STATE OF WISCONSIN
Department of Safety and Professional Services
1400 E Washington Ave.
Madison WI 53703

Governor Scott Walker **Secretary Dave Ross**

Mail to:
PO Box 8935
Madison WI 53708-8935

Email: dsps@wisconsin.gov
Web: http://dsps.wi.gov

Voice: 608-266-2112 • FAX: 608-267-3816 • TTY: 608-267-2416

BOARD OF NURSING
ROOM 121A, 1400 E. WASHINGTON AVENUE, MADISON WI
CONTACT: DAN WILLIAMS (608) 266-2112
MARCH 14, 2013

Notice: The following agenda describes the issues that the Board plans to consider at the meeting. At the time of the meeting, items may be removed from the agenda. Please consult the meeting minutes for a description of the actions and deliberations of the Board. ***A quorum of the Board will be present during the committee meetings.***

BOARD OF NURSING MEETING

8:00 A.M

CALL TO ORDER – ROLL CALL

A. **Adoption of Agenda (1-6)**

B. **Attendance at Legislation and Rules Committee (7-8 & 13-28)**

C. **Attendance at Education and Licensure Committee (9-10 & 29-538)**

D. **Attendance at Practice Committee (11-12 & 539-548)**

E. **9:30 A.M. – APPEARANCE – Greg Murray, Department of Administration – Open Meetings Law Presentation**

F. **Report of Legislation and Rules Committee**

G. **Report of Education and Licensure Committee**

H. **Report of Practice Committee**

I. **Approval of Board of Nursing Minutes of February 14, 2013 (549-556)**

J. Secretary Matters

K. **Administrative Matters – Discussion and Consideration (557-558)**
   1) Paperless Initiative **(559-572)**
   2) Status Update as to BON Newsletter
   3) Staff Updates

L. **Legislative/Administrative Rule Matters - Discussion and Consideration**

M. **Requirement of Military Candidates to Take LPN NCLEX Examination – Discussion and Consideration (573-574)**

N. **NCSBN 2013 Executive Officer Summit – Discussion and Consideration (575-576)**

O. **Report from the WNA 3/5/13 Meeting – Discussion and Consideration (577-578)**

P. Informational Item(s)

Q. Discussion and Consideration of Items **Received After** Printing of the Agenda:
1) Introductions, Announcements and Recognition
2) Presentations of Petition(s) for Summary Suspension
3) Presentation of Proposed Stipulation(s), Final Decision(s) and Order(s)
4) Presentation of Proposed Final Decision and Order(s)
5) Informational Item(s)
6) DLSC Matters
7) Status of Statute and Administrative Rule Matters
8) Education and Examination Matters
9) Credentialing Matters
10) Practice Questions/Issues
11) Legislation/Administrative Rule Matters
12) Liaison Report(s)
13) Speaking Engagement(s), Travel, or Public Relation Request(s)

R. New Business

S. Public Comments

CONVENE TO CLOSED SESSION to deliberate on cases following hearing (s. 19.85(1)(a), Stats.; to consider closing disciplinary investigation with administrative warning (s. 19.85(1)(b), Stats. and 440.205, Stats., to consider individual histories or disciplinary data (s. 19.85 (1)(f), Stats.; and, to confer with legal counsel (s. 19.85(1)(g), Stats.)

T. **Deliberation on Monitoring Matters (579-580)**
1) Kristin Bleichwehl, R.N. – Requesting Modification of Order **(581-596)**
2) Jill Gustafson, R.N. – Requesting Modification of Order **(597-614)**
3) Mark A. Kongshaug, R.N. – Requesting Modification of Order **(615-636)**
4) James D. Larson, R.N. – Requesting Modification of Order **(637-656)**
5) Andrea M. Kempinski, L.P.N. – Requesting Modification of Order **(657-670)**
6) Mary S. Gallagher, R.N. – Requesting Reinstatement of License **(671-686)**
7) Michael A. Hafemann, R.N. – Requesting Reinstatement of License **(687-696)**
8) Jayne M. Shelley, R.N. – Requesting Reinstatement of License **(697-714)**
9) Kathryn Talajkowski, L.P.N. – Requesting Reinstatement of License **(715-722)**

U. **Deliberation on Issuance of Administrative Warnings**

1) 12 NUR 354 (MJM) **(723-724)**
2) 12 NUR 446 (AMR) **(725-726)**
3) 12 NUR 462 (ARC) **(727-728)**
4) 12 NUR 489 (RH) **(729-730)**
5) 12 NUR 506 (LAA) **(731-732)**
6) 12 NUR 542 (KMH) **(733-734)**

V. **Deliberation of Proposed Final Decision and Order in the Matter of the Disciplinary Proceedings Against Kay S. White, L.P.N., DHA SPS-12-0053, DLSC 12NUR145 (735-742)**

W. **Deliberation of Proposed Final Decision and Orders**

1) Barbara Phillips, L.P.N. (11 NUR 600) **(743-750)**
2) Mary Ford, R.N. (11 NUR 666) **(751-762)**
3) Jane Hathorn, R.N. (12 NUR 111) **(763-770)**
4) Tina M. Behrens, R.N. (12 NUR 133) **(771-782)**
5) Deborah S. Summerville, L.P.N. (12 NUR 153) **(783-788)**
6) Laura Adams, L.P.N. (12 NUR 163) **(789-794)**
7) Jane E. Beers, R.N. (12 NUR 295) **(795-806)**
8) Margaret R. Powell-Mack, R.N. (12 NUR 296) **(807-812)**
9) John M. Daniels, R.N. (12 NUR 315) **(813-824)**
10) Karen Cole, R.N. (12 NUR 347) **(825-830)**
11) Jennifer S. Pipes, R.N. (12 NUR 400) **(831-836)**
12) Tammy M. Wendt, R.N. (12 NUR 400) **(837-842)**
13) Brandi J. Malcook, L.P.N. (12 NUR 416) **(843-848)**
14) Laura K. Berweger, R.N. (12 NUR 418) **(849-860)**
15) Susan S. Vancamp, R.N. (12 NUR 425) **(861-866)**
16) Valerie K. Whitehead, R.N. (12 NUR 431) **(867-872)**
17) Cynthia L. Schmidt, R.N. (12 NUR 450) **(873-878)**
18) Rachael A. Balthazor, R.N. (12 NUR 466) **(879-884)**
19) Keith P. Hawkins, R.N. (12 NUR 519) **(885-890)**
20) Matthew S. Elliot, R.N. (12 NUR 523) **(891-902)**
21) Kathryn A. Re, R.N. (12 NUR 554) **(903-910)**

X. **Division of Legal Services and Compliance**

1) Case Status Report **(911-916)**
2) Case Closings

Y. **Credentialing Matters**

1) General **(917-918)**

a. R.N. Endorsement – Lisa Dietrich **(919-924)**

b. L.P.N. Endorsement – Kim Geiger **(925-936)**

c. R.N. Re-Registration – Beth Smith **(937-942)**

d. L.P.N. Endorsement – Anasthasia Vakunta **(943-954)**

2) Convictions **(955-956) & (1743-1744)**

a. L.P.N. Exam – Julie Alvarado **(957-964)**

b. A.P.N.P. Exam – Christie Henke **(965-986)**

c. R.N. Exam – Deborah Longhenry **(987-992)**

d. R.N. Endorsement – Rachelle Mertes **(993-998)**

e. R.N. Endorsement – Ellary Renier **(999-1012)**

f. R.N. Endorsement – Deonna Shanks **(1013-1026)**

g. L.P.N. Exam – Travys Thornsen **(1027-1072)**

h. L.P.N. Exam – James Bichler **(1073-1102)**

i. R.N. Exam – Virginia Capelle **(1103-1118)**

j. R.N. Endorsement – Julie Holmes **(1119-1134)**

k. R.N. Re-Registration – Nancy Klausegger **(1135-1148)**

l. L.P.N. Exam – Erin Owens **(1149-1178)**

m. R.N. Endorsement – Liliana Rascon **(1179-1200)**

n. R.N. Exam – Ashley Spencer **(1201-1212)**

o. L.P.N. Exam – Heather Wiltse **(1213-1244)**

p. R.N. Exam – Holly Woodford-Schiller **(1245-1260)**

q. R.N. Exam – Xayxana Yang **(1261-1274)**

r. R.N. Exam – Christa Waldenmaier **(1275-1296)**

s. R.N. Exam – Chad Bintz **(1297-1312)**

t. R.N. Endorsement – Rebecca Suess **(1313-1336)**

u. L.P.N. Exam – Wanda Waller **(1337-1348)**

v. R.N. Endorsement – Sandra Carson **(1349-1356)**

w. R.N. Exam – Lori Hollister **(1357-1386)**

x. R.N. Endorsement – Chastity Peterson **(1387-1428)**

y. R.N. Endorsement – Jacqueline Kucera **(1429-1436)**

z. R.N. Endorsement – Andrea Baker **(1437-1462)**

aa. R.N. Exam – Valerie Agee **(1463-1468)**

bb. R.N. Exam – NaPortia Ashford **(1469-1478)**

cc. L.P.N. Exam – Brian Bellendorf **(1479-1488)**

dd. R.N. Exam – Daniel Golombowski **(1489-1492)**

ee. R.N. Exam – Ana Lazarevic **(1493-1502)**
ff. L.P.N. Exam – Lindsey Russell **(1503-1512)**
gg. R.N. Exam – Chloe Schrab **(1513-1524)**
hh. A.P.N.P. Endorsement – David Steele **(1525-1530)**
ii. R.N. Exam – Matthew Varnum **(1531-1546)**
jj. R.N. Exam – Kristin Jensen **(1547-1560)**
kk. R.N. Exam – Karen Myhre **(1561-1582)**
ll. R.N. Exam – Kelly Moriarty **(1583-1594)**
mm. R.N. Exam – Amanda David **(1595-1606)**
nn. R.N. Exam – Jody Gutowski **(1607-1616)**
oo. R.N. Exam – Brittani Kessenich **(1617-1630)**
pp. R.N. Exam – Andrew Martin **(1631-1640)**
qq. R.N. Exam – Thaddeus Wolf **(1641-1654)**
rr. R.N. Exam – Lyndsie Peterson **(1655-1678)**
ss. R.N. Exam – Shawn Siebold **(1679-1690)**
tt. L.P.N. Exam – Melinda Keech **(1691-1696)**
uu. R.N. Exam – Nicole Baker **(1697-1714)**
vv. R.N. Exam – Julie Kubik **(1715-1722)**
ww. L.P.N. Exam – Renée Roach **(1723-1742)**

Z. Deliberation on Orders Fixing Costs

AA. Consulting with Legal Counsel

BB. Deliberation of Items **Received After** Printing of the Agenda:
1) Application Issues and/or Reviews
2) Professional Assistance Procedure (PAP)
3) Monitoring Matters
4) Administrative Warnings
5) Review of Administrative Warning
6) Proposed Stipulations, Final Decisions and Orders
7) Proposed Final Decisions and Orders
8) Orders Fixing Costs/Matters Related to Costs
9) Petitions for Summary Suspension
10) Petitions for Re-hearings
11) Complaints
12) Examination Issues
13) Credential Issues
14) Appearances from Requests Received or Renewed
15) Motions

RECONVENE INTO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION

Voting on Items Considered or Deliberated on in Closed Session, If Voting is Appropriate

CC. **Discussion of Board Meeting Process (Time Allocation, Agenda Items)**
1) Process discussion as to Committees during the day of the BON meeting

DD. **Discussion and Consideration of Board Strategic Planning and its Mission, Vision, and Values**

EE. Other Board Business

ADJOURNMENT

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LEGISLATION AND RULES COMMITTEE

8:00 A.M.

CALL TO ORDER – ROLL CALL

OPEN SESSION: Jeffrey Miller (Committee Chair), Rachelle Lancaster, Lillian Nolan

A. **Approval of Agenda (7-8)**

B. **Drafting N1, N2.02 and N3.02, Relating to School Approval – Discussion and Consideration (13-28)**

C. Other Committee Business

D. Public Comments

ADJOURNMENT OF LEGISLATION AND RULES COMMITTEE MEETING

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EDUCATION AND LICENSURE COMMITTEE

8:30 A.M.
(OR IMMEDIATELY FOLLOWING ADJOURNMENT OF THE LEGISLATION AND RULES COMMITTEE MEETING)

CALL TO ORDER – ROLL CALL

OPEN SESSION: Education and Licensure Committee –Carol Ott (Committee Chair), Kay Coppens, Rachelle Lancaster, Gretchen Lowe

A. **Adoption of Agenda (9-10)**

B. **Approval of Education & Licensure Committee Minutes of February 14, 2013 (29-30)**

C. **Board of Nursing Position Statement Titled Qualifications of Faculty for Distance Education Courses - Discussion and Consideration (31-32)**

D. **Alverno Request for Approval of Changes to RN-to-BSN Program – Discussion and Consideration (33-40)**

E. **Rasmussen College Ocala School of Nursing Request for Authority to Plan an Online RN-to-BSN Program – Discussion and Consideration (41-128)**

F. **Rasmussen College – Green Bay Associate Degree in Nursing Program – Discussion and Consideration (129-130)**

G. **WI Lutheran College Bachelor of Science in Nursing Program – Discussion and Consideration (131-132)**

H. **Herzing-Madison Request for Authorization to Admit Students to Bachelor of Science in Nursing Program – Discussion and Consideration (133-196)**

I. **Lac Courte Oreilles Ojibwe Community College Withdrawal of Request for NLNAC Initial Accreditation – Discussion and Consideration (197-200)**

J. **Lac Courte Oreilles Ojibwe Community College Request for Approval of Major Program Change to Associate of Applied Science in Nursing Program – Discussion and Consideration (201-490)**

K. **Marian University Request for Approval of Major Program Change to Bachelor of Science in Nursing Program – Discussion and Consideration (491-530)**

L. **National Council Licensure Examination (NCLEX) items - Discussion and Consideration**
   1) **2012 Quarter 4 NCLEX Pass Rate Data (531-536)**

M. **Status Update as to the Guidelines for Nursing Program Approval – Discussion and Consideration (537-538)**

N. Items Received After Printing of the Agenda

O. Other Committee Business

P. Public Comments

ADJOURNMENT OF EDUCATION & LICENSURE COMMITTEE MEETING

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PRACTICE COMMITTEE

10:30 A.M.
(OR IMMEDIATELY FOLLOWING ADJOURNMENT OF THE EDUCATION AND LICENSURE COMMITTEE MEETING)

CALL TO ORDER – ROLL CALL

OPEN SESSION: Practice Committee – Julie Ellis (Committee Chair), Jeffrey Miller, Lillian Nolan, Maria Joseph

A. **Approval of Agenda (11-12)**

B. **Approval of the Practice Committee Minutes of February 14, 2013 (539-540)**

C. **Board of Nursing Position Papers – Discussion and Consideration (541-542)**

1) Patient Abandonment **(543-544)**
2) Performance of IV Therapy by Licensed Practical Nurses **(545-546)**
3) Use of Social Media by Nurses **(547-548)**

D. Other Committee Business

E. Public Comments

ADJOURNMENT OF PRACTICE COMMITTEE MEETING

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State of Wisconsin
Department of Safety & Professional Services

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request:	2) Date When Request Submitted: *4 March 2013*
Sharon Henes **Paralegal**	Items will be considered late if submitted after 4:30 p.m. and less than: ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others

3) Name of Board, Committee, Council, Sections:
Board of Nursing

4) Meeting Date:	5) Attachments:	6) How should the item be titled on the agenda page?
14 March 2013	☒ Yes ☐ No	Discussion and Consideration of drafting N 1, 2.02 and 3.02 relating to school approval.

7) Place Item in:	8) Is an appearance before the Board being scheduled? If yes, who is appearing?	9) Name of Case Advisor(s), if required:
☒ Open Session ☐ Closed Session ☐ Both	☐ Yes by (name) ☐ No	

10) Describe the issue and action that should be addressed:

Attached for your reference is the Statement of Scope, current N 1 rules and NCSBN model rules.

11) Authorization

Sharon Henes — *4 March 2013*

Signature of person making this request — Date

Supervisor (if required) — Date

Bureau Director signature (indicates approval to add post agenda deadline item to agenda) — Date

Directions for including supporting documents:
1. This form should be attached to any documents submitted to the agenda.
2. Post Agenda Deadline items must be authorized by a Supervisor and the Board Services Bureau Director.
3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.

STATEMENT OF SCOPE

Board of Nursing

Rule No.: Chapter N1, N 2.02 and N 3.02

Relating to: School Approval

Rule Type: Permanent

1. Finding/nature of emergency (Emergency Rule only):

N/A

2. Detailed description of the objective of the proposed rule:

The objective of the proposed rule is to update the approval process for the approval of schools of nursing. Chapter N1 has not been updated since 1989. The process of school approvals have evolved since that time and this chapter requires an update to bring Wisconsin in line with other states.

The rule would also update the definition sections of N 2.02 and N 3.02 to accurately address the definition of an approved school.

3. Description of the existing policies relevant to the rule, new policies proposed to be included in the rule, and an analysis of policy alternatives:

N1 does not adequately address current education standards for schools of nursing nor does it address current technologies in providing education. In addition there is lack of clarity in the current rules. A new rule would address each aspect of the board approval process and the process of continuation of the approval of the school. It would also update the standards which trigger a review of the school's approvals, the steps for a review, the standards for placement on probationary status as well as how a school is removed for probationary status, the process for withdrawing approval of the school and the requirements for voluntary or involuntary closure of a school of nursing.

In updating chapter N 1, the Board of Nursing will consider the model practice rules for school approval and the process used by our neighboring state.

The definitions in N 2.02 and N 3.02 of board approved school do not adequately address the situations of graduates of out of state schools nor graduates of schools which the Wisconsin Board of Nursing have authorized to admit students but have not been fully approved. This creates unnecessary anxiety for new applicants in Wisconsin. A strict interpretation of the current rule would unintentionally deny qualified nurses from practicing in our state.

The alternative to this rule is to continue to create confusion. The rules should reflect a clear and precise process rather than the attempting to interpret the rules to fit situations which did not exist in 1989.

4. Detailed explanation of statutory authority for the rule (including the statutory citation and language):

§ 15.08(5)(b) Each examining board: shall promulgate rules for its own guidance and for the guidance of the trade or profession to which it pertains and define and enforce professional conduct and unethical practices not inconsistent with the law relating to the particular trade or profession.

§ 441.01(3) The board may establish minimum standards for schools for professional nurses and schools for licensed practical nurses, including all related clinical units and facilities, and make and provide periodic surveys and consultations to such schools. It may also establish rules to prevent unauthorized persons from practicing professional nursing. It shall approve all rules for the administration of this chapter in accordance with ch. 227.

5. Estimate of amount of time that state employees will spend developing the rule and of other resources necessary to develop the rule:

50 hours

6. List with description of all entities that may be affected by the proposed rule:

Schools of nursing, applicants

7. Summary and preliminary comparison with any existing or proposed federal regulation that is intended to address the activities to be regulated by the proposed rule:

None.

8. Anticipated economic impact of implementing the rule (note if the rule is likely to have a significant economic impact on small businesses):

None or minimal

Contact Person: Sharon Henes, Paralegal, (608) 261-2377

Julia Nelson, RN
Department Head or Authorized Signature

11/1/12
Date Submitted

Chapter N 1

PROGRAM APPROVAL FOR SCHOOLS OF NURSING

N 1.01 Authority and intent.
N 1.02 Definitions.
N 1.03 Board approval of new nursing programs.
N 1.04 Continuation of approval of schools based on accreditation by a board recognized nursing accreditation agency.
N 1.05 Continuation of approval of schools based on compliance with board standards.
N 1.06 Standards for school approval or continuing approval.
N 1.07 Changes requiring approval of the board.
N 1.08 Closure of approved school.
N 1.09 Exceptions.

Note: Chapter N 1 as it existed on January 31, 1983 was repealed and a new chapter N 1 was created effective January 1, 1983.

N 1.01 Authority and intent. (1) The rules in this chapter are adopted pursuant to authority of ss. 15.08 (5) (b) and 227.11, Stats.

(2) The intent of the board of nursing in adopting rules in this chapter is to reduce duplication that has existed between the board and national accreditation processes for nursing schools, to clarify requirements, and to develop efficient timelines for the nursing school approval process.

History: Cr. Register, January, 1983, No. 325, eff. 2–1–83; am. (2), Register, August, 1989, No. 404, eff. 9–1–89; correction in (1) made under s. 13.93 (2m) (b) 7., Stats., Register, August, 1989, No. 404; correction in (1) made under s. 13.93 (2m) (b) 7., Stats., Register, October, 2000, No. 538.

N 1.02 Definitions. (1) "Approval" means that status of the school upon graduation of the first class after standards have been met.

(2) "Authorization to admit" means permission to admit the first class of nursing students and conduct a nursing program of professional or practical nursing prior to graduation of the first class.

(3) "Board" means the state of Wisconsin board of nursing.

(4) "Educational administrator" means the registered nurse faculty member whose primary responsibility is to administer the educational program in nursing regardless of any title assigned by the governing institution.

(5) "Faculty" means registered nurses meeting standards and employed by the governing institution for the purpose of administration, teaching, evaluation, guidance and research in nursing.

(6) "Governing institution" means the body, agency or institution which has authority to conduct a school of nursing that meets the standards under s. N 1.06.

(7) "Practical nursing program" means a school of nursing organized and administered by a vocational, technical and adult education system or an independent school at a post secondary level which awards the graduate a diploma in practical nursing upon meeting requirements of the school.

(8) "Probationary status " means the status assigned to a school upon a finding that any board imposed requirement related to standards under s. N 1.06 has not been met, for the purpose of affording the school an opportunity to meet the requirements of the board before approval is withdrawn.

(9) "Professional nursing program" means the following types of school of nursing programs only:

(a) "Associate degree program" which is offered through a school of nursing organized and administered by a technical college or institute, a college or university which awards the graduate an associate degree in nursing upon meeting the requirements of the institution. This includes associate degree progression programs for the licensed trained practical nurse.

(b) "Baccalaureate degree program" which is offered through a school of nursing organized and administered by a senior college or university that awards the graduate a baccalaureate degree in nursing upon meeting the requirements of the institution. This includes articulation programs for associate degree– and diploma–registered nurses.

(c) "Diploma program" which is offered in a school of nursing organized and administered by a hospital or independent school that awards the graduate a diploma upon meeting the requirements of the school.

(10) "Regionally accredited" means that a college or university or other educational institution conforms with the standards of education prescribed by a regional accrediting commission recognized by the U.S. commissioner of education.

(11) "School" means school for professional nurses or school for practical nurses.

(12) "Standards" means those measures or indicators of acceptability as defined in s. N 1.06.

(13) "Survey" means a planned visit by a board representative to a school, an institution or agency for the purpose of conferring with administrative, instructional and service personnel; visiting educational and service facilities; and, reviewing and evaluating program plans, activities, records and reports.

(14) "Transcript" means a legible and official copy of the student's original record which bears the seal of the institution or a notarization and the signature of the registrar or educational administrator.

(15) "Withdraw approval" means removal by the board of authorization to admit or removal of approval of a nursing program following a board imposed probationary status during which board standards continue to be unmet.

History: Cr. Register, January, 1983, No. 325, eff. 2–1–83; r. and recr. (1), r. (5) and (7), renum. (2) to (4), (8), (10) and (11) to be (3) to (5), (7), (13) and (14), cr. (2), (8), (10) to (12) and (15), am. (6) and (9) (intro.), Register, July, 1989, No. 403, eff. 8–1–89.

N 1.03 Board approval of new nursing programs. (1) NEW NURSING PROGRAMS. All new nursing programs not previously approved or granted authorization to admit by the board as of July 1, 1988 are required to be approved by the board under the procedures prescribed in this section.

Note: The effective date of September 1, 1989, rather than the July 1, 1988 date in this subsection controls approval standards for new nursing programs.

(2) AUTHORIZATION TO PLAN A PROGRAM. An institution planning to establish and conduct a program in professional or practical nursing shall:

(a) Provide for nursing expertise to develop the written proposal.

(b) File an application and submit to the board a written program proposal in accordance with the board's procedures for proposed programs at least 12 months prior to the anticipated opening date.

Note: A copy of the application for proposed programs may be obtained from the Bureau of Health Service Professions, P.O. Box 8935, Madison, Wisconsin 53708–8935.

(c) Identify in the written proposal the administrative and organizational structure of the governing institution and its relation-

ship to the nursing program, the type of program, curriculum plan, instructional methods, projected use of clinical facilities and resources, and plan for employment of faculty.

(d) The board shall notify the governing institution of the action taken on the application and written proposal.

(3) AUTHORIZATION TO ADMIT STUDENTS. (a) The board shall authorize admissions of the first class of nursing students if it is satisfied that board standards under s. N 1.06 will be met based on submission of evidence of the following:

1. Appointment of an educational administrator who meets standards under s. N 1.06 (4) (a) or (b).

2. A statement of philosophy, purpose, objectives, conceptual framework and description of courses developed by faculty.

3. Evidence that faculty meet standards under s. N 1.06 (4) (c) or (d); and

4. Evidence that clinical facilities have been selected according to standards under s. N 1.06 (3) (e).

(b) Authorization to admit succeeding classes shall be withdrawn if new faculty and clinical facilities do not meet standards.

(4) APPROVAL. (a) A school shall be eligible for approval upon graduation of its first class. The board shall base its decision to grant approval on the following evidence: Self–evaluation report of the total curriculum and program completed by the school within 6 months of graduation of the first graduating class, addressing compliance with standards under s. N 1.06, the success rate of graduates on the national council licensure examination, survey report by the board representative, and other facts relating to compliance with board standards.

(b) A certificate of approval shall be issued to an approved school.

History: Cr. Register, January, 1983, No. 325, eff. 2–1–83; am. (1), (2) (b) and (c), cr. (2) (d), r. and recr. (3), r. (4) and (5), renum. (6) to be (4) and am. Register, August, 1989, No. 404, eff. 9–1–89.

N 1.04 Continuation of approval of schools based on accreditation by a board recognized nursing accreditation agency. (1) Schools which have received accreditation from a board recognized nursing accreditation agency shall file evidence of initial accreditation with the board, and thereafter shall file notice of any change in school accreditation status.

(2) The board shall continue to grant approval to schools filing evidence of accreditation under sub. (1).

(3) Schools holding approval based on sub. (2) shall be responsible for complying with standards under s. N 1.06.

(4) If the board finds that standards under s. N 1.06 are not being met, it may place a school on probationary status. The following situations are cause for review by the board to determine if standards are being met:

(a) Complaints relating to violations of standards under s. N 1.06 which the board has verified;

(b) A success rate by the school's graduates on the national council licensure examination of less than the national percent passing on an annual basis over a 2–year period;

(c) Withdrawal or change of school accreditation status by a board recognized nursing accreditation agency or a general academic accreditation agency;

(d) Failure to report and obtain board approval of changes that require approval of the board under s. N 1.07;

(e) Providing false or misleading information to students or the public concerning the nursing program; or

(f) Violation of any of the rules under this chapter.

(5) The board may withdraw approval for a school to conduct a nursing program if it finds that standards continue to be unmet following a board imposed probationary status.

(6) The board shall make available recommendations to assist a school to reestablish approval under s. N 1.06.

History: Cr. Register, January, 1983, No. 325, eff. 2–1–83; am. Register, July, 1989, No. 403, eff. 8–1–89.

N 1.05 Continuation of approval of schools based on compliance with board standards. (1) Schools that do not hold accreditation from a board recognized nursing accreditation agency shall be responsible for meeting standards prescribed in s. N 1.06.

(2) Schools in sub. (1) shall file self–evaluation reports and other documents as the board may require including documents submitted to or by nursing accreditation agencies, and shall be evaluated by the board or its representatives.

(3) If the board finds that standards under s. N 1.06 are not being met, it may place a school on probationary status. The following situations are cause for review by the board to determine if standards are being met:

(a) Complaints relating to violations of standards under s. N 1.06 which the board has verified;

(b) A success rate by the school's graduates on the national council licensure examination of less than the national percent passing on an annual basis over a 2–year period;

(c) Denial of school accreditation by a board–recognized nursing accreditation agency or a general academic accreditation agency;

(d) Failure to report and obtain board approval of changes that require approval of the board under s. N 1.07;

(e) Providing false or misleading information to students or the public concerning the nursing program; or,

(f) Violation of any of the rules of this chapter.

(4) The board may withdraw approval for a school to conduct a nursing program if it finds that standards continue to be unmet following a board imposed probationary status.

(5) The board shall make available recommendations to assist a school to reestablish approval under s. N 1.06.

History: Cr. Register, January, 1983, No. 325, eff. 2–1–83; r. and recr. Register, July, 1989, No. 403, eff. 8–1–89.

N 1.06 Standards for school approval or continuing approval. Except as provided in s. N 1.04, professional or practical nursing schools seeking approval or continuing approval shall provide evidence of meeting the following standards as prescribed in s. N 1.03 or 1.05:

(1) ORGANIZATION AND ADMINISTRATION OF THE PROGRAM. To be eligible for approval by the board, a program must have the following:

(a) *Governing institution.* The governing institution shall assume legal responsibility for the overall conduct of the program.

1. The governing institution shall designate an educational administrator, establish administrative policies, and provide sufficient financial support, resources and facilities for the operation of the program.

2. The governing institution shall provide an organizational chart and written plan which describes the relationship of the nursing program to the governing institution and the organization of the nursing program.

3. The governing institution shall submit evidence of being regionally accredited.

(b) *Administrative policies.* 1. There shall be written administrative policies which are in accord with those of the governing institution.

2. There shall be written contracts between the school and institutions which offer associated academic study, clinical facilities and agencies for related services.

3. The educational administrator shall have authority and responsibility for the development, implementation and evaluation of the program.

4. There shall be provisions for a system of records and reports essential to the operation of the nursing program.

5. There shall be written personnel policies for the faculty which include position expectations and faculty rights and responsibilities.

(2) CURRICULUM. The curriculum shall be based on a stated purpose, philosophy, conceptual framework, and program objectives expressed in terms of required student competencies. Clinical and theoretical learning experiences shall be consistent with the stated program objectives. Curricular content shall reflect current nursing practice and encompass health needs throughout the life span.

(a) *Professional nursing curriculum.* All professional nursing programs shall include correlated theory and clinical experience in at least the following areas. This shall not prohibit a flexible curriculum that would provide appropriate integration of the various subject areas:

1. 'Area of general education'. The curriculum in the area of general education shall include:

a. Scientific knowledge basic to nursing practice which includes principles from the biological and physical sciences.

b. Human and cultural knowledge which includes currently accepted concepts and principles from the social and behavioral sciences and are basic to understanding motivation and behavior.

2. 'Area of nursing education'. The curriculum in the area of nursing education shall include theory and selected experiences designed to enable students to provide nursing care which shall promote, maintain, and restore physical and mental health of the individual throughout the life span. Upon completion of the program, the graduate shall be able to:

a. Use the nursing process to plan and provide nursing care.

b. Apply knowledge derived from the scientific, human and cultural areas to meet health needs.

c. Individualize nursing care during preventive, maintenance, restorative and terminal phases.

d. Promote positive health practices.

e. Understand the roles and relationship of nurses to other health care providers.

f. Plan for health services with individuals, families, communities and health care providers.

g. Practice professional nursing according to the legal standards of ch. N 6.

h. Function as a responsible, accountable nursing professional.

i. Identify the need for continued competency.

j. Recognize the impact of historical trends in nursing.

(b) *Practical nursing curriculum.* All practical nursing programs shall include correlated theory and clinical experience in at least the areas specified in subds. 1. to 3. This shall not prohibit a flexible curriculum that provides appropriate integration of the various subject areas:

1. 'Area of health, growth and development.' a. General aspects of human structure and body function.

b. General aspects of health, signs of physical and emotional health and normal development, effects of emotional climate upon the health, attitudes and behavior of individuals and the family as a social unit.

2. 'Area of personal and vocational relationships.' a. Basic principles of human relationships.

b. Legal and ethical responsibilities in nursing.

3. 'Area of nursing education'. The curriculum shall provide content with experiences in meeting basic nursing needs of the individual throughout the life span. Upon completion of the program, the graduate shall be able to:

a. Identify basic needs of a patient.

b. Employ common nursing measures to meet basic needs of patients.

c. Observe and report relevant data regarding a patient's health status.

d. Use communication techniques to assist patients to achieve identified goals.

e. Establish positive relationships with patients and other health team members.

f. Practice practical nursing according to the legal standards of ch. N 6.

g. Identify the need for continued competency.

(3) INSTRUCTION. Instruction shall be based on written objectives which give direction to planning student experiences.

(a) A variety of teaching methods shall be used to facilitate student learning.

(b) Criteria based on written objectives shall be used in the evaluation of student learning.

(c) Clinical laboratory learning experiences shall be supervised by nursing faculty meeting standards under sub. (4).

(d) There shall be written contracts with an adequate number of clinical facilities and resources to meet the program objectives.

(e) Standards used in the selection of clinical facilities shall include the following:

1. Identification that the clinical experience to be gained from the clinical facility is consistent with the nursing program objectives;

2. Willingness on the part of the clinical facility and nursing program to cooperate in promoting the nursing program clinical objectives as demonstrated in a formal written agreement between administrations; and

3. Identification by the school that the practice of the registered nurse and the licensed practical nurse at the clinical facility is within the legal scope of practice under s. 441.001 (3) and (4), Stats.

(f) Evidence of meeting standards shall be documented on forms provided by the board and kept on file in the school of nursing office. The forms shall be made available to the board upon request.

Note: A copy of the form may be obtained from the Bureau of Health Service Professions P.O. Box 8935, Madison, Wisconsin 53708–8935.

(4) FACULTY. The faculty shall be adequate in number and academic and professional qualifications to develop, implement and evaluate the program in nursing in relation to its stated purpose, philosophy, objectives, and conceptual framework, number and size of classes admitted annually, and the clinical facilities used in the program. A faculty member appointed prior to the effective date of these rules shall be considered to meet standards under par. (a), (b), (c) or (d) unless a change in appointment occurs. Faculty members appointed on or after July 1, 1988 shall have the following qualifications for approval:

Note: The effective date of September 1, 1989, rather than the July 1, 1988 date in this subsection controls faculty qualifications.

(a) The educational administrator of a professional nursing education program shall hold a current license to practice as a registered nurse in Wisconsin, have a minimum of 2 years of full–time or equivalent direct care experience as a practicing nurse, 3 years of experience in nursing education within the last 10 years, and hold a master's degree with a major in nursing.

(b) The educational administrator of a practical nursing education program shall hold a current license to practice as a registered nurse in Wisconsin, have a minimum of 2 years of full–time or equivalent direct care experience as a practicing nurse, 3 years of experience in nursing education within the last 10 years, and hold a master's degree with a major in nursing or a related field.

(c) A nurse faculty member who teaches nursing courses in a professional nursing program shall hold a current license to practice as a registered nurse in Wisconsin, have at least 2 years of full–time or equivalent direct care experience as a practicing nurse, be employed in nursing within the last 5 years and hold a master's degree with a major in nursing.

(d) A nurse faculty member who teaches nursing courses in a practical nursing program shall hold a current license to practice as a registered nurse in Wisconsin, have at least 2 years of full–time or equivalent direct care experience as a practicing nurse, be employed in nursing within the last five years and hold a baccalaureate degree with a major in nursing.

(e) The ratio of students to faculty in the clinical area shall allow for meeting clinical course objectives and safe patient care.

(f) The educational administrator of the nursing education program shall be responsible for ensuring that individual faculty members are academically and professionally qualified, and that faculty staff is adequate to carry out program objectives.

(g) Evidence of meeting faculty standards shall be on file in the school of nursing office and available to the board upon request.

(h) An educational administrator who desires to hire a nurse faculty member who does not fit the specific requirements of this chapter shall apply to the board under s. N 1.09.

(5) EVALUATION. There shall be systematic and periodic evaluation of the total program.

History: Cr. Register, January, 1983, No. 325, eff. 2–1–83; am. (intro.), renum. (1) to (3) to be (2) to (4) and am. (2) (intro.), (a) (intro.), 1. a., 2. a. and d. through g., (b) (intro.), 1. b., 3. f., (3) (c) and (d), (e) 3., (4), cr. (1) and (5), Register, August, 1989, No. 404, eff. 9–1–89; **correction in (3) (e) 3. made under s. 13.93 (2m) (b) 7., Stats., Register June 2006 No. 606.**

N 1.07 Changes requiring approval of the board. Schools approved under this chapter shall notify the board of any of the following changes which require approval of the board:

(1) Plan for voluntary or involuntary closure of the school;

(2) Changes that alter the program's compliance with ch. N 1 in the areas of organization and administration, curriculum, instruction, or faculty; or

(3) Change in ownership.

History: Cr. Register, January, 1983, No. 325, eff. 2–1–83; am. Register, August, 1989, No. 404, eff. 9–1–89.

N 1.08 Closure of approved school. Upon voluntary or involuntary closure of a school, the school shall:

(1) Make provisions for students to complete their nursing education;

(2) Assure continuing access to transcripts by former students and graduates for a minimum of 50 years; and

(3) Surrender the certificate of approval to the board.

History: Cr. Register, January, 1983, No. 325, eff. 2–1–83; am. Register, August, 1989, No. 404, eff. 9–1–89.

N 1.09 Exceptions. Requests for exceptions to the rules under this chapter may be considered by the board.

History: Cr. Register, January, 1983, No. 325, eff. 2–1–83.

The renewal of a license must be accomplished by <date determined by the BON>. Failure to renew the license on or before the date of expiration shall result in the forfeiture of the right to practice nursing in this jurisdiction.

5.6.1 Application for Renewal of License as an RN or LPN/VN
An applicant for license renewal shall submit to the BON the required fee for license renewal, as specified in Chapter 4, and a completed application for license renewal that provides the following information:
a. Evidence of completion of the continued competence requirements specified in 5.6.2 below and
b. Detailed explanation and supporting documentation for each affirmative answer to questions regarding the applicant's background

5.6.2 Continued Competence
****At the present time, evidence does not support any one mechanism for continued competence and further study is warranted.*

5.6.3 Issuance of License
The BON shall renew the license of each renewal applicant who complies with the requirements of this Section.

5.7 Reactivation of License

An individual whose license is inactive by failure to renew may apply for reactivation by submitting an application, paying a fee as specified in Chapter 4 of these rules, meeting all practice requirements for renewal of licensure and satisfying the conditions listed below. At any time after a license has been inactive, the BON may require evidence of the licensee's current nursing knowledge and skill before reactivating the licensee to the status of active license.

5.7.1 Reinstatement Following Disciplinary Action
For those licensees applying for reinstatement following disciplinary action, compliance with all BON licensure requirements, as well as any specific requirements set forth in the BON's discipline order, is required.

5.8 Duties of Licensees

5.9 Criminal Background Checks

a. All individuals convicted of a sexual offense involving a minor or performing a sexual act against the will of another person shall be subject to a BON order for evaluation by a qualified expert approved by the BON. If the evaluation identifies sexual behaviors of a predatory nature the BON shall deny licensure.
b. Other criminal convictions may be reviewed by the BON on a case by case basis to determine eligibility for licensure.

5.10 Exemptions

Chapter 6. Prelicensure Nursing Education

6.1 Purpose of Nursing Education Standards

The purposes of nursing education standards are to:

a. Ensure that graduates of nursing education programs are prepared for safe and effective nursing practice
b. Provide criteria for the development, evaluation and improvement of new and established nursing education programs and
c. Ensure candidates are educationally prepared for licensure and recognition at the appropriate level

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6.1.1 Prelicensure Nursing Education Standards
All nursing education programs shall meet these standards:

a. The purpose and outcomes of the nursing program shall be consistent with the Act and BON promulgated administrative rules, regulations and other relevant state statutes
b. The purpose and outcomes of the nursing program shall be consistent with accepted standards of nursing practice appropriate for graduates of the type of nursing program offered
c. The input of stakeholders shall be considered in developing and evaluating the purpose and outcomes of the program
d. The nursing program shall implement a comprehensive, systematic plan for ongoing evaluation that is based on program outcomes and incorporates continuous improvement
e. The curriculum shall provide diverse didactic and clinical learning experiences consistent with program outcomes
f. Faculty and students shall participate in program planning, implementation, evaluation and continuous improvement
g. The nursing program administrator shall be a professionally and academically qualified RN with institutional authority and administrative responsibility for the program
h. Professionally, academically and clinically qualified nurse faculty shall be sufficient in number and expertise to accomplish program outcomes and quality improvement
i. The fiscal, human, physical, clinical and technical learning resources shall be adequate to support program processes, security and outcomes and
j. Program information communicated by the nursing program shall be accurate, complete, consistent and readily available

6.1.2 Required Criteria for Prelicensure Nursing Education Programs
The organization and administration of the nursing education program shall be consistent with the law governing the practice of nursing. The nursing education program shall be an integral part of a governing academic institution that is accredited by an accrediting agency that is recognized by the U.S. Department of Education. The nursing education program shall provide evidence of current accreditation by a national nursing accrediting agency recognized by the United States Department of Education by January 1, 2020.

a. Curriculum
   1. The curriculum of the nursing education program shall enable the student to develop the nursing knowledge, skills and abilities necessary for the level, scope and standards of competent nursing practice expected at the level of licensure. Curriculum will be revised as necessary to maintain a program that reflects advances in health care and its delivery.
   2. The curriculum, as defined by nursing education, professional and practice standards, shall include:
      a) Experiences that promote the development and subsequent demonstration of evidence-based clinical judgment, skill in clinical management, and the professional commitment to collaborate in continuously improving the quality and safety of the healthcare system for patients
      b) Evidence-based learning experiences and methods of instruction, including distance education methods, consistent with the written curriculum plan.
      c) Coursework including, but not limited to:
         i. Content in the biological, physical, social and behavioral sciences to provide a foundation for safe and effective nursing practice
         ii. Content regarding professional responsibilities, legal and ethical issues, history and trends in nursing and health care
         iii. Didactic content and supervised clinical experience in the prevention of illness and the promotion, restoration and maintenance of health in patients across the lifespan and from diverse cultural, ethnic, social and economic backgrounds. Patient experiences will occur in a variety of clinical settings and will include:
            1) Integrating patient safety principles throughout the didactic and clinical coursework
            2) Implementing evidence-based practice to integrate best research with clinical expertise and patient values for optimal care, including skills to identify and apply best practices to nursing

care
3) Providing patient-centered, culturally competent care that recognizes that the patient or designee is the source of control and full partner in providing coordinated care by:
(a) Respecting patient differences, values, preferences and expressed needs
(b) Involving patients/designees in decision-making and care management
(c) Coordinating and managing patient care across settings
(d) Explaining appropriate and accessible interventions to patients and populations that may positively affect their ability to achieve healthy lifestyles.
4) Collaborating with interprofessional teams to foster open communication, mutual respect, and shared decision-making in order to achieve quality patient care
5) Participating in quality improvement processes to monitor patient care outcomes, identify possibility of hazards and errors, and collaborate in the development and testing of changes that improve the quality and safety of health care systems and
6) Using information technology to communicate, mitigate error and support decision making

3. Faculty supervised clinical practice shall include development of skills in direct patient care; making clinical judgments; care and management of both individuals and groups of patients across the lifespan; and delegation to and supervision of, as appropriate to level of education, other health care providers.
a) The program shall provide clinical hours comparable to those provided by an approved program of equivalent size and program type or, in the case of no equivalent program, clinical hours scaled relative to an approved program.
b) Clinical experiences shall be supervised by qualified faculty.
c) All student clinical experiences, including those with preceptors, shall be directed by nursing faculty.
d) Measurement of students' competencies shall focus on the students' demonstration of care management and decision making skills when providing patient care in a variety of clinical situations and care settings.
e) BON determines the approval process when clinical experiences cross state/jurisdiction borders, and nursing education programs shall comply with the process.
4. Delivery of instruction by distance education methods must be consistent with the program curriculum plan and enable students to meet the goals, competencies and outcomes of the educational program and standards of the BON.

b. Students
1. The program shall provide students the opportunity to acquire and demonstrate the knowledge, skills, and abilities required for safe and effective nursing practice, in theory and clinical experience, through faculty supervision.
2. The program shall hold students accountable for professional behavior, including honesty and integrity, while in their program of study.
3. All policies relevant to applicants and students shall be readily available in writing.
4. Students shall meet health standards and criminal background check requirements.

c. Administrator qualifications
1. Administrator qualifications in a program preparing for LPN/VN licensure shall include:
a) A current, active RN license or privilege to practice that is not encumbered and meet requirements in the jurisdiction where the program is approved
b) A minimum of a graduate degree in nursing or bachelor's degree in nursing with a graduate degree
c) Experience in teaching and knowledge of learning principles for adult education, including nursing curriculum development, administration, and evaluation and
d) A current knowledge of nursing practice at the practical/vocational level
2. Administrator qualifications in a program preparing for RN licensure shall include:
a) A current, active RN license or privilege to practice that is not encumbered and meet requirements in the jurisdiction where the program is approved
b) A doctoral degree in nursing; or a graduate degree in nursing and a doctoral degree
c) Educational preparation or experience in teaching and knowledge of learning principles for adult education, including nursing curriculum development, administration and evaluation and
d) A current knowledge of registered nursing practice

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d. Faculty
   1. There shall be sufficient number of qualified faculty to meet the outcomes and purposes of the nursing education program.
   2. The nursing faculty shall hold a current, active RN license or privilege to practice that is not encumbered and meet requirements in the state where the program is approved.
   3. Faculty supervising clinical experiences shall hold a current active RN license or privilege to practice that is not encumbered and meet requirements in the jurisdiction where the clinical practicum is conducted.
   4. Qualifications for nursing faculty who teach in a program leading to licensure as an LPN/VN should be academically and experientially qualified with a minimum of a graduate degree in nursing or bachelor's degree in nursing with a graduate degree.
   5. Qualifications for nursing faculty who teach in a program leading to licensure as an RN should be academically and experientially qualified with a minimum of a graduate degree in nursing.
   6. Interprofessional faculty teaching non-clinical nursing courses shall have advanced preparation appropriate for the content being taught.
   7. Clinical preceptors shall demonstrate competencies related to the area of assigned clinical teaching responsibilities and will serve as role models and educators for students. Clinical preceptors may be used to enhance faculty-directed clinical learning experiences. Clinical preceptors shall have an unencumbered license to practice as a nurse at or above the level for which the student is being prepared, in the jurisdiction where they are precepting students.

