informatics technologies in patient care settings.
- 14) Define the roles and responsibilities of the graduate PN as defined by established standards including the Colorado Nurse Practice Act.
- 15) Uphold moral, legal, and humanistic principles.
- 16) Relate the purpose of nursing organizations to the PN.
- 17) Apply concepts from general education and program pre-requisites to enhance critical thinking and clinical decision making.
- 18) Demonstrate an appreciation for the diversity among patient populations.
- 19) Demonstrate empathy for and a connection with patients.

Kaplan

Kaplan is a supplement to learning paid for by student fees. The Kaplan Proctored tests are a strong predictor of the NCLEX. Students will begin to work on Kaplan "PN Readiness" practice tests over the course of the semester. Students need to achieve at least a **93% on the non-proctored test to receive the entire 5%**. Practice tests need to be taken no closer than 2 days apart. A proctored test will be scheduled close to the end of the semester.

Proctored exam scores will be awarded points as follows:

- 92.5 to 100% = 150 points (50 points extra credit)
- 76.4 to 92.49% = 125 points (25 points extra credit)
- 65.4 to 75.39% = 100 points
- 55.4 to 65.39% = 75 points

<55.39% = 50 points

EVALUATION METHODS:

Mastery of course content may be assessed through oral or written examinations. Time is given during each lecture/activity for questions to clarify content. Announced and unannounced quizzes may be given over material. Quizzes cannot be made up for any reason (even if you have an excused absence).

- Unit Tests =65%
- Attendance & Participation =15%
- Quizzes/Homework =10%
- Kaplan Non-Proctored = (5%)
- Kaplan Proctored = (5%)
- Total =100%

Colorado Mesa University
Department of Health Sciences
Moss School of Nursing
Fundamental Med-Surg Concepts II
NURS. 172

TITLE OF COURSE: Fundamental Med-Surg Concepts II
PREFIX/NUMBER: NURS 172
CREDIT HOURS: 3 Hours
CONTACT HOURS: 45 Theory

Pre-requisite courses: NURS 101, NURS 106, NURS 106L, NURS 107, NURS 107L, NURS 105L, & NURS 112

Co-requisite courses: NURS 117, NURS 117L, NURS 118, NURS 118L, NURS 156, NURS 172, NURS 172L, NURS 109 & NURS 109L

HOURS OUTSIDE OF CLASSROOM: An undergraduate student should expect to spend, on this course, a minimum of two hours outside the classroom for every hour in the classroom. More details are available from the faculty member or department office.

TEXTBOOKS:

Williams, L., & Hopper, P. (2007). *Understanding Medical Surgical Nursing 4th. Ed.* Philadelphia, PA: F. A. Davis Company.

Williams, L., & Hopper, P. (2007). *Student Workbook for Understanding Medical Surgical Nursing 4thEd.* Philadelphia, PA: F. A. Davis Company.

ADDITIONAL BOOKS:

Mosby. *Dictionary of Med/Surg Health, 7th ed., or Taber's Cyclopedia Medical Dictionary, 20th ed.*

Davis's Lab & Diagnostic Tests with Nursing Implications. (or similar resource)

COURSE DESCRIPTION:

The course introduces the student to medical-surgical nursing concepts integrating knowledge from foundational nursing, the sciences, pharmacology, and nutrition and cultural concepts. The course provides foundations for nursing care planning for the medical and surgical clients.

COURSE OBJECTIVES

A. At the end of this course the student nurse will be able to:

- 1.) Discriminate between focusing on disease versus optimal functioning when planning nursing care for adult patients across the life span.
- 2.) Integrate prior and current learning concepts about diagnostics, dietetics, and pharmacology with nursing care.
- 3.) Integrate, in collaboration with the RN, critical thinking skills with the nursing process for care of the adult across the life span with health problems.
- 4.) Explain in depth and breadth etiology and pathophysiology related to signs and symptoms and treatment modalities for adult patients across the life span.
- 5.) Discuss principles of cultural competency to the nursing care of individuals across the life span.
- 6.) Discuss cultural issues that influence family dynamics throughout the life span.
- 7.) Compare and contrast appropriate teaching/learning strategies utilized with the adult patient.
- 8.) Analyze the impact of psychosocial and cultural values and practices in caring for the adult patient across the life span.

EVALUATION METHODS:

Theory grade is assigned based on student performance in each of the following areas: unit examinations, quizzes, comprehensive final, Kaplan integrated exam, and attendance/participation. Announced and unannounced quizzes may be given over material. Quizzes cannot be made up for any reason (even if you are late to class).

Theory Grade Calculation:

Theory = 100% of Theory course grade

Test	= 60%
Comprehensive Final Exam	= 15%
Homework/Quizzes/Assignments	= 15%
Kaplan integrated exam	= 10%
Proctored	(5%)
Non-proctored	(5%)
TOTAL =	100%

**Colorado Mesa University
Department of Health Sciences
Moss School of Nursing
Fundamental Med-Surg Concepts II Lab
NURS. 172L**

TITLE OF COURSE: Fundamental Med-Surg Concepts II Lab

PREFIX/NUMBER: NURS 172L

CREDIT HOURS: 3 Hours

CONTACT HOURS: 135 Hours

Pre-requisite courses: NURS 101, NURS 106, NURS 106L, NURS 107, NURS 107L, NURS 105L, & NURS 112

Co-requisite courses: NURS 117, NURS 117L, NURS 118, NURS 118L, NURS 156, NURS 172, NURS 156, NURS 109 & NURS 109L

HOURS OUTSIDE OF CLASSROOM: An undergraduate student should expect to spend, on this course, a minimum of two hours outside the classroom for every hour in the classroom. More details are available from the faculty member or department office.

TEXTBOOKS:

Williams, L., & Hopper, P. (2007). *Understanding Medical Surgical Nursing 4th. Ed.* Philadelphia, PA: F. A. Davis Company.

Williams, L., & Hopper, P. (2007). *Student Workbook for Understanding Medical Surgical Nursing 4thEd.* Philadelphia, PA: F. A. Davis Company.

ADDITIONAL BOOKS:

Mosby. *Dictionary of Med/Surg Health, 7th ed., or Taber's Cyclopedic Medical Dictionary, 20th ed.*

Davis's Lab & Diagnostic Tests with Nursing Implications. (or similar resource)

COURSE DESCRIPTION:

The course introduces the student to medical-surgical nursing concepts integrating knowledge from foundational nursing, the sciences, pharmacology, and nutrition and cultural concepts. The course provides foundations for nursing care planning for the medical and surgical clients.

Clinical Competencies (NURS 172L)

In a variety of Medical and Surgical settings, the learner will:

- 1.) Advocate for patient rights and responsibilities
- 2.) Assume responsibility for the care of adult patients in settings across the health care continuum in collaboration with the RN, using technology, analyzing information, and selecting and integrating resources effectively.
- 3.) Collaborate with multidisciplinary team through documentation and communication to promote client optimal wellness.
- 4.) Utilize the nursing process in collaboration with the RN to analyze the needs and develop nursing care maps in consultation with the patient and the multidisciplinary delivery team.
- 5.) Foster ethical, legal and professional awareness and responsibility in self and others
- 6.) Demonstrate professional and accountable behavior.
- 7.) Apply principles of cultural competency to the nursing care of individuals across the life span.
- 8.) Analyze cultural issues that influence family dynamics throughout the life span.
- 9.) Analyze the effect of complex variables on the communication process to establish and guide therapeutic relationships.
- 10.) Design collaboration with the RN, a teaching/learning plan based upon outcomes appropriate for the situation, with consideration given to biological, psychological, spiritual, cultural, developmental, environmental, and economic factors using principles of teaching and theoretical approaches to learning.
- 11.) Plan, with the RN, for discharge needs and teaching upon admission
- 12.) Foster ethical, legal and professional awareness and responsibility in self and others

Lab Grade:

A clinical grade is based upon the following:

1. Attendance, Preparation & Participation as documented on the Evaluation Tool. = 70%
2. Care Plan Assignments and care plans due throughout semester = 30%

TOTAL =100%

Colorado Mesa University
Department of Health Sciences
Moss School of Nursing
Nursing Care of Children
NURS. 118

Course Title: NURS118 – Nursing Care of Children

Prefix/Number: NURS. 118

Credit hours: 2 credits

Contact hours: 30 hours

Pre-requisite courses: NURS 101, NURS 106, NURS 106L, NURS 107, NURS 107L, NURS105L, NURS 112

Co-requisite courses: NURS 117, NURS 117L, NURS 118L, NURS 156, NURS 172, NURS 172L

Textbooks:

Leifer, Gloria. (2011). Introduction to Maternity & Pediatric Nursing (6th edition). St. Louis: Saunders of Elsevier

Leifer, Gloria. (2011). Study Guide for Introduction to Maternity & Pediatric Nursing (6th edition). St. Louis: Saunders of Elsevier

Course description:

Course introduces the role of the nurse in meeting the individual needs of the child from infancy through adolescence in health and illness. Beginning assessment and use of the nursing process, basic growth and development, pathophysiology, nutrition, and relevant emotional, cultural, and family concepts are integrated throughout

Course Objectives:

Upon completion of this course, the student will:

Understand the major causes of morbidity and mortality in the pediatric population as well as the most common causes and effects of illness in the child.

Apply the concepts of growth and development and developmental assessment to the nursing care of children from infancy through adolescence.

Utilize the nursing process to care for the pediatric client across the health continuum.

Apply critical thinking skills to the care of children and families in a variety of settings.

Utilize previously learned concepts related to assessment, nutrition and pharmacology to acquire new knowledge and skills when working with children and families.

Demonstrate an understanding of the impact that individual psychosocial and cultural values and practices have in caring for the child and family with complications.

Collaborate with the RN to plan safe and effective nursing care for the child utilizing available data.

Evaluate the effectiveness of various teaching modalities utilized in caring for children and their families

Collaborate with the RN to utilize therapeutic communication techniques in planning and providing nursing care to children and families.

GRADING

5 Unit Exams (Tests 1-4: 13% each, Test #5: 8%)	55%
Final Exam	15%
Class attendance	10%
Study guide questions, assignments and quizzes	10%
Kaplan	10%
Proctored	(5%)
Non-proctored	(5%)
<hr/>	
TOTAL	100%

Appendix 4.7

<p>Key:</p> <p>SLO: Student Learning Outcome</p> <p>CCO: Clinical Course Objectives</p> <p>KSA: Knowledge, Skills, Attitudes</p>	<p>Rating:</p> <p>E-Exemplary-----4</p> <p>S: Satisfactory-----3</p> <p>NI: Needs Improvement-----2</p> <p>U: Unsatisfactory-----0-1</p>
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CCO		Grade
1.1	<p>SLO 1: Professional Behavior: Function as a competent practical nurse within a legal and ethical framework to provide holistic care to patients from diverse backgrounds.</p> <p>Actions reflect a strong base of theoretical knowledge of evidence based practice.</p> <p>Exemplary: Performs aspects of nursing care proficiently, accurately and safely. Applies sound theoretical knowledge to use evidenced based practice.</p> <p>Satisfactory: Performs all aspects of nursing care proficiently and safely with few supportive cues needed for accuracy, with increasing self-confidence. Requires some assistance with identifying safe and ethical care based on nursing standards and evidence based practice.</p> <p>Needs Improvement: Performs nursing care safely with minimal supportive cues needed for accuracy. Identifies safe and ethical care, but needs support in applying principles of evidenced based practice.</p> <p>Unsatisfactory: Requires frequent supportive cues to perform nursing care safely and accurately. Identifies safe and ethical care, but has consistent difficulty in application of evidenced based practice.</p>	
1.2	<p>Delivers care in a nonjudgmental and non-discriminatory manner functioning as a patient advocate.</p> <p>Exemplary: Consistently models caring behaviors in nurse-patient interactions, patient advocacy, and patient care interventions Demonstrates appreciation of psychological, spiritual, and cultural needs of individuals.</p> <p>Satisfactory: Needs reminders to model caring behaviors in nurse-patient interactions, patient advocacy, and patient care interventions. Needs reminders to recognize psychological, spiritual, and cultural needs of individuals.</p> <p>Needs Improvement: Needs frequent reminders to model caring behaviors in nurse-patient interactions, patient advocacy, and patient care interventions. Needs frequent reminders to recognize psychological, spiritual, and cultural needs of individuals.</p> <p>Unsatisfactory: Unable to model caring behaviors in nurse-patient interactions, patient advocacy, and patient care interventions. Unable to demonstrate appreciation of psychological, spiritual, and cultural needs of individuals.</p>	
1.3	<p>Demonstrates professional behaviors of preparedness, punctuality, accountability, & appearance</p> <p>Exemplary: Preparatory paperwork is complete. Excellent time management skills are evident in organization of clinical performance. Professional dress and appearance meet all standards.</p>	

	<p>Satisfactory: Needs occasional reminders to complete paperwork. Time management and organizational skills are satisfactory. Professional dress and appearance meets majority of standards.</p> <p>Needs Improvement: Needs frequent reminders to complete paperwork. Inefficient time management skills demonstrated. Professional dress and appearance meets majority of standards.</p> <p>Unsatisfactory: Unable to apply time management in the clinical setting. Unable to meet professional standards</p>	
CCO	SLO 2: Communication: Promote a therapeutic environment supporting communication across the lifespan for vulnerable and diverse populations.	Grade
2.1	<p>Recognizes differences in communication styles used in therapeutic interaction.</p> <p>Exemplary: Independently applies appropriate communication techniques in therapeutic interactions</p> <p>Satisfactory: Accurately identifies appropriate and inappropriate communication techniques used in therapeutic interactions</p> <p>Needs Improvement: Needs frequent assistance in identifying appropriate and inappropriate communication techniques used in therapeutic interactions</p> <p>Unsatisfactory: Unable to recognize and differentiate between appropriate and inappropriate communication techniques</p>	
2.2	<p>Demonstrates effective written, verbal, nonverbal communication.</p> <p>Exemplary: Independently communicates essential patient information to the patient, the patient's significant others, and members of the healthcare team</p> <p>Satisfactory: Conveys essential patient information to the patient, the patient's significant others, and members of the healthcare team</p> <p>Needs Improvement: Needs frequent assistance to convey essential patient information to the appropriate individual</p> <p>Unsatisfactory: Unable to convey essential patient information to the appropriate individual</p>	
2.3	<p>Engages patients/families in teaching plans of care.</p> <p>Exemplary: Independently identifies knowledge deficits & resources to meet family and Patient needs</p> <p>Satisfactory: With assistance able to identify knowledge deficits & resources to meet family and Patient needs</p> <p>Needs Improvement: Has difficulty identifying knowledge deficits & resources to meet family and Patient needs</p> <p>Unsatisfactory: Does not acknowledge family and patient knowledge deficits</p>	
CCO	SLO 3: Assessment: Demonstrates clinical decision-making and critical thinking skills to provide effective nursing care for individuals throughout the development stages across the lifespan.	Grade
3.1	<p>Identifies and reports normal and abnormal findings from patient health assessment.</p> <p>Exemplary: Prioritizes potential complications and identifies rationales for interventions</p> <p>Satisfactory: Needs occasional assistance prioritizing potential complications and rationales for interventions.</p>	

	Needs Improvement: Needs frequent assistance prioritizing potential complications and rationales for interventions.	
	Unsatisfactory: Cannot prioritizes potential complications and/or identify rationales for interventions.	
3.2	Interprets collected data within established protocols and guidelines from various sources including patient interviews, observations/measurements, health care team members, family, significant others, and health records.	
	Exemplary: Demonstrates critical thinking skills while interpreting patient data.	
	Satisfactory: With some assistance able to demonstrate critical thinking skills while interpreting patient data.	
	Needs Improvement: Needs frequent assistance to demonstrate critical thinking skills while interpreting patient data.	
	Unsatisfactory: Does not demonstrate critical thinking skills while interpreting patient data.	
3.3	Identifies how developmental stages affect data.	
	Exemplary: Independently makes pain and suffering relief their priority	
	Satisfactory: Reflects on personal beliefs and values regarding their effect on competent, confident, compassionate care	
	Needs Improvement: Needs frequent reminders to consider personal beliefs and values for their impact on professional caring behaviors in the management and delivery of patient care	
	Unsatisfactory: Fails to consider the inherent rights of the patient to be different from self and compromises professional caring behaviors in the management and delivery of patient care	
CCO	SLO 4: Planning: In a collaborative manner organize and incorporate assessment data (using critical thinking) to plan/revise patient care based on established nursing diagnoses, assessments, and evaluation data.	Grade
4.1	Questions assumptions when utilizing the nursing process.	
	Exemplary: In collaboration with other team members evaluates the effectiveness of plan designed to address patient care needs based on assessment data, relevant nursing interventions, and expected patient outcomes	
	Satisfactory: Determines effectiveness of plan designed to address patient care needs based on assessment data, relevant nursing interventions, and expected patient outcomes	
	Needs Improvement: Needs frequent assistance to determine effectiveness of a planned approach to patient care	
	Unsatisfactory: Unable to determine effectiveness of a planned approach to patient care that considers nursing interventions specific to identified patient needs and expected patient outcomes	
4.2	Seeks variable viewpoints when problem solving.	
	Exemplary: Analyzes information from the interdisciplinary team when applying the nursing process	
	Satisfactory: Investigates issues within the interdisciplinary team when applying the nursing process	
	Needs Improvement: Needs frequent assistance to consult with interdisciplinary team regarding the plan of care	
	Unsatisfactory: Does not incorporate views of interdisciplinary team when making decisions about patient care	
4.3	Reframes problems.	
	Exemplary: Prioritizes potential complications and identifies rationales for interventions	
	Satisfactory: Prioritizes problems that characterize the keystone nursing diagnoses	
	Needs Improvement: Has difficulty prioritizing problems and verbalizing the rationale for nursing interventions	

	Unsatisfactory: Cannot make judgments between patient’s present state and desired outcomes	
CCO	SLO 5: Caring Interventions: Utilize knowledge of the nursing process, patient needs, and the role of the nurse when providing safe, effective, and individualize patient care, which respects values, culture, and expressed needs.	Grade
5.1	Examines communication barriers and strategies to improve communication of a caring attitude.	
	Exemplary: Consistently applies caring behaviors	
	Satisfactory: Interprets caring behaviors, recognizes and examines barriers to improving a caring attitude	
	Needs Improvement: Occasionally neglects to demonstrate caring behaviors, and needs frequent assistance in examining barriers to a caring attitude	
	Unsatisfactory: Does not exhibit caring behaviors with patient interactions, and is unable to examine the barriers	
5.2	Exhibits professional caring behaviors: competence, confidence, compassion, conscience, commitment.	
	Exemplary: Consistently Models caring behaviors in nurse-patient interactions, patient advocacy, and patient care interventions	
	Satisfactory: With some assistance able to Model caring behaviors in nurse-patient interactions, patient advocacy, and patient care interventions	
	Needs Improvement: Needs frequent assistance to implement those behaviors that embody professional caring	
	Unsatisfactory: Does not demonstrate aspects of caring behaviors in nurse-patient interactions, patient advocacy, and patient care interventions	
5.3	Recognizes personal beliefs and values that may impact management of pain and suffering.	
	Exemplary: Independently makes pain and suffering relief their priority	
	Satisfactory: Reflects on personal beliefs and values regarding their effect on competent, confident, compassionate care	
	Needs Improvement: Needs frequent reminders to consider personal beliefs and values for their impact on professional caring behaviors in the management and delivery of patient care	
	Unsatisfactory: Fails to consider the inherent rights of the patient to be different from self and compromises professional caring behaviors in the management and delivery of patient care	
CCO	SLO 6: Managing: Collaboratively organize patient care through shared planning, decision making, problem solving, and goal-setting, employing therapeutic nursing interventions to stable patients in a variety of health care settings.	Grade
6.1	Explains the importance of measurement and variation in assessing quality care.	
	Exemplary: Practices evidenced based care through preclinical preparation	
	Satisfactory: Explains how implementing care can improve the quality of care for patients	
	Needs Improvement: Has difficulty in recognizing and explaining the use of evidenced based measurements	
	Unsatisfactory: Unable to explain methods of measuring evidence-based nursing and the correlation with measures to effect quality improvement	
6.2	Uses quality improvement measures to understand performance	
	Exemplary: Independently recognizes and evaluates the variables that may affect future patient care	
	Satisfactory: Evaluates the variables that may affect future patient care	
	Needs Improvement: Needs assistance to make correlations among various data or nursing behaviors that impact nursing actions and patient care	
	Unsatisfactory: Unable to recognize the significance of measures that would improve the quality of nursing care and patient outcomes	

6.3	Documentation and implementation integrate evidenced based practice with outcomes
	Exemplary: Independently documents assessments, implementation and evaluation of plan of care accurately and timely
	Satisfactory: Needs some assistance with documents accurately and timely related to assessments, implementation and evaluation of plan of care.
	Needs Improvement: Needs reminding of appropriate documentation
	Unsatisfactory: Does not participate in documentation or doesn't show improvement

Appendix 6.1



Employer Survey 2012-2013

Your input is very important into evaluating the PN program for program improvement. Please take a few minutes and answer these questions.

Student Learning Outcomes (SLO's):

1. Professional Behavior:

Do you feel the PN graduates function as a competent practical nurse within a legal and ethical framework to provide holistic care to patients from diverse backgrounds? **Please Circle below your answer:**

Strongly Agree-5, Agree-4, Disagree-2, Strongly Disagree-1

2. Communication:

Do you feel the PN graduates promote a therapeutic environment supporting communication across the lifespan for vulnerable and diverse populations?

Please Circle below your answer:

Strongly Agree-5, Agree-4, Disagree-2, Strongly Disagree-1

3. Assessment:

Do you feel the PN graduates demonstrate clinical decision-making and critical thinking skills to provide effective nursing care for individuals throughout the developmental stages across the lifespan? **Please Circle below your answer:**

Strongly Agree-5, Agree-4, Disagree-2, Strongly Disagree-1

4. **Planning:**

Do you feel the PN graduates can collaboratively organize and incorporate assessment data (using critical thinking) to plan/revise patient care based on established nursing diagnoses, assessments, and evaluation data? **Please Circle below your answer:**

Strongly Agree-5, Agree-4, Disagree-2, Strongly Disagree-1

5. **Caring Interventions:**

Do you feel the PN graduates utilize knowledge of the nursing process, patient needs, and the role of the nurse when providing safe, effective, and individualize patient care, which respects values, culture, and expressed needs? ? **Please Circle below your answer:**

Strongly Agree-5, Agree-4, Disagree-2, Strongly Disagree-1

6. **Managing:**

Do you feel the PN graduates collaboratively organize patient care through shared planning, decision making, problem solving, and goal-setting, employing therapeutic nursing interventions to stable patients in a variety of health care settings? **Please Circle below your answer:**

Strongly Agree-5, Agree-4, Disagree-2, Strongly Disagree-1

7. **Program Satisfaction:**

Employer Satisfaction: Eight-five percent of Employers will express satisfaction with graduate's preparation for practice as indicated by the employer survey.

Do you feel the PN graduates are prepared for practice? Circle your answer (Yes/No)

10. In comparison to other programs how would you rate the graduates from the CMU PN program? Please Circle below your answer:

More prepared-5, Somewhat Prepared-4, less prepared-2, not prepared-1

Comments:

Appendix 6.1a cont.



Graduate Survey 2012-2013

Your input is very important into evaluating the PN program for program improvement. Please take a few minutes and answer these questions.

Student Learning Outcomes (SLO's):

8. Professional Behavior:

Do you feel the program helped you function as a competent practical nurse within a legal and ethical framework to provide holistic care to patients from diverse backgrounds? **Please Circle below your answer:**

Strongly Agree-5, Agree-4, Disagree-2, Strongly Disagree-1

9. Communication:

Do you feel the program helped promote a therapeutic environment supporting communication across the lifespan for vulnerable and diverse populations?