6.1.3 Determination of Compliance with Standards
BON initial and continuing approval is the model used for determining compliance with these standards. National nursing accreditation shall be required by January 1, 2020, and evidence of compliance with the accreditation standards may be used for evaluating continuing approval. Nursing programs must submit to the BON copies of accreditation related correspondence with the national nursing accrediting agency within 30 days of receipt. The BON shall identify the required correspondence that the programs must submit.

6.1.4 Purposes of Prelicensure Nursing Education Program Approval
a. To promote the safe practice of nursing by implementing standards for individuals seeking licensure as RNs and LPN/VNs.
b. To grant legal recognition to nursing education programs that the BON determines have met the standards.
c. To ensure graduates meet the educational and legal requirements for the level of licensure for which they are preparing and to facilitate their endorsement to other states and countries.
d. To ensure continuous evaluation and improvement of nursing education programs.
e. To provide the public and prospective students with a published list of nursing programs that meets the standards established by the BON.

6.1.5 Establishment of a New Prelicensure Nursing Education Program
Before establishing a new nursing education program, the program shall contact the BON and complete the process outlined below:
a. Phase I – Application to BON. The proposed program shall provide the following information to the BON:
   1. Results of a needs assessment, including identification of potential, and available, students and employment opportunities for program graduates
   2. Identification of sufficient financial and other resources
   3. Governing institution approval and support
   4. Community support
   5. Type of educational program proposed
   6. Evidence of the institution meeting state requirements, and regional or national accreditation by an accredited agency recognized by the U.S. Department of Education
   7. Evidence of the nursing program actively seeking accreditation from a U.S. Department of Education recognized national nursing accrediting agency
   8. Clinical opportunities and availability of resources.

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9. Availability of qualified faculty and program director and
10. A proposed time line for initiating and expanding the program

b. Phase II – Initial Approval for Admission of Students. The proposed program shall provide the BON with verification that the following program components and processes have been completed:
   1. Employment of a director and faculty to develop program
   2. Overview of total curriculum:
      a) Content
      b) Schedule (course sequence)
      c) Course descriptions
      d) Contracts for clinical sites
      e) Program evaluation plan
      f) Course syllabi for first year with identified timeline for submission of syllabi for next years
   3. Establishment of student policies for admission, progression, retention and graduation
   4. The BON shall deny initial approval if it determines that a proposed nursing education program is unable to meet the standards for nursing education
   5. When the BON determines that all components and processes are completed and in place, the BON shall authorize the program to admit students

c. Phase III – Full Approval of Program. The BON shall fully approve the program upon:
   1. Completion of BON program survey visit concurrent with graduation of first class or eligibility for NCLEX
   2. Submission of program's ongoing systematic evaluation plan
   3. Satisfactory completion of survey report that verifies that the program is in compliance with the BON's Nursing Education Standards
   4. The BON may request periodic reports from the new program regarding initial program operations before granting approval

6.1.6 Continuing Approval of Prelicensure Nursing Education Programs

a. Every < > years previously approved nursing education programs with full program approval status will be evaluated for continuing approval by the BON. The BON may accept all or partial evidence prepared by a program, to meet national nursing accreditation requirements. The BON shall review and analyze various sources of information regarding program performance, including, but not limited to:
   1. Periodic BON survey visits, as necessary, and/or reports
   2. Evidence of being accredited by a U.S. Department of Education recognized national nursing accredited agency
   3. BON recognized national nursing accreditation visits, reports and other pertinent documents provided by the program
   4. Results of ongoing program evaluation
   5. Other sources of evidence regarding achievement of program outcomes including, but not limited to:
      a) Student retention, attrition, and on-time program completion rates
      b) Sufficient/adequate type and number of faculty, faculty competence and faculty retention/turnover
      c) Adequate laboratory and clinical learning experiences
      d) NCLEX pass rates which are at least <> % for one year for graduates taking the examination for the first time
      e) Trend data/action planning related to NCLEX performance
      f) Trend data/action planning related to employer and graduate satisfaction
      g) Performance improvement initiatives related to program outcomes
      h) Program complaints/grievance review and resolution

b. Continuing approval will be granted upon the BON's verification that the program is in compliance with the BON's nursing education administrative rules.

6.1.7 Conditional Approval of Prelicensure Nursing Education Programs

a. The BON may grant conditional approval when it determines that a program is not fully meeting approval standards.

b. If the BON determines that an approved nursing education program is not meeting the criteria set forth in

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these regulations, the nursing program shall be given a reasonable period of time to submit an action plan and to correct the identified program deficiencies.

6.1.8. Withdrawal of Approval

a. The BON shall withdraw approval if, after proper notice and opportunity, it determines that:
   1. A nursing education program fails to meet the standards of this Rule and
   2. A nursing education program fails to correct the identified deficiencies within the time specified
b. After January 1, 2020, a program that has not received national nursing accreditation by a U.S. Department of Education recognized agency shall, upon request, be granted a one year extension by the BON to comply with this requirement.

6.1.9 Appeal

A program denied approval or given less than full approval may appeal that decision. All such actions shall be in accordance with due process rights.

6.1.10 Reinstatement of Approval

The BON may reinstate approval if the program submits evidence of compliance with nursing education standards within the specified time frame.

6.2 Closure of Prelicensure Nursing Education Program and Storage of Records

A nursing education program may be closed due to withdrawal of BON approval or may close voluntarily. Provisions shall be made for maintenance of the standards for nursing education during the transition to closure.

6.2.1. Closure of a Prelicensure Nursing Education Program as a Result of Withdrawal of BON Approval

The program shall submit to the BON:

a. An acceptable plan for students to complete a BON approved program
b. Confirmation in writing that the plan has been fully implemented and
c. Arrangements for the secure storage and access to academic records and transcripts

6.2.2. Prelicensure Nursing Education Program Closed Voluntarily

The program shall submit to the BON:

a. Reason for the closing of the program and date of intended closure
b. An acceptable plan for students to complete a BON approved program and
c. Arrangements for the secure storage and access to academic records and transcripts

6.3 Innovative Approaches in Prelicensure Nursing Education Programs

A nursing education program may apply to implement an innovative approach by complying with the provisions of this section. Nursing education programs approved to implement innovative approaches shall continue to provide quality nursing education that prepares graduates to practice safely, competently and ethically within the scope of practice as defined in <jurisdiction's> Act.

6.3.1 Purposes

a. To foster innovative models of nursing education to address the changing needs in health care
b. To assure that innovative approaches are conducted in a manner consistent with the BON's role of protecting the public and
c. To assure that innovative approaches conform to the quality outcome standards and core education criteria established by the BON

6.3.2 Eligibility

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a. The nursing education program shall hold full BON approval without conditions.
b. There are no substantiated complaints in the past 2 years.
c. There are no rule violations in the past 2 years.

6.3.3. Application
The following information (no longer than < > pages with a 1-page executive summary) shall be provided to the BON at least < > days prior to a BON meeting:
a. Identifying information (name of nursing program, address, responsible party and contact information)
b. A brief description of the current program, including accreditation and BON approval status
c. Identification of the regulation(s) affected by the proposed innovative approach
d. Length of time for which the innovative approach is requested
e. Description of the innovative approach, including objective(s)
f. Brief explanation of why you want to implement an innovative approach at this time
g. Explanation of how the proposed innovation differs from approaches in the current program
h. Rationale with available evidence supporting the innovative approach
i. Identification of resources that support the proposed innovative approach
j. Expected impact innovative approach will have on the program, including administration, students, faculty, and other program resources
k. Plan for implementation, including timeline
l. Plan for evaluation of the proposed innovation, including measurable criteria/outcomes, method of evaluation, and frequency of evaluation and
m. Additional application information as requested by the BON

6.3.4. Standards for Approval
a. Eligibility criteria in 6.3.2. and application criteria in 6.3.3. are met
b. The innovative approach will not compromise the quality of education or safe practice of students
c. Resources are sufficient to support the innovative approach
d. Rationale with available evidence supports the implementation of the innovative approach
e. Implementation plan is reasonable to achieve the desired outcomes of the innovative approach
f. Timeline provides for a sufficient period to implement and evaluate the innovative approach and
g. Plan for periodic evaluation is comprehensive and supported by appropriate methodology

6.3.5. Review of Application and BON Action
a. Annually the BON may establish the number of innovative approach applications it will accept, based on available BON resources.
b. The BON shall evaluate all applications to determine if they meet the eligibility criteria in 6.3.2 and the standards established in section 6.3.4.
c. The BON shall inform the education program of the approval process timeline within < > days of the receipt of the application.
d. If the application meets the standards, the BON may:
   1. Approve the application, or
   2. Approve the application with modifications as agreed between the BON and the nursing education program
e. If the submitted application does not meet the criteria in 6.3.2 and 6.3.4., the BON may deny approval or request additional information.
f. The BON may rescind the approval or require the program to make modifications if:
   1. The BON receives substantiated evidence indicating adverse impact or
   2. The nursing program fails to implement the innovative approach as presented and approved

6.3.6. Periodic Evaluation
a. The education program shall submit progress reports conforming to the evaluation plan annually or as requested by the BON.
b. The final evaluation report shall conform to the evaluation plan, detailing and analyzing the outcomes data.

DRAFT

c. If any report indicates that students were adversely impacted by the innovation, the nursing program shall provide documentation of corrective measures and their effectiveness.
d. Nursing education program maintains eligibility criteria in 6.3.2.

6.3.7. Requesting Continuation of the Innovative Approach

a. If the innovative approach has achieved the desired outcomes and the final evaluation has been submitted, the program may request that the innovative approach be continued.
b. Request for the innovative approach to become an ongoing part of the education program must be submitted < > days prior to a regularly scheduled BON meeting.
c. The BON may grant the request to continue approval if the innovative approach has achieved desired outcomes, has not compromised public protection, and is consistent with core nursing education criteria.

Chapter 7. Discipline and Proceedings

7.1 Authority

7.2 Accountability

7.3 Grounds for Discipline

a. Non-Compliance with federal, jurisdictional or contractual requirements, including, but not limited to:
   1. Failing to meet the initial requirements of a license
   2. Engaging in conduct that violates the security of the licensure examination or the integrity of the examination results, including, but not limited to:
      a) Copying, disseminating or receiving of any portion of an examination
      b) Having unauthorized possession of any portion of a future, current or previously administrated examination
      c) Violating the standard of test administration
      d) Permitting an impersonator to take the examination on one's behalf.
      e) Impersonating an examinee
      f) Communicating with another examinee during the examination
      g) Possessing unauthorized materials during the examination or
      h) Any other conduct that violates the security or integrity of the exam
   3. Having a license to practice nursing, a multi-state privilege to practice or another professional license or other credential denied, revoked, suspended, restricted or otherwise disciplined in this or any other state, territory, possession or country or by a branch of the United States military
   4. Failing to cooperate with a lawful BON investigation
   5. Practicing without an active license
   6. Drug screening violation or failure of a participant in an alternative to discipline program to comply with the program requirements.
   7. Failing to comply with continuing education or competency requirements
   8. Failing to meet licensing board reporting requirements
   9. Violating or failing to comply with BON order
   10. Practicing beyond the legal scope of practice
   11. Failing to comply with health and safety requirements established by an employer, health facility, or federal or jurisdictional laws or rules
   12. Violating federal or jurisdictional tax code pursuant to the procedural laws and rules of the jurisdiction
   13. Failing to pay child support or delinquent child support pursuant to the procedural laws and rules of the jurisdiction
   14. Defaulting on health education loan or scholarship obligations pursuant to the procedural laws and rules of the jurisdiction
   15. Violating jurisdictional health code

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EDUCATION AND LICENSURE COMMITTEE
BOARD OF NURSING
MEETING MINUTES
FEBRUARY 14, 2013

PRESENT: Rachelle Lancaster, Carol Ott, Gretchen Lowe

EXCUSED: Kay Coppens

STAFF: Dan Williams, Executive Director; Matt Niehaus, Bureau Assistant; Ryan Zeinert, Office of Education and Examinations; other DSPS staff

CALL TO ORDER

Carol Ott, Chair, called the meeting to order at 8:39 a.m. A quorum of three (3) members was present.

ADOPTION OF AGENDA

MOTION: Rachelle Lancaster moved, seconded by Gretchen Lowe, to adopt agenda as published. Motion carried unanimously.

APPROVAL OF EDUCATION & LICENSURE COMMITTEE MINUTES OF JANUARY 10, 2013

MOTION: Gretchen Lowe moved, seconded by Rachelle Lancaster, to approve the minutes of January 10, 2013 as published. Motion carried unanimously.

Rachelle Lancaster abstained from voting in the matter of the approval of education and licensure committee minutes of January 10, 2013.

BOARD OF NURSING POSITION STATEMENT ON APPEALING ACADEMIC DECISIONS

MOTION: Rachelle Lancaster moved, seconded by Gretchen Lowe, to approve the position statement on appealing academic decisions as amended. Motion carried unanimously.

NLNAC REPORT OF INITIAL ACCREDITATION SITE VISIT TO LAC COURTE OREILLES OJIBWE COMMUNITY COLLEGE

MOTION: Rachelle Lancaster moved, seconded by Gretchen Lowe, that La Courte Oreilles Ojibwe Community College send an updated NLNAC accreditation report to the Board of Nursing. Motion carried unanimously.

MOTION: Gretchen Lowe moved, seconded by Rachelle Lancaster, that DSPS staff send a letter to La Courte Oreilles Ojibwe Community College indicating that they need to change their documents to reflect that they are not a Board-approved school. Motion carried unanimously.

MOTION: Gretchen Lowe moved, seconded by Rachelle Lancaster, that a Board of Nursing and a DSPS staff member be assigned to accompany the NLNAC site visitors on their visit for purposes of granting initial Board of Nursing approval. In the event the NLNAC visit does not occur within six months of the date of this meeting, the Board of Nursing will send a delegate and DSPS staff member to complete a site visit. Motion carried unanimously.

REQUEST FOR APPROVAL OF EDUCATIONAL ADMINISTRATOR AT WISCONSIN INDIANHEAD TECHNICAL COLLEGE

MOTION: Rachelle Lancaster moved, seconded by Gretchen Lowe, to approve Chaudette Miller as the educational administrator at Wisconsin Indianhead Technical College. Motion carried unanimously.

ADJOURNMENT

MOTION: Gretchen Lowe moved, seconded by Rachelle Lancaster, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 9:04 a.m.

DRAFT

State of Wisconsin
Department of Safety & Professional Services

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request:	2) Date When Request Submitted: **3/1/13**
Dan Williams	Items will be considered late if submitted after 4:30 p.m. and less than: ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others

3) Name of Board, Committee, Council, Sections:

WI Board of Nursing

4) Meeting Date:	5) Attachments:	6) How should the item be titled on the agenda page?
3/14/13	☒ Yes ☐ No	***Position Statement: QUALIFICATIONS OF FACULTY FOR DISTANCE EDUCATION COURSES – Discussion and Consideration***

7) Place Item in:	8) Is an appearance before the Board being scheduled? If yes, who is appearing?	9) Name of Case Advisor(s), if required:
☒ Open Session ☐ Closed Session ☐ Both	☐ Yes by ☒ No	N/A

10) Describe the issue and action that should be addressed:

The Wisconsin Board of Nursing regulates schools that have physical campuses in Wisconsin , and relies on the state board of nursing in the home state to regulate and approve schools of nursing based in their states. Wisconsin-based and out-of-state schools may deliver courses and clinical instruction across state lines. Faculty delivering courses for Wisconsin-based schools must always meet the Wisconsin Board of Nursing faculty qualifications: the masters of science in nursing, the Wisconsin license, and 2 years full time or equivalent direct care practice experience.

If a Wisconsin school wishes to invite an out-of-state faculty member to teach a course by distance education, that faculty member must meet Wisconsin faculty requirements.

If a Wisconsin school wishes to deliver a course in other states, the school's faculty must meet Wisconsin requirements, but also the school should determine if the state where instruction is delivered has requirements.

If an out-of-state school wishes to deliver courses in Wisconsin , the faculty must meet the requirements of the Board of Nursing of the home state.

If an out-of-state school wishes to deliver clinical instruction in Wisconsin by use of a preceptor, the home-state faculty must meet the requirements of the home state, and the preceptor must be licensed in Wisconsin . The faculty must guide the instructional objectives of the course, while the preceptor is responsible for student observation, guidance, feedback to faculty and patient safety at the site. If the faculty of the out-of-state school come to Wisconsin to direct the clinical instruction on-site, the faculty must have a Wisconsin license to be on the clinical site.

Alternative perspectives may be brought to the Board for discussion.

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State of Wisconsin
Department of Safety & Professional Services

AGENDA REQUEST FORM

Name and Title of Person Submitting the Request: Jill M. Remy, Program Manager	Date When Request Submitted: 2/4/2013 Items will be considered late if submitted after 5 p.m. and less than: ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before meeting for all other boards

Name of Board, Committee, Council:
Board of Nursing

Board Meeting Date:	Attachments:	How should the item be titled on the agenda page?
3/14/2013	☒ Yes ☐ No	Request for Approval of Changes to Alverno College RN-to-BSN Program

Place Item in:	Is an appearance before the Board being scheduled? If yes, by whom?	Name of Case Advisor(s), if required:
☒ Open Session ☐ Closed Session ☐ Both	☐ Yes by _____ (name) ☒ No	

Describe the issue and action the Board should address:
Review, discuss and make motion relating to request for approval of changes to Alverno College RN-to-BSN program; make recommendations as needed.

If this is a "Late Add" provide a justification utilizing the Agenda Request Policy:

Directions for including supporting documents:
1. This form should be attached to any documents submitted to the agenda.
2. Documents submitted to the agenda must be single-sided.
3. Only copies of the original document will be accepted.
4. Provide original documents needing Board Chairperson signature to the Bureau Director or Program Assistant prior to the start of a meeting.

Authorization:

Jill M. Remy	2/14/2014
Signature of person making this request	Date
Supervisor signature (if required)	Date
Bureau Director signature (indicates approval to add late items to agenda)	Date

Revised Form 3/31/10 Division of Board Services/DRL

Alverno
COLLEGE
JoAnn McGrath
SCHOOL OF NURSING

January 24, 2013

Jill M. Remy
Education and Examinations Program Manager
PO Box 8935
Madison WI 53708

jill.remy@wisconsin.gov

Dear Ms. Remy and Wisconsin Board of Nursing,

I am writing to inform you that the Alverno College JoAnn McGrath School of Nursing is redesigning and enhancing its RN to BSN program, effective June 2013.

Alverno College has an existing RN to BSN Program and has had students continuously enrolled for more than 30 years. The program was grounded in the Baccalaureate Essentials of the American Association of Colleges of Nursing (AACN) and national standards. It is considered part of our Bachelor of Science in Nursing program, accredited by the Commission on Collegiate Nursing Education (CCNE). Its current program outcomes remain constant. At this time, we have one student who is enrolled and intending to complete the program in May 2013. Our new program model will begin in June, 2013 with the nursing courses to be consistent with the existing program and refreshed with evidence based science and the needs of today's professional nurse.

The Future of Nursing document has been the catalyst and inspiration for the redesign of our RN to BSN program, fostering a model that would help "nurses achieve higher levels of education and training through an improved education system that promotes seamless academic progression." The goal of 80% BSN prepared nurses by 2020 is important to us. Within our planning, we listened to the expectations of practicing nurses regarding the structure of the BSN completion program. Our new model, again based on existing RN to BSN program outcomes:

- Admits only those with an existing RN license,
- Is 36 credits, including 9- four credit courses
- Taught in 8 week blocks, one course at a time
- Partly in classroom and partly online
- Admits students three times a year, in June, October and February
- Completed within 18 months

This letter is to inform the Wisconsin Board of Nursing of this new model with our ongoing program outcomes.
We remain committed to excellence in nursing education, the development of exceptional nurses, and the safety and protection of the public that we serve.

Sincerely,

Patricia Schroeder RN,MSN,MBA,FAAN
Dean and Professor
Alverno College JoAnn McGrath School of Nursing

Remy, Jill M - DSPS

From: Patricia Schroeder [patricia.schroeder@alverno.edu]
Sent: Friday, February 01, 2013 12:37 PM
To: Remy, Jill M - DSPS
Cc: Margaret Rauschenberger; Patricia Schroeder; Bonnie Siedlewski
Subject: Alverno Program Change RN-to-BSN Program
Attachments: RN-BSN comparative table.docx

Importance: High

Hello Ms. Remy,

We are responding to your request for more details comparing the Alverno College JoAnn McGrath School of Nursing RN to BSN Program, from it's past structure to the redesigned approach. Attached you will find a comparison.
The former model was implemented in about 1980, and continuously had students enrolled through today. At present, we have one student who is completing the program and intends to graduate in May 2013. The new RN to BSN model will begin in June 2013.

I hope that this document answers your questions. If you have additional questions, do not hesitate to contact us. Thanks.

Sincerely,

Pat

Patricia Schroeder RN,MSN,MBA,FAAN
Dean and Professor
Alverno College JoAnn McGrath School of Nursing

Alverno
COLLEGE
JoAnn McGrath
SCHOOL OF NURSING

RN-BSN PROGRAM

Alverno College's JoAnn McGrath School of Nursing has a long tradition of innovative educational models. The RN-BSN weekend college program was begun around 1980 and was considered to be groundbreaking at the time. It underwent several revisions over the years, most recently in 2006. The program has been, and will continue to be, grounded in the Baccalaureate Essentials of the American Association of Colleges of Nursing (AACN) and national standards. Recent events in the world of health care and the profession of nursing have provided a catalyst for new innovations in providing RN-BSN education.

The Future of Nursing document has been one inspiration for the redesign of our RN to BSN program, fostering a model that would help "nurses achieve higher levels of education and training through an improved education system that promotes seamless academic progression." The goal of 80% BSN prepared nurses by 2020 is important to us. Within our planning, we also listened to the expectations of practicing nurses regarding the structure of the BSN completion program. The new program at Alverno will provide the flexibility requested by RNs through a hybrid format but will also provide the clear expectations RNs want through its cohort model and established sequence of courses. Accommodations will be made on a student by student basis when a student must stop out of the program and then wish to resume.

	PREVIOUS RN-BSN CURRICULUM	PROPOSED 2013 RN-BSN CURRICULUM
ACCREDITATION	Commission on Collegiate Nursing Education (CCNE)	Commission on Collegiate Nursing Education (CCNE)
TIMEFRAME	2 year program; every other weekend on campus; 16 week semester = class meets 8 times	18 month program; 8 week block courses meeting one evening a week = class meets 8 times; hybrid format means approximately half the classes will be online.
CREDITS to GRADUATE	25 credits awarded for prior learning 15 credits in nursing 51 credits in liberal arts and support courses Total = 91 credits	70 credits awarded for prior learning (based on Wisconsin Technical College System standard nursing curriculum) 15 credits in nursing 21 credits in liberal arts Total = 106 credits
ENTRY REQUIREMENTS	Unencumbered RN license Graduation from an accredited ADN or diploma nursing program	Unencumbered RN license Graduation from an accredited ADN or diploma nursing program
ENTRY POINTS	August and January	June, October, and February
PROGRAM OUTCOMES	• Communicates creatively and effectively. • Integrates analytic frameworks within the practice of professional nursing. • Applies problem solving processes to promote wellness in multiple environments. • Uses valuing frameworks and ethical codes to promote human dignity • Interacts effectively in interpersonal, therapeutic, and group contexts	• Communicates creatively and effectively. • Integrates analytic frameworks within the practice of professional nursing. • Applies problem solving processes to promote wellness in multiple environments. • Uses valuing frameworks and ethical codes to promote human dignity • Interacts effectively in interpersonal, therapeutic, and group contexts

	• Advocates for and improves access to health care. • Fulfills the responsibilities of a professional practitioner in contemporary society. • Appreciates the uniqueness of self and others to promote wellness.	• Advocates for and improves access to health care. • Fulfills the responsibilities of a professional practitioner in contemporary society. • Appreciates the uniqueness of self and others to promote wellness.
COURSES	LIBERAL ARTS COURSES: LA 100: Intro to Liberal Arts Education (1 cr) LA 126: Integrating Learning in the Lib. Arts (3 cr) CM 111: Integrated Communication Seminar (3 cr) CM 156Q: Mathematical Connections (2 cr) MGT 120: Interpersonal and Group Communication (3 cr) LA 222: Introduction to the Arts (3 cr) LA 223: Introduction to the Humanities (3 cr) BSC 257: Probability and Statistics (4 cr) LA 283: Contemporary Issues in Natural Science (3 cr) LA 284: Contemporary Issues in Behavioral Science (3 cr) LA 321: Bridging the Cultural Gap (6 cr) Other: 4-5 elective and support courses (17 cr) NURSING COURSES: N 256: Professional Nursing in the Health Care System (2 cr) N 276: Prior Learning Assessment (0 cr but awards 25 credits upon completion) N 366: Nursing Process with Individuals, Families, and Communities (4 cr: 3 in theory	LIBERAL ARTS COURSES: ####: Introduction to Learning (1 cr) LA 310: Finding Meaning in Professional Practice (4 cr) LA 320: Arts, Culture, and Ethics (4 cr) BSC 257: Probability and Statistics (4 cr) LA 330: Sustainability and Technology in the Changing World (4 cr) LA 340: Informed Decision Making in Complex Societies (4 cr) NURSING COURSES: N 366: Nursing Process with Individuals, Families, and Communities (4 cr: 3 in theory and 1 in clinical) N 456: Nursing Theory and Practice with Vulnerable Populations (4 cr: 3 in theory and 1 in clinical)

	and 1 in clinical) N 456: Nursing Theory and Practice with Vulnerable Populations (4 cr: 3 in theory and 1 in clinical) N 465: Nursing Research (3 cr) N 476: Professional Leadership Seminar: Policy and Practice (2 cr)	N 465: Nursing Research (3 cr) N 476: Professional Leadership Seminar: Policy, Practice, and Systems (4 cr) [Combines the previous N 256 and N 476, as each were a 2 cr course. The content fits well together.] 70 credits are automatically awarded for courses, including liberal arts, sciences, and nursing, completed in students' prior nursing program. An assessment of prior learning is no longer required.

2/1/13

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State of Wisconsin
Department of Regulation and Licensing

AGENDA REQUEST FORM

Name and Title of Person Submitting the Request: Jill M. Remy, Program Manager	Date When Request Submitted: 2/28/2013 Items will be considered late if submitted after 5 p.m. and less than: ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before meeting for all other boards

Name of Board, Committee, Council:
Board of Nursing

Board Meeting Date:	Attachments:	How should the item be titled on the agenda page?
3/14/2013	☒ Yes ☐ No	Request for Authority to Plan an Online RN-to BSN Program at Rasmussen College Ocala School of Nursing

Place Item in:	Is an appearance before the Board being scheduled? If yes, by whom?	Name of Case Advisor(s), if required:
☒ Open Session ☐ Closed Session ☐ Both	☐ Yes by _____ (name) ☒ No	

Describe the issue and action the Board should address:
Review and make motion relating to Rasmussen College Ocala School of Nursing request for authority to plan an online RN-to-BSN program; make recommendations as needed.

If this is a "Late Add" provide a justification utilizing the Agenda Request Policy:

Directions for including supporting documents:
1. This form should be attached to any documents submitted to the agenda.
2. Documents submitted to the agenda must be single-sided.
3. Only copies of the original document will be accepted.
4. Provide original documents needing Board Chairperson signature to the Bureau Director or Program Assistant prior to the start of a meeting.

Authorization:

Jill M. Remy	2/28/2013
Signature of person making this request	Date
Supervisor signature (if required)	Date
Bureau Director signature (indicates approval to add late items to agenda)	Date

Revised Form 3/31/10 Division of Board Services/DRL

Wisconsin Department of Safety and Professional Services

Mail To: **P.O. Box 8935**
Madison, WI 53708-8935
FAX #: (608) 267-1809
Phone #: **(608) 266-7703**

1400 E. Washington Avenue
Madison, WI 53703
E-Mail: web@dsps.wi.gov
Website: http://dsps.wi.gov

BOARD OF NURSING

APPLICATION FOR APPROVAL OF A NURSING PROGRAM

Completion of this form is required for all schools applying for approval by the Board of Nursing. The information collected on this form will be sued to determine compliance with standards in Chapter N 1, Wis. Adm. Code.

Institution desiring to established an approved program:

Name Rasmussen College Ocala School of Nursing

Address 4755 SW 46th Court
Ocala, FL 34474

Type of Program Online Nursing BS (RN to BSN program)

The written program proposal as required in Section N 1.0o3(2), Wisconsin Administrative Code, is attached. It is understood that additional information may be required before the board determines a survey should be made.

There will be no publicity or plans made for the admission of students until the board has determined the written program proposal, clinical facilities, and response to other requirements are satisfactory.

The governing body of the above named institution herein applies for approval by the Board of Nursing.

Date 2/1/2013

Signatures:

Kurt Walli
President/Chair of the Board

Secretary of Board/District Director

#1365 (Rev. 9/12)
Ch. 441, Stats.
N 1.03(2)(b), Wis. Adm. Code

Committed to Equal Opportunity in Employment and Licensing

Rasmussen College

Ocala School of Nursing
Online RN to BSN Program

Application for Approval

Updated 1/29/2013

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INTRODUCTION

Walter Rasmussen founded Rasmussen Practical Business School in Stillwater, Minnesota in 1900 just outside of the growing economic center of the City of St. Paul, Minnesota. The school prepared students to work in business, accounting, and office management, by teaching skills in numeracy, communication, and problem-solving as well as instilling values of ethical decision making and leadership. As the decades passed the school evolved into Rasmussen College, expanding its offerings to support students and employers as markets changed over the years. In 2001, Rasmussen College obtained regional accreditation from the Higher Learning Commission (HLC) of the North Central Association of Colleges and Schools (NCA). Today, in addition to hosting a progressive, robust online distance education platform, the College has grown to 23 campuses across five states including Florida, Illinois, Minnesota, North Dakota, and Wisconsin, providing certificate, diploma, associate, and baccalaureate degree programs to thousands of students. The College provides market-relevant career programs that produce graduates with the skills necessary to become tomorrow's leaders. Providing this has always been central to the College's Mission, and Rasmussen College has continued to develop into a premier institution of higher learning that carefully monitors social and economic trends, developing community needs, and emerging fields of study in order to keep pace with continually evolving workplaces.

Rasmussen College has acknowledged nursing as one of society's most essential career fields, and the institution has initiated and maintained successful nursing programs in Florida, Minnesota, and Wisconsin since 2004. In January, 2011, the College started its RN to BSN degree program in the continuing effort to meet the demand for qualified individuals in this vital career field.

The RN to BSN degree program is intended for full online delivery, with the inclusion of projects to measure competencies, and is specifically designed to facilitate completion of the baccalaureate degree for individuals already possessing an unencumbered RN license. In order to enroll in the RN to BSN degree program an applicant needs completion of their lower-division coursework and a minimum of 32 general education credits, as well as an unencumbered RN license that is valid in the United States. The Program is approved through Rasmussen College's Ocala, Florida campus by the State of Florida's Commission for Independent Education (CIE), where the program originated-*See Exhibit 1 – Program Approvals, for approval and accreditation documents.*

Based upon the studies and recommendations of the Institute of Medicine, the proportion of nurses with baccalaureate degrees should be increased to 80 percent by 2020 in order to meet society's needs. The Rasmussen College School of Nursing's RN to BSN degree program serves as an ideal response to this challenge, as the Program provides nurses with flexible access and a seamless transition to the baccalaureate level of higher education.

Considering this, Rasmussen College respectfully submits this Application for Approval to offer its RN to BSN degree Program to Wisconsin residents.

ADMINISTRATION AND ORGANIZATIONAL STRUCTURE

Program:

School Name	Rasmussen College - Ocala School of Nursing
School Address	4755 SW 46th Court, Ocala, FL 34474
Office Address (if separate)	
Telephone No.	352-629-1941

Program Type: Post-licensure RN to BSN completion program (Online distance education)

Nurse Administrator Responsible for Program:

Name / Title	Iris G. Cornell, PhD, RN / Dean of RN to BSN RCO
Direct Phone# / Email	952-806-3900 / iris.cornell@rasmussen.edu
Consultant: Name / Direct Phone # / Email	

Sponsoring Administration:

Name of Institution	Rasmussen College
Address	8300 Norman Center Drive, Suite 300 Bloomington, MN 55437
Name of Administrative Officer	Kristi Waite
Title	President
Direct Phone # / Email	952-806-3900, ext. 3921 / kristi.waite@rasmussen.edu

Authorization to Operate:

Higher Learning Commission (HLC) of the North Central Association of Colleges & Schools (NCA)	YES
Florida Commission for Independent Education (CIE)	YES
Florida Board of Nursing	Not Required
Other - State of Wisconsin Educational Approval Board	YES

ORGANIZATIONAL STRUCTURE

Rasmussen College is the governing institution that assumes legal responsibility for all its programs by assuring that the program has a qualified administrator to enforce the institution's policies and conduct program business, and through the provision of fiscal resources and facilities to successfully operate the program. The educational administrator, Iris G. Cornell, PhD, RN has the authority and responsibility for the development, implementation and evaluation of the program and its faculty. As Dean, Dr. Cornell shall be responsible for ensuring that individual faculty members are academically and professionally qualified and that there are adequate numbers to carry out program objectives.

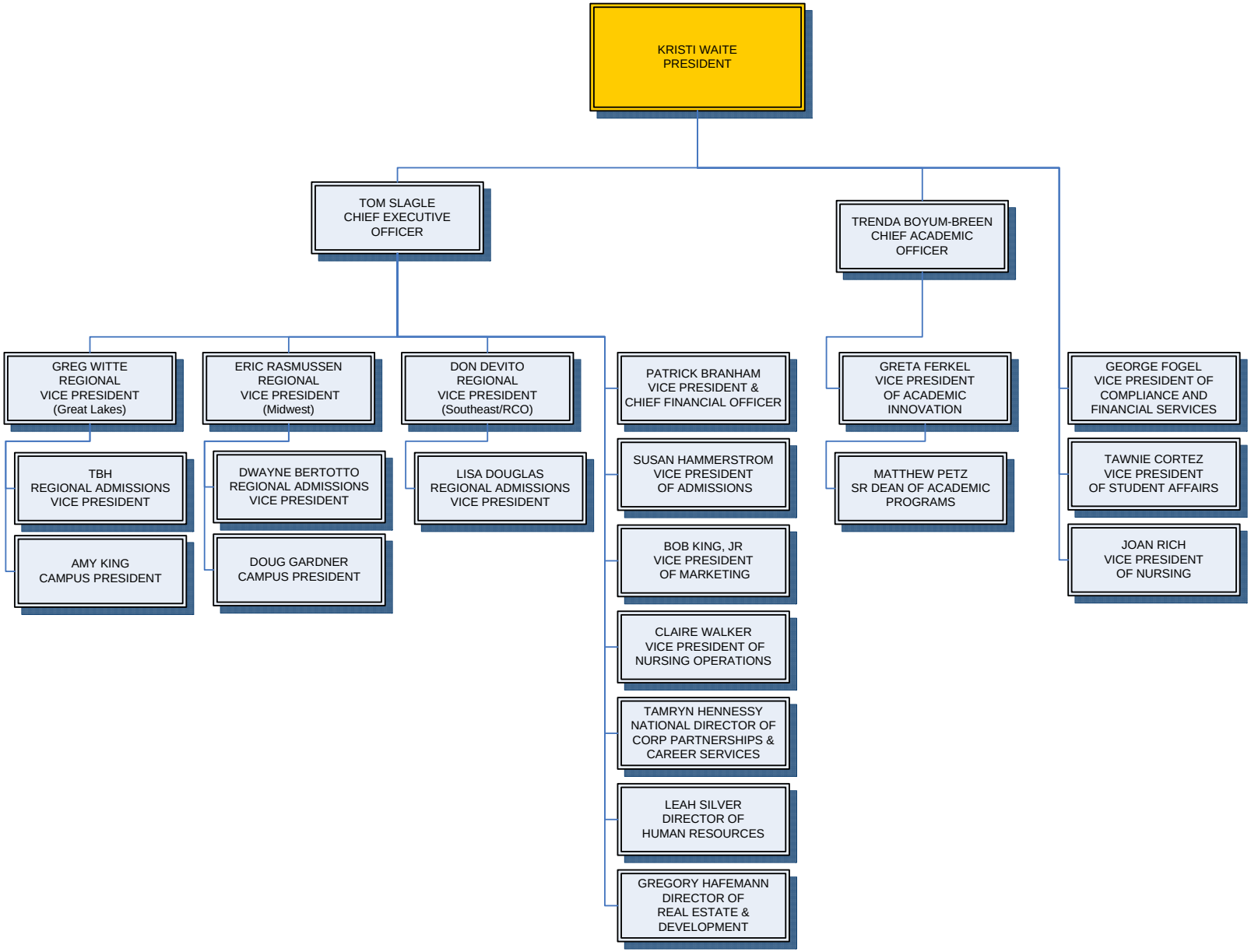
Rasmussen College relies upon qualified professional educators in all its programs and is dedicated to clearly defining expectations of faculty in their job descriptions and online faculty orientation. To assure a smooth transition into the role of faculty, each faculty member is assigned a Faculty manager, who serves as a mentor and guide throughout the new faculty first class offering. Additionally, the Dean will enforce the college expectations for continuing faculty professional development implemented at the school and campus levels.

Organizational Charts

Rasmussen College operates to ensure fulfillment of its mission through structures and processes that involve the board, administration, faculty, staff and students. The growth and development of Rasmussen College is in large part due to the advice and leadership offered by the Board of Directors. The Board is comprised of eleven members who possess extensive experience and education to offer valued input into the decision-making processes of the college. The Board is also engaged in the review of a quarterly report card submitted to the Academic Excellence Committee, one of the three standing committees of the Board of Directors. The other two committees are the Compensation and Audit committees.

There is a regional organizational model in place which enhances the functional structure of the College. The President of the College provides administrative oversight to both the academic and operations side of the College. In Nursing, there are two leaders; the VP of Nursing Academics and the VP of Nursing Operations. The VP of Nursing Academics has a direct reporting line to the President of the College. There are regional vice presidents who have areas of responsibility of College administration, campus operations, corporate administration, and student services. The Dean of the RN to BSN program directly reports to the Regional Dean of Nursing, who reports to the VP of Nursing for leadership and direction.

The following organizational charts outline the corporate structure of the parent organization for Rasmussen College and the Rasmussen College - Ocala School of Nursing's RN to BSN degree program.