Please Circle below your answer:

Strongly Agree-5, Agree-4, Disagree-2, Strongly Disagree-1

10. Assessment:

Do you feel the program helped you **learn** clinical decision-making and critical thinking skills to provide effective nursing care for individuals throughout the developmental stages across the lifespan? **Please Circle below your answer:**

Strongly Agree-5, Agree-4, Disagree-2, Strongly Disagree-1

11. Planning:

Do you feel the program helped to teach you to collaborate organize and incorporate assessment data (using critical thinking) to plan/revise patient care based on established nursing diagnoses, assessments, and evaluation data? **Please Circle below your answer:**

Strongly Agree-5, Agree-4, Disagree-2, Strongly Disagree-1

12. Caring Interventions:

Do you feel the program showed you how to utilize knowledge of the nursing process, patient needs, and the role of the nurse when providing safe, effective, and individualize patient care, which respects values, culture, and expressed needs? **Please Circle below your answer:**

Strongly Agree-5, Agree-4, Disagree-2, Strongly Disagree-1

13. Managing:

Do you feel the program helped you to collaboratively organize patient care through shared planning, decision making, problem solving, and goal-setting, employing therapeutic nursing interventions to stable patients in a variety of health care settings? **Please Circle below your answer:**

Strongly Agree-5, Agree-4, Disagree-2, Strongly Disagree-1

14. Program Satisfaction:

Program Completion: 85 percent of students who enter the PN program will complete the program within three semesters.

Do you feel that the program prepared you for practice? Please Circle your answer (Yes/No)

Job Placement: Ninety percent of new graduates will be employed as PNs within one year of graduation.

Are you employed as a PN? (Yes/No)

Part-time?

Full-time?

12. Where are you employed?

What is the Name of your immediate Supervisor?

Comments:

RECOMMENDATIONS FOR REMEDIATION (add additional pages if necessary):	
<input type="checkbox"/> Apology <input type="checkbox"/> Write paper <input type="checkbox"/> Review Article/DVD <input type="checkbox"/> Lab/Simulation <input type="checkbox"/> Time Management Plan <input type="checkbox"/> Dress Code <input type="checkbox"/> Communication <input type="checkbox"/> Professional behavior <input type="checkbox"/> Other	Details:

Your signature indicates you have read and understand this document.

Student Signature: _____ Date: _____

Faculty Signature: _____ Date: _____

Faculty Signature: _____ Date: _____

STUDENT OUTCOME (add additional pages if necessary):	DATE:

IS THERE A NEED FOR ONGOING REVIEW?

No, Student has attained expected level of performance following remediation

Yes, Date of next review: _____

Additional dates of review: _____, _____, _____, _____

(Document all reviews in Student Outcomes Box)

Date: _____ Initials: _____

Final Copies:

Original should be completed, signed and placed in student file.

Copies to Program Director, faculty completing form, and student.

Appendix 6.1c SEP

SYSTEMATIC PLAN FOR PROGRAM EVALUATION
PROGRAM EVALUATION
ACEN Standard or Program Outcomes or Student Learning Outcome

PLAN				IMPLEMENTATION	
Component	Expected Level of Achievement (or program terminology)	Frequency of Assessment	Assessment Method's	Results of Data Collection and Analysis Including actual levels of achievement	Actions for Program Development, Maintenance or Revision
1.1 The mission, philosophy and program outcomes of the nursing education unit are congruent with the core values and mission/goals of the governing organization	ELA = 100% The mission/ philosophy and outcomes of the nursing education unit will be congruent with those of the governing organization.	Every two years or upon revision of University or DHS Mission Statements (<i>Dept. Head, Faculty</i>)	<i>Nursing Faculty, and DHS Director</i> conduct a comparison of objectives and competencies in nursing education unit with governing body mission and philosophy. Nursing Advisory Council is consulted as needed when changes are made.	Program Philosophy reviewed and remains congruent with those of DHS and CMU over the past three years. 2011-2014: 100% congruence	2011-2012 - Continue to review and revise when necessary. 2012-2013 Continue to review and revise when necessary. 2013-2014 Continue to review and revise when necessary. 2014-2015 Revise DHS mission statement to be incongruence with University mission statement
1.2 The governing organization and nursing education unit ensure representation of the nurse administrator and nursing faculty in governance activities; opportunities exist for student representation in governance	ELA=100% Full-time faculty has the opportunity for representation on CMU governance activities. ELA= 100% Students are informed of opportunities that exist at CMU for student representation in	At each faculty meeting	Faculty and student opportunities presented at faculty meetings. Review meeting minutes and attendance records of shared governance committees.	Faculty informed of CMU opportunities at faculty meetings as they arise. 2011-2014: 100% Students are informed of student governance opportunities at faculty meetings. 2011-2014: 100%	2011-2014 Continue to assess as needed

PLAN				IMPLEMENTATION	
Component	Expected Level of Achievement (or program terminology)	Frequency of Assessment	Assessment Method's	Results of Data Collection and Analysis Including actual levels of achievement	Actions for Program Development, Maintenance or Revision
activities.	governance activities.				
1.3 Communities of interest have input into program processes and decision-making	ELA=80% Nursing Advisory Council will have input into the decision making process.	Nursing Advisory Council meet 1-2 times per year.	Review of Nursing Advisory council minutes to determine input from Council.	<p>2011-2012- Nursing Advisory Council meet 2 times this year for input regarding the program. Goal met- 100%</p> <p>2012-2013- Nursing Advisory Council meet 1 time this year for input regarding the program. 100%</p> <p>2013-2014- Met once in the spring and have a meeting planned for fall</p>	<p>2011-2012 Continue to engage communities of interest during the Nursing Advisory council for input.</p> <p>2013-2014 –Continue to engage communities of interest</p> <p>2014-2015 Put together a job fair for all health science with communities of interest biannually</p>
1.4 Partnerships that exist promote excellence in nursing education, enhance the profession, and benefit the community.	<p>ELA = 80% of students will participate in learning activities that benefit the community during their education.</p> <p>ELA=80% of students will volunteer health related needs within the community</p>	Every semester by Program Director and Dept. Head	Student and faculty evaluations of clinical agencies. Variety, diversity, and sufficient placements are reviewed for each clinical agency. Also, discussed in faculty meetings.	<p>2011 – 2012 100% of clinical placement requests were met by clinical partners. Peds and Mental health continue to be tight on placement. Other Peds placements include school health fair, little Mavs, Western CO Peds practice. Need for flu shots at The Oaks – students will provide as requested.</p> <p>NEAC – Provided input on pass rates and grant funding. Jobs continue to be tight for graduates, but some agencies are hiring. Existing partnerships are beneficial in supporting students and the program. Funding support received from local healthcare stakeholders as matching for CHF grant.</p> <p>2012 -2013 100% of clinical placement requests were met by clinical partners. Diabetes night out was implemented as regular Peds rotation based</p>	<p>2011 –2012 Continue to explore new opportunities for clinical placements. Cont. to seek volunteer opportunities.</p> <p>2012 –2013 Continue to explore new opportunities for clinical placements in mental health and Peds.</p> <p>2013-2014 Cont. to seek volunteer opportunities within the community</p>

PLAN				IMPLEMENTATION	
Component	Expected Level of Achievement (or program terminology)	Frequency of Assessment	Assessment Method's	Results of Data Collection and Analysis Including actual levels of achievement	Actions for Program Development, Maintenance or Revision
				<p>on pilot. Planning on use of Peds home health in spring</p> <p>2011-2012 Student evaluation of clinical facilities (% of students rating facility rated as excellent/good):</p> <p>SMH = 78% (n=17)</p> <p>VAH = 98% (n=17)</p> <p>Community Hosp = 98% (n=16)</p> <p>Hospice =86% (n=1)</p> <p>CWMH = 59% (n=8)</p> <p>Aspen Ridge = 93% (n=2)</p> <p>Hilltop = 76% (n=3)</p> <p>Mantey Heights = 92% (n=7)</p> <p>Larchwood =65% (n=7)</p> <p>Mesa Manor = 96% (n=4)</p> <p>2013-2014- 90% of students volunteered at Rifle Health Fair and 30% of students volunteered to give flu shots at the homeless shelter</p> <p>Apply to increase clinical placement sites especially outpatient sites. VA site pulled out from taking the PN students.</p>	<p>2014- 2015- Continue to explore opportunities for placement outside of the hospital setting. Cont. to seek volunteer opportunities within the community. Work on getting VA site back as a clinical placement site.</p>

PLAN				IMPLEMENTATION	
Component	Expected Level of Achievement (or program terminology)	Frequency of Assessment	Assessment Method's	Results of Data Collection and Analysis Including actual levels of achievement	Actions for Program Development, Maintenance or Revision
1.5 The nursing education unit is administered by a nurse who holds a graduate degree with a major in nursing.	ELA=100% DHS Director holds a PhD in Nursing.	Annually by VPAA	Review of files, CV, transcript	Goal met. 100% 2011 -2012 Department Head (Reuss) has doctoral degree. 2012-2013- Director of Health Sciences change (Bailey). New DHS Director has MSN and is in final stages of completing Ph.D. (completion date is Dec, 2012). Goal met 100% 2013-2014- Director of Health Sciences (Bailey). PhD Goal met 100%	2011-2013: Continue to meet criterion. Will cont. to monitor. 2014-2015: Continue to meet criterion. Will cont. to monitor.

PLAN				IMPLEMENTATION	
Component	Expected Level of Achievement (or program terminology)	Frequency of Assessment	Assessment Method's	Results of Data Collection and Analysis Including actual levels of achievement	Actions for Program Development, Maintenance or Revision
<p>1.6</p> <p>The nurse administrator is experientially qualified, meets governing organization and state requirements, and is oriented and mentored to the role.</p>	<p>ELA = 100% congruence in DH job description, which clearly reflects authority and responsibility for the development and administration of the program.</p> <p>Adequate time and resources</p> <p>ELA = 100% DH has administrative release time and 12 month contract.</p>	At hire and annually. (VPAA and Dept. Head)	Review of DHS Director job description, performance evaluations (completed by VPAA) and workload.	<p>2011-2014</p> <p>DHS Director job description clearly reflects authority and responsibility for the development and administration of the program. 100% administrative release time and 12 month contract documented.</p>	<p>2011-2013 Continue to monitor</p> <p>2014-2015-Cont. to monitor and assess.</p>
<p>1.7</p> <p>When present, nursing program coordinators and/or faculty who assist with program administration are academically and experientially qualified.</p>	<p>ELA = 100%</p> <p>The Program Director holds a master's degree in nursing and has had at least 3 years of experience in a clinical area.</p>	At Hire and annually by Dept. Head.	Review of files, CV, transcript	<p>2011-2012: PN Program Director (Chapin) completed MSN in 2011 Goal met 100%</p> <p>2012 –2013: Fall PN Program Director change (Miller). New PN program, Spring 2013 Director (Robbins)Both have MSN degree</p> <p>Goal met 100%</p> <p>Fall 2013-2014 New PN Program Director (Stites) MSN. The PN and AAS Program Director was combined and placed under the leadership of Genell Stites for congruency. Genell has been a sustained leader in the Department of Health Science and brought the AAS program through accreditation.</p> <p>New PN Program Director (Stites) MSN. The PN and AAS program Director was combined and placed under the leadership of Genell Stites for congruency. Genell has been a sustained leader</p>	<p>2011-2012</p> <p>Continue to monitor</p> <p>2013-2014- Look at having the same Program Director for both the PN and AAS program.</p>