KRISTI WAITE
PRESIDENT
TOM SLAGLE
CHIEF EXECUTIVE
OFFICER
TRENDA BOYUM-BREEN
CHIEF ACADEMIC
OFFICER
GREG WITTE
REGIONAL
VICE PRESIDENT
(Great Lakes)
ERIC RASMUSSEN
REGIONAL
VICE PRESIDENT
(Midwest)
DON DEVITO
REGIONAL
VICE PRESIDENT
(Southeast/RCO)
PATRICK BRANHAM
VICE PRESIDENT &
CHIEF FINANCIAL OFFICER
GRETA FERKEL
VICE PRESIDENT
OF ACADEMIC
INNOVATION
GEORGE FOGEL
VICE PRESIDENT OF
COMPLIANCE AND
FINANCIAL SERVICES
TBH
REGIONAL ADMISSIONS
VICE PRESIDENT
AMY KING
CAMPUS PRESIDENT
DWAYNE BERTOTTO
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LEAH SILVER
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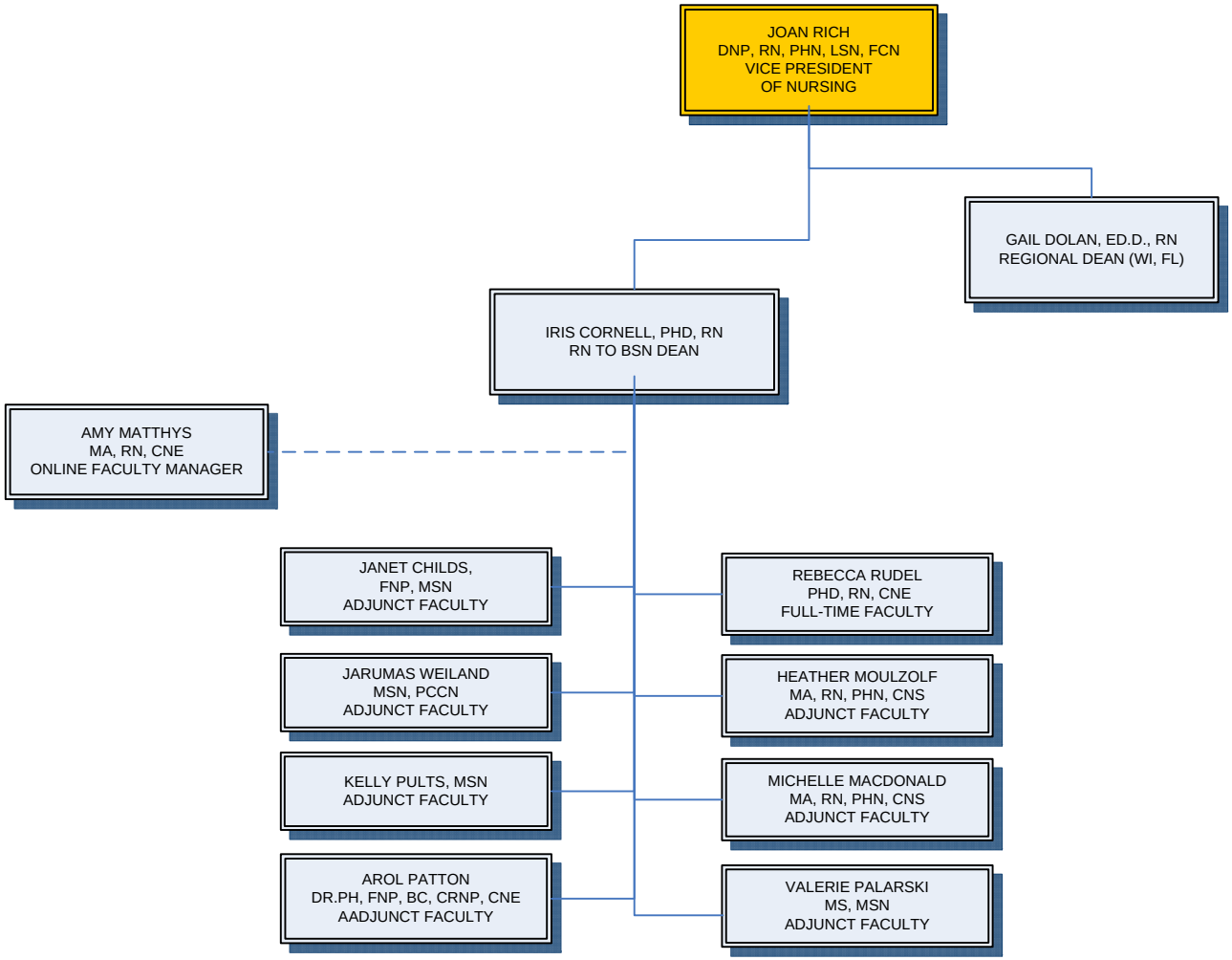
HUMAN RESOURCES
GREGORY HAFEMANN
DIRECTOR OF
REAL ESTATE &
DEVELOPMENT
MATTHEW PETZ
SR DEAN OF ACADEMIC
PROGRAMS
TAWNIE CORTEZ
VICE PRESIDENT
OF STUDENT AFFAIRS
JOAN RICH
VICE PRESIDENT
OF NURSING

Rasmussen College-Ocala School of Nursing –Online Nursing BS (RN to BSN) Program Leadership Team



Accreditation and Licensing Documentation

Rasmussen College is accredited by the Higher Learning Commission and a member of the North Central Association. The institution has been approved under Commission policy to offer up to 100% of its total degree programs through distance education. Accreditation at the Bachelor's level is approved in keeping with the institution's declared mission, and with the approval by the respective states where campuses are located. See *Exhibit 1* for accreditation and approval documents.

Rasmussen College is licensed by the Commission for Independent Education, Florida Department of Education. Additional information regarding this Institution may be obtained by contacting the Commission at:

- Commission for Independent Education
  Florida Department of Education
  325 West Gaines Street, Suite 1414
  Tallahassee, Florida 32399-0400
  (888) 224-6684

Rasmussen College is licensed as a private career school with the State of Wisconsin Educational Approval Board for its RN to BSN degree nursing program. Information regarding this approval may be obtained by contacting the:

- State of Wisconsin Educational Approval Board
  201 West Washington Avenue, 3rd Floor
  Madison, WI 53703
  (608) 266-1996

Board Approvals

State Board of Nursing approval for the RN to BSN degree program was not required in Florida, Illinois, Minnesota, and North Dakota, since there is no clinical component in this post-licensure RN to BSN completion program.

Approval from the state department of higher education was required and obtained in Alabama, Arkansas, Florida, Kansas, Minnesota, Oregon, and Pennsylvania.

Type of Program

The Rasmussen College RN to BSN degree program is a post-licensure completion program. It was initially approved by Florida's Commission for Independent Education (CIE) for operation out of Ocala, FL in January 2011. The Program is intended for full online delivery through synchronous and asynchronous virtual classrooms. It also includes projects to measure competencies designed to facilitate completion of the baccalaureate degree for individuals already possessing an unencumbered RN license. At this time, Rasmussen's Online RN to BSN degree program is available to students residing in all states, with the exception of Delaware, Idaho, Iowa, Maryland, Wisconsin, and Wyoming.

POLICIES

Rasmussen College has established administrative policies governing general college operations to include admission criteria, academic achievement, course completion and curriculum requirements for each offered degree. Additionally, there are policies that govern faculty credential requirements and instructional expectations, student guidelines and standards for success.

Policies are reviewed under continuous rigor and discussion every month year round in the School of Nursing (SON). The SON Policy Committee comprised of member of the Leadership team, Administration and Faculty, research, discuss, and decide upon whether revision, maintenance or creation of policy is necessary. The Deans and faculty on the committee are responsible for gathering feedback and recommendations for policies from colleagues and are expected to represent their views during the policy committee meeting. The Policy committee is ultimately responsible for initiation of the proper paperwork to ensure policy additions and revisions are incorporated into the appropriate printed materials.

The College's policies are located in the Rasmussen College Catalog - Florida, provided as *Exhibit 2.*

CURRICULUM

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

Rasmussen College offers nursing at three levels; PN, ADN, and BSN, and because of this, careful attention has been given in distinguishing the levels and depicting the value added within each program offering, particularly ADN to BSN. Rasmussen's RN to BSN degree program offers the added value of further development of the concepts of research, community, leadership, best practices, health assessment and holistic care of the larger community. These concepts, though addressed at the associate degree level, are presented in more depth and are reflected in the Student Learning Outcomes (SLOs) for the RN to BSN degree program.

The mission and philosophy for the School of Nursing and the RN to BSN degree program's SLO's were revised and adopted in May 2012. These revisions offer clear guidance and critical reference points for curriculum development and ensure that established professional standards, guidelines, competencies, and clearly articulated student learning and programmatic outcomes are incorporated into the College's nursing programs. They read as follows:

School of Nursing Mission Statement

In accordance with the mission statement of Rasmussen College, the School of Nursing mission is to cultivate a learning environment that develops a skill set for critical thinking and educates students in the development of knowledge, skills, and attitudes needed to provide safe and competent nursing care in the communities we serve.

School of Nursing Philosophy

Rasmussen College School of Nursing education programs seek to strengthen the role of the nursing generalist by preparing students to be life-long learners. Preparation includes the provision of knowledge, skills and attitudes necessary to continuously improve the quality and safety of care provided to meet the diverse needs of the individuals they will be serving. We believe that career goals may change and we support the Institute of Medicine (IOM) Future of Nursing (2010) recommendation of seamless transitions to advancing education; therefore, Rasmussen's nursing programs provide for articulation from Practical Nurse, to Associate Degree, and to Baccalaureate Degree. The scope and application of nursing principles widens with each successive degree.

We believe that Nursing Education is best accomplished in an institution of higher learning which provides a core of general education courses and learning activities that are challenging, stimulating and serve as a foundation for life-long learning. The faculty recognizes that career goals may change and are therefore prepared with the credentials to teach in the various nursing programs offered at Rasmussen College.

Baccalaureate education is based in liberal education and integrates nursing with the humanities as well as the behavioral and social sciences. The baccalaureate degree prepares a professional nurse in the generalist role. In line with the Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 2008), faculty believe that nursing practice is built on nursing knowledge**,** evidence-based practice, research and comprehension about population based health.

The nursing process is central to the way we educate students in all nursing programs. We believe the nursing process is a systematic rational process of planning and providing nursing care that is grounded in critical thinking and a scientific body of knowledge. The outcomes for use of this process are the delivery of competent, culturally-sensitive, compassionate care.

We further believe that Nursing focuses on providing health care services in a variety of settings, with a goal to promote, maintain and restore health throughout the life cycle. We believe that nursing is a caring profession that incorporates specific outcome abilities and core values which are the basis of our nursing education programs, and essential to helping accomplish this goal.

In order to accomplish this goal, the nursing program has adopted a conceptual framework, which is used to give direction to curriculum development, course outcomes, program outcomes, course sequencing and learning experiences for our students. That framework is derived from the Quality and Safety Education for Nurses (QSEN) competency statements (Cronenwett et. al, 2007), which are designed to meet the challenges of preparing future nurses with the knowledge, skills and attitudes necessary to continuously improve the quality and safety of the healthcare systems within which they work.

The QSEN competencies are integrated into the outcome statements for our nursing programs. They are patient-centered care, teamwork and collaboration, evidence-based practice, quality improvement, safety and informatics. Embedded in these six QSEN competencies are some associated core values selected as themes seen evident throughout Rasmussen College's nursing curricula. The core values of the Rasmussen College School of Nursing programs are caring, diversity, communication, holism, critical thinking, teaching-learning, ethics, integrity, professionalism, excellence, leadership, community and life-long learning.

The relationship between the program outcomes and the nursing core values is as follows:

OUTCOME ABILITIES	CORE VALUES
Patient centered care	Caring Diversity Holism Community
Teamwork and Collaboration	Communication Leadership Integrity Professionalism
Evidence-based practice	Critical Thinking Nursing process Nursing education Life-long learning
Quality Improvement	Excellence Life-long learning
Safety	Technical skills Excellence Ethics Life-long learning
Informatics	Decision making (nursing process) implemented with informatics support

As evidenced in the RN to BSN degree program's revised mission, philosophy and SLO's, the College has adopted the Quality and Safety Education for Nurses (QSEN) standards and outcome abilities as the curricular framework for the Program. See *Exhibit 3 – Curriculum Matrix*, for details regarding the integration of the various QSEN components within the RN to BSN degree program curriculum.

Student Learning Outcomes

Following the revision of our Mission and Philosophy, the School of Nursing developed Student Learning Outcomes (SLOs) for our nursing program offerings. The SLOs for the RN to BSN degree program are based on the core values and beliefs embedded in the School of Nursing's philosophy and are as follows:

Rasmussen College Nursing BS Degree Program Student Learning Outcomes	**Wisconsin Administrative Code N 1.06 (2) (a) 2.**
The nursing requirements outlined in the Wisconsin Administrative Code N 1.06 (2) (a) 2. can be seen in the SLO's selected for the RN to BSN program.	
Nursing BS Student Learning Outcomes: 1. Demonstrate ability to provide *safe, evidence-based, client centered care to diverse individuals and groups utilizing* a *holistic* approach. 2. Synthesize nursing *knowledge, skills, and professional attitudes* with competency when planning care for clients, families and communities across the life span. 3. Formulate and demonstrate *clinical judgment* and *decision making skills* that are consistent with the nursing process and professional nursing practice within the healthcare arena. 4. Apply current and relevant information, technology and nursing research when *communicating and collaborating* with the health care team. 5. Apply organizational, *leadership*, and management concepts in the provision and delegation of quality nursing care. 6. Practice and demonstrate professional nursing behaviors within the *ethical,* legal, *moral* and regulatory framework of the profession. 7. Apply *teaching and learning* principles to promote and advocate health in clients across the life span. 8. Analyze the professional role of nursing and discuss the importance of continuing education, *life-long learning*, and the relevance of graduate study.	a. Use the nursing process to plan and provide nursing care. b. Apply knowledge derived from the scientific, human and cultural areas to meet health needs. c. Individualize nursing care during preventive, maintenance, restorative and terminal phases. d. Promote positive health practices. e. Understand the roles and relationship of nurses to other health care providers. f. Plan for health services with individuals, families, communities and health care providers. g. Practice professional nursing according to the legal standards of ch. N6. h. Function as a responsible, accountable nursing professional. i. Identify the need for continued competency. j. Recognize the impact of historical trends in nursing.

The RN to BSN degree program's curriculum matrix highlights the connection between QSEN outcome abilities, the core values of the School of Nursing's philosophy statement, and the Student Learning Outcomes. The School of Nursing has developed projects throughout the curriculum that demonstrate the competencies expected for this level of nursing education. The development and revision process continues with course syllabi, and evidence of the work done to date is provided in the *Curriculum Matrix in Exhibit 3; Exhibit 4 – Abbreviated Syllabi* for the nursing course syllabi; and *Exhibit 5 – Project Assignments* for major student competency projects also provide an overview of the curriculum offered in the RN to BSN program.

Nursing BS Degree Program Description

The length of the RN to BSN degree program is congruent with the policies of Rasmussen College, its state and regional approval agencies, and generally recognized best practices in nursing education. Applicants to the Program must possess a valid professional nursing license obtained and have completed their lower-level coursework and 32 credits of general education. A total of 181 credits are required for graduation. Rasmussen College follows the quarter system and awards 1 credit for every 10 clock hours of lecture (theory instruction), with each clock hour being equal to 50 minutes of instruction.

The RN to BSN degree program's course credit sequence table in *Exhibit 6* indicates an ideal program length of 6 quarters for students enrolled part time at 8 credits per quarter (only 4 in the final quarter), and students of course have the option to reduce the time to completion by enrolling full time at 12 credits per quarter. Students receive a copy of their program sequence, referred to as their "My Degree Plan," upon enrolling. This plan allows the student to clearly gauge the courses and timeframe needed to complete his or her program. If a student makes a change to his or her program, such as wanting to take additional courses or drop a course, the student will receive a new plan.

Prospective students are required to possess an unencumbered RN license prior to admission in the RN to BSN degree program. As such, the RN to BSN degree program consists primarily of nursing courses intended for full online delivery. Primary practice learning spaces occur online, where students and faculty engage in discussions, projects, and assignments, however, use of campus physical resources are available to online faculty and students. For more details regarding project assignment requirements and expectations, see *Exhibit 5 – Project Assignments*.

Details regarding the RN to BSN program listing, course credit/clock hours, and standards of satisfactory academic progress are disclosed in the College's catalog and addendum, provided as *Exhibit 2 – College Catalog and Addendum.*

INSTRUCTION

Rasmussen College offers an innovative orientation and training for new full-time and part-time faculty teaching in the online environment. This online focused training fosters a learning community and culture that supports high instructional performance standards, as well as faculty retention. Faculty members new to online teaching are trained in the skills and requirements necessary to be successful as an online instructor at Rasmussen College. The online training is standardized and conducted in one of two ways, either over the course of two sessions (Online Orientation Part I and Part II) or in a combined training format designed for those who may be hired later in the quarter.

In both structures, the opportunity is provided to learn about the expectations of online instructors and the sharing of best practices among colleagues. Topics in the Online Faculty Orientation include online teaching methods, training in Wimba (synchronous delivery tool), academic integrity, grading and feedback practices, and personal teaching philosophies and values. The online training also allows monitored assistance with the actual course set-up for all faculty teaching in our online environment.

The online faculty continues to receive support from their faculty managers, even after orientation is complete. The faculty managers, who report to the regional online deans, review each online course four times throughout the quarter to bolster the faculty experience through ongoing mentorship and evaluation.

Nursing faculty utilize learning theories to guide selection of learning activities used in the nursing courses offered in the RN to BSN degree program. One theory used is Malcolm Knowles' (1913-1997) andragogy theory (Merriam et al., 2007). Knowles, a leader in adult learning, advocated for the expansion of adult education to adult learning. His work led to the development of a theory for the process of teaching adults, that is parallel with pedagogy, the teaching of children. Knowles' andragogy includes experience as an important part of learning, and suggests that discussion with other adult learners is necessary when teaching adults. This approach is prevalent in online educational environments and is adopted by Rasmussen College's online nursing program.

The constructivist learning theory also guides the selection of teaching activities in the RN to BSN degree program. Acknowledgement that students do not all learn in the same way is the premise of the constructivist learning theory and utilizing this theory as a guiding framework for teaching and learning, requires teachers to choose a variety of teaching styles (direct instruction, collaborative learning, inquiry learning, etc.) in order to maximize student learning potential (Brandon & All, 2010).

Instructional teaching and assessment methods in the RN to BSN degree program may include some or all of the following: required readings; discussion forums; written assignments and course projects

Discussion Forums: Online discussion forums are used for further exploration of the topics studied each week. Often, the discussion will extend beyond what the text and/or required readings have to say about the topic. Collaboration between students and faculty often branch out the discussion into new perspectives on the subject. Students are required to post an initial response to each discussion question, as well as respond to the postings of classmates as a measure of participation and assessment of knowledge. Faculty utilizes a grading rubric to assess students' discussion abilities and provide internal grading consistency.

Written Assignments: Written assignments can take many forms and examples of course assignments are described below.

Course Projects: The Administrator and faculty in the RN to BSN program have developed course projects whereby students can demonstrate the competencies expected at the baccalaureate level of nursing education. Course projects are selected and designed to assess student competency in relation to student learning outcomes, program and course objectives. A new development in the RN to BSN program is the student portfolio, introduced in the first quarter of the program, and is designed to demonstrate a compilation of student projects and assignments.

The following are examples of course projects/assignments that make up the student's portfolio which is developed over the course of the program.

- *In Applied Pathophysiology*, students are asked to apply the Nursing Process to a clinical practice problem. The project spans the entire quarter.
- *In Health Assessment,* students are required to complete a narrative of the examination and evaluation techniques appropriate for an advanced health assessment for a randomly selected category. Students will also be required to submit a corresponding three to five minute physical assessment video accompanied by a signed consent of the study participant.

- *In Nursing Research*, students are required to write a literature review related to a selected clinical practice problem or intervention. A minimum of five research studies on a selected topic are to be summarized, with a comparison of theoretical underpinnings, data collection tools and methodology, data analysis, and findings addressed.
- *In Nursing Informatics*, students are required to develop an implementation proposal for a new information system or software. Students are required to research the selected information system or software, discuss needs analysis to ensure the product is a match of the organization, and outline an implementation proposal for presentation to a fictitious committee.
- *In Introduction to Alternative and Complementary Therapies*, students are asked to apply learned knowledge regarding various alternative and complementary therapies to a health issue. The project requires development of a teaching plan and holistic health plan for an example client with the chosen health issue.
- *In Public Health and Community Nursing*, students are asked to conduct a windshield survey including development of a community care plan. Additionally, students are required to conduct interviews with representatives from at least three community resources, identified in the windshield survey, in order to gain a better understanding of the services provided to the community through each agency.
- *In Leadership and Management*, students are asked to research a quality and safety issue and apply leadership principles to positively impact the chosen issue.
- *In Nursing Capstone*, students are asked to develop a nursing intervention and plan of care to address a selected quality and safety concern.

The organization and sequencing of the curriculum, delivery methods of instruction, learning activities selected, and student evaluation methods were developed in alignment with the concepts embedded in the School of Nursing's mission, philosophy, and student learning outcomes. The Curriculum Matrix in *Exhibit 3* serves as evidence of that programmatic integration and mapping of the student learning outcomes to each course in the curriculum.

Clinical Facility Agreements

The RN to BSN degree program is designed to facilitate completion of the baccalaureate degree for individuals already possessing an unencumbered RN license prior to admission. As such, the RN to BSN degree program consists primarily of nursing courses intended for full online delivery. Primary practice learning spaces occur online, where students and faculty engage in discussions, projects, and assignments with examples previously provided in this document. For more details regarding project assignment requirements and expectations, see *Exhibit 5.*

Resources

Fiscal Resources

Rasmussen College anticipates and supports the required investment necessary to deliver a quality experience for its students. The institution supports the nursing education unit through human, physical, learning, and financial resources that are appropriate to program enrollment and support anticipated growth of the RN to BSN degree program. Budgeting occurs on an annual basis and begins with enrollment projections that lead to financial and revenue projections. Program enrollment directly drives staffing decisions as the College ensures that it maintains the staff ratios as described earlier in this document.

Following budget approval, the nursing education unit monitors both revenue and expenses on a monthly basis, through a monthly reporting package that is delivered by the College's central finance team. A financial analyst is dedicated to nursing education and supplies the nursing education unit with detailed financial guidance that aids the program in decision making. Annualized data supports long range planning processes, as the College's leadership team guides the development of fiscal plans to ensure that the institution's overall resources accommodate the appropriate level of program rollout and that such plans align with ongoing socioeconomic, operational, academic, and regulatory changes. The College continues to refine the budget planning process to insure active engagement from program administrators who provide input into the budget plan for the nursing programs. Finalized budgets represent the overall unified institutional mission and goals, and are shared with local operators upon approval. Similarly, the Nurse Administrator submits feedback reflective of local program needs.

Physical Resources

The RN to BSN degree program is a fully online distance education program that extends the flexibility of student and faculty access beyond geographical location and time constraints. The design of the curriculum focuses upon more advanced nursing theory, which includes structured projects enabling faculty to assess for achievement of advanced level competencies. As the RN to BSN degree program is delivered fully online through synchronous and asynchronous virtual classrooms, the physical resources needed to achieve the Program's goals include database networks, software, and services specifically designated to support the online delivery modality. Online students and faculty engage in their online courses through the College's learning management system. The entire online platform is supported through numerous servers with redundant systems, data back-up, and data loss prevention measures both within, and outside of the College's network, and the online bandwidth is regulated based upon the number of students participating in the various online courses, being increased as necessary.

Although the Program emphasizes completion via the online modality, students and faculty have online access to the same resources available to their residential counterparts through several online venues. Housed at the College's central offices, a number of central services teams provide a variety of student support online including financial aid advising, class scheduling, academic advising, library and learning resources, learning center tutoring services, and career services. The College also provides 24/7 technical/technological support through its Personal Support Center (PSC). The PSC staff use phone, email, and live click-to-chat methods to address issues such as retrieving lost passwords, solving internet

connectivity problems, software installations, and other general technical questions. Students are made aware of these services through New Student Orientation, their student email accounts, the Student Portal, student course-mail, and instructor announcements posted within the online classroom. These services are also introduced to faculty during their online orientation/training. In addition, faculty may receive updates on these resources through their Dean and/or during development week presentations. The Dean of the RN to BSN degree program and the Online Nurse Faculty Manager also hold synchronous monthly Wimba interactive sessions to address problems, as well as share and celebrate faculty teaching strategies. These sessions are recorded and made available to all RN to BSN faculty. This online faculty interaction is enhanced through the use of the headsets and laptop computers (loaded with the specific software needed for the Program) provided to all full time program faculty, the Online Nurse Faculty Manager, and the Dean. Part-time (adjunct) nursing faculty are provided with the necessary software and technical support to implement the teaching requirements for the Program.

Learning Resources

The Program faculty are actively involved in the selection of learning resources and technology to ensure the comprehensiveness, currency, and relevance of the materials accessible to both faculty and students. The College's Director of Library and Learning Resources leads the team of campus and online librarians who assist faculty in the selection of textbooks and library holdings, and a nursing programmatic liaison librarian specifically provides updates about publication revisions and the availability of desired hardcopy or online learning materials. Faculty members have the opportunity to provide feedback on curriculum, textbook review and selection, and the selection of any additional resources they feel would be beneficial to the Program; curriculum changes are updated annually with publication of the new catalog. Additionally, faculty provide input regarding technological resources while participating on the College's committees designated for that purpose. They are actively involved in pilot testing redesigned or newly acquired technology resources prior to implementation, and may also serve as subject matter experts (SME's) working in conjunction with the Online Course Development Team to perform curriculum conversion of course materials into the online learning environment.

Students and faculty have access to learning resources 24/7 online through the Student Portal, Employee Portal, and the Library link located on the Resources Tab in their online courses. The College's online library holds a variety of nursing specific, as well as general education specific, books and reference materials that may be accessed electronically or ordered via interlibrary loan. The online library boasts over 10,000 nursing/allied health print items, over 13,000 electronic books via NetLibrary, and several premier databases such as Academic Search Complete, CINAHL Plus, Consumer Health Complete, HealthSource: Nursing/Academic Edition, Medline, Nursing Reference Center, ProQuest Central, Ovid nursing journals and books, and Scientific and Medical Art Imagebase. Students also have 24/7 access to Brainfuse, the College's online tutoring service operated by faculty and staff. Librarians regularly conduct webinars (online instructional sessions) using the Wimba synchronous meeting tool to ensure that students and faculty are aware of the learning resources available, and to ensure that they understand how to effectively use the Library's technology to access these items. The webinars focus on a variety of topics such as information literacy, research methods, source citation, and effective academic writing, and the librarians are available via email, phone, and live click-to-chat technologies to directly assist students and faculty in their coursework.

EDUCATION ADMINISTRATOR/FACULTY

The Dean of Nursing is the education administrator for the RN to BSN degree program and has authority and responsibility for the development, implementation, and evaluation of the program and has adequate time and resources to fulfill the role responsibilities. The Program Administrator (Dean) must have a current and unencumbered professional registered nursing (RN) license in the state of Florida and a Doctorate degree with a major in Nursing.

Faculty must have a current and unencumbered professional registered nursing (RN) license in the state of Florida and a Master's degree with a major in nursing (a doctoral degree is preferred), and must maintain expertise in their areas of responsibility through professional development and scholarship activities. Please see *Exhibit 7* for the profiles of all nursing faculty for this program.

Rasmussen College insists that qualified professional educators deliver the programs offered in the institution. Faculty members hold the academic credentials appropriate to their disciplines and, moreover, possess significant real-world expertise acquired through meaningful careers in their field. The School of Nursing, in line with recommendations by NLNAC, has adopted Boyer's general view of scholarship in education to further ensure attainment of educational goals (Boyer, 1990). Under this model, activities are categorized into four overlapping dimensions: the scholarship of discovery, the scholarship of integration, the scholarship of application, and the scholarship of teaching.

Each faculty member teaching major/core courses in the RN to BSN degree program holds a master's degree or higher in nursing, and maintains expertise through continued active practice, participation in national and local organizations, scholarly publication, local and national conference attendance/presentations, and the continuing education credits that each faculty member is required to complete for licensure. Specific examples of faculty engagement in the various dimensions of scholarship are included in *Exhibit 8 – Faculty Scholarship*.

Rasmussen College fosters an environment of scholarship for all faculty, full- and part-time, regardless of academic discipline. Due to its roots in career education, the College provides a strong foundation within the scholarship of teaching. One means of accomplishing this is through the Virtual Center for Learning and Teaching (VCLT), an online repository for various training resources and materials, which provides a professional development platform for the entire College system. Its main functions are threefold: to provide a virtual, easily accessible opportunity for development on a professional level, to connect faculty in a meaningful manner, and to provide an environment that provides both synchronous and asynchronous academic events which augment faculty pedagogical expertise and professional aptitude. The VCLT offers faculty stimulating growth opportunities, access to academic resources, recognition for best practices and excellence in instruction, and a connection to peers and the College community as a whole.

The focus on the scholarship of teaching is also reinforced through continued practice and the ongoing professional development provided by the College. Rasmussen College ensures that faculty remains current in their particular disciplines, as well as maintains and improves their instructional capabilities, by requiring completion of in-service and professional development activities. Faculty receives and signs the Development Requirements Agreement which discusses in-service (teaching related development) and professional development (discipline related development). The agreement outlines the College's expectations regarding these areas and provides sample activities along with the education units that may be earned.

Faculty also completes the Faculty Development Addendum that accompanies the Development Requirements Agreement. The addendum assists faculty with organizing and planning their instructional development, service to their communities, and service to their disciplines. Each faculty member works with their Academic Dean and Faculty Manager to focus on the development needs and associated key metrics articulated in their completed addendum. Subsequently, the agreement and addendum provide faculty members with a clear plan of action for continual growth and development.

Prior to the Fall, Spring, and Summer Quarters of each academic year, faculty participate in a full week of professional development sessions that may include topics ranging from teaching techniques and retention, to technology and engagement in the classroom. Faculty from all departments is represented on the committee that plans the professional development sessions to ensure that they are meaningful. The sessions are offered via synchronous webinars, which are then archived and made available to faculty for additional viewing later. During the development week, each faculty member also engages in a programmatic development day, where he or she meets in person or via conference call with others in their department to cover information specific to their discipline.

Faculty Staffing

The number and utilization of faculty, both full- and part time, is determined by quarterly enrollment in the Program. Faculty-to-student ratios are adjusted as needed for the instruction of theory in each course, with a recommended maximum ratio of 1 to 24. In 2006, Herbert found that when enrollment numbers increase in courses, students experience less direct individual contact with faculty, and that many faculty members perceive that the quality of education declines as they have less interaction with students and a limited ability to influence individual learning needs (Taft, Perkowski, & Martin, 2011).

The following table provides the faculty-to-student ratios for the 2012 Fall Quarter.

Course Name	# of Faculty	# of Students	Faculty : Student Ratio
Dimensions of Professional Nursing	2	36	1:18
Quality and Safety in Nursing	1	20	1:20
Applied Pathophysiology	1	19	1:19
Health Assessment	1	17	1:17
Nursing Research	1	8	1:8
Nursing Informatics	1	9	1:9
Transcultural Nursing	1	11	1:11
Introduction to Alternative and Complementary Therapies	1	11	1:11
Public Health and Community Nursing	1	7	1:7
Leadership and Management in Nursing	1	6	1:6
Nursing Capstone	1	5	1:5
Overall Program Total	**12**	**149**	**1:12 (Average)**

EVALUATION METHOD

Development of the Systematic Evaluation Plan by Faculty
The systematic plan for evaluation (SPE) is currently in development and is being designed to direct the incorporation of a comprehensive guide for continuous programmatic assessment. The SPE will be evaluated and updated regularly to ensure its effectiveness (Hamner & Bentley, 2003), as it will be essential to the achievement of programmatic outcomes, student learning outcomes, demonstration of the College's support systems, and compliance with the NLNAC standards. As a new program, faculty members have begun work on the systematic evaluation plan by focusing on the interrelationship among the mission, curriculum, and new QSEN standards. Based upon their analysis, faculty have made changes to the School of Nursing's mission, philosophy, student learning outcomes, course descriptions, and learning objectives. Evidence of faculty involvement with the systematic evaluation plan will be documented through faculty meeting minutes.

How the Systematic Evaluation Plan Addresses the Student Learning Outcomes, Program Outcomes, and NLNAC Standards
Preliminary work on the systematic evaluation plan addresses the measurement of student learning outcomes through faculty-developed course learning activities. Each course in the Program has a designated activity whose outcomes map to course objectives and programmatic learning outcomes. To ensure the Program gathers uniform information on student performance on these projects, faculty has developed rubrics for each project. In addition, faculty has created a single rubric for grading student participation in online discussions. In using a single grading rubric, students and faculty will know the expectations within online discussions, and faculty will be able to see the progress each student makes from the beginning to the end of the Program. See *Exhibit 5 – Project Assignments* for the learning activities and accompanying rubrics.

The Program outcomes incorporate direct and indirect measures of assessment from internal and external constituents. The course learning activities provided in *Exhibit 5* will be collected to form part of the graduate portfolio. The graduate portfolio is a summative program assessment, and it represents a direct measure of student learning within the Program outcomes. The Program outcomes table provided in *Exhibit 9 – Program Outcomes*, presents key program performance indicators which filter up from various assessments within the systematic plan of evaluation. Indicators being considered include graduate portfolios, program completion rates, end-of-quarter evaluations (course reviews) by students, graduate surveys, employer surveys, job placement, course reviews, and faculty professional development.

Examples of Data Collection, Analyses, Trending, and Use for the Assessment of Student Learning Outcomes
Although the Program is new, retention data and end-of-quarter evaluations have been collected regularly, offering some preliminary indicators of the level of student satisfaction with the Program. The fact that the Program has been retaining students at a high rate, close to 90% each quarter, is a strong indicator that students are highly satisfied with the Program overall. Conversely, students report a lack of time for family and/or work, as their primary reasons for withdrawing from the Program. To address these issues, admissions representatives discuss with prospective students the challenges that some students have faced in balancing family and work with going to school. Once enrolled, the Program has

advisors who continue to provide students with options and support when balancing life and school. As the Program matures, it will have more data to draw upon regarding issues that lead students to drop, along with solutions which have helped students overcome these obstacles; the Program will continue to review its retention rates each quarter.

While retention data may indicate student satisfaction with the Program overall, student end-of-quarter evaluations are used to determine student perceptions of individual courses. The RN to BSN degree program is following the College's end-of-quarter goal of scoring 4.25 (out of 5) on student end-of-quarter evaluations. Cumulative scores for the last four quarters are as follows:

Fall 2011	3.83
Winter 2012	4.27
Spring 2012	4.45
Summer 2012	4.38

End-of-quarter evaluations will be shared with faculty during monthly meetings and faculty performance evaluations, and the Dean of the RN to BSN degree program will use the evaluations to assess achievement of the College's expectations.

Specific Examples of Program Changes Made by the Faculty Using the Data
Since the Program began, data has been used to guide changes in the School of Nursing's mission, philosophy, and nursing program courses. One example is the decision to revise the School of Nursing's mission and philosophy following the adoption of QSEN competencies as the curricular framework for the nursing programs. As a result, changes to the student learning outcomes followed, which led to revisions to course descriptions, course objectives, and the development of learning activities that would allow for measurement of the newly adopted program outcomes. Curricular changes are underway to align with the revisions and to date, three courses have been modified and two courses are being redeveloped.

The development of new learning activities has also led to improved performance expectations for course projects and online discussions. These changes are expected to improve data collection activities to assess for achievement of student learning outcomes. As part of the ongoing assessment process, the School of Nursing, in collaboration with the institution's Online Course Development Team and the designated subject matter expert, is in the process of mapping the Program's course objectives to the assignments and developing content to improve student learning outcomes. This mapping will be validated in the future through ongoing assessment activities. As mentioned above, some of the measures identified, along with some of the preliminary findings to date, are provided in *Exhibit 9 – Program Outcomes*.

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EXHIBITS

EXHIBIT 1 - PROGRAM APPROVALS

1.1 - Florida Commission for Independent Education (CIE)
1.2 - Higher Learning Commission (HLC) of the North Central
1.3 - State of Wisconsin Educational Approval Board

EXHIBIT 2 - RASMUSSEN COLLEGE CATALOG – FLORIDA

Rasmussen College Catalog - Florida

EXHIBIT 3 - CURRICULUM MATRIX

RN to BSN Curriculum Matrix

EXHIBIT 4 - ABBREVIATED SYLLABI

RN to BSN Program Syllabus

EXHIBIT 5 - PROJECT ASSIGNMENTS

5.1 - Health Assessment project & Rubric
5.2 - Windshield Survey & Rubric
5.3 - Community nursing project
5.4 - Discussion Rubric

EXHIBIT 6 - COURSE SEQUENCE CHART

EXHIBIT 7 - FACULTY PROFILES

RN to BSN Faculty Profile Table

EXHIBIT 8 - FACULTY SCHOLARSHIP

RN to BSN Faculty Scholarship Table

EXHIBIT 9 - PROGRAM OUTCOMES

RN to BSN Program Outcomes Table

FLORIDA DEPARTMENT OF EDUCATION

STATE BOARD OF EDUCATION

T. WILLARD FAIR, *Chairman*

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Dr. Eric J. Smith
Commissioner of Education

Just Read, Florida!

August 31, 2010

Rasmussen College
9160 Forum Corporate Parkway, Suite 100
Ft. Myers, FL 33905

Attention: Eric Whitehouse

Subject: ID #3666

Dear Mr. Whitehouse:

The Commission for Independent Education has received your request to add the following program(s):

RN to BSN - Bachelors - 181 Credit Hours

Commission staff has reviewed your request and the program(s) will be added to our database information for the Ft. Myers location.

Thank you for keeping the Commission informed of changes in the offerings for Rasmussen College.

Sincerely,

Samuel L. Ferguson
Executive Director

Commission for Independent Education

Approved Data

Rasmussen College (ID# 3666)

Corporation Data

Name: Webster College, Inc.
Foreign or Domestic: Domestic **Profit or Non Profit:** Profit

Address Data

9160 Forum Corporate Parkway, Suite 100
Ft. Myers, FL 33905
Lee County

Contact Data

Contact: Eric Whitehouse
Phone: (239) 477-2100 **Phone Ext:**
Fax: (239) 477-2101
E-Mail: Eric.Whitehouse@rasmussen.edu
Web Site: www.rasmussen.edu

License Data

Lic #: 3225 **Campus Type:** Branch
Lic Status: License By Means of Accreditation
Program Specialist: Mary Hamm
Annual Review Date: 11/30/2010

Accredited by:	Level of Accreditation:	Last Granted:	Renewal Date:	Next visit Scheduled:
HLC NCA	Institutional	04/29/2010	04/30/2020	

Program Title as Licensed:	Hours:		Degree Type:	Credential:
	Clock	Credit		
Accounting		93	AS	Associate in Science
Accounting		181	BS	Bachelors
Business Administration		183	BS	Bachelors
Business Management		95	AS	Associate in Science
Criminal Justice		93	AS	Associate in Science
Criminal Justice		183	BS	Bachelors
Digital Design and Animation		183	BS	Bachelors
Early Childhood Education		93	AS	Associate in Science
Game and Simulation Programming		184	BS	Bachelors
Health Information Technician		93	AS	Associate in Science
Healthcare Management		180	BS	Bachelors
Human Services		90	AS	Associate in Science
Information System Management		96	AS	Associate in Science
Medical Administration		92	AS	Associate in Science
Medical Assisting		91	AS	Associate in Science
Medical Assisting	740	62		Diploma
Medical Coding	650	59		Diploma
Medical Laboratory Technician		111	AS	Associate in Science
Multimedia Technologies		95	AS	Associate in Science

Mary Hamm
Program Specialist
Commission for Independent Education

Rasmussen College (ID# 3666)

Office Management		94	AS	Associate in Science
Paralegal	690	61		Diploma
Paralegal		94	AS	Associate in Science
Pharmacy Technician		92	AS	Associate in Science
Professional Nursing		113	AS	Associate in Science
RN to BSN		181	BSN	Bachelors

Mary Hamm
Program Specialist
Commission for Independent Education

Review Alpha Document List

search... Search HLC

Site Documents

A Commission of the North Central Association of Colleges and Schools

Currently or Previously Affiliated Institutions - 09/17/2012

Information provided on the Statement of Affiliation Status reflects the most recent actions of the Commission. The Commission has a multi-level decision process. Any institutional changes that are currently under review are not made public until final action has been taken.

Rasmussen College

8300 Norman Center Dr., Suite 300
Bloomington, MN 55437-0000
(952) 806-3900 (Main Phone)

www.rasmussen.edu

Statement of Affiliation Status Click here for definitions...

Chief Executive Officer: **Ms. Kristi A. Waite, President**
HLC Institution ID: **2115**
Current Accreditation Status: **Accredited**
Candidacy Date(s): **1995**
Accreditation Date(s): **2001**
Year of Last PEAQ Comprehensive Evaluation: **2009 - 2010**
Year of Next PEAQ Comprehensive Evaluation: **2019 - 2020**

Last Action: **05/23/2012**

Control: **Private FP**
Degrees Awarded (details below): **Associate's, Bachelor's**

Stipulations on Affiliation Status:

Accreditation at the Bachelor's level is approved in keeping with the institution's declared mission, and with the approval by the respective states where campuses are located.

Approval of New Degree Locations:

Approved for Expedited Desk Review Program.

Approval of Distance and Correspondence Courses and Programs:

The institution has been approved under Commission policy to offer up to 100% of its total degree programs through distance education. The processes for expanding distance education are defined in other Commission documents.

Reports Required:

Monitoring Report: 12/01/2012; A report that addresses sufficient faculty to ensure oversight of the program and consistency of curriculum and that confirms full implementation of assessment processes. This report should address both the Mokena/Tinley Park and Appleton campuses.

Other Visits Scheduled:

None.

Organizational Profile Click here for definitions...

Enrollment Headcount (last updated: 04/26/2012)

	Full-Time	Part-Time
Undergraduate:	6604	9528
Graduate:	0	0
Dual enrollment (high school) programs:	72	

Degree Programs (last updated: 04/26/2012)

	Programs Offered	Degrees Awarded in Last Reported Year
Associate Degrees	23	2475

Bachelors Degrees	16	397
Masters Degrees	0	0
Specialist Degrees	0	0
Doctoral Degrees	0	0

Certificate Programs (last updated: 04/26/2012)

	Programs Offered	Certificates Awarded in Last Reported Year
Certificates	21	125

Off-Campus Activities (last updated: 04/26/2012)

In-State:	Campuses:	Blaine (Rasmussen College - Blaine) ; Bloomington (Rasmussen College--Bloomington) ; Brooklyn Park (Brooklyn Park Campus) ; Eagan (Rasmussen College - Eagan) ; Lake Elmo (Rasmussen College - Lake Elmo) ; Mankato (Rasmussen College - Mankato) ; Moorhead (Rasmussen College - Moorhead) ; St. Cloud (Rasmussen College - St. Cloud)
	Additional Locations:	None
Out-of-State:	Campuses:	Ft. Myers, FL (Rasmussen College-Ft. Myers) ; Land O' Lakes, FL (Rasmussen College - Pasco) ; New Port Richey, FL (Rasmussen College New Port Richey) ; Ocala, FL (Rasmussen College - Ocala) ; Ocala, FL (Rasmussen College Ocala School of Nursing & Massage) ; Tampa, FL (Rasmussen College-Tampa/Brandon) ; Aurora, IL (Rasmussen College Aurora) ; Mokena, IL (Rasmussen College - Tinley Park / Mokena) ; Rockford, IL (Rasmussen College - Rockford) ; Romeoville, IL (Rasmussen College Romeoville) ; Bismarck, ND (Rasmussen College - Bismarck) ; Fargo, ND (Rasmussen College - Fargo) ; Appleton, WI (Rasmussen College-Appleton) ; Green Bay, WI (Rasmussen College - Green Bay) ; Wausau, WI (Rasmussen College - Wausau)
	Additional Locations:	None
Out-of-U.S.:	Campuses:	None
	Additional Locations:	None

Higher Learning Commission • 230 South LaSalle Street, Suite 7-500 • Chicago, IL 60604
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State of Wisconsin / Educational Approval Board

30 West Mifflin Street
P.O. Box 8696
Madison, Wisconsin 53708-8696
Phone: (608) 266-1996
Fax: (608) 264-8477
EABmail@eab.state.wi.us

Jim Doyle
Governor

David C. Dies
Executive Secretary

September 7, 2010

Ken Fruitrail
Accreditation and Licensing Specialist
Rasmussen College
Eagle Point Office Center II
8550 Hudson Boulevard, Suite 110
Lake Elmo, MN 554042

Dear Ken:

I am pleased to inform you that the Educational Approval Board (EAB), under Wis. Stats. 38.50, approved your application for the new program as listed below. The approval is effective today, and the school can begin advertising. However classes are not authorized to start until January of 2011. The approval is only for Rasmussen's Green Bay Campus. It does not include the Appleton or Wausau campuses, as approval for those locations has not yet been granted by the Board of Nursing.