PLAN				IMPLEMENTATION	
Component	Expected Level of Achievement (or program terminology)	Frequency of Assessment	Assessment Method's	Results of Data Collection and Analysis Including actual levels of achievement	Actions for Program Development, Maintenance or Revision
				in the Department of Health Science and brought the AAS program through accreditation. Stabilization has occurred with the leadership in the PN program. Goal met 100%	2014-2015: Continue to monitor
1.8 The nurse administrator has authority and responsibility for the development and administration of the program and has adequate time and resources to fulfill the role responsibilities.	ELA=100% The DHS Director has release time and a 12 month contract to adequately fulfill the responsibilities.	Review by University VPAA every semester.	Review during evaluation and in leadership meetings.	2011-2014 Goal met 2012-2013 Departmental Meetings have been increased to 2 times a Semester; bimonthly Leadership meetings with Program Directors established. The DHS Director comes to program meetings several times a year. Program Director for the PN program meets on a regular basis and informally as needed. 2013-2014- no new changes	2011- 2013: Continue to monitor 2013- 2014: Increase meeting has increased communications and stabilization so meeting frequency will continue. 2014-2015: Cont. to meet biannually as a department. Leadership meetings will be scheduled twice a month each semester.
1.9 The nurse administrator has the authority to prepare and administer the program budget with faculty input	ELA = 75% Faculty and Program Director have input into budget development every budget cycle. ELA = 100% DH advocates for equity in budgeting process within DHS programs and among other	In august, the DH surveys the Program Directors for Budget requests and reviews the need for additional positions. The Budget requests are Due in October and finalized in	Review of leadership team meeting minutes, department minutes, budget requests, and finalized University budget. Review of PN program minutes	2011-2012 DH develops budget with input from faculty and Program Director. Budget is discussed in Leadership Team meetings, Academic Council with the DHS Director and budget hearings every budget cycle. 2011 –2012 Leadership team review of spending Foundation funds to upgrade manikins – consensus to replace. Reviewed ways to increase supply budget for CEC (Kaplan fees are taking large part of CSF). Received large CHF grant to	2011- 2013 Maintain budget process with faculty and Program Director input. Continue to apply for grant monies for special needs. 2014-2015: Apply for

PLAN				IMPLEMENTATION	
Component	Expected Level of Achievement (or program terminology)	Frequency of Assessment	Assessment Method's	Results of Data Collection and Analysis Including actual levels of achievement	Actions for Program Development, Maintenance or Revision
	departments on the CMU camps.	early December. Faculty and Program Directors may request equipment through the year. Budget requests go to the Director of Budget, then are reviewed VPAA, Dept. Head, faculty and the President in December and January.		implement EMR In all labs. CMU is receiving less \$ from state, but enrollment growth is offsetting the decline in state funding. President is exploring new funding strategies. Budget has been adequate to meet PO's over time. Budget has been increased to reflect program needs, compliance with accreditation standards, and completion of grant funding periods. Goal Met 100% 2012-2014 Program Director meets with DHS Director to go over any budget needs and brought to faculty in faculty meetings. Goal met 100%	Perkins funds \$10,000 for year.
1.10 Policies for nursing faculty and staff are comprehensive, provide for the welfare of faculty and staff, and are consistent with those of the governing organization; differences are justified by the goals and outcomes of the nursing education unit.	ELA = 100% CMU faculty/staff handbook and PN faculty handbook are consistent. ELA = 100% CMU faculty/staff handbook and PN faculty handbook provide for welfare of faculty.	Annual review of CMU faculty/staff and DHS Faculty Handbooks (<i>Dept. Head, faculty, and Program Director</i>)	Comparative analysis of CMU catalog, Faculty Handbooks and PN Faculty Handbook	2011-2012 – CMU faculty handbook reviewing changes in sick leave policy. Handbook being updated to reflect new institutional name. PN faculty handbook revised to reflect new institutional name. Nursing faculty consistently follow policies included in faculty handbooks. Policies which are congruent with those of the University; policies and applied consistently. Policies unique to nursing programs are followed consistently. Goal Met 2012-2013- Review of handbook and policies <i>Goal met</i> 2013-2014- Reviewed policies Goal met	2011-2012: CMU faculty handbook cont. to revise as needed if new policies. 2012-2013: Revise as needed. 2013-2014: Cont. to review and update as needed. 2014-2015: Cont. to review and update as needed. Update with benefits will be reflected in next review.

PLAN				IMPLEMENTATION	
Component	Expected Level of Achievement (or program terminology)	Frequency of Assessment	Assessment Method's	Results of Data Collection and Analysis Including actual levels of achievement	Actions for Program Development, Maintenance or Revision
1.11 Distance education, when utilized, is congruent with the mission of the governing organization and the mission/philosophy of the nursing education unit.	ELA- 100% of students are oriented to online computer system for power points, syllabus and grades.	Assess every semester by faculty and Program Director.	Feedback from students informally stating they like access to grades in D2L. They like having one location to access course materials and resources.	2013-2014- All students were oriented to D2L and can assess grades, power points, and syllabus	2013-2014- Orientation to D2L at orientation day and cont. to provide assistance throughout the semester. 2014-2015: Cont. to orient students during orientation and as the need arises.
2.1 A minimum of 50% of the full-time faculty hold a graduate degree with a major in nursing; the remaining full-time faculty hold a minimum of a baccalaureate degree with a major in nursing.	ELA = 100% of full time faculty are credentialed with a minimum of a master's degree with a major in nursing and expertise in their areas of responsibility.	At time of hire, each semester, annually, and upon license renewal. (Dept. Head and Program Director)	Collect transcript and CV at time of hire; confirm education, licensure and renewal (bi-annual); review faculty self-evaluation during annual review.	2011-2012 Goal met. 100% of FT faculty (Stites, Chapin) have MSN and expertise in area of responsibility D (n=2). 2012-2013 Goal met. 100% of FT faculty (Chapin, Miller, Robbins) have MSN and expertise in area of responsibility (n=3). 2013-2014 Goal met. 100% of FT faculty (Vrabec, Pilcher,) have MSN and expertise in area of responsibility (n=2). 2011-2014 Goal Met	2011-2014: Continue to recruit master's level prepared faculty. 2014-2015: Encourage faculty to maintain expertise in clinical area. Look at sending new faculty to conference to foster learning in teaching strategies. Van Hoose to start Master's degree program Jan 2015

PLAN				IMPLEMENTATION	
Component	Expected Level of Achievement (or program terminology)	Frequency of Assessment	Assessment Method's	Results of Data Collection and Analysis Including actual levels of achievement	Actions for Program Development, Maintenance or Revision
				100% of FT faculty participate in continuing education activities (i.e. local, regional and/or national)	
<p>2.2</p> <p>Part-time faculty hold a minimum of a baccalaureate degree with a major in nursing</p>	<p>ELA = 100% of recruited part-time faculty will have a minimum of a BSN and will be encouraged to begin MSN program within two years of hire.</p>	<p>At time of hire, each semester, annually, and upon license renewal. <i>(Dept. Head and Program Director)</i></p>	<p>Collect transcript and CV at time of hire; confirm education, licensure and renewal (bi-annual); review faculty self-evaluation during annual review.</p>	<p>2011- 2012 Goal met. 100% of faculty has BSN. 50% of PT faculty has MSN (Williams, Brauchler, Urban, Feller, and Clark). Christenson, Evans, Payte, and Miller have BSN; Link has completed all BSN coursework as part of ADN-MSN program. Miller is in MSN program; expected to complete in 2012. Payte began MSN program. Received additional grant for loan replacement and tuition support for Payte, Miller.</p> <p>2012-2013 100% of PT faculty has BSN. 63% of PT faculty has MSN (Williams, Brauchler, Roten, Robbins, and Tieman). Christenson, Fleming has BSN; Link has completed all BSN coursework as part of ADN-MSN program; expected completion of MSN is 12/12. Fleming exploring MSN programs.</p> <p>2012-2013- Goal met 100% of PT faculty has a BSN (Stillson, Christenson, Fleming, Payte).</p> <p>2013-2014, Brachler-MSN, Stites-MSN)</p> <p>Goal met 100% Part-time faculty have a</p>	<p>2011-2012 –Encourage and financially support PT faculty to pursue graduate education.</p> <p>2012-2013 Encourage and financially support PT faculty to pursue graduate education.</p> <p>Advocacy at state level for continuation of loan repayment funding.</p> <p>2013-2014 Cont. to seek Masters prepared applicants and encourage BSN nurses to pursue graduate education</p> <p>2014-2015: Part-time (Duncan and Mathews)</p>

PLAN				IMPLEMENTATION	
Component	Expected Level of Achievement (or program terminology)	Frequency of Assessment	Assessment Method's	Results of Data Collection and Analysis Including actual levels of achievement	Actions for Program Development, Maintenance or Revision
				bachelor's degree (Mathew, Duncan) and are working on Master's degree Part time faculty (Stillson, Miller) have a BSN	faculty finish master's degrees in Dec 2014. Cont. to support Stark in her master's degree work.
2.3 Faculty (full-and part-time) credentials meet governing organization and state requirements.	ELA - 100% of full and part time faculty credentials meet governing organization requirements. ELA - 100% of full and part time faculty credentials will meet state board requirements.	At time of hire, annually, and upon license renewal (bi-annual). (<i>Dept. Head and Program Director</i>)	Collect transcripts and CV; check education, references and background check at time of hire. Confirm ongoing education, licensure and renewal (bi-annual).	2011 – 2014 All faculty credentials meet governing organization requirements. 2011– 2014 All FT faculty meet CBON requirements. All PT faculty meet CBON requirements.	2011-2014 Maintain and monitor 2014-2015 -Cont. to ensure credentials are meet by both CSBON and governing organization.
2.4 Preceptors, when utilized, are academically and experientially qualified, oriented, mentored, and monitored, and have clearly documented roles and responsibilities.	Preceptors are not used in the PN program.				

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<p>2.5</p> <p>The number of full-time faculty is sufficient to ensure that the Student Learning Outcomes and program outcomes are achieved.</p>	<p>ELA-90% of the Program outcomes and Student Learning Outcomes are achieved.</p>	<p>Each course and every summer</p>	<p>Evaluation of SLO's through testing and clinical evaluation above 76% for each course and PO's annually (Summer).</p>	<p>2011-2014 cont. to meet benchmarks Goal met</p>	<p>2011-2014: Cont. to maintain and monitor</p> <p>2014-2015: Cont. to evaluate each course.</p>
	<p>ELA = 80% of FT and PT faculty will be involved in clinical practice on a regular basis.</p> <p>ELA = 90% of FT faculty will complete a minimum of one scholarly activity each year.</p> <p>ELA = 100% of FT faculty will demonstrate ongoing progress in their scholarly activities.</p>	<p>At time of hire, each semester, annually, and upon license renewal. <i>(Dept. Head and Program Director)</i></p>	<p>Collect transcript and CV at time of hire; confirm education, licensure and renewal (bi-annual); review faculty self-evaluation during annual review.</p>	<p>2011</p> <p>Goal met. 100% of FT faculty (Stites, Chapin) have MSN and expertise in area of responsibility and are involved in clinical practice. (n=2).</p> <p>2012</p> <p>Goal met. 100% of FT faculty (Chapin, Miller, Robbins) expertise in area of responsibility and are involved in clinical practice. (n=3).</p> <p>2013</p> <p>Goal Met 100% of FT faculty (Miller, Robbins) have expertise in area of responsibility and are involved in clinical practice. (n=2)</p> <p>2014</p> <p>100% of FT faculty (Vrabec, Pilcher) have expertise in area of responsibility (n=2)</p>	<p>2011-2012 - Maintain and encourage faculty to remain active in the clinical setting and participate in continuing education programs.</p> <p>2012-2013 - Encourage faculty to request additional professional development funds from CMU.</p> <p>2013-2014-- Maintain and encourage faculty to remain active in the clinical setting and participate in continuing education programs.</p>

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				<p>2011-2014</p> <p>Goal Met</p> <p>100% of FT & PT faculty participate in continuing education activities (i.e. local, regional and/or national)</p> <p>2011-2012 – 100% of FT and PT faculty participated in continuing education. Miller – Completed MSN coursework; NLN Summit. Chapin – Presented at Nurse Educator’s conference and STT; AONE conference, Fetal Heart Monitoring, STABLE. Stites – QSEN, SBAR. workshops. Williams – Boot Camp.</p> <p>2012-2013 - 100% of FT and PT faculty participated in continuing education. Miller and Chapin – Nurse Educators Conference in Rockies.</p> <p>2013-2014- Vrabec & Pilcher did continuing education classes. 100%</p>	<p>2014-2015: Cont. to seek opportunities for working on scholarly activities.</p>
<p>2.7</p> <p>The number, utilization, and credentials of staff and non-nurse faculty within the nursing education unit are sufficient to achieve the program goals and outcomes.</p>	<p>ELA = 90% of the time the number and utilization of non-nurse faculty and staff will be sufficient to meet the needs of the nursing program</p> <p>ELA = 100% of the time Non-nurse</p>	<p>Credentials at hire and annually. Continuous evaluation of staffing needs. Annually with performance review.</p> <p><i>(Dept. Head and</i></p>	<p>Review of staffing needs to achieve program goals and outcomes.</p> <p>Review transcripts, CV, and references of non-nurse faculty and staff.</p> <p>Review job</p>	<p>2011-2012- Non-nursing faculty (Loshier and Phillips) meet the minimum credential for the job and are able to meet the needs of the program 95% of the time.</p> <p>2012-2013-- Non-nursing faculty (Loshier and Phillips) meet the minimum credential for the job and are able to meet the needs of the program</p>	<p>2011-2012- Cont. to meet needs will monitor and assess for increase needs.</p>

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	faculty and staff will meet the minimum credential requirements as defined in the job description	<i>Program Director</i>	descriptions and performance reviews annually.	95% of the time. 2013-2014 -- Non-nursing faculty (Loshier and Phillips) meet the minimum credential for the job and are able to meet the needs of the program 90% of the time. Summer 2013 new temporary administrative assistant Keller started replaced by Maranda advertisement out for full-time administrative assistant 2014-2015: Melanie Stephens was hired as a full time Professional Administrative Assistant.	2012-2013- Cont. to meet needs will monitor and assess for increase needs. 2013-2014 Hire a full time Professional Administration Assistant. Request to change position from a classified staff position to an exempt Professional Administrative assistant. 2014-2015: Orient to PN curriculum, accreditation standards.
2.8 Faculty (full- and part-time) are oriented and mentored in their areas of responsibility.	ELA= 100% of new faculty are oriented and assigned a senior faculty for mentorship.	Orientation will occur within the first month, then monthly for 3 months, then each semester.	Check list; Orientation to CMU Full time 2 days; Part time is one evening; Orientation to changes in faculty Handbook at each first of the year DHS meeting. Meet with Program	2011-2012 - 100% of full and part time faculty were oriented to the University, program, and course and clinical. Mentoring plan utilized by Chapin for orientation of Miller. CMU developed new campus orientation for part time faculty, Welcome to CMU. 2012 –No new fulltime faculty – ongoing mentoring continues. 100% of new part time faculty were oriented to the University, program, and course and clinical. Mentoring plan utilized	2011-2012 - Maintain and monitor. Plan to implement new CMU PT evaluation in 2012.

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			Director monthly for the first semester, then as needed and annually.	<p>by Miller for orientation of Tieman and Stilson, 2012-2013 - 100% of full and part time faculty were oriented to university, program, course and clinical during campus orientation for part time faculty.</p> <p>2013-2014-Formalized mentor form developed and used with Vrabec & Pilcher. Oriented to the University and program course and clinical expectations for Brauchler, completed by Stites at St. Mary's Hospital.</p>	<p>2012-2013 – Modify tracking form for initial orientation of part-time faculty and maintain copy in faculty files. Consider requiring attendance at CMU part-time faculty orientation.</p> <p>2013- 2014: Formal Orientation program for new faculty developed and instituted.</p> <p>2014-2015: Evaluation of</p>

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					formal mentoring by new faculty for areas of strengths and weaknesses.																								
2.9 Systematic assessment of faculty (full- and part-time) performance demonstrates competencies that are consistent with program goals and outcomes.	ELA = 100% of FT and PT faculty will be systematically assessed per institutional policy.	Per semester and annually. (Dept. Head and Program Director)	Review of annual self-evaluations and performance evaluations, clinical and course evaluations. Class and Clinical Observation.	2011-2013 -Goal met 100% all faculty received performance evaluations by the DHS Director.	2011-2012- Cont. to seek qualified masters prepared faculty. 2012-2013: Cont.to recruit qualified faculty. Coach faculty in teaching strategies and assist with areas that need improvement. 2013- 2014: Recruitment of Masters Prepared faculty with an emphasis on education Coach faculty in teaching strategies and assist with areas that need improvement. 2014-2015: Faculty performance evaluations for the year 2014. Mentor new faculty.																								
	ELA = 80% of program's faculty will achieve a rating of Highly Proficient or above an as aggregate outcome on their annual performance evaluation. ELA = 80% of the faculty will achieve a composite ranking score of 4.0 on each semester's student course and/or clinical evaluation.			2013-2014: Evaluation of faculty revealed deficiencies, new faculty recruited 2011-2012 100% received a highly proficient or above. Goal met 2012-2013 80% received a highly proficient or above. Goal met 2013-2014 67% received highly proficient or above Goal not met																									
				<table border="1"> <thead> <tr> <th>Semester</th> <th>Year</th> <th>Faculty Average scores for Evaluations</th> <th>% > 4.0</th> </tr> </thead> <tbody> <tr> <td>Fall 2011</td> <td>2011</td> <td>4.5</td> <td>100%</td> </tr> <tr> <td>Spring</td> <td>2012</td> <td>4.37</td> <td>100%</td> </tr> <tr> <td>Fall</td> <td>2012</td> <td>4.39</td> <td>100%</td> </tr> <tr> <td>Spring</td> <td>2013</td> <td>4.64</td> <td>100%</td> </tr> <tr> <td>Fall</td> <td>2013</td> <td>4.12</td> <td>100%</td> </tr> </tbody> </table>	Semester	Year	Faculty Average scores for Evaluations	% > 4.0	Fall 2011	2011	4.5	100%	Spring	2012	4.37	100%	Fall	2012	4.39	100%	Spring	2013	4.64	100%	Fall	2013	4.12	100%	
Semester	Year	Faculty Average scores for Evaluations	% > 4.0																										
Fall 2011	2011	4.5	100%																										
Spring	2012	4.37	100%																										
Fall	2012	4.39	100%																										
Spring	2013	4.64	100%																										
Fall	2013	4.12	100%																										

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				Spring	2014	4.46	100%	
2.10 Faculty (full-and part-time) engage in ongoing development and receive support for instructional and distance technologies.	ELA- 100% of full-time and part-time faculty are oriented to online computer system. Distance education staff available for training. Online video's available for refresher.	As needed throughout each semester and yearly.	Completion of D2L Tutorial completion if using D2L for student learning.	2013-2014 First year all faculty used for grading, power points and syllabus D2L utilizing for all courses. Optional online available to faculty. Departmental mentoring of online educational resources				2013-2014: Monitored student perceptions informally. 2014-2015: Encourage all faculty to complete D2L tutorial and take online teaching course.
3.1 Policies for nursing students are congruent with those of the governing organization, publicly accessible, non-discriminatory, and consistently applied; differences are justified by the Student Learning Outcomes and program outcomes.	ELA = 95% of student policies are congruent with CMU policies, publicly accessible, non-discriminatory, and consistently applied (NOTE: The student grading scale for nursing differs from the CMU grading scale.) ELA = 100% of nursing students will have acknowledged reading the PN Student Handbook by signing they have read it. ELA = 100% of nursing students will have electronic	Biannual review and revision of policies, handbook, catalog and website. <i>(Program Director)</i> Annual Review of student records <i>(Program Director)</i>	Review handbook, CMU catalog and handbook & Web site for congruence of PN policies with CMU. Annual review of student records for signed affidavits from students indicating receipt of, and agreement to, abide by handbook policies	2011-2014 Review shows congruency between PN program and CMU policies. Grading scale for PN program differs from CMU grading scale but is consistent with other nursing programs in state. Polices added that vary from the CMU policies are in the PN Nursing Student handbook. 100% of students signed affidavits after 100% of students have electronic access to CMU websites upon admission to program.				2011-2013- Maintain and monitor. Revise PN handbook, catalog & Web site as needed. Ongoing review of policies with students each semester at student orientation meetings. 2014-2015- Maintain and monitor. Revise PN handbook, catalog & Web site as needed. Ongoing review of policies with students each semester at student orientation meetings.

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	access to CMU's policies via the University website.				
3.2 Public information is accurate, clear, consistent, and accessible, including the program's accreditation status and the ACEN contact information	ELA= 100% of the time CMU web site is kept up to date with the program's accreditation status and ACEN contact information.	Annual and as needed review and update of CMU web site.	Review of CMU website	2011-2014 Goal met CMU website is maintained and updated as needed.	2011-2013 Cont. to maintain and monitor to ensure information remains up to date. 2014-2015- Cont. to maintain and monitor to ensure information remains up to date
3.3 Changes in policies, procedures, and program information are clearly and consistently communicated to students in a timely manner.	ELA = 100% of changes in policies, procedures and programs information will be clearly and consistently communicated to students in a timely manner by email, phone or in person.	Annually or as needed. <i>(Dept. Head, Program Director, faculty) During faculty meetings.</i>	Review of Nursing Student Handbook. Documentation of distribution of updated policies or program information noted in faculty meeting minutes, letters, or other forms of communication with students. Review of clarity and consistency in CMU Catalog and Web site when making revisions	2011 – No new policies 2012- Students informed via email and verbally during class about change in immunization requirements. 2013-2014 Revision of drug policy and dress code reflected in student handbook.	2011-2012- Maintain methods of communication. Nursing Student Handbook, catalog and website is reviewed and revised annually or as needed. 2012-2013 – Modify the immunization policy to include influenza as required by clinical agencies. 2013-2014- Modify the Drug and Dress code policy 2014-2015- Modify the Student Handbook with

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					update in Certified background checks, Health Care Insurance, and Dismissal policy
3.4 Student services are commensurate with the needs of nursing students, including those receiving instruction using alternative methods of delivery.	<p>ELA = 100% of students will be assigned a nursing advisor.</p> <p>ELA = 100% of the time all syllabus have states regarding EAS and TLC services.</p>	<p>A. Each student is placed on the Program Director advisee tab once they declare PN as a major.</p> <p>B. Each semester through Syllabus statements <i>Director, Dept. Head)</i></p>	<p>Review advisor lists to ensure all students are assigned nursing advisor Program Director reviews advisee list for students enrolled in the PN program.</p> <p>Review of Syllabus each semester.</p>	<p>2011-2014 100% of nursing students assigned faculty advisors. By Administrative Assistant.</p> <p>100% of syllabi have statements about TLC and EAS programs.</p> <p>Information about student services (including distance education) is easily accessible on the University website.</p>	<p>2011-2014 Maintain and monitor. Update syllabi and handbook each semester with appropriate information about student services</p> <p>2014-2015- Con.t to ensure all syllabus have statements about EAS & TLC, Work with administrative assistant to ensure students in the program are assigned to the director as an advisor.</p>
3.5 Student educational records are in compliance with the policies of the governing organization and state and federal guidelines.	<p>ELA = 100% of student educational and financial records will be in compliance with the policies of the institution and state and federal guidelines.</p> <p>ELA = 100% of audits will be completed on time.</p>	<p>Annual audits. <i>(Financial Aid and Registrar staff)</i></p>	<p>Financial Aid, Admissions and Registrar Office will review policies and audit records to determine compliance with state and federal regulations. Review of CMU catalog & website for evidence of FERPA and ADA statements.</p>	<p>2011-2014 100% Audits show compliance with state and federal regulations. Catalog and Website confirm information availability on FERPA and ADA.</p> <p>Progression in the PN program is monitored for attendance.</p> <p>Letters for attendance to programs are generated as needed to Financial Aid: Two week progress check is now required by Financial Aid for proof of attending classes.</p>	<p>2011-2014 Administrators will maintain high compliance rate. Will cont. to monitor and revise as needed annually.</p> <p>2014-2015 Administrators will maintain high compliance rate. Will cont. to monitor and revise as needed annually.</p>

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3.6 Compliance with the Higher Education Reauthorization Act Title IV eligibility and certification requirements is maintained, including default rates and the results of financial or compliance audits.	ELA = 100% of the time compliance with the Higher Education Reauthorization Act Title IV eligibility and certification requirements.	Each year the student applies for FASFA. <i>(Financial Aid staff)</i>	Review of files by Director of Admissions, Registrar, and Financial Aid Office.	2010-2014 100% compliance as reported by the Financial Aid Office.	2011-2014 Refer to Financial Aid for assistance as needed. 2014-2015- Refer to Financial Aid for assistance as needed.
3.6.1 A written, Comprehensive student loan repayment program addressing student loan information, counseling, monitoring, and cooperation with lenders is available.	ELA =100% compliance with written, comprehensive student loan repayment program addressing student loan information, counseling, monitoring, and cooperation with lenders will be available to all students.	Each semester Financial Aid information is provided on admission to the University, in University publications, and in student application for financial aid. <i>(Admissions and Financial Aid staff)</i>	Review of University catalog, Web site, and financial aid publications for information which is readily accessible to the public annually.	2011-2014 100% of students were informed at the time student loans are sought according to Financial Aid Office. Financial Aid Office conducted information sessions annually related to financial aid and student obligations. Financial aid information was available in catalog, website, and financial aid publications. Distribution of Financial Aid packet upon University admission and/or visit.	2011-2014 Maintain and monitor 2014-2015- Cont. to monitor and work with the financial aid and registers office for any changes.