Name of Program	Length of Program
A.A.S. – Professional Nursing	112 Quarter Credits

The program will prepare students to sit for the National Council Licensing Examination for Registered Nurses (NCLEX-RN) Exam.

Congratulations on the approval of your new program. If you have any questions you can contact me at (608) 266-3705 or linda.heidtman@eab.state.wi.us, or Zach Galin at (608) 266-3185 or zachary.galin@eab.state.wi.us.

Sincerely,

Linda Heidtman

Linda Heidtman
School Administration Consultant

C Jill M. Remy, DRL

Iris G. Cornell

cornelliris@hotmail.com • 14249 N. Henderson Rd, Otisville, MI 48463• 810-347-0376

Education

Capella University, Minneapolis, MN

2011 Doctorate of Philosophy in Education with specialization in Nursing Education

Walden University, Baltimore, MD

2008 Masters of Science in Nursing with specialization in Nursing Education

University of Michigan-Flint, Flint, MI

2006 Bachelors of Science in Nursing

Mott College, Flint MI

1981 Associates Degree in Nursing

Academic Experience

Rasmussen College

Ocala, Florida

Dean RN to BSN Program

11/01/2012 – Current

Educational Administrator

Chamberlain College Of Nursing

Downers Grove, Illinois

Faculty Manager for SDBSN Options and Prelicensure BSN Options Online

02/06/2012 – 11/18/2012

Manager of Faculty and Development Online

Chamberlain College Of Nursing

Downers Grove, Illinois

Visiting Professor

12/2009 – 11/2012

Adjunct Faculty/Visiting Professor in RN to BSN program online

Grand Canyon University

Phoenix, Arizona

Adjunct Nursing Faculty

08/2011 – 02/2012

Online Nursing Faculty in RN to BSN program

Instructional Connections, Org
Dallas/Fort Worth, Texas
Academic Coach
02/2010 – 12/2011
Nursing Coach for MSN and RN to BSN program at University of Texas-Arlington online

Kaplan University
Dubuque, Iowa
Adjunct Nursing Professor
09/2011 – 02/2012
Adjunct Faculty Professor in RN to BSN program online

University of Michigan-Flint
Flint, Michigan
Nursing Faculty Online and Clinical
09/2008 – 04/2012
Nursing Faculty/Clinical Instructor in RN to BSN program and Traditional BSN program

Florida Hospital College of Health Sciences
Orlando, Florida
Adjunct Nursing Faculty
09/2008 – 12/2011
Nursing Faculty in RN to BSN program online

Nursing Experience

Genesys Regional Medical Center 1995 - 2010

Grand Blanc, MI
Staff Nurse – Part Time

- Staff nurse in ambulatory, postop cardiac catherization lab, recovery room large and small cases of all ages, pre op and post op general and specialized surgeries, emergency room, medical surgical.

Health Plus of Michigan 1989 - 1994

Flint, MI
Nursing Coordinator – Full Time

- Utilization Review, Quality Assurance, and Benefits
- Site visits, records review, auditing pre op and benefits, educational program development for physicians, research collection and development of asthma program for enrollees
- ABQAURP Diplomat

Bay Valley Home Care and Hospice *1987-1989*

Flint, MI

Home Care Coordinator and Hospice Nurse – Part Time

Flint Osteopathic Hospital 1984 - 1987

Flint, MI

Staff Nurse– Full Time and Part Time

- ICU/CCU/ED/Telemetry/Oncology

St. Joseph Hospital 1981 - 1984

Flint, MI

Staff Nurse in Critical Care - Full Time

- Surgical ICU and Progressive ICU

Publication

Test Anxiety and Academic Performance in Nursing: The Effects of a Test Taking Intervention

ProQuest, August 2011

Honors & Awards

Daisy Award 2008

- Genesys Hospital for outstanding performance in patient and patient satisfaction

Honorable Award for Scholarship 2008

- Genesys Hospital for MSN Scholarship

Organizations

Honor Society of Nursing Sigma Theta Tau International
Standord's Who's Who

Professional Nursing Licensure

Michigan RN License - Active
Iowa RN License - Active
Florida RN License - Active

Due to the document size
the Rasmussen College Catalog
will be sent separately

RN to BSN Program Curriculum Matrix

Outcome Abilities	Nursing Education Unit Outcomes	Student Learning Outcomes	Dimensions of Professional Nursing	Quality and Safety in Nursing	Applied Pathophysiology	Health Assessment
Patient Centered Care <u>Core Values / Competencies</u> • Caring • Community • Diversity • Holism	Integrate evidence, clinical judgment, interprofessional perspectives, and client preferences in planning, implementing, and evaluating outcomes of care. Use elevated critical thinking skills effectively by integrating current evidence based practice and clinical expertise to determine the relevance and application in the delivery of optimal, safe, quality nursing care. Develop a beginning understanding of complementary and alternative modalities and their role in health care. Recognize the client as a full partner in providing holistic, compassionate, socio-culturally appropriate, ethical, spiritual and coordinated care based on respect for the client preferences, values, and needs.	Demonstrate ability to provide safe, evidence-based, client centered care to diverse individuals and groups utilizing a holistic approach. Facilitate patient, family, and community preferences, values, and needs when teaching and in the coordination and integration of care across the life span.	Discuss future challenges of the nursing profession.	Recognize that nursing and other healthcare professionals are part of a system of care that affects the outcomes for patients and families.	Analyze the etiology and pathophysiological alterations associated with selected health conditions. Examine concepts of pain and suffering in the context of physiologic pain and comfort.	Develop and demonstrate competency in advanced human physical assessment. Demonstrate knowledge of physical assessment techniques and diagnostic procedures indicated for selected health alterations. Synthesize the findings from health history, physical examination, and diagnostic procedures, in order to differentiate diagnoses and formulate a problem list using the nursing process.

Outcome Abilities	Nursing Education Unit Outcomes	Student Learning Outcomes	Dimensions of Professional Nursing	Quality and Safety in Nursing	Applied Pathophysiology	Health Assessment
Teamwork and Collaboration <u>Core Values / Competencies</u> • Communication • Leadership • Integrity • Professionalism	Apply leadership concepts, skills, and decision making in the provision of high quality nursing care, healthcare team coordination, and the oversight and accountability for delivery in a variety of settings. Demonstrate principles of leadership and management in the improvement of quality nursing care through clinical judgment and accepting accountability for client outcomes when delegating to and supervising other members of the health care team. Collaborate with others to develop an intervention plan that takes into account determinants of health, available resources, and the range of activities that contribute to health and the prevention of illness, injury, disability, and premature death.	Apply current and relevant information, technology and nursing research when communicating and collaborating with the health care team.	Explore and recognize evidence of Nursing as a profession. Identify key elements of healthcare organizations and how nursing delivery systems impact the organization. Discuss future challenges of the nursing profession.	Recognize that nursing and other healthcare professionals are part of a system of care that affects the outcomes for patients and families. Summarize various external healthcare agencies' approaches to overseeing quality and safety in healthcare settings.	Discuss prevalence of pathophysiological changes in special populations.	Communicate the findings to the patient and interprofessional team, based on a caring, holistic approach.

Outcome Abilities	Nursing Education Unit Outcomes	Student Learning Outcomes	Dimensions of Professional Nursing	Quality and Safety in Nursing	Applied Pathophysiology	Health Assessment
Evidence-Based Practice <u>Core Values / Competencies</u> • Critical Thinking • Nursing Process • Life-long Learning • Nursing Research	Integrate evidence, clinical judgment, interprofessional perspectives, and client preferences in planning, implementing, and evaluating outcomes of care. Use elevated critical thinking skills effectively by integrating current evidence based practice and clinical expertise to determine the relevance and application in the delivery of optimal, safe, quality nursing care. Sythesize theoretical and empirical knowledge from the liberal arts and nursing sciences to promote detailed decision making and culturally competent safe care. Integrate knowledge of theory, research, communication skills, technology and informatics within the scope of the baccalaureate nursing role.	Formulate and demonstrate clinical judgment and decision making skills that are consistent with the nursing process and professional nursing practice within the healthcare arena.	Explain the differences between evidence-based practice, critical thinking, and clinical judgment. Discuss future challenges of the nursing profession.	Describe activities that create a culture of safety. Describe how nursing research influences the choice of safe interventions in the provision of nursing care.	Analyze the etiology and pathophysiological alterations associated with selected health conditions. Examine relevant research as a basis for explaining the pathophysiological changes associated with selected health alterations. Apply pathophysiological principles to case situations to identify appropriate nursing approaches. Examine concepts of pain and suffering in the context of physiologic models of pain and comfort.	

Outcome Abilities	Nursing Education Unit Outcomes	Student Learning Outcomes	Dimensions of Professional Nursing	Quality and Safety in Nursing	Applied Pathophysiology	Health Assessment
Quality Improvement <u>Core Values / Competencies</u> • Life-long Learning • Excellence • Outcome Focus	Integrate evidence, clinical judgment, interprofessional perspectives, and client preferences in planning, implementing, and evaluating outcomes of care. Collaborate with others to develop an intervention plan that takes into account determinants of health, available resources, and the range of activities that contribute to health and the prevention of illness, injury, disability, and premature death. Promote the nursing profession and advance social justice for the individuals in need of health care.	Apply organizational, leadership, and management concepts in the provision and delegation of quality nursing care. Analyze the professional role of nursing and discuss the importance of continuing education, life-long learning, and the relevance of graduate study.	Explore and recognize evidence of Nursing as a profession. Demonstrate knowledge of ethical and legal expectations in Nursing. Identify key elements of healthcare organizations and how nursing delivery systems impact the organization. Discuss future challenges of the nursing profession.	Critique critical factors related to defining quality improvement and safety. Critique various quality indicators and report cards and discuss their relevance to nursing practice.	Examine concepts of pain and suffering in the context of physiologic models of pain and comfort.	Synthesize the findings from health history, physical examination, and diagnostic procedures in order to differentiate diagnoses and formulate a problem list using the nursing process.

Outcome Abilities	Nursing Education Unit Outcomes	Student Learning Outcomes	Dimensions of Professional Nursing	Quality and Safety in Nursing	Applied Pathophysiology	Health Assessment
Safety <u>Core Values / Competencies</u> • Technical skills • Life-long Learning • Excellence • Ethics	Apply safeguards and decision making support tools embedded in patient care technologies and information systems to support a safe practice environment for both clients and healthcare workers. Use elevated critical thinking skills effectively by integrating current evidence based practice and clinical expertise to determine the relevance and application in the delivery of optimal, safe, quality nursing care. Promote the nursing profession and advance social justice for the individuals in need of health care.	Synthesize nursing knowledge, skills, and professional attitudes with competency when planning care for clients, families and communities across the life span. Practice and demonstrate professional nursing behaviors within the ethical, legal, moral, and regulatory framework of the profession.	Demonstrate knowledge of ethical and legal aspects in nursing. Explain the differences between evidence-based practice, critical thinking, and clinical judgment. Identify key elements of healthcare organizations and how nursing delivery systems impact the organization.	Summarize various external healthcare agencies' approaches to overseeing quality and safety in healthcare settings.	Examine concepts of pain and suffering in the context of physiologic models of pain and comfort.	Develop and demonstrate competency in advanced human physical assessment. Demonstrate knowledge of physical assessment techniques and diagnostic procedures indicated for selected health alterations. Analyze data from the history, physical examination, diagnostic procedures, and informatics technology to differentiate normal from abnormal findings.

Outcome Abilities	Nursing Education Unit Outcomes	Student Learning Outcomes	Dimensions of Professional Nursing	Quality and Safety in Nursing	Applied Pathophysiology	Health Assessment
Informatics <u>Core Values / Competencies</u> • Technology skills • Technology in client care • Decision making	Apply safeguards and decision making support tools embedded in patient care technologies and information systems to support a safe practice environment for both clients and healthcare workers. Integrate knowledge of theory, research, communication skills, technology and informatics within the scope of the baccalaureate nursing role.	Analyze the professional role of nursing and discuss the importance of continuing education, life-long learning, and the relevance of graduate study.	Describe educational opportunities in the nursing profession. Identify key elements of healthcare organizations and how nursing delivery systems impact the organization. Discuss future challenges of the nursing profession.	Demonstrate professional nursing judgment by evaluating various approaches and methods to improve quality and safety in healthcare settings and organizations.	Analyze the etiology and pathophysiological alterations with selected health conditions. Examine relevant research as a basis for explaining the pathophysiological changes associated with selected health alterations.	Interpret underlying pathophysiology for selected abnormal findings. Synthesize the findings from health history, physical examination and diagnostic procedures, in order to differentiate diagnoses and formulate a problem list using the nursing process.

Outcome Abilities	Nursing Education Unit Outcomes	Student Learning Outcomes	Nursing Research	Nursing Informatics	Transcultural Nursing	Introduction to Alternative and Complementary Therapies
Patient Centered Care <u>Core Values / Competencies</u> • Caring • Community • Diversity • Holism	Integrate evidence, clinical judgment, interprofessional perspectives, and client preferences in planning, implementing, and evaluating outcomes of care. Use elevated critical thinking skills effectively by integrating current evidence based practice and clinical expertise to determine the relevance and application in the delivery of optimal, safe, quality nursing care. Develop a beginning understanding of complementary and alternative modalities and their role in health care. Recognize the client as a full partner in providing holistic, compassionate, socio-culturally appropriate, ethical, spiritual and coordinated care based on respect for the client preferences, values, and needs.	Demonstrate ability to provide safe, evidence-based, client centered care to diverse individuals and groups utilizing a holistic approach. Facilitate patient, family, and community preferences, values, and needs when teaching and in the coordination and integration of care across the life span.			Analyze nursing strategies for providing patient centered care for diverse groups and cultures. Discuss principles of effective communication with diverse groups of people. Analyze the relationship between health systems and policy development in meeting the health needs of vulnerable populations. Examine patient barriers associated with participation in their own health care.	Recognize patients preferences, values, and needs related to alternative and complementary therapies. Analyze client use of alternative and complementary therapies.

Outcome Abilities	Nursing Education Unit Outcomes	Student Learning Outcomes	Nursing Research	Nursing Informatics	Transcultural Nursing	Introduction to Alternative and Complementary Therapies
Teamwork and Collaboration <u>Core Values / Competencies</u> • Communication • Leadership • Integrity • Professionalism	Apply leadership concepts, skills, and decision making in the provision of high quality nursing care, healthcare team coordination, and the oversight and accountability for delivery in a variety of settings. Demonstrate principles of leadership and management in the improvement of quality nursing care through clinical judgment and accepting accountability for client outcomes when delegating to and supervising other members of the health care team. Collaborate with others to develop an intervention plan that takes into account determinants of health, available resources, and the range of activities that contribute to health and the prevention of illness, injury, disability, and premature death.	Apply current and relevant information, technology and nursing research when communicating and collaborating with the health care team.		Examine the benefits and limitations of different communication technologies and their impact on mitigating errors and supporting healthcare.	Discuss principles of effective communication with diverse groups of people.	Discuss the importance of collaboration within healthcare teams providing safe, alternative and complementary interventions.

Outcome Abilities	Nursing Education Unit Outcomes	Student Learning Outcomes	Nursing Research	Nursing Informatics	Transcultural Nursing	Introduction to Alternative and Complementary Therapies
Evidence-Based Practice <u>Core Values / Competencies</u> • Critical Thinking • Nursing Process • Life-long Learning • Nursing Research	Integrate evidence, clinical judgment, interprofessional perspectives, and client preferences in planning, implementing, and evaluating outcomes of care. Use elevated critical thinking skills effectively by integrating current evidence based practice and clinical expertise to determine the relevance and application in the delivery of optimal, safe, quality nursing care. Sythesize theoretical and empirical knowledge from the liberal arts and nursing sciences to promote detailed decision making and culturally competent safe care. Integrate knowledge of theory, research, communication skills, technology and informatics within the scope of the baccalaureate nursing role.	Formulate and demonstrate clinical judgment and decision making skills that are consistent with the nursing process and professional nursing practice within the healthcare arena.	Describe the link between research and the development of evidence-based practices in nursing. Appraise, read, interpret, and critique a variety of nursing research. Critique the significance of potential research problems and barriers such as sample size, statistical evidence, criteria, plan, population, and bias. Describe how validity and reliability impact research. Synthesize research findings for use in nursing practice.	Discuss data acquisition, data management, and information processing.		Examine various alternative and complementary therapies. Evaluate safe use of alternative and complementary therapies.

Outcome Abilities	Nursing Education Unit Outcomes	Student Learning Outcomes	Nursing Research	Nursing Informatics	Transcultural Nursing	Introduction to Alternative and Complementary Therapies
Quality Improvement <u>Core Values / Competencies</u> • Life-long Learning • Excellence • Outcome Focus	Integrate evidence, clinical judgment, interprofessional perspectives, and client preferences in planning, implementing, and evaluating outcomes of care. Collaborate with others to develop an intervention plan that takes into account determinants of health, available resources, and the range of activities that contribute to health and the prevention of illness, injury, disability, and premature death. Promote the nursing profession and advance social justice for the individuals in need of health care.	Apply organizational, leadership, and management concepts in the provision and delegation of quality nursing care. Analyze the professional role of nursing and discuss the importance of continuing education, life-long learning, and the relevance of graduate study.	Describe the link between research and the development of evidence-based practices in nursing. Appraise, read, interpret, and critique a variety of nursing research. Critique the significance of potential research problems and barriers such as sample size, statistical evidence, criteria, plan, population, and bias. Describe how validity and reliability impact research.	Evaluate managing health care data within the social, legal, and ethical context of the complexity of healthcare. Examine healthcare informatics from a regulation, accreditation, and security issue perspective.	Formulate a family health and wellness plan based on the assessment findings of a family. Analyze the relationship between health systems and policy development in meeting the health needs of vulnerable populations.	Examine various alternative and complementary therapies. Explore unsafe use of alternative and complementary therapies used commonly in diverse cultures.

Outcome Abilities	Nursing Education Unit Outcomes	Student Learning Outcomes	Nursing Research	Nursing Informatics	Transcultural Nursing	Introduction to Alternative and Complementary Therapies
Safety <u>Core Values / Competencies</u> • Technical skills • Life-long Learning • Excellence • Ethics	Apply safeguards and decision making support tools embedded in patient care technologies and information systems to support a safe practice environment for both clients and healthcare workers. Use elevated critical thinking skills effectively by integrating current evidence based practice and clinical expertise to determine the relevance and application in the delivery of optimal, safe, quality nursing care. Promote the nursing profession and advance social justice for the individuals in need of health care.	Synthesize nursing knowledge, skills, and professional attitudes with competency when planning care for clients, families and communities across the life span. Practice and demonstrate professional nursing behaviors within the ethical, legal, moral, and regulatory framework of the profession.	Synthesize research findings for use in nursing practice.	Integrate information technology (IT), culture, processes, roles, and applications in the practice of nursing. Evaluate managing health care data within the social, legal, and ethical context of the complexity of healthcare. Examine healthcare informatics from a regulation, accreditation, and security issue perspective.	Describe the safety concerns that may be associated with some cultural practices and beliefs.	Examine various alternative and complementary therapies. Evaluate safe use of alternative and complementary therapies. Discuss the importance of collaboration within healthcare teams providing safe, alternative and complementary interventions. Explore unsafe use of alternative and complementary therapies used commonly in diverse cultures.

Outcome Abilities	Nursing Education Unit Outcomes	Student Learning Outcomes	Nursing Research	Nursing Informatics	Transcultural Nursing	Introduction to Alternative and Complementary Therapies
Informatics <u>Core Values / Competencies</u> • Technology skills • Technology in client care • Decision making	Apply safeguards and decision making support tools embedded in patient care technologies and information systems to support a safe practice environment for both clients and healthcare workers. Integrate knowledge of theory, research, communication skills, technology and informatics within the scope of the baccalaureate nursing role.	Analyze the professional role of nursing and discuss the importance of continuing education, life-long learning, and the relevance of graduate study.	Describe the link between research and the development of evidence-based practices in nursing. Appraise, read, interpret, and critique a variety of nursing research. Conduct a search of the literature and write a literature review.	Integrate information technology (IT), culture, processes, roles, and applications in the practice of nursing. Discuss theoretical models of nursing informatics. Discuss data acquisition, data management, and information processing. Examine healthcare informatics from a regulation, accreditation and security issue perspective.	Discuss the principle organizations, institutions, and services involved in the provision of health care throughout the world. Compare the application of nursing assessment and intervention techniques to specific cultural groups.	Examine various alterative and complementary therapies. Evaluate safe use of alternative and complementary therapies.

Outcome Abilities	Core Values / Competencies	Student Learning Outcomes	Public Health and Community Nursing	Leadership and Management in Nursing	Nursing Capstone	
Patient Centered Care <u>Core Values / Competencies</u> • Caring • Community • Diversity • Holism	Integrate evidence, clinical judgment, interprofessional perspectives, and client preferences in planning, implementing, and evaluating outcomes of care. Use elevated critical thinking skills effectively by integrating current evidence based practice and clinical expertise to determine the relevance and application in the delivery of optimal, safe, quality nursing care. Develop a beginning understanding of complementary and alternative modalities and their role in health care. Recognize the client as a full partner in providing holistic, compassionate, socio-culturally appropriate, ethical, spiritual and coordinated care based on respect for the client preferences, values, and needs.	Demonstrate ability to provide safe, evidence-based, client centered care to diverse individuals and groups utilizing a holistic approach. Facilitate patient, family, and community preferences, values, and needs when teaching and in the coordination and integration of care across the life span.	Analyze health promotion theories and strategies that are evidence-based, culturally competent, and appropriate to communities.		Demonstrate the use of critical thinking as a basis for decision making in clinical practice. Integrate health promotion / wellness strategies in planning holistic nursing care for clients, families, and/or communities. Discuss a case from your clinical experience that exemplifies the nursing or patient care concern and its relation to QSEN competencies.	

Outcome Abilities	Core Values / Competencies	Student Learning Outcomes	Public Health and Community Nursing	Leadership and Management in Nursing	Nursing Capstone	
Teamwork and Collaboration <u>Core Values / Competencies</u> • Communication • Leadership • Integrity • Professionalism	Apply leadership concepts, skills, and decision making in the provision of high quality nursing care, healthcare team coordination, and the oversight and accountability for delivery in a variety of settings. Demonstrate principles of leadership and management in the improvement of quality nursing care through clinical judgment and accepting accountability for client outcomes when delegating to and supervising other members of the health care team. Collaborate with others to develop an intervention plan that takes into account determinants of health, available resources, and the range of activities that contribute to health and the prevention of illness, injury, disability, and premature death.	Apply current and relevant information, technology and nursing research when communicating and collaborating with the health care team.	Discuss the importance of collaboration and teamwork in public health and community health nursing. Examine community health nursing roles within the core functions and essential services of public health. Discuss how government and health agencies impact the practice of community health.	Analyze strategies for communicating therapeutically and professionally in a variety of healthcare settings. Analyze the importance of teamwork and collaboration in the delivery of patient centered care in diverse settings.	Apply clinical decision-making to organize and prioritize care, and in delegating tasks to other health care providers. Discuss a case from your clinical experience that exemplifies the nursing or patient care concern and its relation to QSEN competencies.	

Outcome Abilities	Core Values / Competencies	Student Learning Outcomes	Public Health and Community Nursing	Leadership and Management in Nursing	Nursing Capstone	
Evidence-Based Practice <u>Core Values / Competencies</u> • Critical Thinking • Nursing Process • Life-long Learning • Nursing Research	Integrate evidence, clinical judgment, interprofessional perspectives, and client preferences in planning, implementing, and evaluating outcomes of care. Use elevated critical thinking skills effectively by integrating current evidence based practice and clinical expertise to determine the relevance and application in the delivery of optimal, safe, quality nursing care. Sythesize theoretical and empirical knowledge from the liberal arts and nursing sciences to promote detailed decision making and culturally competent safe care. Integrate knowledge of theory, research, communication skills, technology and informatics within the scope of the baccalaureate nursing role.	Formulate and demonstrate clinical judgment and decision making skills that are consistent with the nursing process and professional nursing practice within the healthcare arena.	Apply the basic principles of epidemiology and environmental health within population health. Analyze health promotion theories and strategies that are evidence-based, culturally competent, and appropriate to communities. Compare levels of prevention and analyze health promotion strategies of various aggregates in the community.	Apply leadership skills in guiding and influencing individuals and groups in development of evidence-based management approaches. Discuss safety and improvement priorities in the work environment that will encourage organizational excellence.	Apply and evaluate best practice solutions based on evidence and clinical expertise in the delivery of nursing care. Discuss a case from your clinical experience that exemplifies the nursing or patient care concern and its relation to QSEN competencies.	

Outcome Abilities	Core Values / Competencies	Student Learning Outcomes	Public Health and Community Nursing	Leadership and Management in Nursing	Nursing Capstone	
Quality Improvement <u>Core Values / Competencies</u> • Life-long Learning • Excellence • Outcome Focus	Integrate evidence, clinical judgment, interprofessional perspectives, and client preferences in planning, implementing, and evaluating outcomes of care. Collaborate with others to develop an intervention plan that takes into account determinants of health, available resources, and the range of activities that contribute to health and the prevention of illness, injury, disability, and premature death. Promote the nursing profession and advance social justice for the individuals in need of health care.	Apply organizational, leadership, and management concepts in the provision and delegation of quality nursing care. Analyze the professional role of nursing and discuss the importance of continuing education, life-long learning, and the relevance of graduate study.	Develop a community – oriented nursing care plan. Compare levels of prevention and analyze health promotion strategies of various aggregates in the community.		Apply and evaluate best practice solutions based on evidence and clinical expertise in the delivery of nursing care. Demonstrate the use of critical thinking as a basis for decision making in clinical practice. Discuss a case from your clinical experience that exemplifies the nursing or patient care concern and its relation to QSEN competencies.	

Outcome Abilities	Core Values / Competencies	Student Learning Outcomes	Public Health and Community Nursing	Leadership and Management in Nursing	Nursing Capstone	
Safety <u>Core Values / Competencies</u> • Technical skills • Life-long Learning • Excellence • Ethics	Apply safeguards and decision making support tools embedded in patient care technologies and information systems to support a safe practice environment for both clients and healthcare workers. Use elevated critical thinking skills effectively by integrating current evidence based practice and clinical expertise to determine the relevance and application in the delivery of optimal, safe, quality nursing care. Promote the nursing profession and advance social justice for the individuals in need of health care.	Synthesize nursing knowledge, skills, and professional attitudes with competency when planning care for clients, families and communities across the life span. Practice and demonstrate professional nursing behaviors within the ethical, legal, moral, and regulatory framework of the profession.	Examine community health nursing roles within the core functions and essential services of public health. Discuss how governmental and health care agencies impact the practice of community health. Compare levels of prevention and analyze health promotion strategies of various aggregates in the community.	Discuss safety and improvement priorities in the work environment that will encourage organizational excellence.	Apply and evaluate best practice solutions based on evidence and clinical expertise in the delivery of nursing care. Demonstrate the use of critical thinking as a basis for decision making in clinical practice. Discuss a case from your clinical experience that exemplifies the nursing or patient care concern and its relation to QSEN competencies.	

Outcome Abilities	Core Values / Competencies	Student Learning Outcomes	Public Health and Community Nursing	Leadership and Management in Nursing	Nursing Capstone	
Informatics <u>Core Values / Competencies</u> • Technology skills • Technology in client care • Decision making	Apply safeguards and decision making support tools embedded in patient care technologies and information systems to support a safe practice environment for both clients and healthcare workers. Integrate knowledge of theory, research, communication skills, technology and informatics within the scope of the baccalaureate nursing role.	Analyze the professional role of nursing and discuss the importance of continuing education, life-long learning, and the relevance of graduate study.	Compare levels of prevention and analyze health promotion strategies of various aggregates in the community.	Analyze strategies for communicating therapeutically and professionally in a variety of healthcare settings.	Discuss a case from your clinical experience that exemplifies the nursing or patient care concern and its relation to QSEN competencies.	

RASMUSSEN COLLEGE
Instructor:
Quarter:
Office hours:
Email address:
Office phone:

Course Title and Description
NUR 4909 Nursing Capstone
40 hours, 4 credits

This course is designed to provide students with the opportunity to synthesize and comprehensively apply and integrate theoretical and clinical experiences from previous nursing courses into a capstone experience. Students will use critical thinking skills and evidence-based practice to promote patient centered nursing care that encompasses quality and safety. Students will plan and implement a practicum experience consistent with the professional standards of the baccalaureate nurse essentials. The capstone preceptorship supports the role transformation of students and promotes clinical competence at the BSN preparation level.

Prerequisites: Successful completion of all other BSN courses
and/or
Co-requisite: Leadership and Management In Nursing

Performance Objectives
By the end of this course the student should be able to:

1. Apply and evaluate best practice solutions based on evidence and clinical expertise in the delivery of nursing care.

2. Demonstrate the use of critical thinking as a basis for decision making in clinical practice.

3. Apply clinical decision making to organize and prioritize care, and in delegating tasks to other health care providers.

4. Integrate health promotion/wellness strategies in planning holistic nursing care for clients, families, and/or communities.

5. Discuss a case from their clinical experience that exemplifies the nursing or patient care concern and its relation to QSEN competencies.

6. Present a professional portfolio that has evolved throughout the nursing program of studies and professional work experience.

Method of Evaluation
This course uses a combination of instructional methods which may include some or all of the following: lecture, discussion, presentations, demonstrations, return demonstrations, and group assignments. Exams and quizzes will also be used to measure acquired knowledge.

Readings: Check your course schedule for assigned readings and due dates.

Discussion Assignments: There are scheduled weekly discussion questions. Your comments/responses must be clear, concise, and complete. See Rubric.

Capstone Project: In this project, you will identify a quality and safety concern and develop a success plan that you can apply to this concern.

RASMUSSEN COLLEGE
Instructor:
Quarter:
Office hours:
Email address:
Office phone:

Course Title and Description
NUR 4870 Nursing Informatics
40 hours, 4 credits

This course integrates nursing science, information science, computer science and cognitive science to acquire, process, design, and disseminate knowledge. The student will explore the use of information technology applications used by health care professionals to support the delivery of health care. Students will discuss the impact informatics has on the delivery of care including; efficiency and productivity, patient safety, confidentiality, and healthcare outcomes. With innovations in healthcare technology, unique opportunities and challenges for the nurse will be considered and addressed in this course.

Prerequisites: Quality and Safety in Nursing Practice
Co-requisites: Nursing Research

Performance Objectives
By the end of this course the student should be able to:

1. Integrate information technology (IT) culture, processes, roles, and applications in the practice of nursing.

2. Examine the benefits and limitations of different communication technologies and their impact on mitigating errors and supporting healthcare.

3. Discuss theoretical models of nursing informatics.

4. Discuss data acquisition, data management, and information processing.

5. Evaluate managing health care data within the social, legal, and ethical context of the complexity of healthcare.

6. Examine healthcare informatics from a regulation, accreditation, and security issues perspective.

Method of Evaluation
This course uses a combination of instructional methods which may include some or all of the following: lecture, discussion, presentations, demonstrations, return demonstrations, and group assignments. Exams and quizzes will also be used to measure acquired knowledge.

Readings: Check your course schedule for assigned readings and due dates.

Discussion Assignments: There are scheduled weekly discussion questions. Your comments/responses must be clear, concise, and complete. See Rubric.

Written Assignments: Written assignments can take many forms. In some instances you will perform in-depth research on a particular topic and report back on your findings. In others you will be presented a scenario and asked how you would respond to the given situation.

Course Project: In this paper, you will propose a new system or software to the implementation team at your workplace. You will be asked to research a system, analyze the needs of the company, and create a proposal detailing the advantages and disadvantages.

RASMUSSEN COLLEGE
Instructor:
Quarter:
Office hours:
Email address:
Office phone:

Course Title and Description
NUR 4773 Leadership and Management in Nursing
40 hours, 4 credits

This course explores leadership theories and concepts that impact the professional role of nursing. Emphasis will be placed on nursing leadership roles that create a culture of advocacy, safety and quality through individual and team performance. The student will develop knowledge related to improvement priorities in the work environment that will encourage organizational excellence. Additional topics include leadership styles, decision making, planned change, conflict resolution, communication, finance, healthcare policy, legal issues, and evaluation.

Prerequisites: Successful completion of all other BSN courses
Co-requisite: Public Health and Community Nursing

Performance Objectives
By the end of this course the student should be able to:

1. Apply leadership skills in guiding and influencing individuals and groups in developing evidence-based management.

2. Apply principles of management in planning patient centered care for individuals, families, and communities in diverse settings.

3. Analyze strategies for communicating therapeutically and professionally in a variety of healthcare settings.

4. Discuss safety and improvement priorities in the work environment that will encourage organizational excellence.

5. Analyze the importance of teamwork and collaboration in the delivery of patient centered care in diverse settings.

Method of Evaluation
This course uses a combination of instructional methods which may include some or all of the following: lecture, discussion, presentations, demonstrations, return demonstrations, and group assignments. Exams and quizzes will also be used to measure acquired knowledge.

Readings: Check your course schedule for assigned readings and due dates.

Discussion Assignments: There are scheduled weekly discussion questions. Your comments/responses must be clear, concise, and complete. See Rubric.

Written Assignments: Written assignments can take many forms. In some instances you will perform in-depth research on a particular topic and report back on your findings. In others you will be presented a scenario and asked how you would respond to the given situation.

Course Project: In this paper, you will research a quality and safety issue to apply your knowledge of effective leadership. You will also identify ways as an effective leader you can impact your chosen issue.

RASMUSSEN COLLEGE
Instructor:
Quarter:
Office hours:
Email address:
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Course Title and Description
NUR 4529 Public Health and Community Nursing
40 hours, 4 credits

This course provides an overview of concepts and theories related to public health/community health nursing. The role of the professional nurse in sustaining and promoting health among diverse populations is explored. Topics include core functions and essentials of public health, health promotion and prevention, population focused practice, community assessment, and interdisciplinary collaboration. Principles of epidemiology and the influence of factors impacting health and well-being of local and global communities are incorporated. This course provides the student the opportunity to demonstrate critical thinking and collaborative communication through community assessment.

Prerequisite: Transcultural Nursing; Nursing Research
Co-requisite: Leadership and Management in Nursing

Performance Objectives
By the end of this course the student should be able to:

1. Discuss the importance of collaboration and teamwork in public health and community health nursing.

2. Examine community health nursing roles within the core functions and essential services of public health.

3. Discuss how governmental and health care agencies impact the practice of community health.

4. Apply the basic principles of epidemiology and environmental health within population health.

5. Analyze health promotion theories and strategies that are evidence-based, culturally competent, and appropriate to communities.

6. Develop a community-oriented nursing care plan.

7. Compare levels of prevention and analyze health promotion strategies of various aggregates in the community.

Method of Evaluation
This course uses a combination of instructional methods which may include some or all of the following: lecture, discussion, presentations, demonstrations, return demonstrations, and group assignments. Exams and quizzes will also be used to measure acquired knowledge.

Readings: Check your course schedule for assigned readings and due dates.

Discussion Assignments: There are scheduled weekly discussion questions. Your comments/responses must be clear, concise, and complete. See Rubric.

Written Assignments: Written assignments can take many forms. In some instances you will perform in-depth research on a particular topic and report back on your findings. In others you will be presented a scenario and asked how you would respond to the given situation.

RASMUSSEN COLLEGE
Instructor:
Quarter:
Office hours:
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Course Title and Description
NUR 4165 Nursing Research
40 hours, 4 credits

This course is designed to develop the skills required to read, comprehend, analyze, and utilize research as it applies to healthcare. Students will be required to identify and appraise best evidence research that supports nursing practice. Further emphasis is placed on developing skills to become astute consumers of nursing research; such as examining literature reviews and analyzing data. Issues related to implementation and integration of best evidence in practice will be included in this course.

Prerequisites: Quality and Safety in Nursing Practice
Co-requisites: Nursing Informatics

Performance Objectives
By the end of this course the student should be able to:

1. Describe the link between research and the development of evidence-based practice in nursing.

2. Appraise, read, interpret, and critique a variety of nursing research.

3. Critique the significance of potential research problems and barriers such as sample size, statistical evidence, criteria, plan, population, and bias.

4. Conduct a search of the literature and write a literature review.

5. Describe how validity and reliability impact research.

6. Synthesize research findings for use in nursing practice.

Method of Evaluation
This course uses a combination of instructional methods which may include some or all of the following: lecture, discussion, presentations, demonstrations, return demonstrations, and group assignments. Exams and quizzes will also be used to measure acquired knowledge.

Readings: Check your course schedule for assigned readings and due dates.

Discussion Assignments: There are scheduled weekly discussion questions. Your comments/responses must be clear, concise, and complete. See Rubric.

Written Assignments: Written assignments include answering questions about a given topic, critiquing research studies, and creating a mock letter of consent.

Course Project: For the course project, you will write a review of the literature summarizing current knowledge about a practice concern or solution. You will conduct an advanced search of the health sciences databases pertaining to the topic of your choice. From this search, you will glean five research studies pertaining to your topic and summarize and compare their theoretical underpinnings, sampling and data collection procedures, tools, ratings, data analysis procedures, and general findings.

RASMUSSEN COLLEGE
Instructor:
Quarter:
Office hours:
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Course Title and Description
NUR 3816 Dimensions of Professional Nursing
40 hours, 4 credits

This course investigates the evolution of nursing with an emphasis on professional values, standards and ethics. Students will explore how social and economic factors influence the nursing practice. This course includes an overview of major contemporary issues in nursing with a critical-thinking approach to evidence-based nursing practice. Opportunities will be presented that provide for strengthening critical thinking skills and the development of a personal philosophy statement of nursing practice.

Prerequisites: Current, unencumbered RN license that is valid in the United States. Completion of all college prep course work, including a minimum of 32 credit hours of transferable general education course work required for admission to the program.

Co-requisite: Quality and Safety in Nursing Practice

Performance Objectives
By the end of this course the student should be able to:

1. Explore and recognize the aspects of Nursing as a profession.
2. Describe educational opportunities in the nursing profession.
3. Discuss the economic, political, and social aspects of the profession.
4. Understand ethical and legal aspects of nursing.
5. Explain the differences between evidence based practice, critical thinking, and clinical judgment.
6. Identify key elements of healthcare organizations and how nursing delivery systems impact the organization.
7. Develop a professional nursing philosophy statement.
8. Discuss future challenges of the nursing profession.
9. Develop a professional portfolio that has evolved throughout the nursing program of studies and professional work experience.

Method of Evaluation
This course uses a combination of instructional methods which may include some or all of the following: lecture, discussion, presentations, demonstrations, return demonstrations, and group assignments. Exams and quizzes will also be used to measure acquired knowledge.

Readings: Check your course schedule for assigned readings and due dates.

Discussion Assignments: There are scheduled weekly discussion questions. Your comments/responses must be clear, concise, and complete. See Rubric.

Written Assignments: There are four (4) written assignments in this course. In some instances you will perform in-depth research on a particular topic and report back on your findings. In others you will be presented a scenario and asked how you would respond to the given situation. You will also develop a PowerPoint presentation.

RASMUSSEN COLLEGE
Instructor:
Quarter:
Office hours:
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Course Title and Description
NUR 3655 Transcultural Nursing
40 hours, 4 credits

This course recognizes the importance of providing and incorporating cultural beliefs and experiences of patients, families, and their health care professionals within the care setting. Topics include: comparative analysis of communication styles, fostering open communication, family roles, dietary preferences, safety and concerns associated with cultural beliefs, values and practices of cultural norms and the impact on health care practice. Nursing interventions that integrate and examine evidence-based practice related to various cultural beliefs will be discussed. The importance of incorporating a holistic approach in the care and treatment of the patient will be demonstrated within this course.

Prerequisites: Quality and Safety in Nursing Practice; Health Assessment
Co-requisites: Introduction to Alternative and Complementary Therapies

Performance Objectives
By the end of this course the student should be able to:

1. Analyze nursing strategies for providing patient centered care within the context of culture.
2. Discuss principles of effective communication.
3. Formulate a family health and wellness plan based on the outcome of the assessment of a family.
4. Analyze the relationship between health systems and policy development in meeting the health needs of vulnerable populations.
5. Describe the safety concerns that may be associated with some cultural practices and beliefs.
6. Discuss the principal organizations, institutions, and services involved in the provision of health care throughout the world.
7. Compare the application of nursing assessment and intervention techniques to specific cultural groups.
8. Examine patient barriers associated with participating in their own health care.

Method of Evaluation
This course uses a combination of instructional methods which may include some or all of the following: lecture, discussion, presentations, demonstrations, return demonstrations, and group assignments. Exams and quizzes will also be used to measure acquired knowledge.

Readings: Check your course schedule for assigned readings and due dates.

Discussion Assignments: There are scheduled weekly discussion questions. Your comments/responses must be clear, concise, and complete. See Rubric.

Written Assignments: Written assignments afford you the opportunity to reflect upon key aspects of transcultural nursing practices.

RASMUSSEN COLLEGE
Instructor:
Quarter:
Office hours:
Email address:
Office phone:

Course Title and Description
NUR 3508 Quality and Safety in Nursing Practice
40 hours, 4 credits

This course focuses on the critical review of current quality and safety issues in healthcare and nursing. "Quality & Safety Education for Nurses" (QSEN), "Institute of Medicine" (IOM) reports, regulatory bodies, and the impact of Magnet Status are identified and examined within the course. Students will increase their understanding of best practices, safety standards, and quality initiatives in the healthcare setting. Emphasized within this course is the Quality and Safety Education for Nurse (QSEN) Competencies. This course examines QSEN as a conceptual framework which can lead to improvement of patient safety outcomes through managing human behavior and system design.