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3.6.2 Students are informed of their ethical responsibilities regarding financial assistance.	ELA = 100% The students are informed each semester of their ethical responsibilities regarding financial assistance	On University admission and in student orientation sessions; Annually by Financial Aid (<i>Financial aid staff</i>)	Review of student financial aid files. Monitor student abuse and complaints.	2011-2014 100% of students who attended University orientation sessions were informed about ethical responsibilities and financial aid policies. Students received written information upon receipt of financial aid.	2011-2014: Maintain and monitor 2014-2014: Work with financial aid to ensure compliance.
3.6.3 Financial aid records are maintained in compliance with the policies of the governing organization, state, and federal guidelines.	ELA-100% of student records are in compliance with the policies of the organization, state and federal guidelines.	Financial aid staff maintain all records	Review of student financial aid files annually	2011-2014 100 % of student's financial aid files maintained in accordance with state, federal and governing organizations guidelines.	2011-2014 Maintain and monitor 2014-2015- Work with financial aid to ensure compliance.
3.7 Records reflect that program complaints and grievances receive due process and include evidence of resolution.	ELA = 100% of grievances and complaints are documented. ELA = 100% of grievances document due process and include evidence of resolution.	As needed upon receipt of grievance or complaint. Grievances are reviewed as the occur by the (<i>DHS Director and Program Director</i>)	Review of PN Program and University appeals procedures as outlined in AAS Student and Faculty Handbooks and CMU Student and Academic Policies Guide. Review complaint log. Log kept in DHS Director Files.	2011-2012 Student A complained about faculty's teaching strategies; Student A decided to leave the program and explore another career field. 2012-2013 – Student B appealed decision to not accept her application as transcripts not received by deadline from registrar office. Decision was based on failure to receive Student B transcripts on time. Problem-solving with admissions/ registrar's office regarding student records. Student portfolio was reviewed for admissions. Student C appealed failing grade in NURS 172L.	2011-2014 Maintain current documentation and appeals procedures. Cont. to monitor. 2014-2015 Orientation to grievance policy during orientation and each semester.

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				<p>Grade appeal committee met with student/faculty involved, reviewed policies, and upheld failing grade decision.</p> <p>Student D medication error, practicing out of scope of practice, argumentative-dismissed from program.</p> <p>2013-2014- No student grievances</p>	
3.8 Orientation to technology is provided, and technological support is available to students.	ELA = 100% of students are oriented to technology and are provided technological support include D2L support	Each semester and as needed. <i>(Program Director, IT staff, faculty)</i>	Review of technology orientation process and materials including distance education. Monitor student complaints.	<p>2011-2012 - Technology requirements and policies are being modified for new LMS (Desire to Learn). Will be implemented in spring, 2012</p> <p>2012-2013-Implementation of Desire to Learn (D2L) policies in place.</p> <p>2013-2014 Desire to Learn utilized for enhancement of classroom learning</p>	<p>2011-2012- Implement orientation and policies for changes in LMS in spring.</p> <p>2012-2013-Faculty will provide input to IT staff from student concerns and update policies related to distance education as needed.</p> <p>2013-2014- Encourage students to complete D2L</p>

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					tutorials. 2014-2015- Maintain and monitor as needed on policies related to distance education.
3.9 Information related to technology requirements and policies specific to distance education are accurate, clear, consistent, and accessible.	ELA = 100% of information related to technology requirements and policies specific to distance education is clear, accurate, consistent, and accessible.	Annually and as needed (<i>IT staff, Program Director, faculty</i>)	Review of website and online course information on technology requirements and policies specific to distance education	2011-2012 LMS utilized as enhancement to classroom learning- all policies are made clear and in the syllabus 2012-2013- Desire to Learn (D2L) utilized as enhancement to classroom learning. - all policies are made clear and in the syllabus 2013-2014 Desire to Learn utilized as enhancement to classroom learning. - all policies are made clear and in the syllabus	2011- Implement LMS to enhance classroom learning. 2012- Faculty will provide input to IT staff as needed on policies related to distance education.

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					<p>2013-2014- Develop Policies on Faculty and student use of D2L</p> <p>2014-2015-Update policies as needed regarding Desire to Learn changes.</p>
<p>4.1</p> <p>The curriculum incorporates established professional standards, guidelines, and competencies, and has clearly articulated SLO's, and PO's consistent with contemporary practice.</p>	<p>ELA = 100% of course syllabi and student handbook will reflect established professional standards, guidelines, and competencies.</p> <p>ELA = 100% of course syllabi and student handbook will have clearly articulated Student learning outcomes.</p> <p>ELA = 100% of syllabi, student handbook and program sheets will have clearly articulated program outcomes.</p>	<p>Annually.</p> <p><i>(Program Director , Faculty)</i></p>	<p>Course curriculum compared to professional standards, guidelines and competencies. Review of student learning and program outcomes. In handbook and syllabi.</p>	<p>2011 – 2012 Established professional standards, guidelines, and competencies are listed in student handbook (ANA standards of nursing practice, CSBN Chapter 2 rules, and NAPNE competencies).</p> <p>Syllabi and clinical evaluations updated to reflect new SLO's and POs modified as part of accreditation preparation.</p> <p>2012 –2014 No changes to SLO's or PO's.</p>	<p>2011-2013 Maintain, monitor, and revise as needed. Review success of implementing QSEN competencies and modify as needed.</p> <p>2013-2014 Implement SLO into program sheet.</p> <p>2014-2015 Discussion of concept based curriculum.</p>

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4.2 The Student Learning Outcomes are used to organize the curriculum, guide the delivery of instruction, direct learning activities, and evaluate student progress.	ELA = 100% of the time Student Learning Outcomes will be used to organize the curriculum, guide the delivery of instruction, direct learning activities, and evaluate student progress.	Each semester. <i>(Program Director, Faculty)</i>	Review all nursing syllabi to verify SLO's are included; review all clinical evaluation tools to verify they flow from the SLO's, program objectives and specific course outcomes.	<p>2011-2012 – SLO's revised. Course syllabi and clinical evaluation tools updated to reflect new SLO's.</p> <p>2012-2013 – SLO's aligned with CMU and Department SLO's. Students requested OB-Peds workbook to complete prior to spring semester to enhance their preparation for clinical.</p> <p>2013-2014 No changes to SLO's or PO's</p>	<p>2011-2013 Re-evaluate each year.</p> <p>2014-2015: Evaluate program objectives</p>
4.3 The curriculum is developed by the faculty and regularly reviewed to ensure integrity, rigor, and currency.	ELA = 100% of the curriculum will be developed by the faculty and regularly reviewed for rigor and currency.	Annually during end-of-year meetings and each semester. <i>(Program Director and Faculty)</i>	Review of minutes to document action, discussion and timeline for implementation. Review of website, student handbook, course syllabi, and program sheets as needed to reflect changes to curriculum.	<p>2011-2012 – Curriculum reviewed. No changes.</p> <p>2012-2013 – Curriculum reviewed; discussed modifications to J-term for next year.</p> <p>Changes to curriculum noted on website, program sheet, handbooks, and course syllabi.</p> <p>2013-2014 change curriculum to no J-term and move NURS 108 & NURS 108L into their own class.</p> <p>2014-2015 Changed to NURS 105L IV certification PN in fall semester and NURS 109 & 109L Spring semester</p>	<p>2011-2013 will continue to monitor and assess for needed changes</p> <p>2014-2015- monitor for increase in understanding with changes to curriculum by comparing testing from previous year.</p>
4.4 General education courses/competencies enhance professional	ELA- 100% of PN graduates will utilize their general education courses to	Program Director and faculty annually and as needed	Review of skills expected for a graduate of a technical certificate	2011-2012 Students utilized skills in gen ed in classroom writing and nursing diagnosis.	2011-2014 Cont. to monitor and revise as needed

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nursing knowledge and practice if included in the program of study.	enhance nursing knowledge and practice in the program		program	<p>2012-2013 No changes</p> <p>2013-2014 Evaluation by assessment committee of established skills expected for a graduate of a technical certificate</p>	<p>2014-2015-Monitor changes to gen education requirements. Some categories will be changed in the next 2 years to essential learning.</p>
<p>4.5</p> <p>The curriculum includes cultural, ethnic, and socially diverse concepts and may also include experiences from regional, national, or global perspectives.</p>	<p>ELA = 100% of courses will include cultural, ethnic, and socially diverse concept threads</p> <p>ELA = 100% of students will experience diverse patient populations in clinical assignments.</p>	Annually. (Program Director, Faculty)	<p>Review course materials for inclusion of concept threads. Review of course assessments (exams, assignments) for inclusion of concept threads.</p> <p>Review patient assignments in clinical for diversity.</p>	<p>2011-2012100% of nursing classes included cultural, ethnic, and socially diverse concepts in lecture and class activities.</p> <p>100% of students experienced diverse patient populations in clinical assignments. "Diversity is defined for this outcome as any characteristic differing from your own." Goal met.</p> <p>2012-2013 – Implemented use of "Caring for the Garcias" assignments during program to emphasize cultural diversity.</p> <p>2013-2014- All classes incorporate cultural, ethnic, and socially diverse concepts during lecture. Students are encouraged to take different patients during clinical rotations to enhance their understanding of diverse cultures.</p>	<p>2011-2013</p> <p>Maintain, monitor and revise as needed. Explore opportunities for additional exposure to diverse populations in clinical rotations.</p> <p>2014-2015 Revise all clinical assignments to include a diversity component.</p>

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4.6 The curriculum and instructional processes reflect educational theory, interdisciplinary collaboration, research, and current standards of practice	ELA = 100% of courses and instruction processes reflect educational theory, interdisciplinary collaboration, research, and best practice standards while allowing for innovation, flexibility and technological advances.	Annual review of curriculum. Student evaluation of courses each semester. <i>(Program Director and Faculty)</i>	Curriculum review. Student course evaluation. Satisfaction Survey; graduate survey	2011-2012 – Good integration of QSEN in learning activities. Faculty reviewed evidence-based teaching strategies and have decided to focus on “active” learning strategies vs. use of passive” strategies (i.e. PowerPoint). 2012-2013 – Instituted faculty journal club to review EBP for teaching, technology and nursing practice. 2013-2014 New faculty utilized evidence based material during classroom discussion and in clinical courses	2011-2012 - Evaluate integration of QSEN competencies. Evaluate active learning strategies. 2012-2013 – Active learning strategies noted in all courses. Review impact of journal club on faculty practice. 2013-2014. Program Director reviews national PN competencies for updates annually. 2014-2015 Assess changes made from national PN competencies
4.7 Evaluation methodologies are varied, reflect established professional and practice competencies, and measure the achievement of the Student Learning Outcomes.	ELA = 100% of courses will include varied evaluation methodologies that reflect established professional and practice competencies, and measure the achievement of SLO's and PO's. ELA = 90% of students will demonstrate	During and at the end of each course and each semester. <i>(Program Director, Faculty)</i>	Review of course/clinical syllabi and clinical evaluations. Review of policies on grades, test scores, clinical evaluations. Review of proctored content mastery (Kaplan) testing results.	2010-2012 A review of evaluation methods used in 100% of theory and clinical courses reflect a variety of methods to measure student attainment of SLO's and course/clinical objectives (including exams, assignments, papers, clinical evaluation tool). Cumulative exam grades must be 76% or higher. 2011-2012 – Students have several check offs throughout program to demonstrate competencies. Revised process for using med cards. Skills rodeo scheduled after Thanksgiving break based on student request for more skills practice. All SLO's are evaluated in theory and clinical. Lab	2011-2012: Maintain, monitor and revise as needed. Quickly identify students experiencing difficulty; provide remediation and track their progression in the program. Refer students for math or other tutoring as needed. Identify and review NCLEX failures. Identify correlation between Kaplan test scores, course grades, and NCLEX pass rates.