Prerequisite or Co-requisite: Dimensions of Professional Nursing

Performance Objectives
By the end of this course the student should be able to:

1. Recognize that nursing and other healthcare professionals are part of a system of care that affects the outcomes for patients and families.

2. Summarize various external healthcare agencies' approaches to overseeing quality and safety in healthcare settings.

3. Critique critical factors related to defining quality and safety improvement.

4. Describe activities that create a culture of safety.

5. Demonstrate professional nursing judgment by evaluating various approaches and methods to improve quality and safety in the context of individual healthcare settings and organizations.

6. Critique various quality indicators and report cards and their relevance to nursing practice.

7. Describe how the strength of available evidence influences the choice of interventions in the provision of nursing care.

Method of Evaluation
This course uses a combination of instructional methods which may include some or all of the following: lecture, discussion, presentations, demonstrations, return demonstrations, and group assignments. Exams and quizzes will also be used to measure acquired knowledge.

Readings: Check your course schedule for assigned readings and due dates.

Discussion Assignments: There are scheduled weekly discussion questions. Your comments/responses must be clear, concise, and complete. See Rubric.

Written Assignments: Written assignments can take many forms. In some instances you will perform in-depth research on a particular topic and report back on your findings. In others you will be asked how you would respond to a given situation.

RASMUSSEN COLLEGE
Instructor:
Quarter:
Office hours:
Email address:
Office phone:

Course Title and Description
NUR 3418 Introduction to Alternative and Complementary Therapies
40 hours, 4 credits

This course provides an introduction to the use of complementary and alternative therapies used in healthcare. The goal is to provide the student with knowledge and experience of mind/body self-healing skills, multi-cultural alternative medicine theories, practice environments and interventions that can be integrated safely into nursing and/or the nurse's personal lifestyle. The philosophical assumptions of complementary and alternative approaches will be examined through the application of critical thinking and the scientific evidence body of knowledge.

Prerequisite: Advanced Pathophysiology
Co-requisite: Transcultural Nursing

Performance Objectives
By the end of this course the student should be able to:

1. Recognize patient preferences, values, and needs related to alternative and complementary therapies.

2. Examine various alternative and complementary therapies.

3. Analyze client use of alternative and complementary therapies.

4. Evaluate safe use of alternative and complementary therapies.

5. Discuss the importance of collaboration within healthcare teams providing safe, alternative and complementary interventions.

Method of Evaluation
This course uses a combination of instructional methods which may include some or all of the following: lecture, discussion, presentations, demonstrations, return demonstrations, and group assignments. Exams and quizzes will also be used to measure acquired knowledge.

Readings: Check your course schedule for assigned readings and due dates.

Discussion Assignments: There are scheduled weekly discussion questions. Your comments/responses must be clear, concise, and complete. See Rubric.

Written Assignments: In some instances you will research a particular topic and report back on your findings. In others you will compare and integrate the various alternative therapies with conventional medicine.

Course Project: In this paper, you will apply what you've learned about the various alternative therapies to a real health issue and develop both a teaching plan and a holistic health plan for a patient with a particular health issue.

RASMUSSEN COLLEGE
Instructor:
Quarter:
Office hours:
Email address:
Office phone:

Course Title and Description
NUR 3205 Applied Pathophysiology
40 hours, 4 credits

This course is designed to enhance the student's knowledge and understanding of pathophysiological concepts and processes related to human illness and disease. A patient centered systems approach is used to explore the pathophysiology, etiologies, risk factors, clinical presentation, and diagnostics of selected illness and disease. This course will aid in the student's ability to develop sound nursing practice, critical reasoning abilities, and foster skills that provide safe, quality patient care.

Prerequisite: Quality and Safety in Nursing Practice
Co-requisite: Health Assessment

Performance Objectives
By the end of this course the student should be able to:

1. Analyze the etiology and pathophysiological alterations associated with selected common conditions.

2. Examine relevant research as a basis for explaining the pathophysiological changes associated with common health alterations.

3. Apply pathophysiological principles to case situations as a basis for nursing practice.

4. Discuss pathophysiological changes in special populations.

5. Examine concepts of pain and suffering in the context of physiologic models of pain and comfort.

Method of Evaluation
This course uses a combination of instructional methods which may include some or all of the following: lecture, discussion, presentations, demonstrations, return demonstrations, and group assignments. Exams and quizzes will also be used to measure acquired knowledge.

Readings: Check your course schedule for assigned readings and due dates.

Discussion Assignments: There are scheduled weekly discussion questions. Your comments/responses must be clear, concise, and complete. See Rubric.

Written Assignments: Written assignments can take many forms. In some instances you will perform in-depth research on a particular topic and report back on your findings. In others, you will be presented a scenario and asked how you would respond to the given situation.

Course Project: For this project, you will apply the Nursing/PI process to a problem you have identified in your practice. You will be asked to assess, analyze, plan, implement, and evaluate your chosen topic. This project is over the entire span of the quarter.

RASMUSSEN COLLEGE
Instructor:
Quarter:
Office hours:
Email address:
Office phone:

Course Title and Description
NUR 3177 Health Assessment
40 hours, 4 credits

This course provides an opportunity for students to develop proficiency in comprehensive health assessment as viewed through the lens of holistic, patient-centered care. Assignments designed to develop knowledge and skills for obtaining and recording a systematic, comprehensive health history and physical examinations of the adult client are integrated within the course. Opportunities will be presented to provide for the collaboration and integration of physiological, psychological, and sociocultural issues and theories as they apply to the findings obtained in the comprehensive health assessments. Collaborating with interprofessional teams, utilizing evidence-based treatment guidelines, and additional updated information needed to promote safe clinical practice in the nursing setting will be utilized to gather and analyze data relevant to common health problems.

Prerequisite: Quality and Safety in Nursing Practice
Co-requisite: Applied Pathophysiology

Performance Objectives
By the end of this course the student should be able to:

1. Develop and demonstrate competency in advanced human physical assessment.

2. Demonstrate knowledge of advanced physical assessment techniques and diagnostic procedures indicated for common alterations in health.

3. Analyze data from the history, physical examination, diagnostic procedures, and informatics technology to differentiate normal from abnormal findings.

4. Interpret underlying pathophysiology for selected abnormal findings.

5. Synthesize the findings from health history, physical examination, and diagnostic procedures in order to differentiate diagnoses and formulate a problem list.

6. Communicate the findings to the patient and interprofessional team based on a caring, holistic approach.

Method of Evaluation
This course uses a combination of instructional methods which may include some or all of the following: lecture, discussion, presentations, demonstrations, return demonstrations, and group assignments. Exams and quizzes will also be used to measure acquired knowledge.

Readings: Check your course schedule for assigned readings and due dates.

Discussion Assignments: There are scheduled weekly discussion questions. Your comments/responses must be clear, concise, and complete. See Rubric.

Written Assignments: Written assignments can take many forms. In some instances you will be asked to answer questions about the assessments that are the focus of each module. In other instances you will research a particular topic and report back on your findings.

RASMUSSEN COLLEGE
SCHOOL OF NURSING
NUR 3177 HEALTH ASSESSMENT
Health Assessment Assignment

Directions:

Part One: Choosing Your Health Assessment System: After completing the unit on Health Assessment, go to the assessment module test center located at the end of the module. Find the gaming center square and hit enter. A variety of health assessment areas will begin to rotate around the "game board." When you hit "enter" for the second time, a health assessment system or unit will present itself. You will have 2 hours to write down and submit the examination and evaluation techniques you would utilize as a BSN evaluating this system. (Upload and submit)

Part Two: Utilizing the above "chosen" system/unit, complete and scan the patient permission form provided in this unit. Your patient can be a family member, friend, etc. Do not use any patients from your workplace. If the person is less than 18 years of age, you must have parental permission. Submit the signed and dated form with your 3 to 5 minute physical assessment video. Upload and submit. Your faculty will respond with comments within the week. See rubric for grading scale. This assignment is due no later than 48 hours after submission of Part One. You may use your smart phone, laptop camera, etc. to record your examination. If you do not have access to a video unit, Rasmussen will provide you with one. See directions for obtaining a camera in the beginning of this course.

Possible Health Assessment "Game Pieces" Include:

1. Cardiac Health Assessment
2. Neurological Assessment
3. Musculoskeletal Assessment
4. Cultural and Spiritual Assessment
5. Abdomen Assessment
6. Head, Neck, Lymphatic Assessment
7. Psycho-Social Assessment
8. Pediatric/teen- Developmental status

Rasmussen School of Nursing
NURS 3177 Health Assessment
Health Assessment Assignment

Part One: Grading Rubric for Planning Your Health Assessment

Essential Task	**Unacceptable**	**Needs Improvement**	**Meets Expectation**	**Exceeds Expectation**
Subjective Evaluation Planning: Develops data collection questions around: • Review of system. • Pertinent positives/negatives. • Past Medical History. • Social History. • Writes questions in a clear manner with no medical jargon *Note: for Psychosocial/Cultural/Spiritual selection this will be a large portion of your exam*	Inadequate development of the data collection process. 2 or more key components are missing. Questions are unclear and contain medical jargon.	Development of data collection exists but 1 key component is missing. Most questions are clear and free of medical jargon.	Development of data collection is adequate. All key components addressed. Questions are clear and rarely contain medical jargon.	Development of data collection is significant. Questions are clear, concise and free of medical jargon.
Objective Evaluation Planning • Explains technique/procedure for exam. • Logical Sequencing • Identifies necessary tools. • Discusses organs and locations involved in focused assessment.	Inadequate focused assessment planning. Student does not discuss appropriate technique or organs evaluated for procedure. Missing 2 or more components.	Student describes a marginally effective focused assessment, missing 1 component of the exam.	Student identifies an efficient, focused assessment of assigned body system with no omissions.	Student identifies an efficient assessment of assigned body system covering all gradable points with no omissions. Student formulates a teaching statement to discuss during exam.

Part One: Grading Rubric for Planning Your Health Assessment- continued

Essential Task	**Unacceptable**	**Needs Improvement**	**Meets Expectation**	**Exceeds Expectation**
Report Planning • Student identifies how to document results of subjective and objective findings. • Utilizes appropriate terminology. • Student identifies any follow up action required. (i.e.: if new crackles were discovered I would contact HCP about new findings) • Student identifies how to comment on general survey of the client, body structure, behavior and mobility.	Student's written report is inadequate with gross deficiencies. Missing more than 2 components.	Student fails to address all elements in detail or has significant grammatical and spelling errors.	Student addresses all key elements in narrative with minor grammatical errors, spelling, or formatting errors.	Student effectively and correctly addresses every key element of the assessment in a narrative having the proper format with no grammatical or spelling errors.
Grammar/Citation • Paper is free of grammatical errors • Sources are cited in APA format	Paper contains several grammatical errors. Sources are not cited.	Paper contains a few grammatical errors. APA citations are present but are not accurate.	Paper contains no grammatical errors. APA citation exists but there is mild inaccuracy.	Paper is free of grammatical errors and APA citations are flawless.

Part Two- Grading Rubric for Health Assessment Assignment-continued

Essential Task	Unacceptable	Needs Improvement	Meets Expectations	Exceeds Expectations
Intro • Introduces self. • Washes hands. • Identifies the client. • Explains procedure. • Gathers appropriate supplies.	Student fails to perform 2 or more required tasks.	Student performs all but 1 of the required tasks.	Student performs all of the required tasks.	Student performs all required tasks and adds additional commentary to make the client feel comfortable.
Subjective Exam • Asks appropriate questions related to body system. • Utilizes therapeutic communication and open ended questions. • Provides education if prompted.	Inadequate history taking. Student fails to gather pertinent positive/negatives, ROS, important Past Medical History or Social History. More than 2 key components missed.	Student performs marginally effective history. Gathers pertinent positive/ negatives, ROS, important Past Medical History or Social History. But 1 component missed.	Student performs effective history taking and includes all key components of the pertinent positives/negatives, ROS, important Past Medical History, Social History.	Student performs effective history taking and includes all key components of the pertinent positives/negatives, ROS, important Past Medical History, Social History. Student adds teaching during collection.
Objective Exam • Explains procedure. • Provides client privacy avoid unnecessary exposure. • Uses appropriate technique for: 1. Inspection 2. Palpation 3. Auscultation 4. Percussion 5. (Use of appropriate screening tool if psychosocial, etc.l)	Inadequate focused assessment performed. Student does not use appropriate technique for procedure. Missing 2 or more components.	Student performs marginally effective focused assessment, missing 1 component.	Student performs efficient, focused assessment of assigned body system with no omissions.	Student performs efficient assessment of assigned body system covering all gradable points with no omissions. Student answers all questions posed by the client. Student also provides effective patient teaching during designated time limit.

Part Two- Grading Rubric for Health Assessment Assignment-continued

Essential Task	**Unacceptable**	**Needs Improvement**	**Meets Expectation**	**Exceeds Expectation**
Communication Effective professional communication.	Failure to communicate. Uses judgmental language. Does not provide for dialogue with closed ended questioning.	Student is non-judgmental but does not explain assessment to patient or talks minimally to patient providing an uncomfortable environment.	Student is non – judgmental and explains the assessment as they are completing each step. Student asks open ended questions.	Student is non-judgmental, explains the assessment as they are completing each step and is able to answer with confidence all patient questions in a calm and efficient manner.
Proficiency/Organization Exam is completed in an organized, systematic, safe, and timely manner.	Exam is not proficient and is disorganized. There are 2 or more unmet objectives.	Exam is deficient in one of the objectives.	Exam meets all of the objectives but may require some modification.	Exam meets all of the objectives and is particularly efficient and organized.

- **Students, who receive graded feedback in the unacceptable and/or needs improvement areas, must write a paper addressing the areas of concern and what they would do differently.**

RASMUSSEN COLLEGE
SCHOOL OF NURSING
NUR 4529 PUBLIC HEALTH AND COMMUNITY NURSING
WINDSHIELD / WALKING SURVEY

NAME: _____ DATE OF SURVEY_____

COMMUNITY NAME AND LOCATION _____

A *Windshield / Walking Survey* is the process of collecting data while the observer drives or walks through a community/neighborhood for an observational assessment of the community. This type of survey observations give the viewer an insight to the community resources, safety issues or "walk-ability" of the community, type of social interactions, and community values through symbols such as statutes, graffiti, billboards, home maintenance etc. The *Windshield / Walking Survey* is a composite of data collected through personal observation. These observations assist the nurse to ascertain objective data that may be helpful in identifying trends, problems, needs, structures, processes, and strengths when determining the health and needs of the community.

Please utilize the following as a focal point within your windshield / walking survey:

1. Social Support Systems
2. Community Health Care Systems
3. Economic Resources
4. Environmental Factors

See rubric for write-up guidelines

After completing the survey, identify one area of concern and develop a potential solution strategy.

See rubric for write-up guidelines

Windshield / Walking Survey

The Windshield / Walking Survey is an activity that allows the nurse to complete an assessment of a particular community. Data collected through personal observation will assist the nurse to identify trends, problems, needs, structures, processes, and strengths when determining the health and needs of the community.

This assignment requires the completion of a paper and the following aspects of the community are to be assessed:

Social Support Systems

- Public Spaces, Parks
- Cultural and entertainment
- Community and Public services
- Community Organizations
- Race/ethnicity
- Faith communities

Community Health Care Systems

- Hospitals and Emergency/Urgent Care Centers
- Nursing Homes and Skilled Nursing and Rehabilitation Facilities
- Health Care providers
- Ancillary Health Care services

Economic Resources

- Housing and other buildings
- Streetscape & usage
- Commercial activity
- Industry
- Public transportation and traffic
- Public schools, Higher Education

Environmental Resources

- Land Use
- Environmental quality
- Community safety

	Underdeveloped 1	Developing 2	Accomplished 3	Exemplary 4	PERCENTAGE of SCORE
Description of practice problem to be assessed	Paper lacks an overall purpose.	Description of purpose is insufficient, vague, or unclear.	Description of the purpose is clear and sufficiently outlines the components addressed in the paper.	A comprehensive and clear description of the purpose is present and reflects clear development of the problem.	10%
Description of Methodology Utilized	Paper lacks evidence of the methodology used.	Methodology is incomplete and lacks detail and organization.	Description of the method includes if the survey conducted is a windshield or walking survey. There is evidence of the plan and execution of that plan to accomplish the community assessment.	Description of methodology includes both a windshield and follow-up walking survey were conducted. Methodology described demonstrates a complete, thorough community assessment that provides a clear picture of the community and its needs.	10%

				Evidence of community problem(s) identification apparent as a result of the survey.	
Description of the Selected Community	Limited description of the selected community demographics, physical characteristics, and commercial businesses available. Information is limited to that which is located on the internet and telephone book.	Basic description of the selected community, addressing at least one component in each of the following categories: social support systems, community health care systems, economic resources, and environmental resources. Information is primarily limited to that which is located on the internet and in the telephone book with some inclusion of first-hand observation evident.	Detailed description of the selected community including: name of community, location, boundaries, area in square miles, topography, type of community (rural, urban, suburban). All components were addressed in each of the following categories: social support systems, community health care systems, economic resources, and environmental resources. First-hand observation is clearly evident in description provided.	A comprehensive assessment was completed addressing all components in the following categories: social support systems, community health care systems, economic resources, and environmental resources evident in examples provided. Reader can visualize the community from the writer's description. Personal experiences of taking part in community activities, as well as exploration of public buildings, cultural institutions, and recreational areas are included. Supporting information, provided through alternate sources, complements and validates the information obtained through first-hand observation.	40%
Analysis of Community Needs and Assets	Identification and analysis of community needs and assets is absent.	Basic discussion of community needs and assets is brief and insufficient to address the identified practice problem.	Analysis is detailed and pertinent to the identified practice problem. Safety is mentioned briefly or not at all.	Comprehensive analysis is detailed and pertinent to the identified practice problem. Various aspects of safety are addressed.	15%

			One community need is identified with further discussion of associated and/or complimentary assets.	A minimum of three community needs and associated and/or complimentary assets are identified. Rationale for selection of one need to develop a potential solution strategy for is present.	
Development of Potential Solution Strategy	Application of learned information on problem solving is absent.	Solution strategy provided is inconsistent with information learned and identified needs and assets.	Solution strategy is consistent with the practice problem and addresses an identified need within the selected community. Identified assets are included within the solution strategy. Application of information learned is evident.	Solution strategy provides direction, is consistent with addressing the practice problem(s), identifies resources and opportunities, addresses barriers, and is applicable to and appropriate for target population. Strategy includes participation from community leaders, local organizations, representatives of local cultural/ethnic groups, and those affected by the issue of problem identified.	20%
Professional Presentation	Paragraphs and transitions consistently lack unity and coherence. Inappropriate word choice and/or sentence construction are used.	Some paragraphs and transitions lack logical progression of ideas, unity, coherence and/or cohesiveness. Some degree of organization is noted.	A logical progression of ideas between paragraphs is apparent and exhibit unity, coherence, and cohesiveness. Conclusions are appropriate to the stated purpose.	A logical progression of ideas that relate to each other. Paragraph construction and transitions seamlessly guide the reader through the paper.	5%

	APA format is not used appropriately or followed correctly.	Inconsistencies in language usage, sentence structure, and/or word choice are present. Some APA format elements are missing and there is lack of consistency throughout the paper of its use.	A variety of sentence structures and effective figures of speech are used. There are minimal errors or the presence of an isolated error in application of APA formatting.	Rare spelling or grammatical errors. Writer is clearly in command of standard, written, academic English. APA format used consistently and correctly throughout paper.	

RASMUSSEN COLLEGE
SCHOOL OF NURSING
NUR 4529 PUBLIC HEALTH AND COMMUNITY NURSING
Community Resource Assignment

NAME: _____ DATE OF SURVEY_____

COMMUNITY NAME AND LOCATION _____

Assignment Objectives:

1. Identify and describe public health resources within the community.
2. Examine the implication of the community resources based on finance, insurance, location, transportation, safety, availability of service, etc.

Directions for Community Resource Assignment:

Identify three community resources within the windshield survey population that you utilized. If you were a public health nurse, how could you partner with these resources in the community? Meet with the resource nurse, manager, or coordinator of the agency/resource to gain further insights about the community service. Write a two to three page paper including the following descriptions about each of the resources you identified: *(APA 6 format – you can include all three resources within one paper, clearly separate each resource as you answer the questions)*

- What services are provided through this resource?
- Are the hours of operation convenient for all who may choose to use the resource/service?
- Is there a fee attached? If so, how does the payment process work?
- Is the resource located on a public transportation line?
- Is the resource in a "safe" neighborhood?
- How did you feel when you personally entered the resource; was the resource easy to find, directions to the resource clearly marked, parking options, safety, inviting environment?
- What did the manager say was his/her greatest challenge of the resource?
- What was your biggest "aha" (surprise) about the resource?

Rasmussen School of Nursing

Discussion Board Rubric: Discussion questions provide students a format to respond, expand, integrate, and reflect on their understanding of the module content. Expectations from the faculty include students will actively participate in discussion to share and gain new insights, critique ideas, and to pursue the goal of constructing new knowledge.

Discussion Rubric Criteria	Example	Points Possible
INITIAL POSTING: Incorporated knowledge of readings and material within the response, contributed a substantive posting that demonstrated cognitive reflection, critical thinking and understanding of the subject matter. Ideas examine topic from new perspective that contributes to group understanding of topic Initial post: 100-125 words, minimum	Postings offered substantial, well written contributions and opinions, observations, questions, experiences, critiques, and/or suggestions. Reflects a reference from the required readings or outside readings, and/or personal experiences related to the question. Met criteria for length of response	5
RESPONSE POSTING: Responded to at least two other class members with substantial details that reflects critical thinking Response: 100-125 words, minimum	Posting to classmate either agrees or disagrees with classmate and provides evidence in support of the response. Posting is constructive and contributes to the discussion. All questions/comments posed from classmates were appropriately addressed Meets criteria for length of response	3
MECHANICS: Posting submissions exhibit appropriate, using proper language, cordiality, grammar, punctuation of college level writing.	Post follows use of *APA guidelines* for reference – 1 point *< 3 grammar and/or spelling errors* in answer - 0 point No *grammar or spelling errors* in answer - 1 point	2
TOTAL POINTS POTENTIALLY EARNED - 10	*One point will be deducted each day for late submissions and no submissions accepted after Saturday midnight; week of post due date.*	

RASMUSSEN COLLEGE – RN to BSN Degree Program ONLINE
COURSE CREDITS & SEQUENCE (Part-time Student)

Quarter 1	Quarter 2	Quarter 3	Quarter 4
NUR 3816 Dimensions of Professional Nursing 40 hours, 4 credits NUR 3508 Quality and Safety in Nursing Practice 40 hours, 4 credits	NUR 3205 Applied Pathophysiology 40 hours, 4 credits NUR 3177 Health Assessment 40 hours, 4 credits	NUR 4165 Nursing Research 40 hours, 4 credits NUR 4870 Nursing Informatics 40 hours, 4 credits	NUR 3655 Transcultural Nursing 40 hours, 4 credits NUR 3418 Introduction to Alternative and Complementary Therapies 40 hours, 4 credits
8 credits	**8 credits**	**8 credits**	**8 credits**
Quarter 5	**Quarter 6**	**Quarter 7**	**Quarter 8**
NUR 4529 Public Health and Community Nursing 40 hours, 4 credits NUR 4773 Leadership and Management in Nursing 40 hours, 4 credits	NUR 4909 Nursing Capstone 40 hours, 4 credits		
8 credits	**4 credits**		

NOTE – Full-time students are required to be enrolled in a total of 12 quarter credits per quarter, which may include general education courses.

<u>44 Total Quarter Credits</u>

FACULTY PROFILE TABLE (ONLINE PROGRAMS)
Rasmussen College RN to BSN Degree Program

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**	
Rebecca Rudel	FT	10/01/2012	Nursing Faculty	B.S.N.	Minot State University	MSN Ph.D. in Higher Education Teaching & Learning Certified Nurse Educator Teacher Certification	University of North Dakota University of North Dakota NLN North Dakota Department of Public Instruction	Medical/surgical nursing Orthopedic nursing Neurologic nursing Home Health Care Long Term Care	Dimensions of Professional Nursing	
Health Moulzolf	FT	10/01/2012	Nursing Faculty	BA in Nursing	The College of St. Catherine	MSN – Adult Nurse Practitioner Program Board Certified Adult Nurse Practitioner	The College of St. Catherine ANCC	Internal Medicine Nephrology Diabetes Care Dermatology Cosmetic Surgery		ARNP and Executive Director – Deseo Aesthetics Hospital / Faculty Privileges – Lee Memorial Health System, Southwest Surgery

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**	
										Center, & Gladiolus Surgery Center
Janet Childs	PT	04/04/2011	Nursing Faculty - Adjunct	BA in Sociology	Wittenberg University	MS in FNP and Community Health Nursing	Rush University	Medical/surgical nursing Family practice Community health nursing	Health Assessment	FNP - Alexian Brothers Medical Center Adjunct Nursing Faculty – Harper College Nursing Education
Michelle MacDonald	PT	07/05/2011	Nursing Faculty - Adjunct	BA in Nursing	College of St. Scholastica	MA in Nursing DNP *candidate*	College of St. Scholastica St. Catherine University (grad date 12/12)	Public health nursing Parish nursing	Public Health and Community Nursing	Adjunct Nursing Faculty – Colorado Technical University Adjunct Nursing Faculty – National American University Public Health

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**	
										Nursing – St. Louis County, Duluth, MN
Valerie Palarski	PT	01/04/2010	Nursing Faculty - Adjunct	BS in Human Adaptability	University of Wisconsin	MSN MS in Fitness Management Ed.D.in Higher Ed. & Organizational Leadership *candidate* Teacher Certification	University of Phoenix Illinois Benedictine College Benedictine University (May 2014 State of Wisconsin Technical College System Board	Cardiac Care Unit nursing Cardio Pulmonary Rehabilitation nursing Occupational health nursing Home Health Care Case Management	Transcultural Nursing Dimensions of Professional Nursing Leadership & Management in Nursing	Nursing Faculty – Northcentral Technical College Advanced Cardiac Life Support Provider (ACLS) – American Heart Association
Carol Patton	PT	04/04/2011	Nursing Faculty - Adjunct	BSN	Pennsylvania State University	MSN/FNP Dr. PH Certified Nurse Educator	West Virginia University University of Pittsburgh NLN	Medical/surgical nursing Family practice Public health nursing	Introduction to Alternative and Complimentary Therapies Quality & Safety in Nursing Practice	Chair – ANCC Content Expert Panel for FNP Certification Exam Secretary – Instructional

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**	
									Nursing Capstone	Leadership Network for AACN Member – AACN Baccalaureate Conference Planning Committee Dean Mentor – AACN Leadership for Academic Nursing Programs Grant reviewer – HRSA Rural Health Care Services Outreach Grant Program
Kelly Pults	PT	04/02/2012	Nursing Faculty - Adjunct	BSN	University of Phoenix	MSN DHA	University of Phoenix University of Phoenix	Medical/surgical nursing Pediatric	Nursing Informatics	Owner – KBP Healthcare Consultant, LLC

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**	
						candidate	(grad date 03/14)	nursing Orthopedic nursing Mental health nursing		
Jarumas Weiland	PT	01/03/2012	Nursing Faculty - Adjunct	BSN	Florida Gulf Coast University	MSN MS in Biology MS in Computer Information Systems	Florida State University Pittsburgh State University, Pittsburgh, PA Assumption University, Bangkok, Thailand	Surgical nursing	Applied Pathophysiology	PT Staff Nurse – HPMC Associate Faculty – Edison State College, Department of Math and Sciences and Department of Nursing Associate Faculty – Florida Gulf Coast University

Standard 2 – Faculty and Staff

Rasmussen College School of Nursing has adopted Boyer's general view of scholarship in education as the conceptual framework for identification of nursing academic practice scholarship activities. Under this model, activities are categorized into four overlapping dimensions: the scholarship of discovery, the scholarship of integration, the scholarship of application, and the scholarship of teaching. Additionally, the model requires that the institutional environment promote scholarship with a broadened scope that encompasses both personal and organizational views.

The following are examples of the various dimensions of scholarship demonstrated by the program faculty to date.

Dimensions	Nursing Faculty	Activities
Scholarship of Discovery	Rebecca Rudel	• Faculty advisor for students in master and doctoral (DNP and PhD) programs • Review Panel Member: *Gerontological Nursing* journal • Funded Research - Rudel, R. (PI). *High school guidance counselors: Perspectives on nursing as a career choice*. UND Senate Scholarly Activities committee.
	Carol Patton	• Volunteer Dean Mentor for the AACN Leadership for Academic Nursing Programs
Scholarship of Integration	Rebecca Rudel	• Vorbeck, E., Willette-Murphy, K., Meiers, S., Rudel, R., & Alakhras, M. (2010). A descriptive study to assess the impact of surgical stomas on individuals' sleep perceptions & response to sleep hygiene. *Ostomy Wound Management, 56(1),* 36-44. • Rudel, R. & Moulton, P. (December, 2009). The shortage tsunami & high school guidance counselors' perspectives on future nurse recruitment. *Medsurg Nursing, 18(6)*, 369-74, 384. • Rudel, R. & Moulton, P. (2009). Nursing's Long-Term Pipeline: A study of high school students using a unique data collection. In G. Dickson & L. Flynn (Eds.) *The research-to-policy connection: Nurses and their work*. New York: Springer Publishing Co. • Rudel, R. (2007). Breast cancer detection, directors of nursing and female residents: A study in rural long-term care. *Online Journal of Rural Nursing and Health Care, 7(2).* 21-35. • Funded Grants - May, 2010 University of North Dakota, Office of Instructional Development, for Online Teaching with Technology seminar
	Jarumas Weiland	• LMHS Research Fellowship Evidence Based Project: Intervention to Reduce Anxiety and Increase Satisfaction in patients and Family Members when Transferred from Open Heart ICU to SPCU
	Carol Patton	• Chrash, M., Mulich, B. & Patton, C.M. (Resubmitted September 2009, under review). Stumbling on holy ground: How to integrate spiritual assessment and make advance care planning work for your patients and you. *Journal of the American Academy of Nurse Practitioners*. • Patton, C. M. (2009). Evidence-based practice and research. In T. Hebda & P. Czar (Eds.). *Handbook of*

		informatics for nurses & healthcare professionals. (4th ed) Philadephia: Prentice Hall. • Patton, C.M. Best practice in the classroom for nurse educators. Invited Key Note Address for the UPMC Annual Nurse Educator Conference. Mercy Hospital Sr. Ferdinand Auditorium, Pittsburgh, PA. March 2009. • Patton, C.M. The phenomenon of compassion fatigue and nursing leadership challenge. Accepted for presentation at the Southwestern Pennsylvania Professional Organization of Nurse Leaders (SWOPNL) Annual Meeting Nemacolin Woodlands Resort, Farmington, PA September 10-11, 2009. Patton, C.M. Understanding horizontal violence and its impact on patient safety and nurse vitality. Accepted for presentation at the Southwestern Pennsylvania Professional Organization of Nurse Leaders (SWOPNL) Annual Meeting Nemacolin Woodlands Resort, Farmington, PA September 10-11, 2009.
Scholarship of Application	Valerie Palarski	• Doctoral student – Higher Education and Organizational Leadership, Benedictine University, graduation date 05/2014 • Nursing Faculty, Northcentral Technical College (residential, clinical practice sites, simulation lab, and online) • Teacher Certification, State of Wisconsin Technical College System Board • Advanced Cardiac Life Support Provider (ACLS)
	Rebecca Rudel	• Certified Nurse Educator (CNE) through National League of Nursing (NLN) • Teacher Certification, North Dakota Department of Public Instruction
	Janet Childs	• Adult/Family Nurse Practitioner, Alexian Brothers Medical Center • Adjunct Nursing Faculty, Harper College Nursing Education (residential, clinical practice) • ANCC Family Nurse Practitioner Certification • Licensed Advanced Practice Nurse Illinois
	Carol Patton	• Certified Nurse Educator (CNE) through National League of Nursing (NLN) • ANCC Family Nurse Practitioner Certification
	Jarumas Weiland	• Associate Faculty, Department of Math and Sciences and Department of Nursing, Edison State College (residential, laboratory, online) • Associate Faculty, Department of Nursing, Florida Gulf Coast University (residential and clinical practice) • Staff Nurse on Surgical Progressive Care Unit (Part-time), HPMC • Certified Progressive Care Nurse, AACN
	Michelle MacDonald	• Doctoral student – Doctor of Nursing Practice program, St. Catherine University, graduation date 12/2012 • Adjunct Nursing Faculty, Colorado Technical University Online

		• Adjunct Nursing Faculty, National American University • Public Health Nurse, St. Louis County, Duluth, MN • Public Health Nursing certification
	Kelly Pults	• Doctoral student, Health Administration, University of Phoenix, graduation date 03/2014 • Principle Consultant/Owner, KBP Healthcare Consulting, LLC
Scholarship of Teaching	Valerie Palarski	• Presentation: "Education for Learning: Evaluating Your Teaching Style Through Multiple Intelligences", NTC Faculty In-service Meeting, Spring 2010 • Exemplary Service Award Nominee, Northcentral Technical College in recognition of the development of the CAN Skills Video and Hybrid CAN Refresher Course • Wisconsin Association of School Boards Organizational Service Award in recognition of service and leadership to the DC Everest School District as the School Board President • Cooperative Educational Service Agency District #9 Leadership Award in recognition of strong and effective leadership on the CESA #9 Board of Control
	Rebecca Rudel	• 2010, May Expert nurse panel member writing items for the NCLEX-RN© Examination (NCSBON, Chicago IL)
	Carol Patton	• Chair, American Nurses Credentialing Center Content Expert, Family Nurse Practitioner Certification Examination • HRSA Nurse Faculty Loan Forgiveness Grant, $45, 000.00 Funded. • The Pennsylvania Higher Education Foundation Dr. Edna B. McKenzie Scholarship for Disadvantaged Students for 2009-1010 academic year Program Grant. $8547.00. (Funded 2009-2010). • The Pennsylvania Higher Education Foundation Dr. Edna B. McKenzie Scholarship for Disadvantaged Students for 2009-1010 academic year Program Grant. $13,816.00. (Funded 2009-2010). • The Pennsylvania Higher Education Foundation Graduate Nurse Education Grant, $46,767.00 Calendar Year 2009. (Funded 2009). • Submitted May 5, 2006, The Pennsylvania Higher Education Foundation Nursing Faculty Lines Program Grant. ($150,000). (Funded 2006-2007). • Patton, C.M. (2009). Considerations in academic advising: Helping students understand and realize academic ambitions. Invited Panel participant for American Association of Colleges of Nursing, 2009 Graduate Nursing Admission Professionals Annual Meeting. Nashville, TN. April 14-15. 2009. • Patton, C.M. Strategies for success providing student feedback in the online classroom. Presented at the 2009 Drexel University Nursing Education Institute, Arlington, VA, June 5-7, 2009. • Patton, C.M. Integrating evidence –based practice and scholarship into a DNP curriculum.

Required Program Outcomes	Expected Level of Achievement	Actual Level of Achievement	Resulting Action(s) to be Taken with Time Frame	
			Action(s)	Time Frame
Performance on NCLEX and/or Certification Exams	NA—This is a post-licensure program.	NA—This is a post-licensure program.	NA—This is a post-licensure program.	NA—This is a post-licensure program.
Graduate Portfolios	Collect 100% of portfolios. Base benchmark off of two quarters of student data.	NA – None collected yet.	NA—Will be developed after portfolios are collected.	NA—Will be determined after actions are determined.
Program Completion	89% Quarterly Retention.	Fall 2011: 86.1% Winter 2012: 93.1% Spring 2012: 91.7% Summer 2012: 88.6%	The Program's retention during the first quarter was below the benchmark. This is attributed to the Program being new. Retention rates have met the benchmark each following quarter.	Review quarterly.
Program Satisfaction				
End-of-Quarter Evaluations (Course Reviews) by Students	Overall satisfaction average of 4.25 on a 5-point scale. This is based on the College's threshold.	Fall 2011: 3.83 Winter 2012: 4.27 Spring 2012: 4.45 Summer 2012: 4.38	Three courses have been revised, and two courses going through revisions. End-of-quarter evaluation data will continue to be collected to assess the changes.	Two of the revised courses will be offered in Winter 2013, and the remaining three will be offered throughout 2013. End-of-quarter data will be collected quarterly on these courses.
Graduate Satisfaction	20% response rate; 85% satisfaction rate.	NA – None collected yet.	NA—Will be developed after portfolios are collected.	NA—Will be determined after actions are determined
Employer Satisfaction	20% response rate; 85% satisfaction rate.	NA – None collected yet.	NA—Will be developed after portfolios are collected.	NA—Will be determined after actions are determined

Course Reviews	Informal faculty observations are conducted 4 times per quarter, per course by the Online Nursing Faculty Manager; the Dean conducts a formal faculty review every 6 months.	Course reviews have been conducted and shared with faculty and the Dean of the RN to BSN degree program in a systematic manner.	The Dean and the Online Nursing Faculty Manager will continually collaborate in reviewing faculty performance in courses and systematically share feedback with faculty.	Review quarterly with Online Nursing Faculty Manager; Dean will monitor every six months informally, and annually.
Professional Development	Faculty will adhere to the expectations of the College and attend a minimum of three professional development sessions per the Professional Development Agreement signed upon hire.	Faculty engage in professional activities as defined in the Professional Development Agreement. Evidence of attended activities are documented in the Salesforce database.	The Dean will review the College's professional development plan model with faculty. The Dean and faculty will adhere to the College's professional development program expectations.	Reviewing the College's faculty development model will be discussed in faculty meetings by March 2013. The Dean will monitor professional development activities in the Salesforce database.

State of Wisconsin
Department of Regulation and Licensing

AGENDA REQUEST FORM

Name and Title of Person Submitting the Request: Jill M. Remy, Program Manager	Date When Request Submitted: 3/1/2013 Items will be considered late if submitted after 5 p.m. and less than: ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before meeting for all other boards

Name of Board, Committee, Council:
Board of Nursing

Board Meeting Date:	Attachments:	How should the item be titled on the agenda page?
3/14/2013	☒ Yes ☐ No	Associate Degree in Nursing Program at Rasmussen College – Green Bay

Place Item in:	Is an appearance before the Board being scheduled? If yes, by whom?	Name of Case Advisor(s), if required:
☒ Open Session ☐ Closed Session ☐ Both	☐ Yes by _____ (name) ☒ No	

Describe the issue and action the Board should address:
Discussion and consideration of ADN program at Rasmussen College – Green Bay; make necessary motions.

If this is a "Late Add" provide a justification utilizing the Agenda Request Policy:

Directions for including supporting documents:
1. This form should be attached to any documents submitted to the agenda.
2. Documents submitted to the agenda must be single-sided.
3. Only copies of the original document will be accepted.
4. Provide original documents needing Board Chairperson signature to the Bureau Director or Program Assistant prior to the start of a meeting.

Authorization:

Jill M. Remy	3/1/2013
Signature of person making this request	Date
Supervisor signature (if required)	Date
Bureau Director signature (indicates approval to add late items to agenda)	Date

Revised Form 3/31/10 Division of Board Services/DRL

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State of Wisconsin
Department of Regulation and Licensing

AGENDA REQUEST FORM

Name and Title of Person Submitting the Request: Jill M. Remy, Program Manager	Date When Request Submitted: 3/1/2013 Items will be considered late if submitted after 5 p.m. and less than: ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before meeting for all other boards

Name of Board, Committee, Council:
Board of Nursing

Board Meeting Date:	Attachments:	How should the item be titled on the agenda page?
3/14/2013	☒ Yes ☐ No	Bachelor of Science in Nursing Program at Wisconsin Lutheran College

Place Item in:	Is an appearance before the Board being scheduled? If yes, by whom?	Name of Case Advisor(s), if required:
☒ Open Session ☐ Closed Session ☐ Both	☐ Yes by _____ (name) ☒ No	

Describe the issue and action the Board should address:
Discussion and consideration of BSN program at Wisconsin Lutheran College; make necessary motions.

If this is a "Late Add" provide a justification utilizing the Agenda Request Policy:

Directions for including supporting documents:
1. This form should be attached to any documents submitted to the agenda.
2. Documents submitted to the agenda must be single-sided.
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Authorization:

Jill M. Remy	3/1/2013
Signature of person making this request	Date
Supervisor signature (if required)	Date
Bureau Director signature (indicates approval to add late items to agenda)	Date

Revised Form 3/31/10 Division of Board Services/DRL

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State of Wisconsin
Department of Safety and Professional Services

AGENDA REQUEST FORM

Name and Title of Person Submitting the Request: Jill M. Remy, Program Manager	Date When Request Submitted: 2/25/2013 Items will be considered late if submitted after 5 p.m. and less than: ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before meeting for all other boards

Name of Board, Committee, Council:
Board of Nursing

Board Meeting Date:	Attachments:	How should the item be titled on the agenda page?
3/14/2013	☒ Yes ☐ No	Herzing-Madison Request for Authorization to Admit Students to Bachelor of Science in Nursing Program

Place Item in:	Is an appearance before the Board being scheduled? If yes, by whom?	Name of Case Advisor(s), if required:
☒ Open Session ☐ Closed Session ☐ Both	☐ Yes by _____ (name) ☒ No	

Describe the issue and action the Board should address:
Review, discuss and make motion relating to proposal and request from Herzing University – Madison for authorization to admit students to a BSN program; make recommendations as needed.

If this is a "Late Add" provide a justification utilizing the Agenda Request Policy:

Directions for including supporting documents:
1. This form should be attached to any documents submitted to the agenda.
2. Documents submitted to the agenda must be single-sided.
3. Only copies of the original document will be accepted.
4. Provide original documents needing Board Chairperson signature to the Bureau Director or Program Assistant prior to the start of a meeting.

Authorization:

Jill M. Remy — 2/25/2013
Signature of person making this request — Date

Supervisor signature (if required) — Date

Bureau Director signature (indicates approval to add late items to agenda) — Date

Revised Form 3/31/10 Division of Board Services/DRL

Application to Admit to BSN program
Herzing University-Madison

Submitted to:

State of Wisconsin
Department of Safety and Professional Services
Wisconsin State Board of Nursing

February, 2013

Herzing University is accredited by the Higher Learning Commission
and a member of the North Central Association

Herzing University-Madison, Wisconsin

February 14, 2013

To: Carol Ott, PhD, RN Chair, Education and Licensure Committee
Wisconsin Board of Nursing

From: Steven L. Rush, PhD, RN
Associate Academic Dean for Healthcare, Director of Nursing
Herzing University-Madison

RE: Request for Approval to Admit to Bachelor of Science in Nursing Program
Madison Campus

In 1964, the ANA House of Delegates (HOD) adopted a motion "that ANA continue to work toward baccalaureate education as the educational foundation for professional nursing practice." Since that time, this issue has been debated in policy meetings at the state and national levels of the association. In 1985, the HOD agreed to urge state nurses associations to establish the baccalaureate with a major in nursing as the minimum educational requirement for licensure and to retain the legal title, Registered Nurse, for that license and to establish the associate degree with a major in nursing as the education requirement for licensure to practice technical nursing.

In 1991, the ANA HOD adopted the position that "ANA support the baccalaureate degree in nursing as a requirement for all generalist certification examinations by 1998. . . ." The following year, the Board of Directors of ANCC implemented the recommendations of the HOD. As a result, at the end of 1998, the BSN became an eligibility requirement for candidates taking ANCC generalist certification exams. In 1995, the HOD agreed to "declare the baccalaureate degree in nursing as the educational requirement for the beginning registered or ‘basic' nurse."

ANA believes that baccalaureate nursing education is necessary to prepare the nursing workforce for the challenges of a complex and changing health care system. ANA has long supported increased accessibility to high-quality educational and career mobility programs that utilize flexible approaches to individuals seeking academic degrees in nursing and a major plank in ANA's legislative platform focuses on ensuring continued support for nursing education both at the baccalaureate and graduate levels. [1]

Despite ANA's longstanding position regarding educational preparation for entry into practice, three paths for basic educational preparation for nursing practice remain in place. This discussion is particularly relevant for educational institutions and learners in Madison, Wisconsin. The percentage of major hospitals and health care facilities seeking Magnet Status is

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[1] *ANA position statement: (http://www.nursingworld.org/FunctionalMenuCategories/MediaResources/PressReleases/2000/CommitmenttoBSN.aspx)*

increasing. Combined with the extremely high percentage of adults with baccalaureate or higher degrees, nursing graduates with an associate degree in nursing may be at a disadvantage for employment.[2]

Due to the reasons cited above, Herzing University-Madison is requesting approval to admit to a baccalaureate of science in nursing (BSN) program. This program will be grounded in the sciences and the liberal arts, and will be closely modeled after the BSN program at Herzing-Brookfield/Kenosha.

Dr. Steven Rush will oversee all aspects of the planning, implementation, and administration of this new program. Dr. Rush has over 25 years of experience in nursing, including being the Director of Undergraduate nursing at UW-Madison, former Chair of Education and Licensure for the Wisconsin Board of Nursing, and now as the Associate Academic Dean for Healthcare at Herzing-Madison. Dr. Rush respectfully requests permission to plan for a BSN program at Herzing-Madison, and looks forward to working with the Board throughout the process.

Please be aware that it is the intent of Dr. Rush and the administration of the Madison campus to replace the current ADN program with the attached BSN proposed program and <u>not</u> run the two programs simultaneously. Our plan would be to admit 48 students a year for the first year, the same number of students that we admit to our current ADN program. As we begin to admit to the BSN program in January of 2014, we would begin to "teach out" the existing ADN students. We would then admit 48 students twice a year as the ADN students graduate. There are several reasons behind this plan, but it is primarily based on available clinical sites and faculty resources. Herzing-Madison currently has signed clinical contracts representing nearly 100 different clinical sites in the greater Madison metropolitan area. Dr. Rush is confident that with the phasing out of one program in tandem with admitting to the other, the availability of appropriate clinical sites clinical site will remain sufficient. The teaching experience of existing faculty will also be utilized from the current ADN program. Dr. Rush does anticipate the need to add four additional full time faculty during the first two years of the BSN program (two each in 2014 and 2015). As anyone in nursing education knows, securing doctorally prepared faculty is a challenge. However, Dr. Rush has already begun discussions with potential faculty who are awaiting the initiation of the BSN program at Herzing-Madison, eager to join the faculty.

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[2] *(Madison ranks number one in the country as the most educated city: http://www.huffingtonpost.com/2011/09/14/madison-wisconsin-ranked_n_962227.html)*

Accreditation Plan

Herzing University is accredited by the Higher Learning Commission and is a member of the North Central Association. The current associate degree program on the Madison campus is accredited by the National League for Nursing Accreditation Commission (NLNAC). However, the proposed Bachelor of Science in nursing program will be accredited by the Commission on Collegiate Nursing Education (CCNE). This plan is consistent with the University's accreditation for all bachelors and higher degree programs in nursing. The goal would be to request the CCNE to complete the site visit for initial accreditation prior to the last semester of enrollment for the first graduating class.

Faculty Appointment Plan

Current faculty teaching in the associated degree program will be phased into teaching roles in the baccalaureate program. Faculty will have developmental sessions as needed to assure that there is clarity in understanding the differences between associated degree and baccalaureate education and its outcomes as well as continued opportunities to participate in continuing education opportunities in instructional strategies in nursing and maintenance of clinical expertise. Currently, there are 19 faculty members in the following areas of expertise:

Medical-Surgical Nursing	2 FT	3 PT
Obstetrics	2 FT	1 PT
Psychiatric/Mental Health	1 FT	2 PT
Pediatrics	2 FT	0 PT
Community Health	1 FT	2 PT
Gerontology	1 FT	2 PT

As the BSN program is implemented, additional faculty will be recruited as needed to fill deficits in areas of expertise with targeted recruitment of doctorally prepared and experience in nursing education. It is anticipated the need for 4 additional faculty starting in 5th semester of the BSN program.

The Bachelor of Science in Nursing Program
Mission, Philosophy, Conceptual Framework and Outcomes

Mission Statement

Herzing University "provides degree and diploma higher education programs of high quality that are designed to prepare a diverse and geographically distributed student population to meet the needs of employers in business, technology, healthcare, design and public safety. Programs contain a complementary and integrated general education curriculum to stimulate students' intellectual growth, contribute to their personal development and to enhance their potential for career advancement".

Parallel to that overall directive, the mission of the Department of Nursing at Herzing University is to provide quality nursing education that prepares graduates to function in a caring, competent, ethical manner as entry level practitioners to enhance the health of persons within communities and the larger global environment by providing safe, quality, holistic healthcare as professional nurses and lifelong learners.

Philosophy

The philosophy of the Department of Nursing at Herzing-Madison is a continuing reflection of the mission of the University and speaks to caring, competence, and ethics. It is congruent with the mission of the nursing program and describes faculty beliefs related to person, family, environment, health, nursing, community, and teaching and learning. The mission, vision, and core values are holistic. Graduates will be prepared to work in a variety of healthcare settings with diverse populations.

The faculty of the Department of Nursing recognizes that nursing is a dynamic profession rooted in the arts and sciences and that nurses work collaboratively with the person and the community to achieve holistic health outcomes in a culturally diverse society. The nursing faculty believes nursing is profession based on caring, that is both an art and science, in which theories and knowledge from nursing and other disciplines are used to assist clients toward maximum health and wellness.

Professional Nursing

The faculty of Herzing University accepts the American Nurses Association (2010) definition of nursing.

> *Nursing is the protection, promotion, and optimization of health and abilities, prevention of illness and injury, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, communities, and populations*.

The definition goes on to include the following six essential features of professional nursing:

1. Provision of a caring relationship that facilitates health and healing,
2. Attention to the range of human experiences and responses to health and illness within the physical and social environments,
3. Integration of objective data with knowledge gained from an appreciation of the patient or group's subjective experience,
4. Application of scientific knowledge to the processes of diagnosis and treatment through the use of judgment and critical thinking,
5. Advancement of professional nursing knowledge through scholarly inquiry, and
6. Influence on social and public policy to promote social justice.

As both an art and science, nursing interacts holistically with the client and the community in an effort to achieve health, wellness, and education. Professional nursing incorporates patient/client advocacy, caring, cultural sensitivity, evidence-based outcomes-oriented actions and professional values to assist the patient/client toward adaptation, self-care, and equilibrium.

Making use of components of professionalism, the nurse provides high quality holistic care by acting as an advocate in issues with legal, ethical, political, or economic implications. The professional nurse demonstrates competency in delivery of complex care by providing safe, quality, and exceptional healthcare, critical thinking, clinical judgment and clinical reasoning through implementation of the nursing process.

Person

As members of a global society, people are integrated individuals with psychological, psychosocial, cultural, and spiritual dimensions. Human beings are gifted with intellects and capabilities directing them toward uniqueness, inherent worth, autonomy, and self-fulfillment. Affected by their environment people experience internal and external stressors to which they must adapt in order to maintain health. They have certain rights, privileges, and responsibilities as members of a family, community, and a greater global society.

Because people are holistic beings, they are worthy of compassionate, patient/client-centered care based on respect for patient/client preferences, values, and needs. When providing holistic care the nurse facilitates the nurse-patient/client partnerships, where the patient/client and nurse collaborate and share responsibility for healthcare decision making while looking at the whole person and situation. Employed are therapeutic interventions, communication and inquiry to modify behaviors that are dynamic and ever changing.

The core values of the nursing department at Herzing University provide a solid foundation in order to support a conceptual framework based on a holistic approach to caring. Through this framework, evidence-based nursing practice supports caring in every aspect of patient/client interactions while taking into account differing perspectives and values of the patient/client being served.

The person (patient/client; consumer; resident) is the recipient of nursing care and may be an individual, family, group, aggregate, community, or population. The person may “function in

independent, interdependent, or dependent roles, and may seek or receive nursing interventions related to disease prevention, health promotion, or health maintenance, as well as illness and end-of-life" (AACN, 2008, p. 38) while preserving the locus of control.

Health

Health is a homeostatic process, a continuum of physiological, psychological, sociological and spiritual levels of wellness fluctuating within a state of health-illness with the individual's goal being an optimal level of health, where individual potential is realized to the fullest extent possible. Being a human experience health is often expressed in terms of wellness and illness and may occur in the presence or absence of disease or injury. Health is perceived individually according to developmental stage, cultural context, spirituality, preferences, and health literacy. Professional nursing focuses on the following areas of health across the lifespan, at both the individual as well as the community, and global levels including vulnerable populations; health promotion; prevention; acute and chronic illnesses; elimination of health disparities; disease management; injury prevention; risk reduction; relationships of genetics and genomics to health and illness; health determinants including environmental assessments of health and illness parameters; and educating patient/clients and caregivers about the same areas.

With this dynamic situation, nursing students must be prepared to assume new roles in health education, wellness, prevention, and disease management as the capability to predict future health problems becomes a greater reality with advances in science and technology.

Environment

The environment encompasses the world and we are responding constantly to both internal and external environmental factors resulting in varying degrees of health. External factors include; availability and quality of air; water; food; and living conditions. With a global increasing population, pollution, poverty, hunger, homelessness, natural disasters, and stressors of war and terrorism threatening our environment, people must collaborate to preserve our resources. Internal factors affecting a person include all of the dimensions of the person including mind, body, spirit, and emotions. Taking a holistic approach the professional nurse assesses the person's responses to the internal and external environment determining how the health is being affected. "Because professional nurses are the human link between the patient/client and the complex healthcare environment, they must provide compassionate care informed by a scientific base of knowledge, including current evidence from research" (AACN, 2008, p. 29).

The nursing education programs must prepare the students to develop the knowledge, skills, and attitudes to practice professional nursing in a multicultural environment with the ability to collaborate with members of the interdisciplinary healthcare teams from diverse backgrounds. The benchmark and goal for professional nursing and quality healthcare is provision of safe, quality, and culturally sensitive nursing care for patient/clients across the lifespan, during all transitions of care and across multiple healthcare environments.

Society

Society is made up of groups of individuals in various dynamic arrangements. It is a system providing the framework for human behavior and expectations including physical, psychological, cultural, ethical, and spiritual elements. The framework provided allows interactions to address personal needs and goals. The person being an integral part of society is also a member of a family, group, community, and population. Society's structure and diverse cultures affect a person's behavior in response to health and illness within their culture, and community. The professional nurse must understand and be prepared to individualize care provided to the diverse population based on the responses exhibited. The faculty affirms the beliefs and tenets related to the value-added dimension that the nursing profession offers to society in *Nursing's Social Policy Statement: The Essence of the Profession* (ANA, 2010).

Professional Roles

Professional nursing education prepares the student to practice as a professional nurse in various roles and settings. Consistent with *The Essentials for Baccalaureate Education for Professional Nursing Practice* (AACN, 2008, p. 35), the faculty believes the following roles are relevant for the baccalaureate-prepared generalist nurse:

- Provider of care (evaluation of client changes and progress over time; developing proficiency and efficiency in delivery of safe care)
- Designer/manager/coordinator of care (manage care transitions; be an active participant on the interprofessional team; identify system issues; develop working skills in delegation, prioritization, and oversight of care)
- Member of a profession (evaluate one's practice; assume responsibility for supporting the profession)

Professionalism

Nursing is an incredibly challenging profession and professionalism encompasses the values, formation of professional roles, and images of the nurse. Values are based in understanding ethical, legal, and regulatory guidelines of the profession and society as a whole. It is important for the public to view nurses as competent educated thinkers wanting to contribute to their communities, with an expectation to contribute also to the profession and professional development of self by using critically reviewed research to define evidence-based practice and to practice lifelong learning (Larson, 2006).

Conceptual Framework of the Nursing Curriculum

The conceptual framework of the Department of Nursing of Herzing University is consistent with the Mission and Philosophy of the Program, providing a model of professional nursing practice, utilizing a variety of concepts grounded in eclectic nursing theory, and serves as a foundation for the selection and sequencing of courses, content, and learning activities in the

nursing curriculum. Required courses provide foundational knowledge that builds key concepts used to frame the actions of the professional nurse.

It is the belief of the faculty that nurses, who are responsible for a wide variety of therapeutic interventions applied across a developmental lifespan, must possess competent didactic and clinical skills. Additionally, nursing, society culture, and diversity form major components of the external environment that is constantly changing and affects both the nurse and the patient (client, population). Finally, the conceptual framework is a dynamic, ever-changing model that should reflect the growth of knowledge in the profession and innovations in technology. Continuous re-evaluation of the model is paramount to its success. Humanities, nursing concepts and technical skills are intertwined to provide optimal care of the client.

Nursing Process

Nursing process consists of cognitive activities consisting of assessment, diagnosis, planning, intervening, and evaluating. In order to effectively make use of the nursing process, professional nurses must be able to be critical thinkers, understand the role of diversity in understanding human behavior, communicate effectively, possess clinical competencies, content knowledge, demonstrate effective leadership skills in planning and managing patient care, effectively use technology, demonstrate professionalism and demonstrate a commitment to life-long learning. Additionally, the professional nurse needs to make clinical judgments (related to evidence-based practice, meanings, quality improvement, and improved health outcomes) based on theoretical knowledge from nursing, sciences, and experience. The nurse is a critical thinker when resolving clinical and ethical problems using evidenced based practice guidelines that includes reflective thought on delivery of quality care and patient preferences and values. The nurse recognizes, raises, and is open to questions and gathers evidence to support answers (Critical Thinking Institution 2011; Nursing Trends 2010; NLN 2010).

Communication

The Joint Commission identifies communication as the root cause of approximately 70 percent of all sentinel events. Effective communication and teamwork are fundamental to quality patient care (Joint Commission, 2007). The definition of communication is the exchange of thoughts, messages, or information. The professional nurse is able to maintain congruency and accuracy in all therapeutic intraprofessional and interprofessional exchanges whether verbal, nonverbal, written, or electronic. Other essential components of effective communication with patients/clients, families, colleagues, peers, and healthcare team members are conflict resolution and or restorative justice.

Providing safe care is the primary goal of all professional nurses. Nurse's communication must be accurate, timely, efficient, appropriate, and flexible, and incorporates active listening during all transactions with patients/clients including transitions of care both within and across healthcare environments. Additionally, the professional nurse must be competent in informatics, the ability to combine nursing science with information management and care technology.

Caring/Compassion

Registered nurses are caring and compassionate; are able to accept responsibility and direct, delegate to and/or supervise others; are able to follow orders precisely; and are able to determine when consultation is required. Caring refers to thoughts and actions that maintain human dignity while relaying concern and empathy to all aspects of a person's life including cultural, psychosocial, and the physical dimensions. All nurses are patient advocates and health educators. Fostering caring and compassion is achieved by providing a patient/client-centered care approach while developing a nurturing and empathetic relationship with others, fulfilling the role as a patient/client advocate, promoting nurse-patient/client partnerships, identifying care as the primary outcome before cure, and striving to maintain human dignity for the patient/client while holding strong moral and ethical values. Professional nurses also attempt to lessen human suffering and provide caring measures to support the patient/client to die with dignity.

Safety

Patient safety is a multidimensional concept that is central to clinical education and refers to the minimization of physical and emotional risks and harm to patient/clients using critical thinking, clinical decision-making, and clinical judgment in the provision of nursing care. Included in safety measures are evaluations of system effectiveness and individual performance, and adherence to regulations, standards, and laws governing health care practice.

Evidence-Based Practice

Evidence-based practice (EBP) in nursing is a framework for approaching patient care. It represents a change in traditional nursing by requiring nursing professionals to rely on scientific research and evidence more often than experience or intuition. EBP is meant to guide treatment of patients in a systematic process by integrating the best research (current evidence) with clinical expertise and patient/client/family preferences and values.

Culture/Diversity

A definition of culturally congruent care is behaviors or decisions that are designed to fit with cultural values to provide meaningful, beneficial, and satisfying health care (Bednarz, Schim, & Doorenbos, 2010). Diversity includes the concept of culture and represents the "range of human variation, including age, race, gender, disability, ethnicity, nationality, religious and spiritual beliefs, sexual orientation, political beliefs, economic status, native language, and geographical background" (AACN, 2008, p. 37). Culturally-sensitive nursing care for patient/clients across the life-span, during all transitions of care and across the continuum of healthcare environments, is an ongoing goal for professional nursing and a benchmark for quality healthcare provided in the professional nursing program at Herzing University.

Professional Nursing Education

Because there is a need for registered nurses to be prepared with a broad knowledge base professional nursing education builds on and integrates the arts, sciences, and humanities with

nursing science providing a refinement of knowledge, beliefs, values, attitudes, and skills reflected in cognitive, affective, and psychomotor domains. Based on Herzing University's foundation of valued student success and support of professional role development; the concepts and theories from nursing and related disciplines form the structure of the nursing curriculum.

Herzing's nursing program supports and encourages students to work toward the highest level to which they are capable. Nursing educators have responsibility to provide effective, appropriate and comprehensive theory and clinical experiences to assist the student in meeting their academic goals.

To fulfill the mission of providing quality healthcare, the faculty believes it imperative for the nursing curriculum to be in alignment with on-going changes in science and technology, shifting population demographics, emerging healthcare needs of contemporary society, and changes in professional nursing practice environments. Therefore, the nursing curriculum at Herzing is designed to encourage and support students as they assume responsibility for their own education.

Teaching-Learning Practices

The art of teaching is to impart knowledge, while learning is the act of gaining knowledge. In nursing education, we impart beliefs, values, attitudes, and skills promoting lifelong learning by the students. Teaching being a facilitation of mutual learning requires collaboration, sharing experiences, and creating a stimulating, dynamic educational environment fostering critical thinking. Learning is the outcome of teaching and is a reflection of cognitive, affective, and psychomotor domains.

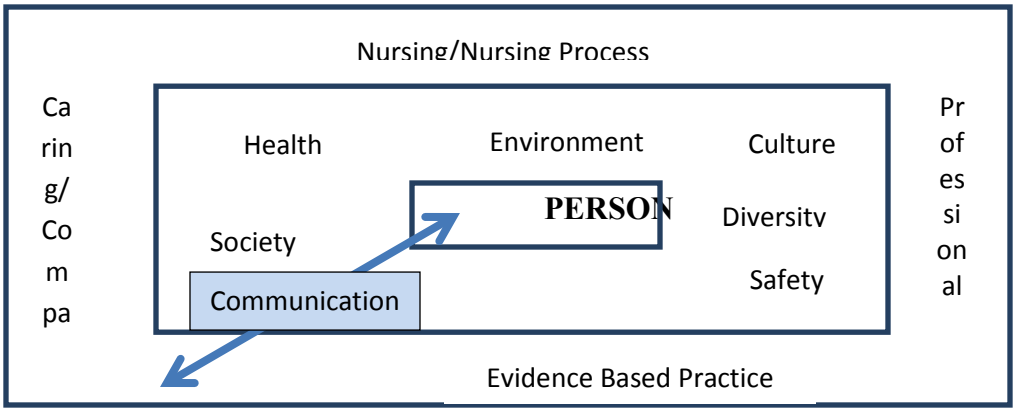
Effective teaching/learning practices take into account the needs of the learner, building on prior learning experiences and predetermined standards of academic rigor; seeking to advance growth through experiences promoting a sense of excitement, curiosity, creativity, and discovery. These practices further the student's sense of valuing their own accountabilities and responsibilities for learning, and join with the learner's and support individual efforts to achieve projected learning outcomes.

Faculty facilitates the learning process through a variety of teaching strategies. Faculty also acts as role models for students. The combination of the caring role and the facilitator role form a partnership in the learning process. Learning experiences are designed to facilitate personal and professional growth. In the final analysis, the ultimate responsibility for learning rests with the learner.

The conceptual framework of the Nursing Program of Herzing University-Madison is consistent with the Mission and Philosophy of the Program. It provides a model of professional nursing practice, and serves as the foundation for the selection, sequencing of courses, course content, and learning activities in the nursing curriculum. The required liberal arts courses provide the foundational knowledge upon which are built the key concepts used to frame the actions of the professional nurse. It is the belief of the faculty that the key threads (previously defined in the philosophy) of the curriculum are nursing, critical thinking and decision making, the nursing

process, environment, health, society, professional role, communication, caring, compassion, safety, evidence based practice, culture, and diversity. The person (patient, client, population) is the center of universe and it is our response to those identified needs that are the processes of the practice of nursing. Figure 1, Conceptual Framework, represents schematically the faculties view.

Figure 1. Conceptual Framework



PROGRAM OUTCOMES

The program outcomes describe the professional nurse generalist who is a graduate of Herzing University. Upon completion of the program, the student will be able to:

1. Practice using caring, compassionate, culturally competent, and evidence based practices in the roles of the baccalaureate nurse using the nursing process to provide patient/client-centered care in a variety of health care settings.
2. Use a broad base of techniques to communicate effectively with clients, families, health care teams, and communities.
3. Use critical thinking and decision making, local,-state, national and global policies, legislative concepts, and healthcare economics to effect quality health care and the evolving health care system.
4. Integrate knowledge and skills in nursing leadership and management, quality improvement, and patient safety as required to provide health care.
5. Integrate knowledge and skills to promote health and prevent disease across the lifespan and the continuum of health care environments.
6. Practice professionalism including the inherent values of altruism, autonomy, human dignity, integrity, and social justice.
7. Formulate a professional ethic that includes lifelong learning and continuous professional development in an ever-evolving health care environment.

RELATIONSHIP OF PROGRAM OUTCOMES TO CURRICULUM THREADS AND CCNE ESSENTIALS

PROGRAM OUTCOMES	THREAD	CCNE ESSENTIALS OF BACCALAUREATE ED.
1. Practice using caring, compassionate, culturally competent, and evidence based practices in the roles of the baccalaureate nurse using the nursing process to provide patient/client-centered care in a variety of health care settings.	Person Nursing Nursing Process Professional Role Caring Compassion Safety Evidence Based Practice Culture Diversity Environment Critical Thinking	Essential I: Liberal Education Essential III: Scholarship for EBP Essential VII: Clinical Prevention and Population Health Essential IX: Baccalaureate Generalist Nursing Practice
2. Use a broad base of techniques to communicate effectively with clients, families, health care teams, and communities.	Communication Society Nursing Professional Role	Essential IV: Information Managements and Application of Patient Care Technology Essential VI: Interprofessional Communication & Collaboration
3. Use critical thinking and decision making, local,-state, national and global policies, legislative concepts, and healthcare economics to effect quality health care and the evolving health care system.	Critical Thinking Society Nursing Health	Essential V: Health Care Policy, Finance, and Regulatory Environment Essential II: Basic Organizational and Systems Leadership Essential VII: Clinical Prevention and Population Health
4. Integrate knowledge and skills in nursing leadership and management, quality improvement, and patient safety as required to provide health care	Nursing Communication Evidence Based Practice	Essential II: Basic Organizational and Systems Leadership Essential V: Healthcare Policy

		Essential VI: Interprofessional Communication and Collaboration
5. Integrate knowledge and skills to promote health and prevent disease across the lifespan and the continuum of health care environments.	Health Society Professional Role	Essential VII: Clinical Prevention and Population Health
6. Practice professionalism including the inherent values of altruism, autonomy, human dignity, integrity, and social justice.	Professional Role Nursing Society	Essential VIII: Professionalism and Professional Values
7. Formulate a professional ethic that includes lifelong learning and continuous professional development in an ever-evolving health care environment.	Professional Role Communication Evidence Based Practice	Essential I: Liberal Education Essential III: Scholarship and Evidence Based Practice Essential VIII: Professionalism and Professional Values
8. Think critically at a conceptual level and by using mathematical analysis as well as the scientific method; write and speak effectively; use basic computer applications; and understand human behavior in the context of the greater society in a culturally diverse world.	Critical Thinking Evidence Based Practice Communication Professional Role Culture Diversity	Essential I: Liberal Education Essential III: Scholarship and Evidence Based Practice Essential VIII: Professionalism and Professional Values

HERZING UNIVERSITY
BACHELOR OF SCIENCE IN NURSING PROGRAM PLAN

COURSE NUMBER	COURSE NAME	CREDITS	PRE-REQUISITES/CO-REQUISITES	CLINICAL OR LAB HOURS
SEMESTER ONE				
SC 165	General Microbiology	2	Co-req SC 165L	
SC 165L	General Microbiology Lab	1	Co-req SC 165	30 lab hrs.
HU 101	Critical Thinking	3	None	
MA 107	College Algebra	4	None	
EN 106	Information Literacy	1	None	
EN104	English Composition I	3	None	
PS 101	Psychology	3	None	
SEMESTER TOTAL		17		
SEMESTER TWO				
SC185	General Chemistry	2	Co-req SC 185L	
SC 185L	General Chemistry Lab	1	Co-req SC185	
SC 145	Anatomy and Physiology I	3	Co-req SC145L	
SC 145 L	Anatomy and Physiology I Lab	1	Co-req SC145	30 Lab hrs.
SC 245	Anatomy and Physiology II	3	Pre-req SC 145, 145L; Co-req SC245L	
SC 245L	Anatomy and Physiology I Lab	1	Pre-req SC 145, 145L; Co-req SC245	30 Lab hrs.
AS144 (M0144)	Medical Terminology	1	None	
NB100	Growth & Development	3	PS 101	
SS 120	Introduction to Sociology	3	None	
SEMESTER TOTAL		18		
SEMESTER 3				
NB 206	Introduction to Professional Nursing	2	None	
NB 207	Health Assessment	2	Pre-req SC185, 185L, SS 110, NB100, SC 145, 145L, & SC 245, 245L, , MO144, SC 120 Co-req NB207L	
NB207L	Health Assessment Lab	1	Pre-req SC185, 185L, SS 110, NB100, SC 145, 145L, & SC 245, 245L, MO144, SC 120 Co-req NB 207	30 lab hrs.
NB 208	Pathophysiology	4	Pre-req SC185, 185L, SS 110, NB100, SC 145, 145L, & SC 245, 245L, SC165, 165L	
IS 102	Computer Applications	4	None	
NB 210	Introduction to Clinical Nursing	2	Pre-req SC185, 185L, SS 110, NB100, SC 145, 145L, & SC 245, 245L, SC165, 165L, M0144, SC120 Co-req NB 206, NB 210 L	

NB 210 C	Introduction to Clinical Nursing Clinical Simulation	1	Pre-req SC185, 185L, SS 110, NB100, SC 145, 145L, & SC 245, 245L, SC165, 165L, M0144, SC120 Co-req NB 206, NB 210	45 lab hrs.
SEMESTER TOTAL		16		
SEMESTER 4				
NB 215	Adult Health I	3	Pre-req SC185, 185L, SS 110, NB100, SC 145, 145L, & SC 245, 245L, SC165, 165L, NB 210, NB 210 L Co-req NB 215 L, 215 C, NB220	
NB 215 L	Adult Health I Lab	1	Pre-req SC185, 185L, SS 110, NB100, SC 145, 145L, & SC 245, 245L, SC165, 165L, NB 210, NB 210 L Co-req NB 215, 215 C, NB220	30 lab hrs.
NB 215 C	Adult Health I Clinical	2	Pre-req SC185, 185L, SS 110, NB100, SC 145, 145L, & SC 245, 245L, SC165, 165L, NB 210, NB 210 L Co-req NB 215 L, 215 , NB220	90 clinical hrs.
NB 220	Pharmacology	3	Pre-req SC185, 185L, SS 110, NB100, SC 145, 145L, & SC 245, 245L, SC165, 165L, NB 210, NB210 L Co-req NB 215, 215L, 215C	
NB 225	Nursing Informatics	3	IS 102	
SC 150	Principles of Nutrition	2	Pre-rec SC 185, SC 145	
SEMESTER TOTAL		14		
COURSE NUMBER	COURSE NAME	CREDITS	PRE-REQUISITES/CO-REQUISITES	CLINICAL OR LAB HOURS
SEMESTER 5				
SS 310	Cultural Diversity	2	None	
NB 301	Adult Health II	3	Pre-req SC185, 185L, SS 110, NB100, SC 145, 145L, & SC 245, 245L, SC165, 165L, NB 210, NB 210 L,NB 215, NB215C, NB215 L, NB220 Co-req 301C	
NB 301 C	Adult Health II Clinical	3	Pre-req SC185, 185L, SS	135 clinical hours

			110, NB100, SC 145, 145L, & SC 245, 245L, SC165, 165L, NB 210, NB 210 L,NB 215, NB215C, NB215 L, NB220 Co-req 301	
EN 250	English Composition II	3	EN 104	
En 116	Speech	3	None	
	SEMESTER TOTAL	14		
SEMESTER 6				
NB 308	Mental Health Nursing	2	Pre-req SC185, 185L, SS 110, NB100, SC 145, 145L, & SC 245, 245L, SC165, 165L, NB 210, NB 210 L,NB 215, NB215C, NB215 L, NB220, NB301, NB 301C Co-req 308C;	
NB 308 C	Mental Health Nursing Clinical	2	Pre-req SC185, 185L, SS 110, NB100, SC 145, 145L, & SC 245, 245L, SC165, 165L, NB 210, NB 210 L,NB 215, NB215C, NB215 L, NB220, NB301, NB 301C Co-req 308	90 clinical hrs.
NB 314	Gerontological Nursing	3	Pre-req SC185, 185L, SS 110, NB100, SC 145, 145L, & SC 245, 245L, SC165, 165L, NB 210, NB 210 L,NB 215, NB215C, NB215 L, NB220, NB301, NB 301C Co-req NB308, NB308C, NB314C	
NB 314 C	Gerontological Nursing Clinical	1	Pre-req SC185, 185L, SS 110, NB100, SC 145, 145L, & SC 245, 245L, SC165, 165L, NB 210, NB 210 L,NB 215, NB215C, NB215 L, NB220, NB301, NB 301C Co-req 308, NB 308C; NB314	45 Clinical hrs.
NB 335	Legal & Ethical Issues	2	NB 106	
MA 320	Statistics	3	MA 107	
PD 121	Professional Development I	1	None	
	SEMESTER TOTAL	14		
SEMESTER 7				
NB 401	National and Global Health Policy Issues	2	Pre-req SC185, 185L, SS 110, NB100, SC 145, 145L, & SC 245, 245L,	

			SC165, 165L, NB 210, NB 210 L,NB 215, NB215C, NB215 L, NB220, NB301, NB 301C NB 308, NB 308C; NB314	
PD 202	Professional Development II	1	None	
NB 400	Family Nursing	3	Pre-req SC185, 185L, SS 110, NB100, SC 145, 145L, & SC 245, 245L, SC165, 165L, NB 210, NB 210 L,NB 215, NB215C, NB215 L, NB220, NB301, NB 301C NB 308, NB 308C; NB314, NB314C, Co-req NB 400C, NB 409, NB409C	
NB 400C	Family Nursing Clinical	2	Pre-req SC185, 185L, SS 110, NB100, SC 145, 145L, & SC 245, 245L, SC165, 165L, NB 210, NB 210 L,NB 215, NB215C, NB215 L, NB220, NB301, NB 301C NB 308, NB 308C; NB314, NB314C, Co-req NB 400, NB 409, NB409C	90 clinical hrs.
NB 409	Community Nursing	3	Pre-req SC185, 185L, SS 110, NB100, SC 145, 145L, & SC 245, 245L, SC165, 165L, NB 210, NB 210 L,NB 215, NB215C, NB215 L, NB220, NB301, NB 301C NB 308, NB 308C; NB314, NB314C, Co-req NB 400C, NB 400, NB409C	
NB 409C	Community Nursing C	2	Pre-req SC185, 185L, SS 110, NB100, SC 145, 145L, & SC 245, 245L, SC165, 165L, NB 210, NB 210 L,NB 215, NB215C, NB215 L, NB220, NB301, NB 301C NB 308, NB 308C; NB314, NB314C, Co-req NB 400C, NB 400, NB409	90 Clinical hrs.
SEMESTER TOTAL		13		
COURSE NUMBER	COURSE NAME	CREDITS	PRE-REQUISITES/CO-REQUISITES	CLINICAL OR LAB HOURS
SEMESTER 8				
HU 325	Literature and the Art of Healthcare	3	None	

NB 450	Nursing Leadership & Management	3	Pre-req SC185, 185L, SS 110, NB100, SC 145, 145L, & SC 245, 245L, SC165, 165L, NB 210, NB 210 L,NB 215, NB215C, NB215 L, NB220, NB301, NB 301C NB 308, NB 308C; NB314, NB314C, NB 400C, NB 400, NB409	
NB 446	Adult Health III/Nursing Practicum	6 (3-1-2)	Pre-req SC185, 185L, SS 110, NB100, SC 145, 145L, & SC 245, 245L, SC165, 165L, NB 210, NB 210 L,NB 215, NB215C, NB215 L, NB220, NB301, NB 301C NB 308, NB 308C; NB314, NB314C, NB 400C, NB 400, NB409; Co-req NB 446L, NB446 C	45 lecture hrs.; 30 seminar hrs.; 135 clinical hrs.
NB 431	Evidence Based Nursing Research & Practice	3	MA 320	
SEMESTER TOTAL		15		
PROGRAM TOTAL		**122**		210 Lab/720 Cl

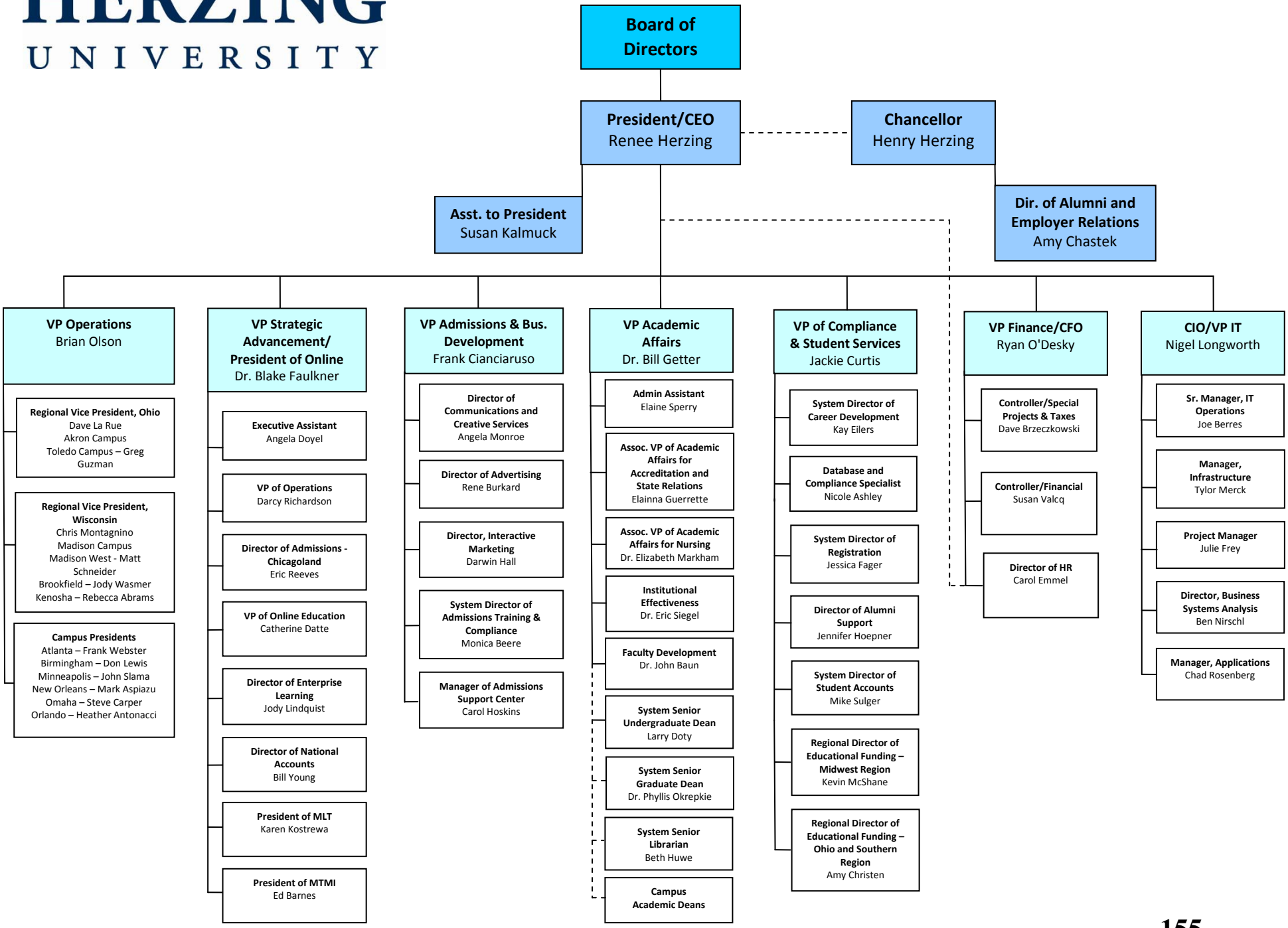
Application for Approval to Plan BSN – Herzing University-Madison: Grid For Clinicals

This purpose of this grid is to illustrate the range and mix of agencies that will be used for clinical experiences across the BSN curriculum. Planning to develop the BSN program in Madison will be done based on a careful evaluation of the adequacy of clinical agencies to support the clinical learning needs of the students. A full integration of high fidelity simulation experiences will also be utilized to enhance the clinical experiences of learners. The current goal would be to admit 48 students once a year. In the key below, projected clinical experiences are identified in which formal conversations have been held regarding development of contracts for placement of students as well as those contracts that are already in place and approved for the current ADN program. Additional agencies will be contacted in the next months as needed.

Courses – Madison	Spring 2014 Semester 1	Summer 2014 Semester2	Fall 2014 Semester 3	Spring 2015 Semester 4	Summer 2015 Semester 5	Fall 2015 Semester 6	Spring 2016 Semester 7	Fall 2016 Semester 8
Introduction to Clinical Nursing – High Fidelity Simulation			48 students 4 sections 45 hours					
Adult Health I				48 students 6 sections 90 hours				
Adult Health II					48 students 6 sections 135 hours			
Mental Health Nursing						48 students 6 sections Term A 90 hours		
Gerontological Nursing						48 students 6 sections Term B 45 hours		

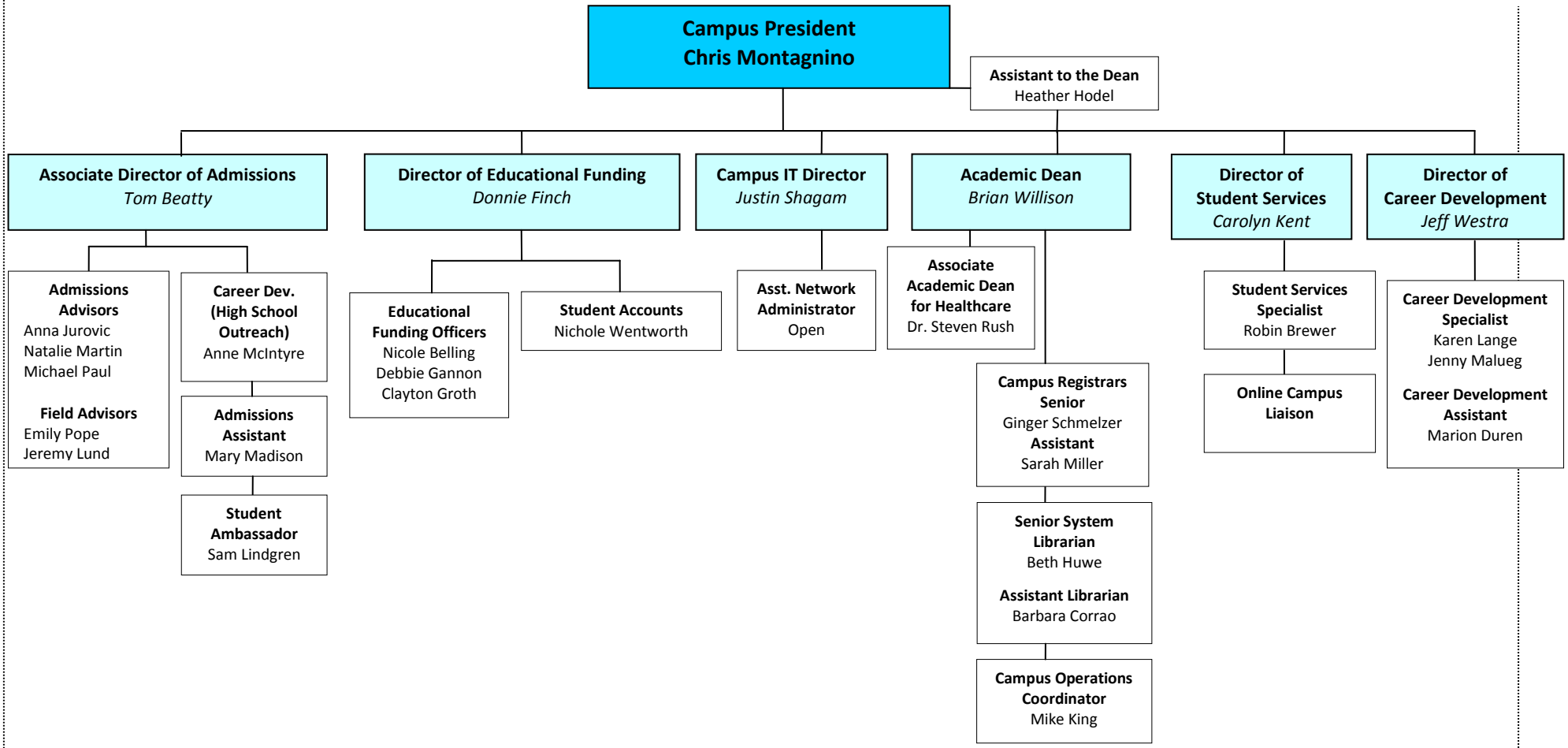
Family Nursing							48 students 8 sections Term A 90 hours	
Community Health							48 students 6 sections Term B 90 hours	
Adult Heath III								48 students 6 sections 135 hours
TOTAL CLINICAL HOURS								**720 hours*** *an additional 210 lab hours not shown in this grid are included in the program

HERZING UNIVERSITY



HERZING UNIVERSITY

Campus Organization Chart
MADISON



February 25, 2013

Ms. Jill Remy
Program Manager
Education and Examinations Office
Department of Safety and Professional Services
On Behalf of the Wisconsin Board of Nursing
1400 E. Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

Re: Herzing University-Madison request to admit to BSN, January 2014

Dear Ms. Remy:

This letter is to clarify that I will be the Educational Administrator (EA) for the Herzing University-Madison Bachelor of Science in Nursing program. I believe you have my original documentation and the Board of Nursing's approval of my qualifications to serve as an EA for a pre-licensure nursing program in the State of Wisconsin. Please do not hesitate to contact me if you need anything further.