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	<p>achievement of SLO's in all theory and clinical courses.</p> <p>ELA = 90% of students will successfully pass the comprehensive predictor proctored content exams (Kaplan) on the first attempt at the mastery level according to each exams level</p>			<p>skills and math testing occur each semester. Skills check-offs completed throughout each semester.</p> <p>Proctored content mastery exams</p> <p>2011-2012: 95% passed Kaplan comp predictor on first attempt. Goal met.</p> <p>2012-2013: 100% of students passed Kaplan comp predictor on first attempt. Goal met.</p> <p>2013-2014- Benchmark changed to reflect increased competency as the PN NCLEX test is new. Goal not met at 62%</p> <p>Discrepancy in Kaplan Benchmark decreased however, NCLEX Pass rates remains at greater than 90 %.</p>	<p>2011-2012: Mapping of new SLO's to courses and clinical evaluations.</p> <p>2012-2013: Admission criteria revised to better screen potential students.</p> <p>2013-2014 will analyze and change how students remediate on Kaplan testing.</p> <p>2014: Evaluate Kaplan in comparison to NCLEX test results.</p>
<p>4.8 The length of time and the credit hours required for program completion are congruent with the attainment of identified Student Learning Outcomes and Program Outcomes and consistent with the policies of the governing organization, state and national standards, and best</p>	<p>ELA = 100% of the time Program length is congruent with the attainment of identified SLO's and PO's</p> <p>ELA = 100% of the time Program length is consistent with the policies of the institution, state and national standards, and best practices</p>	<p>Annual (Program Director)</p>	<p>Review of student learning and Program Outcomes. Comparison of program to CBON Chapter II rules and NLNAC standards. Review of admission standards and student records.</p>	<p>2011-2012 Program length is congruent with attainment of SLO's and PO's. Program length is consistent with NLNAC standards, CBON rules, and policies of institution for PN certificate. # of hours in program is consistent with other professional certificates at CMU</p> <p>2012-2013- No changes in program length</p> <p>2013-2014- No changes in length of the program</p>	<p>2011-2014: Monitor and revise as needed.</p> <p>2014-2015 Begin discussion of concept based nursing curriculum.</p>

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practices.					
<p>4.9</p> <p>Practice learning environments support the achievement of Student Learning Outcomes and program outcomes.</p>	<p>ELA = 100% of practice learning environments will be appropriate for student learning and support the achievement of student learning and program outcomes.</p> <p>ELA = 80% of student clinical facility survey responses will report a positive experience (strongly agree/agree with statements).</p>	<p>Each semester and Annually. (<i>Program Director</i>)</p>	<p>Review of practice learning environments by faculty in faculty meetings.</p> <p>Student evaluation of clinical sites.</p>	<p>2011-2012 – Began partnering PN students with senior BSN students in mentoring activities in clinical settings and in simulation lab so that both students could have better understanding of scope of practice. Faculty decided to only schedule 1 final exam/day.</p> <p>2012-2013 – New clinical evaluation tool that links program and SLO's to specific course learning objectives.</p> <p>2013-2014 Used more outpatient sites for clinical.</p> <p>2011-2014– 100% of practice learning environments reviewed by faculty and determined appropriate for student learning.</p> <p>Practice learning environments surpass requirements of a PN program. National patient safety goals are discussed and students are able to demonstrate.</p>	<p>2011 – Good feedback on use of BSN students as mentors in CEC for skills practice.</p> <p>2012 – Begin data collection on achievement of SLO's in all courses.</p> <p>2013-2014 Maintain, monitor and revise as needed; Faculty, Program Director and</p> <p>Dept. Head conduct a follow up with clinical agency of reported conflicts or issues on a clinical unit.</p> <p>Review clinical schedule and assign students to units where learning experiences will be positive. Faculty, Program Director, and Dept. Head attend meetings with clinical agencies to improve student experience. Create matrix of clinical agencies and Student Learning Outcomes.</p>

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					2014-2015 Incorporate QSEN competencies into the evaluation tool for clinical. Evaluation of clinical sites for best practices.
4.10 Students participate in clinical experiences that are evidence-based and reflect contemporary practice and nationally established patient health and safety goals.	ELA = 100% of student clinical experiences will reflect current best practices and nationally established patient health and safety goals.	Each clinical rotation	Review of clinical syllabi and evaluation tools	<p>2011 –2012</p> <p>Student evaluation of clinical facilities (% of students rating facility rated as excellent/good):</p> <p>SMH = 64% (n=20)</p> <p>VAH = 98% (n=20)</p> <p>Community Hosp = 88% (n=20)</p> <p>Hospice = 95% (n=10)</p> <p>CWMH = 89% (n=20)</p> <p>Discussed use of LAP program and how it was meeting SLO's. CEC staff utilized survey of students to get feedback on simulation activity (end of life simulation).</p> <p>Students would like to go into simulation unprepared, in order to challenge their critical thinking. Students concerned they aren't able to pass meds at VAH due to government "rules."</p> <p>2012 –2013 Discussed that CH ER is not a site for "stable patients" and will be used only for observation clinical rotation. Students provided input that experiences with simulation manikins</p>	<p>2011-2012 – Began use of MDS and Little Mavs for clinical rotations. Faculty discussed use of standardized supply boxes in CEC to help with clinical preparation and experiences. Monitor and re-evaluate in 1 year. Faculty will explore other opportunities for med administration to ensure safety.</p> <p>2012-2013 cont. with Little Mavs students indicated it is a great learning experience</p> <p>2013-2014: Orient all faculty to the clinical sites and national patient safety goals for teaching in the classroom and</p>

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				<p>are helpful in learning.</p> <p>Student evaluation of clinical facilities (% of students rating facility rated as excellent/good):</p> <p>SMH = 78% (n=17)</p> <p>VAH = 98% (n=17)</p> <p>Comm.Hosp = 98% (n=16)</p> <p>Hospice =86% (n=1)</p> <p>CWMH = 59% (n=8)</p> <p>Aspen Ridge = 93% (n=2)</p> <p>Hilltop = 76% (n=3)</p> <p>Mantey Heights = 92% (n=7)</p> <p>Larchwood =65% (n=7)</p> <p>Mesa Manor = 96% (n=4)</p> <p>2013-2014 QSEN and National patient Safety goals incorporated in all clinical rotations</p> <p>Maintain, monitor and revise as needed; Faculty, Program Coordinator and Dept Head conduct a follow up with clinical agency of reported conflicts or issues on a clinical unit.</p> <p>Review clinical schedule and assign students to units where learning experiences will be positive. Faculty, Program Coordinator, and Dept. Head attend meetings with clinical agencies to improve student experience. All faculty oriented to sites and teaching of National patient safety goals.</p> <p>100% met Clinical Evaluations are completed every other year unless there are issues with clinical sites.</p>	<p>clinical.</p> <p>2014-2015 – Use more simulation to prepare students for clinical</p> <p>Clinical site evaluations to be completed.</p>

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4.11 Written agreements for clinical practice agencies are current, specify expectations for all parties, and ensure the protection of students.	ELA = 100% of current affiliation agreements specify expectations and ensure protection of students.	Program Director Administrative assistant and Purchasing	Review affiliation contracts annually and as needed.	2011-2014-100% of affiliation agreements in place; standardized language specifies expectations and ensures protection of students. Agreements updated in 2011 with new institutional name. Student evaluation of clinical facilities	2011-2013: Cont. to ensure agreements are in place and find new facilities to enhance clinical learning. 2014-2015: Cont. to ensure agreements are in place and find new facilities to enhance clinical learning.
4.12 Learning activities, instructional materials, and evaluation methods are appropriate for all delivery formats and consistent with the Student Learning Outcomes.	ELA = 100% of learning activities, instructional materials, and evaluation methods are appropriate for traditional teaching environments	Ongoing. (Faculty, Program Director)	Course evaluations and subjective student feedback. Faculty observation.	2011-2013- The teaching/learning practices are appropriate for a traditional teaching environment. 100% 2013-2014- Revised curriculum to separate mental health and IV course into 2 separate classes for Fall of 2014-2015 Changed to NURS 105L and NURS 109 & NURS 109L	2011-2013: Cont. to monitor and assess for appropriate teaching materials. Change books for updated versions as needed. 2013-2014- Take to curriculum to separate out NURS 108 & NURS 108L into 2 separate courses.