Respectfully submitted,

Steven L. Rush, PhD, RN

Steven L. Rush, PhD, RN
Associate Academic Dean and
Director of Nursing
Herzing University-Madison
5218 E. Terrace Dr. Madison, WI. 53718

srush@msn.herzing.edu

HERZING

COURSE OUTLINE

GENERAL INFORMATION:

Date:	**June 26, 2012**	
Course Number:	**NB 100**	
Course Name:	**Growth and Development**	
Semester Credit Hours:	**3.00**	
Prerequisite(s):	**PS 101**	
Corequisite(s):	**None**	
Course Type:	**Lecture and Discussion (15 clock hours per credit)**	**45 Clock Hours**
	Lab/Hands-On (30 clock hours per credit)	**0 Clock Hours**
	Clinical/Practicum (45 clock hours per credit)	**0 Clock Hours**
	Externship/Internship (45 clock hours per credit)	**0 Clock Hours**

COURSE DESCRIPTION:

This course focuses on the review of human growth and development across the lifespan with an emphasis on cognitive, psychological, social, physical, and moral/spiritual development. Major theories will be discussed, and significant milestones, developmental tasks, adjustments, and common health problems will be explored. Students will use case studies and debate to enhance learning. A final project will be required.

LEARNING OBJECTIVES:

Upon completion of this course, the student will be able to:

1. Explain the concept of lifespan development.
2. Discuss major theories and theorists in developmental psychology.
3. Examine the biological, psychological, cognitive, and social changes that occur across the lifespan.
4. Explore moral and spiritual development.
5. Debate proposed policy solutions to healthcare issues across the lifespan.
6. Summarize techniques and strategies for caring for clients/patients across the lifespan.
7. Explain how economics, genetics, and other environmental factors may affect the individual across the lifespan.
8. Complete a self-assessment and plan to identify health and potential health problems, and establish health goals.

REQUIRED TEXT(S):

Please refer to the *Master Textbook List* on Herzing Blackboard/Orgs/HerzingNet/Curriculum/Textbook Lists.

SUPPLEMENTAL INSTRUCTIONAL MATERIALS:

As needed and directed by the instructor

HERZING

COURSE OUTLINE

GENERAL INFORMATION:

Date:	**October 30, 2012**	
Course Number:	**NB 206**	
Course Name:	**Introduction to Professional Nursing**	
Semester Credit Hours:	**2.00**	
Prerequisite(s):	**None**	
Corequisite(s):	**NB 208, NB 210 and NB 210C**	
Course Type:	**Lecture and Discussion (15 clock hours per credit)**	**30 Clock Hours**
	Lab/Hands-On (30 clock hours per credit)	**0 Clock Hours**
	Clinical/Practicum (45 clock hours per credit)	**0 Clock Hours**
	Externship/Internship (45 clock hours per credit)	**0 Clock Hours**

COURSE DESCRIPTION:

This course will present an overview of the profession of nursing including historical, theoretical, political, social, and economic impact. The student will be introduced to nursing roles, health promotion, evidence-based practice, standards of practice, and professional accountability and responsibility. The nurse as a leader in the healthcare system will also be explored.

LEARNING OBJECTIVES:

Upon completion of this course, the student will be able to:

1. Describe the relationship between key historical events and the development of nursing.
2. Analyze the theoretical and licensure characteristics of the nursing profession.
3. Explain how nursing practice relates to the overall healthcare system.
4. Examine how the meta-paradigm of nursing relates to professional nursing practice.
5. Formulate a philosophy of nursing practice as a foundation for critical thinking.
6. Recognize the use of therapeutic communication within the patient-nurse relationship.
7. Relate standards of practice to implications for safety and quality of patient care.
8. Define how major ethical principles relate to nursing practice and patient care.
9. Compare key elements of health promotion, disease prevention, and patient care models to the delivery of patient care.
10. Describe the essentials of baccalaureate nursing education as they are implemented within Herzing University's nursing program.

REQUIRED TEXT(S):

Please refer to the *Master Textbook List* on Herzing Blackboard/Orgs/HerzingNet/Curriculum/Textbook Lists.

SUPPLEMENTAL INSTRUCTIONAL MATERIALS:

As needed and directed by the instructor

HERZING

COURSE OUTLINE

GENERAL INFORMATION:

Date:	**June 1, 2012**	
Course Number:	**NB 207**	
Course Name:	**Health Assessment**	
Semester Credit Hours:	**2.00**	
Prerequisite(s):	**NB 100, SC 185, SC 185L, SC 245, SC 245L and SS 120**	
Corequisite(s):	**NB 207L**	
Course Type:	**Lecture and Discussion (15 clock hours per credit)**	**30 Clock Hours**
	Lab/Hands-On (30 clock hours per credit)	**0 Clock Hours**
	Clinical/Practicum (45 clock hours per credit)	**0 Clock Hours**
	Externship/Internship (45 clock hours per credit)	**0 Clock Hours**

COURSE DESCRIPTION:

The focus of this course is the development and application of beginning assessment skills across the lifespan. Emphasis is placed on history-taking skills and determining normal versus abnormal clinical signs.

LEARNING OBJECTIVES:

Upon completion of this course, the student will be able to:

1. Integrate knowledge from liberal arts and sciences when assessing patients and interpreting health assessment data, including physiological, psychosocial, lifespan, cultural, economic, and environmental factors.
2. Perform targeted and clinically reliable health and physical assessments in a safe and competent manner while stating the rationale for selected techniques and findings.
3. Identify signs and symptoms of common illness through focused history and physical assessment techniques that are useful for clinical applications and diagnostic reasoning.
4. Demonstrate effective and systematic data collection skills when performing a health history and physical assessment, including interviewing, observation, physical examination approaches, and clinical documentation that are age-appropriate.
5. Display the behaviors of the professional registered nurse during a complete health assessment, including ethical and legal principles.

REQUIRED TEXT(S):

Please refer to the *Master Textbook List* on Herzing Blackboard/Orgs/HerzingNet/Curriculum/Textbook Lists.

SUPPLEMENTAL INSTRUCTIONAL MATERIALS:

As needed and directed by the instructor

HERZING

COURSE OUTLINE

GENERAL INFORMATION:

Date:	**June 1, 2012**	
Course Number:	**NB 207L**	
Course Name:	**Health Assessment Lab**	
Semester Credit Hours:	**1.00**	
Prerequisite(s):	**NB 100, SC 185, SC 185L, SC 245, SC 245L and SS 120**	
Corequisite(s):	**NB 207**	
Course Type:	**Lecture and Discussion (15 clock hours per credit)**	**0 Clock Hours**
	Lab/Hands-On (30 clock hours per credit)	**30 Clock Hours**
	Clinical/Practicum (45 clock hours per credit)	**0 Clock Hours**
	Externship/Internship (45 clock hours per credit)	**0 Clock Hours**

COURSE DESCRIPTION:

This is the lab portion of Health Assessment.

LEARNING OBJECTIVES:

Upon completion of this course, the student will be able to:

1. Integrate knowledge from liberal arts and sciences when assessing patients and interpreting health assessment data, including physiological, psychosocial, lifespan, cultural, economic, and environmental factors.
2. Perform targeted and clinically reliable health and physical assessments in a safe and competent manner while stating the rationale for selected techniques and findings.
3. Identify signs and symptoms of common illness through focused history and physical assessment techniques that are useful for clinical applications and diagnostic reasoning.
4. Demonstrate effective and systematic data collection skills when performing a health history and physical assessment, including interviewing, observation, physical examination approaches, and clinical documentation that are age-appropriate.
5. Display the behaviors of the professional registered nurse during a complete health assessment, including ethical and legal principles.

REQUIRED TEXT(S):

Please refer to the *Master Textbook List* on Herzing Blackboard/Orgs/HerzingNet/Curriculum/Textbook Lists.

SUPPLEMENTAL INSTRUCTIONAL MATERIALS:

As needed and directed by the instructor

HERZING

COURSE OUTLINE

GENERAL INFORMATION:

Date:	**June 1, 2012**	
Course Number:	**NB 208**	
Course Name:	**Pathophysiology**	
Semester Credit Hours:	**4.00**	
Prerequisite(s):	**NB 100, SC 165, SC 165L, SC 185, SC 185L, SC 245, SC 245L and SS 120**	
Corequisite(s):	**None**	
Course Type:	**Lecture and Discussion (15 clock hours per credit)**	**60 Clock Hours**
	Lab/Hands-On (30 clock hours per credit)	**0 Clock Hours**
	Clinical/Practicum (45 clock hours per credit)	**0 Clock Hours**
	Externship/Internship (45 clock hours per credit)	**0 Clock Hours**

COURSE DESCRIPTION:

This course examines the pathophysiological bases for disease process throughout the lifespan with an emphasis on nursing clinical applications. The content builds upon previous understanding of anatomy, physiology, and microbiology, basic chemistry, and the manifestations of disease. Alterations in pathophysiological functions of body systems are discussed. Physiological theory and treatment implications are explored.

LEARNING OBJECTIVES:

Upon completion of this course, the student will be able to:

1. Characterize the disease process in terms of etiology, pathogenesis, morphology, clinical manifestations, and prognosis.
2. Propose ways in which practice guidelines can be used to improve healthcare.
3. Discuss how the changes that occur as the result of growth and development (infancy, toddler, school age, adolescence, and adulthood) can influence healthcare needs.
4. Explore the genetic influences on the development of various disease states.
5. Relate the effects of environmental factors on the development of various disease states.
6. Discuss the spread and transmission of diseases caused by microorganisms as well as the prevention of disease.
7. Explain the physiological basis of various disease states.
8. Explore the current trends in prevention and treatment of various disease states.
9. Identify nursing interventions for various disease states based on growth and development, acuity, and cultural influences.

REQUIRED TEXT(S):

Please refer to the *Master Textbook List* on Herzing Blackboard/Orgs/HerzingNet/Curriculum/Textbook Lists.

SUPPLEMENTAL INSTRUCTIONAL MATERIALS:

As needed and directed by the instructor

HERZING

COURSE OUTLINE

GENERAL INFORMATION:

Date:	**October 30, 2012**	
Course Number:	**NB 210**	
Course Name:	**Introduction to Clinical Nursing**	
Semester Credit Hours:	**2.00**	
Prerequisite(s):	**NB 100, SC 165, SC 165L, SC 185, SC 185L, SC 245, SC 245L and SS 120**	
Corequisite(s):	**NB 206, NB 208 and NB 210C**	
Course Type:	**Lecture and Discussion (15 clock hours per credit)**	**30 Clock Hours**
	Lab/Hands-On (30 clock hours per credit)	**0 Clock Hours**
	Clinical/Practicum (45 clock hours per credit)	**0 Clock Hours**
	Externship/Internship (45 clock hours per credit)	**0 Clock Hours**

COURSE DESCRIPTION:

This clinical course builds on the Introduction to Professional Nursing course and includes simulated and laboratory-based experiences focused on the nursing care of individual adult patients. The concepts of critical thinking in clinical settings, culturally competent care, and the nurse's role in interdisciplinary healthcare environments will be introduced. Foundational nursing skills are practiced and integrated into the nursing process.

LEARNING OBJECTIVES:

Upon completion of this course, the student will be able to:

1. Demonstrate competency in providing nursing care in the following areas: use of critical thinking in the application of the nursing process; use of therapeutic communication; and basic assessment and clinical skills in a simulated clinical nursing setting.
2. Demonstrate a commitment to a safe patient-care environment, quality of care, and the ability to report problem situations immediately and appropriately.
3. Demonstrate the ability to establish trusting professional relationships with vulnerable patients across the lifespan.
4. Identify specific strengths and weaknesses related to essential nursing knowledge in planning and implementing critical behaviors for nursing skill development.
5. Integrate the steps of the nursing process in planning, implementing, and evaluating holistic patient care.
6. Integrate concepts about complementary and alternative therapies and culturally competent nursing care within the nursing process.
7. Demonstrate proper infection-control measures, including aseptic and sterile techniques when providing nursing care.
8. Apply appropriate communication and documentation techniques in providing nursing care within a healthcare setting.
9. Demonstrate the characteristics of a professional nurse, including awareness of the legal and scope of practice implications of the provision of nursing care.
10. Demonstrate caring behavior including patient comfort measures.
11. Apply a framework for ethical decision making and confidentiality related to nursing practice.

12. Demonstrate an organized and proficient ability to perform the psychomotor skills inherent in the application of the nursing process.

REQUIRED TEXT(S):

Please refer to the *Master Textbook List* on Herzing Blackboard/Orgs/HerzingNet/Curriculum/Textbook Lists.

SUPPLEMENTAL INSTRUCTIONAL MATERIALS:

As needed and directed by the instructor

HERZING

COURSE OUTLINE

GENERAL INFORMATION:

Date:	**June 1, 2012**	
Course Number:	**NB 210C**	
Course Name:	**Introduction to Clinical Nursing Clinical Simulation**	
Semester Credit Hours:	**1.00**	
Prerequisite(s):	**NB 100, SC 165, SC 165L, SC 185, SC 185L, SC 245, SC 245L and SS 120**	
Corequisite(s):	**NB 206, NB 208 and NB 210**	
Course Type:	**Lecture and Discussion (15 clock hours per credit)**	**0 Clock Hours**
	Lab/Hands-On (30 clock hours per credit)	**0 Clock Hours**
	Clinical/Practicum (45 clock hours per credit)	**0 Clock Hours**
	Externship/Internship (45 clock hours per credit)	**0 Clock Hours**

COURSE DESCRIPTION:

This is the clinical portion of Introduction to Clinical Nursing.

LEARNING OBJECTIVES:

Upon completion of this course, the student will be able to:

1. Demonstrate competency in providing nursing care in the following areas: use of critical thinking in the application of the nursing process; use of therapeutic communication; and basic assessment and clinical skills in a simulated clinical nursing setting.
2. Demonstrate a commitment to a safe patient-care environment, quality of care, and the ability to report problem situations immediately and appropriately.
3. Demonstrate the ability to establish trusting professional relationships with vulnerable patients across the lifespan.
4. Identify specific strengths and weaknesses related to essential nursing knowledge in planning and implementing critical behaviors for nursing skill development.
5. Integrate the steps of the nursing process in planning, implementing, and evaluating holistic patient care.
6. Integrate concepts about complementary and alternative therapies and culturally competent nursing care within the nursing process.
7. Demonstrate proper infection-control measures, including aseptic and sterile techniques when providing nursing care.
8. Apply appropriate communication and documentation techniques in providing nursing care within a healthcare setting.
9. Demonstrate the characteristics of a professional nurse, including awareness of the legal and scope of practice implications of the provision of nursing care.
10. Demonstrate caring behavior including patient comfort measures.
11. Apply a framework for ethical decision-making and confidentiality related to nursing practice.
12. Demonstrate an organized and proficient ability to perform the psychomotor skills inherent in the application of the nursing process.

REQUIRED TEXT(S):

Please refer to the *Master Textbook List* on Herzing Blackboard/Orgs/HerzingNet/Curriculum/Textbook Lists.

SUPPLEMENTAL INSTRUCTIONAL MATERIALS:

As needed and directed by the instructor

HERZING

COURSE OUTLINE

GENERAL INFORMATION:

Date:	**October 30, 2012**	
Course Number:	**NB 215**	
Course Name:	**Adult Health I**	
Semester Credit Hours:	**3.00**	
Prerequisite(s):	**NB 210 and NB 210C**	
Corequisite(s):	**NB 215C, NB 215L and NB 220**	
Course Type:	**Lecture and Discussion (15 clock hours per credit)**	**45 Clock Hours**
	Lab/Hands-On (30 clock hours per credit)	**0 Clock Hours**
	Clinical/Practicum (45 clock hours per credit)	**0 Clock Hours**
	Externship/Internship (45 clock hours per credit)	**0 Clock Hours**

COURSE DESCRIPTION:

This course is the first in a series of three adult health courses. Learners will explore the application of the nursing process to meet the holistic health needs of the adult client in tertiary care settings. Emphasis is placed on nursing interventions in the safe and effective care of diverse clients with chronic conditions, including those related to nutrition, fluid and electrolyte balance, respiratory function, select cardiovascular conditions, the nervous system, the sensory system, the musculoskeletal system, the gastrointestinal system, select endocrine problems, select hematological problems, and the renal/urinary system. Chronic illness and developmental theory, healthcare economics, and related concepts that impact client and family outcomes will be explored.

LEARNING OBJECTIVES:

Upon completion of this course, the student will be able to:

1. Participate in interdisciplinary care approaches that are ethical and professional for acute illness of the adult patient and family.
2. Document patient care reflecting appropriate use of terminology, confidentiality, and communication strategies.
3. Apply critical thinking skills and evidence-based practice in developing patient plans of care.
4. Relate pathophysiological processes to the rationale for nursing care for adult patients.
5. Identify specific environmental factors affecting the nursing care of adult patients with acute care needs.
6. Use effective therapeutic communication techniques and approaches to meet the acute care needs of adult patients.
7. Utilize the nursing process to plan, implement, and evaluate nursing care of adult patients experiencing acute health problems.
8. Demonstrate safe performance of appropriate clinical psychomotor skills including proficiency in medication administration.
9. Integrate health promotion, risk reduction, and disease prevention into the application of the nursing process.
10. Develop strategies to assist individuals to adhere to a health-promoting lifestyle.

REQUIRED TEXT(S):

Please refer to the *Master Textbook List* on Herzing Blackboard/Orgs/HerzingNet/Curriculum/Textbook Lists.

SUPPLEMENTAL INSTRUCTIONAL MATERIALS:

As needed and directed by the instructor

HERZING

COURSE OUTLINE

GENERAL INFORMATION:

Date:	**October 30, 2012**	
Course Number:	**NB 215C**	
Course Name:	**Adult Health I Clinical**	
Semester Credit Hours:	**2.00**	
Prerequisite(s):	**NB 210 and NB 210C**	
Corequisite(s):	**NB 215, NB 215L and NB 220**	
Course Type:	**Lecture and Discussion (15 clock hours per credit)**	**0 Clock Hours**
	Lab/Hands-On (30 clock hours per credit)	**0 Clock Hours**
	Clinical/Practicum (45 clock hours per credit)	**90 Clock Hours**
	Externship/Internship (45 clock hours per credit)	**0 Clock Hours**

COURSE DESCRIPTION:

The focus of this clinical course is on application of the nursing process in the direct nursing care of adults in tertiary care settings to promote physical restoration, maintenance, or independence. Clinical practice guidelines, safety initiatives, standard policy and procedures, and evidence-based research will inform the students' nursing practice. The student will apply concepts from foundational courses in the use of therapeutic communication and in professional relationships. Documentation and the use of the EMR are incorporated as students collect and interpret data, perform interventions, and evaluate care.

LEARNING OBJECTIVES:

Upon completion of this course, the student will be able to:

1. Participate in interdisciplinary care approaches that are ethical and professional for acute illness of the adult patient and family.
2. Document patient care reflecting appropriate use of terminology, confidentiality, and communication strategies.
3. Apply critical thinking skills and evidence-based practice in developing patient plans of care.
4. Relate pathophysiological processes to the rationale for nursing care for adult patients.
5. Identify specific environmental factors affecting the nursing care of adult patients with acute care needs.
6. Use effective therapeutic communication techniques and approaches to meet the acute care needs of adult patients.
7. Utilize the nursing process to plan, implement, and evaluate nursing care of adult patients experiencing acute health problems.
8. Demonstrate safe performance of appropriate clinical psychomotor skills including proficiency in medication administration.
9. Integrate health promotion, risk reduction, and disease prevention into the application of the nursing process.
10. Develop strategies to assist individuals to adhere to a health-promoting lifestyle.

REQUIRED TEXT(S):

Please refer to the *Master Textbook List* on Herzing Blackboard/Orgs/HerzingNet/Curriculum/Textbook Lists.

SUPPLEMENTAL INSTRUCTIONAL MATERIALS:

As needed and directed by the instructor

HERZING

COURSE OUTLINE

GENERAL INFORMATION:

Date:	**October 30, 2012**	
Course Number:	**NB 215L**	
Course Name:	**Adult Health I Lab**	
Semester Credit Hours:	**1.00**	
Prerequisite(s):	**NB 210 and NB 210C**	
Corequisite(s):	**NB 215, NB 215C and NB 220**	
Course Type:	**Lecture and Discussion (15 clock hours per credit)**	**0 Clock Hours**
	Lab/Hands-On (30 clock hours per credit)	**30 Clock Hours**
	Clinical/Practicum (45 clock hours per credit)	**0 Clock Hours**
	Externship/Internship (45 clock hours per credit)	**0 Clock Hours**

COURSE DESCRIPTION:

This course focuses on the foundational concepts, principles, and techniques of the beginning and intermediate psychomotor skills necessary to provide holistic care to the adult client. Students will learn to perform delegated medical treatments such as medication administration, IV therapy, skin and wound care, oxygen therapy, and enteral feeding. Skills related to nutrition, elimination, immunizations, care of sensory organs, mobility, and safety will be practiced and mastered.

LEARNING OBJECTIVES:

Upon completion of this course, the student will be able to:

1. Participate in interdisciplinary care approaches that are ethical and professional for acute illness of the adult patient and family.
2. Document patient care reflecting appropriate use of terminology, confidentiality, and communication strategies.
3. Apply critical thinking skills and evidence-based practice in developing patient plans of care.
4. Relate pathophysiological processes to the rationale for nursing care for adult patients.
5. Identify specific environmental factors affecting the nursing care of adult patients with acute care needs.
6. Use effective therapeutic communication techniques and approaches to meet the acute care needs of adult patients.
7. Utilize the nursing process to plan, implement, and evaluate nursing care of adult patients experiencing acute health problems.
8. Demonstrate safe performance of appropriate clinical psychomotor skills including proficiency in medication administration.
9. Integrate health promotion, risk reduction, and disease prevention into the application of the nursing process.
10. Develop strategies to assist individuals to adhere to a health-promoting lifestyle.

REQUIRED TEXT(S):

Please refer to the *Master Textbook List* on Herzing Blackboard/Orgs/HerzingNet/Curriculum/Textbook Lists.

SUPPLEMENTAL INSTRUCTIONAL MATERIALS:

As needed and directed by the instructor

HERZING

COURSE OUTLINE

GENERAL INFORMATION:

Date:	**June 1, 2012**	
Course Number:	**NB 220**	
Course Name:	**Pharmacology**	
Semester Credit Hours:	**3.00**	
Prerequisite(s):	**NB 210 and NB 210C**	
Corequisite(s):	**NB 215, NB 215C and NB 215L**	
Course Type:	**Lecture and Discussion (15 clock hours per credit)**	**45 Clock Hours**
	Lab/Hands-On (30 clock hours per credit)	**0 Clock Hours**
	Clinical/Practicum (45 clock hours per credit)	**0 Clock Hours**
	Externship/Internship (45 clock hours per credit)	**0 Clock Hours**

COURSE DESCRIPTION:

This course introduces the student to the role of pharmacotherapeutic agents in the treatment of illness and also in the promotion, maintenance, and restoration of wellness in patients throughout the lifespan. These concepts provide the basis for the study of drug actions, indications, side effects, nursing implications, and patient education.

LEARNING OBJECTIVES:

Upon completion of this course, the student will be able to:

1. Apply the nursing process to the administration of medications.
2. Describe ethical, legal, and professional considerations when administering medications.
3. Identify factors that contribute to, and strategies for, reducing medication errors.
4. Apply the basic principles of pharmacodynamics and pharmacokinetics of drugs used in the treatment of individuals across the life span.
5. Describe pharmacological properties of medications in each of the major drug categories.
6. Explain the nurse's responsibility for evaluating patients for the physiological effects and desired reactions to drug therapy.
7. Explain the nurse's responsibility for evaluating the impact of drug therapy on the patient and family, including financial considerations.

REQUIRED TEXT(S):

Please refer to the *Master Textbook List* on Herzing Blackboard/Orgs/HerzingNet/Curriculum/Textbook Lists.

SUPPLEMENTAL INSTRUCTIONAL MATERIALS:

As needed and directed by the instructor

HERZING

COURSE OUTLINE

GENERAL INFORMATION:

Date:	**June 4, 2012**	
Course Number:	**NB 225**	
Course Name:	**Nursing Informatics**	
Semester Credit Hours:	**3.00**	
Prerequisite(s):	**IS 102**	
Corequisite(s):	**None**	
Course Type:	**Lecture and Discussion (15 clock hours per credit)**	**45 Clock Hours**
	Lab/Hands-On (30 clock hours per credit)	**0 Clock Hours**
	Clinical/Practicum (45 clock hours per credit)	**0 Clock Hours**
	Externship/Internship (45 clock hours per credit)	**0 Clock Hours**

COURSE DESCRIPTION:

This course is designed to examine computers, electronic technologies, and selected computer applications of data management through information systems and telecommunications. The impact of these technologies on nursing practice, administration, teaching, and research will be examined.

LEARNING OBJECTIVES:

Upon completion of this course, the student will be able to:

1. Discuss the impact of computer and electronic modalities on nursing behaviors.
2. Describe the relevance of database systems.
3. Examine computer systems and theories of informatics.
4. Describe the types of information systems utilized in healthcare systems.
5. Discuss the impact of electronic technologies on patient care.
6. Examine the future implications for electronic databases.
7. Describe the relevance of HIPPA and other confidential issues on patient database systems.

REQUIRED TEXT(S):

Please refer to the *Master Textbook List* on Herzing Blackboard/Orgs/HerzingNet/Curriculum/Textbook Lists.

SUPPLEMENTAL INSTRUCTIONAL MATERIALS:

As needed and directed by the instructor

HERZING

COURSE OUTLINE

GENERAL INFORMATION:

Date:	**June 1, 2012**	
Course Number:	**NB 301**	
Course Name:	**Adult Health II**	
Semester Credit Hours:	**3.00**	
Prerequisite(s):	**NB 215, NB 215C, NB 215L and NB 220**	
Corequisite(s):	**NB 301C**	
Course Type:	**Lecture and Discussion (15 clock hours per credit)**	**45 Clock Hours**
	Lab/Hands-On (30 clock hours per credit)	**0 Clock Hours**
	Clinical/Practicum (45 clock hours per credit)	**0 Clock Hours**
	Externship/Internship (45 clock hours per credit)	**0 Clock Hours**

COURSE DESCRIPTION:

Building on Adult Health I, this course expands the knowledge base of nursing practice in the role of health promotion, risk reduction, and disease prevention. Emphasis is on the complexity of acute healthcare needs of patients, critical thinking for nursing practice in acute care settings, and the use of evidence-based nursing interventions to respond to changing healthcare needs of the acutely ill patient.

LEARNING OBJECTIVES:

Upon completion of this course, the student will be able to:

1. Develop, with the interdisciplinary healthcare team, comprehensive plans of care in collaboration with hospitalized adult patients incorporating person, age-related, family, cultural, and environmental variables that prepare the patient for discharge and self care.
2. Document holistic care that addresses the needs of patients from diverse populations across the adult lifespan.
3. Accurately and effectively design appropriate nursing interventions based on evidence-based research, and evaluate patient outcomes across the adult lifespan.
4. Apply the nursing process in the care of adult patients and families experiencing complex health needs spanning physiological to psychosocial alterations and co-morbidities.
5. Advocate for healthcare that is sensitive to the needs of patients with particular emphasis on the needs of vulnerable populations, such as the frail elderly, to optimize functional abilities and maximize independence and quality of life.
6. Apply principles of therapeutic communication to provide care for patients and families experiencing complex health problems.
7. Apply the nursing process to provide comprehensive nursing care for adult patients and their families experiencing complex health problems.
8. Incorporate professional, ethical, and personal accountability and leadership in the delivery of safe nursing care of hospitalized patients across the adult lifespan.
9. Evaluate health promotion and restoration nursing care approaches aimed at the care of hospitalized adult patients and their families experiencing complex health problems.

10. Utilize nursing assessment data and information from a wide variety of patient care sources in planning and managing care of adult patients.

REQUIRED TEXT(S):

Please refer to the *Master Textbook List* on Herzing Blackboard/Orgs/HerzingNet/Curriculum/Textbook Lists.

SUPPLEMENTAL INSTRUCTIONAL MATERIALS:

As needed and directed by the instructor

HERZING

COURSE OUTLINE

GENERAL INFORMATION:

Date:	**June 1, 2012**	
Course Number:	**NB 301C**	
Course Name:	**Adult Health II Clinical**	
Semester Credit Hours:	**3.00**	
Prerequisite(s):	**NB 215, NB 215C, NB 215L and NB 220**	
Corequisite(s):	**NB 301**	
Course Type:	**Lecture and Discussion (15 clock hours per credit)**	**0 Clock Hours**
	Lab/Hands-On (30 clock hours per credit)	**0 Clock Hours**
	Clinical/Practicum (45 clock hours per credit)	**135 Clock Hours**
	Externship/Internship (45 clock hours per credit)	**0 Clock Hours**

COURSE DESCRIPTION:

This is the clinical portion of Adult Health II.

LEARNING OBJECTIVES:

Upon completion of this course, the student will be able to:

1. Develop, with the interdisciplinary healthcare team, comprehensive plans of care in collaboration with hospitalized adult patients incorporating person, age-related, family, cultural, and environmental variables that prepare the patient for discharge and self care.
2. Document holistic care that addresses the needs of patients from diverse populations across the adult lifespan.
3. Accurately and effectively design appropriate nursing interventions based on evidence-based research, and evaluate patient outcomes across the adult lifespan.
4. Apply the nursing process in the care of adult patients and families experiencing complex health needs spanning physiological to psychosocial alterations and co-morbidities.
5. Advocate for healthcare that is sensitive to the needs of patients with particular emphasis on the needs of vulnerable populations, such as the frail elderly, to optimize functional abilities and maximize independence and quality of life.
6. Apply principles of therapeutic communication to provide care for patients and families experiencing complex health problems.
7. Apply the nursing process to provide comprehensive nursing care for adult patients and their families experiencing complex health problems.
8. Incorporate professional, ethical, and personal accountability and leadership in the delivery of safe nursing care of hospitalized patients across the adult lifespan.
9. Evaluate health promotion and restoration nursing care approaches aimed at the care of hospitalized adult patients and their families experiencing complex health problems.
10. Utilize nursing assessment data and information from a wide variety of patient care sources in planning and managing care of adult patients.

REQUIRED TEXT(S):

Please refer to the *Master Textbook List* on Herzing Blackboard/Orgs/HerzingNet/Curriculum/Textbook Lists.

SUPPLEMENTAL INSTRUCTIONAL MATERIALS:

As needed and directed by the instructor

HERZING

COURSE OUTLINE

GENERAL INFORMATION:

Date:	**June 1, 2012**	
Course Number:	**NB 308**	
Course Name:	**Mental Health Nursing**	
Semester Credit Hours:	**2.00**	
Prerequisite(s):	**NB 220, NB 301 and NB 301C**	
Corequisite(s):	**NB 308C, NB 314 and NB 314C**	
Course Type:	**Lecture and Discussion (15 clock hours per credit)**	**30 Clock Hours**
	Lab/Hands-On (30 clock hours per credit)	**0 Clock Hours**
	Clinical/Practicum (45 clock hours per credit)	**0 Clock Hours**
	Externship/Internship (45 clock hours per credit)	**0 Clock Hours**

COURSE DESCRIPTION:

This course addresses mental health issues within a holistic nursing context, emphasizing adaptive and maladaptive behaviors. Concepts relevant to mental health and psychiatric nursing practice will be emphasized.

LEARNING OBJECTIVES:

Upon completion of this course, the student will be able to:

1. Integrate the concept of "mind-body" as the integral component of holistic healthcare.
2. Examine one's self as a necessary part of being able to understand others and accept them and their behavior.
3. Apply knowledge of psychopathology to identify maladaptive behavior and appropriate interventions.
4. Integrate knowledge from other disciplines when providing professional nursing care.
5. Relate therapeutically to clients, and maintain effective boundaries.
6. Provide nursing care in accordance with the ANA Code of Ethics and standards of Psychiatric Mental Health Clinical Nursing Practice.
7. Describe ethical and legal issues inherent in mental healthcare.
8. Explain how crisis and stress decrease coping abilities.

REQUIRED TEXT(S):

Please refer to the *Master Textbook List* on Herzing Blackboard/Orgs/HerzingNet/Curriculum/Textbook Lists.

SUPPLEMENTAL INSTRUCTIONAL MATERIALS:

As needed and directed by the instructor

HERZING

COURSE OUTLINE

GENERAL INFORMATION:

Date:	**June 1, 2012**	
Course Number:	**NB 308C**	
Course Name:	**Mental Health Nursing Clinical**	
Semester Credit Hours:	**2.00**	
Prerequisite(s):	**NB 220, NB 301 and NB 301C**	
Corequisite(s):	**NB 308, NB 314 and NB 314C**	
Course Type:	**Lecture and Discussion (15 clock hours per credit)**	**0 Clock Hours**
	Lab/Hands-On (30 clock hours per credit)	**0 Clock Hours**
	Clinical/Practicum (45 clock hours per credit)	**90 Clock Hours**
	Externship/Internship (45 clock hours per credit)	**0 Clock Hours**

COURSE DESCRIPTION:

This is the clinical portion of Mental Health Nursing.

LEARNING OBJECTIVES:

Upon completion of this course, the student will be able to:

1. Integrate the concept of "mind-body" as the integral component of holistic healthcare.
2. Examine one's self as a necessary part of being able to understand others and accept them and their behavior.
3. Apply knowledge of psychopathology to identify maladaptive behavior and appropriate interventions.
4. Integrate knowledge from other disciplines when providing professional nursing care.
5. Relate therapeutically to clients, and maintain effective boundaries.
6. Provide nursing care in accordance with the ANA Code of Ethics and standards of Psychiatric Mental Health Clinical Nursing Practice.
7. Describe ethical and legal issues inherent in mental healthcare.
8. Explain how crisis and stress decrease coping abilities.

REQUIRED TEXT(S):

Please refer to the *Master Textbook List* on Herzing Blackboard/Orgs/HerzingNet/Curriculum/Textbook Lists.

SUPPLEMENTAL INSTRUCTIONAL MATERIALS:

As needed and directed by the instructor

HERZING

COURSE OUTLINE

GENERAL INFORMATION:

Date:	**June 1, 2012**	
Course Number:	**NB 314**	
Course Name:	**Gerontological Nursing**	
Semester Credit Hours:	**3.00**	
Prerequisite(s):	**NB 220, NB 301 and NB 301C**	
Corequisite(s):	**NB 308, NB 308C and NB 314C**	
Course Type:	**Lecture and Discussion (15 clock hours per credit)**	**45 Clock Hours**
	Lab/Hands-On (30 clock hours per credit)	**0 Clock Hours**
	Clinical/Practicum (45 clock hours per credit)	**0 Clock Hours**
	Externship/Internship (45 clock hours per credit)	**0 Clock Hours**

COURSE DESCRIPTION:

This course provides an opportunity to explore the area of gerontological nursing, a field of nursing focusing on the care of the older adult. Normal aging processes and risk factors that affect the health and functioning of older adults are studied as well as nursing approaches to managing those needs/risks. Ethical and legal issues related to the nursing care of older adults are explored.

LEARNING OBJECTIVES:

Upon completion of this course, the student will be able to:

1. Xx
2. Xx
3. Xx
4. Xx

REQUIRED TEXT(S):

Please refer to the *Master Textbook List* on Herzing Blackboard/Orgs/HerzingNet/Curriculum/Textbook Lists.

SUPPLEMENTAL INSTRUCTIONAL MATERIALS:

As needed and directed by the instructor

HERZING

COURSE OUTLINE

GENERAL INFORMATION:

Date:	**June 4, 2012**	
Course Number:	**NB 314C**	
Course Name:	**Gerontological Nursing Clinical**	
Semester Credit Hours:	**1.00**	
Prerequisite(s):	**NB 220, NB 301 and NB 301C**	
Corequisite(s):	**NB 308, NB 308C and NB 314**	
Course Type:	**Lecture and Discussion (15 clock hours per credit)**	**0 Clock Hours**
	Lab/Hands-On (30 clock hours per credit)	**0 Clock Hours**
	Clinical/Practicum (45 clock hours per credit)	**45 Clock Hours**
	Externship/Internship (45 clock hours per credit)	**0 Clock Hours**

COURSE DESCRIPTION:

This is the clinical portion of Gerontological Nursing.

LEARNING OBJECTIVES:

Upon completion of this course, the student will be able to:

1. Xx
2. Xx
3. Xx
4. Xx

REQUIRED TEXT(S):

Please refer to the *Master Textbook List* on Herzing Blackboard/Orgs/HerzingNet/Curriculum/Textbook Lists.

SUPPLEMENTAL INSTRUCTIONAL MATERIALS:

As needed and directed by the instructor

HERZING

COURSE OUTLINE

GENERAL INFORMATION:

Date:	**June 1, 2012**	
Course Number:	**NB 335**	
Course Name:	**Legal and Ethical Issues in Nursing**	
Semester Credit Hours:	**2.00**	
Prerequisite(s):	**NB 206**	
Corequisite(s):	**None**	
Course Type:	**Lecture and Discussion (15 clock hours per credit)**	**30 Clock Hours**
	Lab/Hands-On (30 clock hours per credit)	**0 Clock Hours**
	Clinical/Practicum (45 clock hours per credit)	**0 Clock Hours**
	Externship/Internship (45 clock hours per credit)	**0 Clock Hours**

COURSE DESCRIPTION:

This course analyzes theoretical and clinical nursing situations, applying ethical principles and decision-making models. The basic doctrines and principles utilized for providing legally acceptable nursing care, based on standards of nursing practice, are examined.

LEARNING OBJECTIVES:

Upon completion of this course, the student will be able to:

1. Discuss the legal and ethical aspects of the registered nurse's role in the delivery and management of healthcare.
2. Describe leading models that introduce the registered nurse to evaluation of ethical responsibilities and decision making.
3. Identify specific nurse practice standards in the state or province of residence.
4. Evaluate the nurse's position on varied situations of ethical decision-making.
5. Discuss the judicial process as it applies to healthcare law.
6. Describe the differences in legal and ethical decision-making.
7. Discuss malpractice and disciplinary action directives.
8. Analyze current biomedical issues as they affect nursing practice.

REQUIRED TEXT(S):

Please refer to the *Master Textbook List* on Herzing Blackboard/Orgs/HerzingNet/Curriculum/Textbook Lists.

SUPPLEMENTAL INSTRUCTIONAL MATERIALS:

As needed and directed by the instructor

HERZING

COURSE OUTLINE

GENERAL INFORMATION:

Date:	**June 1, 2012**	
Course Number:	**NB 400**	
Course Name:	**Family Nursing**	
Semester Credit Hours:	**3.0**	
Prerequisite(s):	**NB 308, NB 308C, NB 314 and NB 314C**	
Corequisite(s):	**NB NB 400C, NB 409 and NB 409C**	
Course Type:	**Lecture and Discussion (15 clock hours per credit)**	**45 Clock Hours**
	Lab/Hands-On (30 clock hours per credit)	**0 Clock Hours**
	Clinical/Practicum (45 clock hours per credit)	**0 Clock Hours**
	Externship/Internship (45 clock hours per credit)	**0 Clock Hours**

COURSE DESCRIPTION:

This course focuses on nursing care as it relates to the function and structure of the childbearing and childrearing family, including the specific experiences of pregnancy, childbirth, postpartum experiences, and the care of newborns and children. It explores the nurse's role in promoting and maintaining family health. Cultural and lifespan developmental considerations within a family context will be included.

LEARNING OBJECTIVES:

Upon completion of this course, the student will be able to:

1. Utilize the nursing process in planning and managing evidence-based nursing care of women, families, and children.
2. Apply concepts from the arts, humanities, and sciences in the care of women, families, and children.
3. Demonstrate effective communication skills when establishing a help/trust relationship with women, families, and children.
4. Utilize critical thinking skills to identify modifications in the nursing process which may be necessary in the care of women, families, and children.
5. Provide holistic nursing care to women, families, and children in increasingly complex situations and diverse settings.
6. Demonstrate awareness of ethical and legal issues present in the hospital and community environments of women, families, and children.
7. Describe the professional role of patient advocate for women, families, and children.

NURSING ABILITIES ADDRESSED:

Upon completion of this course, the student will be able to:

1. Collect and interpret data pertaining to a family's structure and function in relation to health needs.
2. Collaborate with a family to develop a plan that facilitates promotion of a health goal.

REQUIRED TEXT(S):

Please refer to the "Textbook List" folder on the main menu of the Curriculum area of Herzing Net.

SUPPLEMENTAL INSTRUCTIONAL MATERIALS:

As needed and directed by the instructor

HERZING

COURSE OUTLINE

GENERAL INFORMATION:

Date:	**June 1, 2012**	
Course Number:	**NB 400C**	
Course Name:	**Family Nursing Clinical**	
Semester Credit Hours:	**2.00**	
Prerequisite(s):	**NB 308, NB 308C, NB 314 and NB 314C**	
Corequisite(s):	**NB 400, NB 409 and NB 409C**	
Course Type:	**Lecture and Discussion (15 clock hours per credit)**	**0 Clock Hours**
	Lab/Hands-On (30 clock hours per credit)	**0 Clock Hours**
	Clinical/Practicum (45 clock hours per credit)	**90 Clock Hours**
	Externship/Internship (45 clock hours per credit)	**0 Clock Hours**

COURSE DESCRIPTION:

This is the clinical portion of Family Nursing.