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					<p>2014-2015- Monitor changes in curriculum for NURS 105L and NURS 109 & 109L for student success via testing and subjective data.</p>																				
<p>5.1 Fiscal resources are sustainable, sufficient to ensure the achievement of the Student Learning Outcomes and program outcomes, and commensurate, with the resources of the governing organization.</p>	<p>ELA = 100% of fiscal resources will be sufficient to ensure the achievement of the nursing education unit outcomes and commensurate with the resources of the governing organization.</p>	<p>Monthly and annually.</p>	<p>Review of budget proposal during Nursing Faculty and DHS meetings. DHS Director monitors budget monthly. Annual submission of position and equipment requests.</p>	<p>2011-2012 Faculty remain consistent in numbers PT faculty; 2012--2013 Increase in FT faculty positions to two. Operating funds have been consistent over time. 2013-2014 New faculty hired for 2 FT positions. PT remains the same</p> <p>Budget Overview</p> <table border="1"> <thead> <tr> <th>Year</th> <th>Salaries Benefits</th> <th>Operating expense</th> <th>Total Budget</th> </tr> </thead> <tbody> <tr> <td>2011-12</td> <td>\$192,659</td> <td>\$19,852</td> <td>\$212,511</td> </tr> <tr> <td>2012-13</td> <td>\$196,512</td> <td>\$20,249</td> <td>\$216,761</td> </tr> <tr> <td>2013-14</td> <td>\$200,442</td> <td>\$20,653</td> <td>\$221,095</td> </tr> <tr> <td>2014-15</td> <td>205, 854</td> <td>\$21,210</td> <td>\$227,064</td> </tr> </tbody> </table>	Year	Salaries Benefits	Operating expense	Total Budget	2011-12	\$192,659	\$19,852	\$212,511	2012-13	\$196,512	\$20,249	\$216,761	2013-14	\$200,442	\$20,653	\$221,095	2014-15	205, 854	\$21,210	\$227,064	<p>2011-2014 Maintain and monitor budgetary needs annually.</p> <p>Continue to seek external funding sources.</p> <p>Purchase approved budget expenditures in a timely manner to ensure maximum use during academic year.</p> <p>2011-2013- Utilize Perkins funding to get needed equipment for training purposes</p> <p>2014-2015 Cont. to request purchases for department from Perkins funds. Seek addition grant monies.</p>
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5.2 Physical resources are sufficient to ensure the achievement of the nursing education unit outcomes, and meet the needs of the faculty, staff, and students.	ELA = 80% of the time Physical resource (classrooms, labs, offices, etc.) will be sufficient to ensure the achievement of the nursing education unit outcomes and meet the needs of faculty, staff, and students.	Annually	Central booking allocates classroom usage. Student surveys and faculty reports.	Continuous simulation lab improvements and acquisition of needed up-to-date equipment. DHS moved into renovated building in 2009. 2011 –2012 Simulation manikins updated with foundation funding. 2012 –2013 CEC had new bedside computers installed for use of EMR in clinical labs. 2013-2014 New Program Director did not utilize simulation. Class rooms were scheduled in advance	2011-2013 Maintain and monitor, revise as needed. 2014-2015 Utilize simulation more. Try to get the same classroom for all classes in one day.
5.3 Learning resources and technology are selected with faculty input and are comprehensive current, and accessible to faculty and students.	ELA = 90% of Learning resources are current and technology will be selected by the faculty and be accessible to faculty and students.	Continuous and annually.	Central booking allocates classroom usage. Student surveys and faculty reports. Nursing faculty in collaboration with library and technology staff. Student surveys.	2011-2012 Smart classroom for nursing have media teaching station and videotaping technology with internet access. Implemented i-clickers allowing interactive teaching/learning in the classroom. Faculty requests for new publications for library holdings have been met. Faculty review new materials and books for the best possible learning for students. Online nursing resources are added each year to the library. Survey of students when asked agreed that the resources were good. 2012-2013- Informal survey of students surveyed agreed that the resources were appropriate and helped with their learning.	2011-2013: Maintain and monitor, Revise as needed. Collaborate with library staff to determine appropriate printed nursing resources that need to be added to library holdings. Cont. to make revisions as needed to ensure student materials reflect best practices 2014-2015: Obtain additional online journals to the library for nursing.

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				2013-2014 —Informal survey of students surveyed agreed that the resources were appropriate and helped with their learning.	
5.4 Fiscal, physical, technological, and learning resources are sufficient to meet the needs of the faculty and students engaged in alternative methods of delivery.	ELA =90% of the time all resources utilized are selected by the faculty and all students receive have the same opportunities.	Continuous and annually (Faculty, Program Director)	Nursing faculty in collaboration with D2L technology staff, CEC staff and students will review resources each year.	2011-2012 D2L new online format 2012-2014 there are no online classes. D2L utilized to enhance student learning and to keep grades updated.	2011-2012 -Cont. to work with new D2L online delivery system to enhance Student Learning Outcomes. 2012-2014 -Cont. to monitor online resources. 2014-2015 Evaluate new CEC lab for student learning.
6.1 The systematic plan for evaluation of the nursing education unit emphasizes the ongoing assessment and evaluation of each of the following 1. Student Learning Outcomes	1. SLO- a. Professional Behavior b. Communication c. Assessment d. Planning e. Caring Interventions f. Managing: 1a. ELA 95 % of students will achieve 76% on their clinical evaluation tools	Annual	Review SEP annually to determine continued effectiveness for evaluation of student learning and program outcomes. State Board Annual Report and graphing of SLO for evaluation of each course	2011-2012 The SEP includes ongoing assessment and evaluation of SLO's and PO's and NLNAC standards. Nursing programs follow SEP; annual report submitted to state board with approval each year (Annual Report built on SEP criteria). 2012-2013 Meeting minutes reflect topics, discussion and ongoing evaluation of program as evidenced in standards 1-5 above. 2013-2014 All courses have SLO's and PO as well as program sheet Begin graphing SLO's with	2011-2014 Evaluate the program annually utilizing the SEP. 2014-2015: All courses will begin graphing of SLO's three times through the semester beginning of semester (initial testing), midterm and final to assure Student Learning Outcomes are met.

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	<p>1b. ELA-95 % of students will achieve 76% on their in class test average.</p> <p>1c. ELA- 95 % of students will achieve 76 % on their clinical paperwork average</p> <p>NLNAC (ACEN) standards and criteria will be addressed in the Systematic Evaluation Plan.</p> <p>ELA=100% of Student learning outcomes and program outcomes will be evaluated using the SEP</p> <p>2a. 85 % of students who are accepted to the PN program will complete within 2 semesters.</p>			testing for some courses.	<p>2011-2013 Cont. to monitor and assess for improvements and or changes</p> <p>2014-2015 Cont. to monitor and assess for improvements and or changes</p>

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<p>2. Program outcomes</p> <p>a. Program completion</p> <p>b. performance can licensure</p> <p>c. Program satisfaction Graduate and employer</p> <p>d. Job Placement</p>	<p>2b. 90 % of PN Graduates will pass the NCLEX on their first attempt, or at the national PN pass rate for first time candidates.</p> <p>2c. Graduate and Employer survey reports are 85% or greater for satisfaction with the program.</p> <p>2d. 90 % of new graduates will be employed as LPN's within 1 year of graduation.</p>			<p>These are documented in Standard 6.4.2 and 6.4.3 & 6.4.4 in SEP</p>	
<p>6.2</p> <p>Evaluation findings are aggregated and trended by program option, location, and date of completion and are sufficient to inform program decision-making for the maintenance and improvement of the student learning outcomes and the program outcomes.</p>	<p>ELA = 100% of aggregated evaluation findings inform program decision making and are used to maintain or improve SLO's</p>	<p>Annual or as needed.</p>	<p>Minutes from clinical agency meetings</p> <p>Graduate survey</p> <p>Employer survey</p> <p>NCLEX pass rates</p> <p>Kaplan diagnostic</p>	<p>All data collected analyzed, findings make a contribution toward program decision making.</p> <p>2011-2012-Graduate survey 100% agree or strongly agree (n=9) goal met</p> <p>Employer survey 100% agree or strongly agree (n=9) goal met</p> <p>Kaplan diagnostic 92.9%- 100 pass rate</p> <p>2012-2013- Graduate Survey 93% of graduates agree or strongly agree goal met (n=15)</p> <p>Employer survey 100% agree or strongly agree (n=5) goal met</p> <p>Kaplan diagnostic 94.8% – 96% pass rate</p>	<p>2011-2014-</p> <p>Incorporate findings from Graduate and Employer Satisfaction Surveys with other data when considering making Program changes.</p> <p>2014-2015 data collected and aggregated for 2013-2014 year.</p>

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			results. Review of faculty meeting and advisory council minutes as findings and changes are documented.	2013-2014 (no data yet will collect of surveys will collect in 6 months. Kaplan diagnostic 91.4%- so far 100% with to remaining to take boards.	
6.3 Evaluation findings are shared with communities of interest.	ELA = 100% of evaluation findings will be shared with communities of interest	Review final report of current student, graduate, clinical site, and employer surveys with Nursing Advisory Council.	Evaluation findings shared annually through formal report at Nursing Education Advisory Committee meetings.	2011- Overall good to excellent feedback shared with communities of interest 100% of time which is reflected in minutes 2012- Evaluation findings shared through formal and informal mechanisms in meeting minutes 100% of time 2013- Overall good to excellent feedback shared with communities of interest 100% of time which is reflected in minutes	2011-2013 Cont. to share program findings formally and informally with communities of interest. Cont. to discuss outcomes annually and as needed with NAC advisory board, faculty and students and other interested community members. 2014-2015 Cont. to share program findings formally and informally with communities of interest. Cont. to discuss outcomes annually and as needed with NAC advisory board, faculty and students and other interested community members.

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6.4 The program demonstrates evidence of achievement in meeting the program outcomes. See Below					
6.4.1 Performance on licensure exam: The program's three-year mean for the licensure exam pass rate will be at or above the national mean for the same three-year period.	ELA= 90% of graduates will pass the NCLEX-PN on their first attempt or at a rate greater than or equal to the national NCLEX-PN pass rate for first time candidates.	Review semi-annual reports and provide update to faculty and University annually.	NCLEX report	2011-2012-100% pass rate (goal met) (National mean = 84.83%) 2012-2013- 96% pass rate (goal met) National Pass rate 84.63 2013-2014 – 100 % with 2 students remaining to take boards) (Goal met) National Pass rate 82.59)	2011-2013 Maintain and monitor, revise as needed; review aggregate results each year. 2014-2015 Review data for needed revisions.
6.4.2 Program completion: Expected levels of achievement for program completion are determined by the faculty and reflect student demographics and program options.	ELA = 85% of students who enter the program will complete the program in 2 semesters.	Annual	Review annually the completion rates; determine factors that reflect program components that may influence attrition.	2011-2012 – 83% (25/30) Goal not met. 2012-2013 83%- (25/30) Goal not met. 2013-2014- 94% (30/32) Goal met	2011-2012 - Modify NURS 101 course to exclude use of calculators on math exams. Re-evaluated admission tool and begin using interviews as part of admission process 2012-2013- Interviews completed for this group Identified those students who may need extra assistance early in semester

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					<p>2013-2014-Reevaluate interview process and criteria to identify best candidates. Increase faculty communication and individual instruction to those early in program to help with deficits.</p> <p>2014-2015- Cont. to work on strategies to keep attrition rates low.</p>
<p>6.4.3 Graduate program satisfaction: Qualitative and quantitative measures address graduates six to twelve months post-graduation.</p>	<p>ELA = 85% of graduates will express satisfaction with program (fulfilled expectations and would recommend program).</p>	<p>Annual Graduate Survey (6 months after graduation)</p>	<p>Review written and numerical findings from surveys; report findings to faculty and Advisory Council.</p>	<p>2010-2011- goal not met 76% satisfied with program 22/29)</p> <p>2011-2012-100% satisfied with program (n=9/9) goal met</p> <p>2012-2013- 100% satisfied with program (n=15/15) goal met</p> <p>2013-2014- Will collect in 6 months.</p>	<p>2011 -2012– Continue to identify ways for program to fulfill student expectations.</p> <p>2012-2013 – Revise survey question to read: How would you rate (from very low to very high) the overall quality of your education within the PN program at CMU?</p> <p>2013-2014-Revise survey to reflect the SLO and PO of the program</p>

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					2014-2015- Continue to look for ideas to increase rates of graduate return on surveys.
6.4.4 Employer program satisfaction: Qualitative and quantitative measures address employer satisfaction with graduate preparation for entry-level positions six to twelve months post-graduation.	ELA = 85% of employers will express satisfaction with graduates with their preparation for practice (CMU grads better prepared than other PN grads and would recommend program).	Annual Employee survey (9 months after graduation)	Review written and numerical findings from surveys; report findings to faculty and Advisory Council.	2010-2011 100% (2/2) goal met 2011-2012-100% (2/2) 2012-2013-100% (9/9) 2013-2014- will collect in nine months	2011-2012 – Continue to identify ways for program to fulfill student expectations. 2012-2013 – Revise survey question to read: How would you rate (from very low to very high) the overall quality of your education within the PN program at CMU evaluation Student Learning Outcomes and program outcomes on survey. 2013-2014- Cont. to seek ways to increase survey response rate. 2014-2015- Cont. to brainstorm ways to increase survey response rate.

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6.4.5 Job placement rates: Expected levels of achievement are determined by the faculty and are addressed through quantified measure six to twelve months post-graduation.	ELA = 85% of graduates will be employed as PNs within six months of graduation.	Annually 6 months post-graduation.	Review Graduate Surveys.	2010-2011-100% 26/26 VE135 survey Goal met 2011-2012-96% N 28/28 VE 135 survey Goal met 2012-2013- 100% N26/26 VE 135 survey Goal met 2013-2014- will collect in next year	2010-2013- Maintain and monitor, revise as needed. 2013-2014- Continue to reassess as needed. Plan a job fair for LPN's 2014-2015 Plan job fair for health sciences biannually