LEARNING OBJECTIVES:

Upon completion of this course, the student will be able to:

1. Utilize the nursing process in planning and managing evidence-based nursing care of women, families, and children.
2. Apply concepts from the arts, humanities, and sciences in the care of women, families, and children.
3. Demonstrate effective communication skills when establishing a help/trust relationship with women, families, and children.
4. Utilize critical thinking skills to identify modifications in the nursing process which may be necessary in the care of women, families, and children.
5. Provide holistic nursing care to women, families, and children in increasingly complex situations and diverse settings.
6. Demonstrate awareness of ethical and legal issues present in the hospital and community environments of women, families, and children.
7. Describe the professional role of patient advocate for women, families, and children.

NURSING ABILITIES ADDRESSED:

Upon completion of this course, the student will be able to:

1. Collect and interpret data pertaining to a family's structure and function in relation to health needs.
2. Collaborate with a family to develop a plan that facilitates promotion of a health goal.

REQUIRED TEXT(S):

Please refer to the "Textbook List" folder on the main menu of the Curriculum area of Herzing Net.

SUPPLEMENTAL INSTRUCTIONAL MATERIALS:

As needed and directed by the instructor

HERZING

COURSE OUTLINE

GENERAL INFORMATION:

Date:	**June 4, 2012**	
Course Number:	**NB 401**	
Course Name:	**National and Global Health and Policy Issues**	
Semester Credit Hours:	**2.00**	
Prerequisite(s):	**NB 308, NB 308C, NB 314 and NB 314C**	
Corequisite(s):	**None**	
Course Type:	**Lecture and Discussion (15 clock hours per credit)**	**30 Clock Hours**
	Lab/Hands-On (30 clock hours per credit)	**0 Clock Hours**
	Clinical/Practicum (45 clock hours per credit)	**0 Clock Hours**
	Externship/Internship (45 clock hours per credit)	**0 Clock Hours**

COURSE DESCRIPTION:

This course is an intensive overview of national and global health issues as well as the origin and effect of disease. Students will examine the natural history of disease and identify the frequency, distribution, and causation of disease. Policy development, healthcare systems, and the role of national and global healthcare agencies are examined. A course project is required for completion of this course.

LEARNING OBJECTIVES:

Upon completion of this course, the student will be able to:

1. Discuss major issues (economics, demographics, technological forces, etc.) related to public and global health issues relevant to nursing practice.
2. Compare the roles of major agencies responsible for national and world health issues and policy.
3. Evaluate major global health threats identified by the CDC and WHO.
4. Analyze the extent to which these world health agencies can intervene in health crises in various countries.
5. Evaluate the epidemiology of selected diseases.
6. Discuss the differences between the impact of diseases on developed and developing countries.
7. Analyze the impact of politics and socioeconomic factors on the prevention and treatment of diseases.
8. Examine the UN Millennium Development Goals, and progress toward meeting the goals.
9. Relate how issues involve global research to support evidence-based nursing practice.

REQUIRED TEXT(S):

Please refer to the *Master Textbook List* on Herzing Blackboard/Orgs/HerzingNet/Curriculum/Textbook Lists.

SUPPLEMENTAL INSTRUCTIONAL MATERIALS:

As needed and directed by the instructor

HERZING

COURSE OUTLINE

GENERAL INFORMATION:

Date:	**June 4, 2012**	
Course Number:	**NB 409**	
Course Name:	**Community Nursing**	
Semester Credit Hours:	**3.00**	
Prerequisite(s):	**NB 308, NB 308C, NB 314, NB 314C**	
Corequisite(s):	**NB 400, NB 400C and NB 409C**	
Course Type:	**Lecture and Discussion (15 clock hours per credit)**	**45 Clock Hours**
	Lab/Hands-On (30 clock hours per credit)	**0 Clock Hours**
	Clinical/Practicum (45 clock hours per credit)	**0 Clock Hours**
	Externship/Internship (45 clock hours per credit)	**0 Clock Hours**

COURSE DESCRIPTION:

This course focuses on the role of community and public health nursing as it pertains to promotion of a healthy community. Students will be guided to think critically about the role and core competencies of community health nursing in promoting health, preventing disease, and restoring health. Emphasis is placed on the examination of concepts, theories, and practice from nursing and public health to assess and respond to the health status and needs of diverse communities.

LEARNING OBJECTIVES:

Upon completion of this course, the student will be able to:

1. Apply knowledge of cultural diversity to the implementation of community health nursing strategies aimed at population-based health outcomes.
2. Use appropriate community health nursing assessment tools for the assessment of a selected target population or community.
3. Evaluate examples of evidence-based nursing practice across the lifespan applicable to community health and public health nursing practice.
4. Relate Healthy People goals to health agendas at the local community, state, and national levels.
5. Examine the impact of national healthcare reform, public policy, healthcare financing, and direct service delivery models for individuals and families in the community.
6. Apply knowledge from prior learning in nursing and general studies to discuss concepts of community health nursing and community assessment.
7. Identify opportunities for community health nursing research.
8. Demonstrate knowledge of public health nursing practice based on core sciences of public health, bioethics, epidemiology, environmental health, and community organizing.
9. Explain the stages of disaster preparedness and response and the roles of community/public health nurses at each stage.
10. Recognize the key elements of a community assessment as a foundation for the nurse's role in contributing to healthy outcomes at the community level.
11. Discuss core public health nursing competencies used by professional nurses in community nursing.

12. Explore the collaborative role of the nurse and challenges of coordinating care with members of the healthcare team to improve health outcomes for a community.

REQUIRED TEXT(S):

Please refer to the *Master Textbook List* on Herzing Blackboard/Orgs/HerzingNet/Curriculum/Textbook Lists.

SUPPLEMENTAL INSTRUCTIONAL MATERIALS:

As needed and directed by the instructor

HERZING

COURSE OUTLINE

GENERAL INFORMATION:

Date:	**June 4, 2012**	
Course Number:	**NB 409C**	
Course Name:	**Community Nursing Clinical**	
Semester Credit Hours:	**2.00**	
Prerequisite(s):	**NB 308, NB 308C, NB 314 and NB 314C**	
Corequisite(s):	**NB 400, NB 400C and NB 409**	
Course Type:	**Lecture and Discussion (15 clock hours per credit)**	**0 Clock Hours**
	Lab/Hands-On (30 clock hours per credit)	**0 Clock Hours**
	Clinical/Practicum (45 clock hours per credit)	**90 Clock Hours**
	Externship/Internship (45 clock hours per credit)	**0 Clock Hours**

COURSE DESCRIPTION:

This is the clinical portion of Community Nursing.

LEARNING OBJECTIVES:

Upon completion of this course, the student will be able to:

1. Use appropriate community health nursing assessment tools and identify strategies aimed at population-based health outcomes.
2. Evaluate examples of evidence-based nursing practice across the lifespan applicable to community health and public health nursing practice.
3. Relate Healthy People goals to health agendas at the local community, state, and national levels.
4. Apply knowledge from prior learning in nursing and general studies to discuss concepts of community health nursing and community assessment for culturally diverse populations.
5. Explain the stages of disaster preparedness and response as they relate to the roles of community/public health nurses at each stage.
6. Provide nursing care for vulnerable populations in community and public health settings.
7. Apply the nursing process to the formulation of a community health nursing intervention plan for primary, secondary, and tertiary levels of prevention for the target population or community.
8. Present the findings of community health nursing interventions for a target population or community.
9. Demonstrate effective collaborative relationships with members of the healthcare system in efforts to impact community health outcomes.
10. Demonstrate sensitivity and compassion when advocating for vulnerable populations in the community.

REQUIRED TEXT(S):

Please refer to the *Master Textbook List* on Herzing Blackboard/Orgs/HerzingNet/Curriculum/Textbook Lists.

SUPPLEMENTAL INSTRUCTIONAL MATERIALS:

As needed and directed by the instructor

HERZING

COURSE OUTLINE

GENERAL INFORMATION:

Date:	**June 1, 2012**	
Course Number:	**NB 431**	
Course Name:	**Evidence-Based Nursing Research and Practice**	
Semester Credit Hours:	**3.0**	
Prerequisite(s):	**MA 320**	
Corequisite(s):	**None**	
Course Type:	**Lecture and Discussion (15 clock hours per credit)**	**45 Clock Hours**
	Lab/Hands-On (30 clock hours per credit)	**0 Clock Hours**
	Clinical/Practicum (45 clock hours per credit)	**0 Clock Hours**
	Externship/Internship (45 clock hours per credit)	**0 Clock Hours**

COURSE DESCRIPTION:

This course examines the concepts of evidence-based nursing practice as applied to selected clinical situations. A nursing research proposal, including a review of the literature and reference materials, will be completed using situations relating to evidence-based nursing practice.

LEARNING OBJECTIVES:

Upon completion of this course, the student will be able to:

1. Discuss the role of research in nursing practice and its relationship to the concept of evidence-based nursing practice.
2. Identify a research question associated with nursing practice.
3. Identify strategies for enhancing inquiry in evidence-based nursing practice.
4. Identify sources of research findings and reports.
5. Complete a literature review.
6. Discuss the various types of research designs, including qualitative and quantitative.
7. Differentiate between the research question, problem, purpose, and hypothesis.
8. Identify data-collection strategies.
9. Identify the research population and the purpose of various sampling approaches.
10. Describe the data collection procedure.
11. Evaluate various statistical and analytical methods.
12. Critique the quality of a research report.
13. Discuss ethical considerations in research.

REQUIRED TEXT(S):

Please refer to the *Master Textbook List* on Herzing Blackboard/Orgs/HerzingNet/Curriculum/Textbook Lists.

SUPPLEMENTAL INSTRUCTIONAL MATERIALS:

As needed and directed by the instructor

HERZING

COURSE OUTLINE

GENERAL INFORMATION:

Date:	**June 1, 2012**	
Course Number:	**NB 446**	
Course Name:	**Adult Health III/Nursing Practicum**	
Semester Credit Hours:	**2.00**	
Prerequisite(s):	**NB 400, NB 400C, NB 409 and NB 409C**	
Corequisite(s):	**NB 446C and NB 446L**	
Course Type:	**Lecture and Discussion (15 clock hours per credit)**	**30 Clock Hours**
	Lab/Hands-On (30 clock hours per credit)	**0 Clock Hours**
	Clinical/Practicum (45 clock hours per credit)	**0 Clock Hours**
	Externship/Internship (45 clock hours per credit)	**0 Clock Hours**

COURSE DESCRIPTION:

This course expands on previous nursing knowledge and skills to provide care to patients that have complex health stressors with unpredictable outcomes. The focus is on caring for patients in specialty settings such as critical care, cardiovascular care, surgery, and emergency care.

LEARNING OBJECTIVES:

Upon completion of this course, the student will be able to:

1. Utilize critical thinking to make decisions in providing care for medically complex adult patients and their families.
2. Analyze ethical dilemmas in an environment caring for medically complex adult patients.
3. Demonstrate initiative in assuming the role of provider, educator, advocate, and collaborator in providing care for medically complex patients and their families.
4. Integrate theory and research-based knowledge into professional practice in settings dealing with medically complex patients.
5. Incorporate total assessment when care for the medically complex patient, including physical, psychosocial, cultural, and developmental assessment.

REQUIRED TEXT(S):

Please refer to the *Master Textbook List* on Herzing Blackboard/Orgs/HerzingNet/Curriculum/Textbook Lists.

SUPPLEMENTAL INSTRUCTIONAL MATERIALS:

As needed and directed by the instructor

HERZING

COURSE OUTLINE

GENERAL INFORMATION:

Date:	**June 1, 2012**	
Course Number:	**NB 446C**	
Course Name:	**Adult Health III/Nursing Practicum Clinical**	
Semester Credit Hours:	**3.00**	
Prerequisite(s):	**NB 400, NB 400C, NB 409 and NB 409C**	
Corequisite(s):	**NB 466 and NB 446L**	
Course Type:	**Lecture and Discussion (15 clock hours per credit)**	**0 Clock Hours**
	Lab/Hands-On (30 clock hours per credit)	**0 Clock Hours**
	Clinical/Practicum (45 clock hours per credit)	**135 Clock Hours**
	Externship/Internship (45 clock hours per credit)	**0 Clock Hours**

COURSE DESCRIPTION:

This is the clinical portion of Adult Health III/Nursing Practicum.

LEARNING OBJECTIVES:

Upon completion of this course, the student will be able to:

1. Utilize critical thinking to make decisions in providing care for medically complex adult patients and their families.
2. Analyze ethical dilemmas in an environment caring for medically complex adult patients.
3. Demonstrate initiative in assuming the role of provider, educator, advocate, and collaborator in providing care for medically complex patients and their families.
4. Integrate theory and research-based knowledge into professional practice in settings dealing with medically complex patients.
5. Incorporate total assessment when care for the medically complex patient, including physical, psychosocial, cultural, and developmental assessment.

REQUIRED TEXT(S):

Please refer to the *Master Textbook List* on Herzing Blackboard/Orgs/HerzingNet/Curriculum/Textbook Lists.

SUPPLEMENTAL INSTRUCTIONAL MATERIALS:

As needed and directed by the instructor

HERZING

COURSE OUTLINE

GENERAL INFORMATION:

Date:	**June 1, 2012**	
Course Number:	**NB 446L**	
Course Name:	**Adult Health III/Nursing Practicum Lab**	
Semester Credit Hours:	**1.00**	
Prerequisite(s):	**NB 400, NB 400C, NB 409 and NB 409C**	
Corequisite(s):	**NB 446 and NB 446C**	
Course Type:	**Lecture and Discussion (15 clock hours per credit)**	**0 Clock Hours**
	Lab/Hands-On (30 clock hours per credit)	**30 Clock Hours**
	Clinical/Practicum (45 clock hours per credit)	**0 Clock Hours**
	Externship/Internship (45 clock hours per credit)	**0 Clock Hours**

COURSE DESCRIPTION:

This is the lab portion of Adult Health III/Nursing Practicum.

LEARNING OBJECTIVES:

Upon completion of this course, the student will be able to:

1. Utilize critical thinking to make decisions in providing care for medically complex adult patients and their families.
2. Analyze ethical dilemmas in an environment caring for medically complex adult patients.
3. Demonstrate initiative in assuming the role of provider, educator, advocate, and collaborator in providing care for medically complex patients and their families.
4. Integrate theory and research-based knowledge into professional practice in settings dealing with medically complex patients.
5. Incorporate total assessment when care for the medically complex patient, including physical, psychosocial, cultural, and developmental assessment.

REQUIRED TEXT(S):

Please refer to the *Master Textbook List* on Herzing Blackboard/Orgs/HerzingNet/Curriculum/Textbook Lists.

SUPPLEMENTAL INSTRUCTIONAL MATERIALS:

As needed and directed by the instructor

HERZING

COURSE OUTLINE

GENERAL INFORMATION:

Date:	**June 1, 2012**	
Course Number:	**NB 450**	
Course Name:	**Nursing Leadership and Management**	
Semester Credit Hours:	**3.0**	
Prerequisite(s):	**NB 400, NB 400C, NB 409 and NB 409C**	
Corequisite(s):	**None**	
Course Type:	**Lecture and Discussion**	**45 Clock Hours**
	Lecture With Hands-On	**0 Clock Hours**
	Lab (Hands-On)	**0 Clock Hours**
	Clinical/Practicum	**0 Clock Hours**
	Externship/Internship	**0 Clock Hours**
	Other (please list)	**0 Clock Hours**

COURSE DESCRIPTION:

This course will examine the student's leadership skills that are necessary for a successful practice in contemporary healthcare facilities. It explores leadership, management, and organizational theories necessary to provide effective delivery of nursing care to a diverse population in varied clinical settings. It evaluates societal and political trends and issues as they relate to healthcare.

LEARNING OBJECTIVES:

Upon completion of this course, the student will be able to:

1. Discuss, compare, and contrast the meaning and purpose of leadership and management.
2. Employ organizational principles to the role of leadership in the clinical setting, including fiscal management, staffing patterns, motivation, delegation, and quality review.
3. Identify leadership styles and their effect on the healthcare facility and employees.
4. Discuss the effects of various management styles on patient care delivery.
5. Describe the registered nurse as a change agent in various healthcare facilities.
6. Integrate theoretical and empirical knowledge from nursing, sciences, and liberal arts to the leadership role of the professional nurse.
7. Communicate professionally and effectively with clients and other healthcare professionals to motivate, problem-solve, manage conflict, and act as a change agent.
8. Judge issues of accountability and responsibility in professional nursing leadership roles and behaviors in the changing environment of the healthcare delivery system.

REQUIRED TEXT(S):

Please refer to the *Master Textbook List* on Herzing Blackboard/Orgs/HerzingNet/Curriculum/Textbook Lists.

SUPPLEMENTAL INSTRUCTIONAL MATERIALS:

As needed and directed by the instructor

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State of Wisconsin
Department of Safety and Professional Services

AGENDA REQUEST FORM

Name and Title of Person Submitting the Request: Jill M. Remy, Program Manager	Date When Request Submitted: 3/4/2013 Items will be considered late if submitted after 5 p.m. and less than: ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before meeting for all other boards

Name of Board, Committee, Council:
Board of Nursing

Board Meeting Date:	Attachments:	How should the item be titled on the agenda page?
3/14/2013	☒ Yes ☐ No	Lac Courte Oreilles Obijwe Community College Withdrawal of Request for NLNAC Initial Accreditation

Place Item in:	Is an appearance before the Board being scheduled? If yes, by whom?	Name of Case Advisor(s), if required:
☒ Open Session ☐ Closed Session ☐ Both	☐ Yes by _____ (name) ☒ No	

Describe the issue and action the Board should address:
Review and discuss notice of Lac Courte Oreilles Ojibwe Community College withdrawal of request for NLNAC initial accreditation; make recommendations and motions as deemed necessary.

If this is a "Late Add" provide a justification utilizing the Agenda Request Policy:

Directions for including supporting documents:
1. This form should be attached to any documents submitted to the agenda.
2. Documents submitted to the agenda must be single-sided.
3. Only copies of the original document will be accepted.
4. Provide original documents needing Board Chairperson signature to the Bureau Director or Program Assistant prior to the start of a meeting.

Authorization:

Jill M. Remy — 3/4/2013
Signature of person making this request — Date

Supervisor signature (if required) — Date

Bureau Director signature (indicates approval to add late items to agenda) — Date

Revised Form 3/31/10 Division of Board Services/DRL

Celebrating 25 Years of Career, Cultural & Liberal Arts Education

Lac Courte Oreilles
Ojibwe Community
College

National League for Nursing Accrediting Commission, Inc.
3343 Peachtree Road NE Suite 850
Atlanta GA 30326

December 19, 2012

Dear Dr. Tanner

Lac Courte Oreilles Ojibwa Community College is requesting to be withdrawn from the Evaluation review panel. We have learned from the experience and are taking what we learned and moving forward in a proactive manner. We are in the process of implementing strategies to correct the deficiencies. We understand we will remain in candidacy status until March of 2013. Please advise us on your decision.

Respectfully yours,

Raymond Burns, Med, EdD (c)
President

Carrie Arrigo RN, MSN
Nursing Program Director

13466 W. Trepania Road, Hayward, WI 54843
P: 715.634.4790 TF: 888.526.6221 F: 715.634.5049 www.lco.edu

NLNAC

National League *for* Nursing Accrediting Commission, Inc.

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January 2, 2013

Raymond Burns, Med
President
Lac Courte Oreilles Ojibwe Community College

Carrie Arrigo, MSN, RN
Nursing Program Director
Lac Courte Oreilles Ojibwe Community College
13466 W. Trepania Road
Hayward, WI 54843

Dear Mr. Burns and Ms. Arrigo:

Thank you for your recent letter to the NLNAC, received in our offices on December 27, 2012, regarding your intent to withdraw the associate nursing program at Lac Courte Oreilles Ojibwe Community College from the NLNAC accreditation process. As requested, the associate nursing program will not be reviewed at the meeting of the Evaluation Review Panel for the Fall 2012 Cycle.

Please note that the Candidacy period for the associate nursing program will expire on March 14, 2014, and I encourage you to continue to work with Dr. Nell Ard as you move forward in the accreditation process. Dr. Ard may be reached by phone at (404) 975-5004 and by email at nard@nlnac.org.

I appreciate your continued interest in achieving accreditation for the nursing program. Please contact me if we can we be of assistance at any time.

Sincerely

Sharon Tanner

Sharon J. Tanner, EdD, MSN, RN
Chief Executive Officer

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State of Wisconsin
Department of Safety and Professional Services

AGENDA REQUEST FORM

Name and Title of Person Submitting the Request: Jill M. Remy, Program Manager	Date When Request Submitted: 2/28/2013 Items will be considered late if submitted after 5 p.m. and less than: ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before meeting for all other boards

Name of Board, Committee, Council:
Board of Nursing

Board Meeting Date:	Attachments:	How should the item be titled on the agenda page?
3/14/2013	☒ Yes ☐ No	Lac Courte Oreilles Obijwe Community College Request for Approval of Major Program Change to Associate of Applied Science in Nursing Program

Place Item in:	Is an appearance before the Board being scheduled? If yes, by whom?	Name of Case Advisor(s), if required:
☒ Open Session ☐ Closed Session ☐ Both	☐ Yes by _____ (name) ☒ No	

Describe the issue and action the Board should address:
Review, discuss and make motion relating to request from Lac Courte Oreilles Ojibwe Community College for approval of AAS-Nursing major program change; make recommendations as needed.

If this is a "Late Add" provide a justification utilizing the Agenda Request Policy:

Directions for including supporting documents:
1. This form should be attached to any documents submitted to the agenda.
2. Documents submitted to the agenda must be single-sided.
3. Only copies of the original document will be accepted.
4. Provide original documents needing Board Chairperson signature to the Bureau Director or Program Assistant prior to the start of a meeting.

Authorization:

Jill M. Remy — 2/28/2013
Signature of person making this request — Date

Supervisor signature (if required) — Date

Bureau Director signature (indicates approval to add late items to agenda) — Date

Revised Form 3/31/10 Division of Board Services/DRL

Celebrating 25 Years of Career, Cultural & Liberal Arts Education

Lac Courte Oreilles
Ojibwe Community
College

February 21, 2013

Dear Ms. Remey,

This letter is to request permission for review of curricular changes in the Nursing Program offered at Lac Courte Oreilles Ojibwa Community College. Our department has met and reviewed our current curriculum. Our basis for revising the current curriculum is to incorporate 2010 NLN Objectives and Quality Safety Education for Nurses (QSEN) as an organizing framework within the curriculum. With these changes, our philosophy of nursing was revised. The Curricular Organizational Framework and Mission and Philosophy of the nursing program are attached for your review. Our department has worked on the curricular aspects of the recommendations brought for by the NLNAC visit. The following paragraphs identify the plans in place and the corrections made.

Our department hired a nursing consultant Sue Field, DNP, RN, CNE, to assist us in restructuring our curriculum in meeting the recommendations of the NLNAC. As outlined in the NLNAC report, on page 16 thorough page 21 we did not meet standards 4.1, 4.3, 4.5, 4.6 and 4.8.

Criterion 4.1 The curriculum incorporates established professional standards, guidelines, and competencies, and has clearly articulated student learning and program outcomes. There was lack of evidence that the curriculum incorporates current professional standards, guidelines and competencies and has clearly articulated student learning outcomes and program outcomes. To improve in this area, the department reviewed NLN 2000, NLN 2010 and QSEN in addition to the current program outcomes. The department collaborated and created new program outcomes, a curricular organizational framework, mission and philosophy.

Criterion 4.3 The student learning outcomes are used to organize the curriculum, guide the delivery of instruction, direct learning activities, and evaluate student progress. This was not met as the curriculum was not regularly reviewed for rigor and currency. To meet this department reviewed and revised our program outcomes to meet NLN 2010 objectives and QSEN

Criterion 4.5 Evaluation methodologies are varied, reflect established professional and practice competencies, and measure the achievement of student learning and program outcomes. The department developed new program outcomes and tied the competencies to the student learning and competencies.

13466 W. Trepania Road, Hayward, WI 54843
P: 715.634.4790 TF: 888.526.6221 F: 715.634.5049 www.lco.edu

Lac Courte Oreilles
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College

The department bought The Curriculum Management and Articulation Program (C-MAP™) computer software that allows the correlation of program outcomes, learning objectives and program competencies to be calculated for review. We are identifying rigor within the program by evaluating tests using remark software identifying statistical data of test in relation to rigor and leveling. We analyze ATI testing each semester identifying weaknesses and strengths within the curriculum. We evaluate rubrics by semester, identifying levels of difficulty as the student's progress from one course to another.

Criterion 4.6 The curriculum and instructional processes reflect educational theory, interdisciplinary collaboration, research, and best practice standards while allowing for innovation, flexibility, best technological advances. Faculty could not identify educational theorists that they used within in the curriculum. Faculty met and reviewed educational theorists which reflect best standards for educational theory.

Criterion 4.8 Practice learning environments are appropriate for student learning and support the achievement of student learning and program outcomes; current written agreements specify expectations for all parties and ensure the protection of students. The practice learning environments were not evaluated by faculty, staff or students. While we incorporated this into our graduate survey, we did not have the students evaluate each semester. We developed a survey to give to students annually semester to evaluate the effectiveness of our learning environment.

On an area that needs improvement, the program did not meet the national standards of program length. We currently have 74 credits which are above the national average of 72. After discussion with Curriculum and Assessment and our Native American Studies Division chair, the program revised the content of the knowledge course requirement of a NAS 200 level course. We have incorporated Ojibwe Environmental Knowledge and cultural knowledge throughout the curriculum to meet the mission of the college. The proposed credit load is attached with this letter.

13466 W. Trepania Road, Hayward, WI 54843
P: 715.634.4790 TF: 888.526.6221 F: 715.634.5049 www.lco.edu

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College

The development of the revised curriculum integrated the new NLN 2010 objectives and QSEN to create the program outcomes, curricular framework, and philosophy. The department looked at the layout of the curriculum and developed the syllabi to incorporate the theory, lab and clinical portion when appropriate. The department's idea was to create cohesiveness within the specific course, outlining course objectives which build upon one another from the theory to lab to clinical component. Students are able to progress through the course understanding what learning outcomes they need to meet.

Faculty reviewed that if students withdrew from a theory course but received credit for the skills course, there may be a break in reapplying for the theory course of one year. The faculty brought up concerns that students may forget specific skills. To alleviate this concern, the faculty incorporated the theory, lab and clinical components of the course in one syllabus. The syllabi are attached with this letter. The course descriptions for the syllabi are attached with this letter.

Please let us know if you have any questions.

Sincerely,

Carrie Arrigo RN, MSN
Nursing Program Director
Lac Courte Oreilles Ojibwa Community College
(715) 634-4790 ext 170
carrigo@lco.edu

Mission:

The Associate of Applied Science in Nursing Program shares the mission of Lac Courte Oreilles Ojibwa Community College to serve the Indian Community by providing curriculum reflecting the Ojibwe culture. The mission of the Associate of Applied Science Degree in Nursing Program is to educate individuals in the carative art of nursing through enhancing the health of the community. The mission positively changes lives through education and training by challenging students to think critically and promote personal growth and knowledge. Incorporating Ojibwa Environmental Knowledge in the curriculum offers diverse perspectives in relation to healthcare. The mission of the nursing program is to educate students at a fundamental level of nursing to earn an Associate of Applied Science degree, to pass the NCLEX-RN, and provide healthcare while incorporating Ojibwe Environmental Knowledge within our region.

Philosophy:

The philosophy of the nursing program incorporates the beliefs of nursing, health, person, lifespan, community, nursing education, the teaching and learning process and nursing practice.

Nursing is a carative art incorporating the understanding of science with caring. Nursing incorporates the nursing process to problem solve providing holistic care for individuals, families, community and society. Nurses assess the health and wellness of individuals providing safe and effective nursing care within standards of legal and ethical practice. Nursing is goal oriented promoting health and wellness of mind, body and spirit for individuals, family, community and society. Nursing is holistic healing which reflects the importance of understanding each person as a unique individual.

Health is a state of well-being in mind, body and spirit. Health is influenced by personal values and belief derived from a person's culture. Health is a person's response to changes in his or her environment based on internal and external stimuli.

The **person** is a complex individual. All persons have needs. Fulfillment of those needs occurs through understanding the cultural context and responses to life. The focus of nursing is promoting client-centered **care** for the person in relation to their individual beliefs. Each person has the right to make his or her own decisions and receive quality nursing care.

Lifespan is the developmental process from conception to death. The length and quality of life is interconnected with the person's physical psychological, cultural, spiritual, social, and environmental connections.

Community is a group of persons living and interacting with each other in the same geographical area. The nurse meets the social, emotional, physical, cultural and environmental needs of those living within the community and influences the health of the population.

Nursing education is a process of educating potential nurses to understand nursing, health, person, lifespan and community within their scope of practice. Nursing education is provided in an institute of higher learning where learning is created in an environment integrating the educational needs of the science of nursing with the art of caring. Nursing education promotes; basic and advanced nursing skills, problem solving, critical thinking, and cultural diversity and leadership skills.

Learning is a continuous process in which the learner continues to grow in his or her discipline. In nursing, learning is a process in which the nurse incorporates basic ideas and skills and critically applies those skills in taking care of the sick, ill or injured. Learning occurs when nurses actively participate in the learning process through assessment, planning, intervention and evaluation. Evaluation of the learning process is important. Program outcomes are used in evaluation of the programs performance and assists in improvement of instruction.

The major roles of the nurse include provider of **client-centered** nursing care, coordinator of client care, and member of the nursing profession. As providers of care, nurses promote wellness, identify current and emerging client problems, and function as advocates for individuals, families, and selected groups. In addition, nurses manage client care using clinical judgment, incorporating the nursing process, providing **cultural competence** and caring as essential tools. Nurses are coordinators of care, nurses communicate, collaborate, and provide **leadership** within the interdisciplinary health care team to promote and maintain client health and ensure continuity of care. They provide **client education** to achieve positive clinical outcomes. As members of the profession, nurses are accountable for maintaining professionally established standards of nursing practice, adhering to practice regulations specified by each respective state, as well as adhering to established legal and ethical directives. Nurses recognize that **interdisciplinary collaboration** among health care professionals is critical to delivering safe, quality client care. Ongoing **quality improvement** activities are performed with other members of the health care team. Application of **evidence based practice and Nursing Judgment**, skills in **informatics**, and client care technology is essential to the delivery of quality care while ensuring **safety**. Professional values guide interactions with individuals, families, and the health care team. Nurses demonstrate **professionalism** by exhibiting accountability for their actions, practicing within their scope of practice, and assuming legal responsibility for the care they provide. Nurses uphold their commitment to the public by adhering to an established code of ethics, which provides a context for making judgments and offers guidelines for maintaining professionalism.

Lac Courte Oreilles Ojibwa Community College Associate of Applied Science In Nursing
Organizational Framework

We Look In All Directions

Informatics
Use and integrate information Technology

Client Education
Provide and create health-related Education

Professionalism
Practice and perform in a Professional manner

Leadership
Be a leader in the provision and Management of safe quality client care

Cultural Competence
Apply and Integrate Ojibwe Environmental Knowledge and Other cultures when providing Client care

NORTH

We are All Related
Identify/Autonomy
Communication
Development
Assessment
Basic Nursing Skill

WEST

A Healthy Way of Life
We Gain Wisdom
Elders
Teachers
Critical Thinking
Healing
Theoretical Wisdom
Reflection

EAST

Making Decisions the Right Way
Problem Solving
Flexible
Integrated
Mental and Community Health
Gerontology

SOUTH

That Which is Given to Us
Purposeful Life
Life Changing
Teaching
Challenges to be born

PN PhD
ADN
MSN
BSN

Client Centered Care
Practice and Integrate Nursing

Interdisciplinary Collaboration
Collaborate as and with members Of the interdisciplinary health care team

Evidence based practice and Nursing Judgment
Use current evidence and research For the basis of nursing practice

Quality Improvement
Promote quality improvement Through participating in implementation and development of Organizational care

Safety
Provide and create a safe environment

Nursing Health Person Lifespan
Community Nursing Education Learning

Lac Courte Oreilles Ojibwa CC - ADN
Lac Courte Orielles Ojibwa Community College 2013

Program Concepts and Definitions

Concept	Definition
Client -centered care	The provision of caring and compassionate, culturally sensitive care that is based on a client's physiological, psychological, sociological, spiritual, and cultural needs, preferences, and values. Clients are defined as individuals and families. Advocate for patients and families in ways that promote their self-determination, integrity, and ongoing growth as human beings.
Interdisciplinary collaboration	The student will function effectively within nursing and inter-professional teams, fostering open communication, mutual respect, and shared decision-making to achieve quality patient care. The delivery of client care, in partnership with multidisciplinary members of the health care team, to achieve continuity of care and positive client outcomes.
Evidence based practice and Nursing Judgment	Integrate best current evidence with clinical expertise and patient/family preferences and values for delivery of optimal health care. Students will use current knowledge from research and other credible sources, upon which clinical judgment and client care are based. Students Make judgments in practice, substantiated with evidence, that integrate nursing science in the provision of safe, quality care and that promote the health of patients within a family and community context.
Quality improvement	The study of care and organizational processes with the goal of developing and implementing a plan to improve health care services and better meet the needs of clients. Examine the evidence that underlies clinical nursing practice to challenge the status quo, question underlying assumptions, and use improvement methods to design and test changes to improve the quality of care and safety for patients, families, and communities.
Safety	The minimization of risk factors that could cause injury or harm while promoting quality care and maintaining a secure environment for clients, self, and others.
Informatics	The use of information technology as a communication and information gathering tool that supports clinical decision making and scientifically based nursing practice.
Client education	The provision of health-related education to clients that will facilitate their acquisition of new knowledge and skills, adoption of new behaviors, and modification of attitudes.
Professionalism	The accountable and responsible behavior of the nurse that incorporates legal and ethical principles and complies with standards of nursing practice. Implement one's role as a nurse in ways that reflect integrity, responsibility, ethical practices, and an evolving identity as a nurse committed to evidence-based practice, caring, advocacy, and safe, quality care for diverse patients within a family and community context.
Leadership	The process by which nurses use a set of skills that directs and influences others in the provision of individualized, safe, quality client care. Leadership activities include delegation and supervision.
Cultural Competence	The process in which nurses understand Ojibwe Environmental Knowledge and knowledge of other cultures as the culture relates to the impact of client care. Nurses gains the ability to interact effectively with people of different cultures. Culture represents a client's values, norms, and traditions that affect how individuals of a particular group perceive, think, interact, behave, and make judgments about their concepts of healthcare. Culture is a pattern of behavior including; thought, communication, attitude, well being, ways of interacting, roles and relationships, and expected behaviors, beliefs, values, practices and customs.

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Explanation of Organizing Framework

The curricular organizing framework, of Lac Courte Oreilles Ojibwe Community College, encompasses the mission of the college by laying a foundation of nursing philosophy and Ojibwe culture. The medicine wheel identifies the four directions. The directions identify the path, starting north working towards the east. The colors depict the journey to wisdom. White is the mother earth, we are all related, we are as one. Yellow is learning from lessons, we make decisions the right way. Black is wisdom, completion of projects, choosing wisely. We used knowledge learned, to create. We look in all directions, we are all related, we all work together, making decisions the right way, that which is given to us, and we gain wisdom depicts the growth of the nursing student. The program outcomes listed on the sides identify expectations of novice to graduate. The philosophy of nursing is continuous. The center of the framework is nurse at different stages of growth.

Explanation of changes in curriculum

The nursing faculty in the department reviewed the curriculum. As outlined in the letter, the nursing faculty combined the courses to enhance the learning of the student so that they will be able to identify all the learning objectives within the course and progress to the clinical portion. Another reason the nursing faculty combined the courses is to improve student learning. If students withdraw or fail the course, the student will not miss out on pertinent information when they decided to reenter the program. The nursing faculty moved the pharmacology course to the first semester. This was previously in the second semester. The basis for this decision was to provide students with the foundation of pharmacology to reinforce in subsequent semester courses. The Mental and Behavioral and Community Nursing course was moved to the second semester. The rationale for this move correlates with moving the Nursing care for childbearing and childrearing families to the third semester. Revision of the course objectives in the Nursing care for childbearing and childrearing families include advanced obstetrics and pediatric health alterations. The nursing faculty felt that students needed the foundation of the first medical surgical nursing course to continue to develop in that course. In the fourth semester the nursing faculty combined the leadership course and internship course together. The role of the leader, progresses to the role of transition into nursing practice. Leadership theory is taught within the course Transition into Professional Nursing Practice. The internship portion is at the end of the fourth semester courses. The Advanced Medical Surgical Nursing theory and clinical provides final instruction in medical surgical nursing. The 3 credit 144 hour clinical includes leadership practice in the last weeks of the course. The fourth semester nursing courses are still under development by the nursing faculty.

Please let us know if you have any questions or suggestions.

Thank you,

Carrie

ASSOCATE OF APPLIED SCIENCE IN NURSING MANDATORY COURSE SEQUENCE

First Year First Semester
FALL

Total Nursing Credits-9
Total Education Credits-12
Total Credits-21

Course	Pre-requisite	Semester Offered	Credits	Theory Contact Credits	Lab Contact Credits	Clinical Contact Credits
NSG XXX Introduction to Professional Nursing theory, skills and clinical	Admission into the Nursing Program	Fall	6	3	1	1
NSG/HTH 219 Pharmacology for Nurses and Allied Health Professionals	Admission into the Nursing Program	Fall	3	3		
EDC 110-01 Introduction to Higher Educations		Spring/Fall	3			
NAS 100-01 Introduction to Ojibwe Culture		Spring/Fall	3			
ENG 101-01 Composition 1	Compass score of 70 or above	Spring/Fall	3			
PSY 242-01 Human Growth and Development	ENG 101	Fall	3			

First Year Second Semester
SPRING

Total Nursing Credits-11
Total Education Credits-10
Total Credits-20

Course	Pre-requisite	Semester Offered	Credits	Theory Contact Credits	Lab Contact Credits	Clinical Contact Credits
NSGXXX Nursing Health Alterations theory and clinical	A.D.N. mandatory course sequence	Spring	5	3	0	2
NSG XXXX Mental and Community Health and Clinical theory and clinical	A.D.N. mandatory course sequence	Spring	3	2	0	1
NSG XXX Gerontology	A.D.N. mandatory course sequence	Spring	3	2		1
SC1 230-01 Anatomy and Physiology I	SCI 130 Cell Biology	Spring	4			
ENG 102-01 Composition 1I	ENG 101-01	Spring/Fall	3			
PSY 210-01 Psychology	ENG 101	Spring/Fall	3			

Second Year First Semester
FALL

Total Nursing Credits-10
Total Education Credits-7
Total Credits-17

Course	Pre-requisite	Semester Offered	Credits	Theory contact Credits	Lab contact credits	Clinical contact credit
NSGXXX Intermediate Medical Surgical Nursing, theory, and Clinical	A.D.N. mandatory course sequence	Fall	6	3	1	2
NSG XXX Nursing care for childbearing and childrearing families		Spring/Fall	4	2	1	1
SCI 231-01 Anatomy and Physiology II	SCI 230	Fall	4			
ENG 112 Fundamentals of Speech		Spring/Fall	3			

Second Year Second Semester
Spring

Total Nursing Credits-10
Total Education Credits-4
Total Credits-14

Course	Pre-requisite	Semester Offered	Credits	Theory contact credits	Lab contact Credits	Clinical contact credits	Internship Contact hours
NSGXXX Advanced Medical Surgical Nursing and Clinical	A.D.N. mandatory course sequence	Spring	5	2		3	
NSG XXX Transition into Professional Nursing Practice	A.D.N. mandatory course sequence	Spring	4	2			8
SCI 232-01 Microbiology	SCI 230	Spring	4				

Total 72 credits

39 nursing

33 general courses

1/27/13

Total Credits, theory credit/hours, lab credit/hours, clinical credit/hours, internship credit/hours by semester

Semester	Total Credits	Theory Credits/hours	Lab Credits	Lab Hours	Clinical Credits	Clinical Hours	Internship Credits	Internship hours
Semester 1	9	6/96	2	64	1	48	0	0
Semester 2	11	7/112	0	0	4	192	0	0
Semester 3	10	4/64	2	64	3	144	0	0
Semester 4	9	5/80	0	0	3	144	2	128

Semester 1 Theory, lab and clinical and internship Credit/hours

Class	Total Credit	Theory Credit hours	Lab credit	Lab hours	Clinical Credit	Clinical Hours	Internship Credit	Internship Hours
NSG XXX Introduction to Professional Nursing theory, skills and clinical	6	3/48	1	64	1	48	0	
NSG/HTH 219 Pharmacology for Nurses and Allied Health Professionals	3	3/48	0	0	0	0	0	0

Semester 2 Theory, lab and clinical, and internship Credit/hours

Class	Total Credit	Theory Credit Hours	Lab Credit	Lab hours	Clinical Credit	Clinical hours	Internship Credit	Internship hours
NSGXXX Nursing Health Alterations theory and clinical	5	3/48	0	0	2	96	0	0
NSG XXXX Mental and Community Health and Clinical theory and clinical	3	2/32	0	0	1	48	0	0
NSG XXX Gerontology	3	2/32	0	0	1	48	0	0

Semester 3 Theory, lab and clinical, and internship Credit/hours

Class	Total Credit	Theory Credit Hours	Lab Credit	Lab hours	Clinical Credit	Clinical hours	Internship Credit	Internship hours
NSGXXX Intermediate Medical Surgical Nursing, theory, Skills, and Clinical	6	3/48	1	48	2	96	0	0
NSG XXX Nursing care for childbearing and childrearing families	4	1/16	1	32	1	48	0	0

Semester 4 Theory, lab and clinical, and internship Credit/hours

Class	Total Credit	Theory Credit Hours over 8 weeks	Lab Credit	Lab hours	Clinical Credit	Clinical hours	Internship Credit	Internship hours
NSGXXX Advanced Medical Surgical Nursing and Clinical	5	2/48	0	0	3	144	0	0
NSG XXX Transition into Professional Nursing Practice	4	2/32	0	0	0	0	2	128

Associate of Applied Science in Nursing
2013-2014

Student Name:_____ **ID #:**_____

PROGRAM REQUIREMENTS	CR.	PREREQUISITE	TERM	W.I.P.		FULFILLED	
				SEM	SEM	DATE	GRADE
BASE COURSES							
EDC 110 Introduction to Higher Education	3						
ENG 101 Composition I	3	Writing Skills 70+	F/S				
ENG 102 Composition II	3	ENG 101	F/S				
NAS 100 Introduction to Ojibwe Culture	3						
ENG 112 Fundamentals of Speech	3		F/S				
TOTAL	**15**						
KNOWLEDGE COURSES							
PSY 210 General Psychology	3	ENG 102 concurrent	Spring				
SCI 230 Human Anat & Physiology I w/Lab	4	SCI 101 or SCI 102	Spring				
SCI 231 Human Anat & Physiology II w/Lab	4	SCI 230	Fall				
SCI 232 Microbiology w/Lab	4	SCI 230	Spring				
PSY 242 Human Growth & Development	3						
TOTAL	**18**						
PROFESSIONAL COURSES			Fall				
NSG XXX Introduction to Professional Nursing theory, lab and clinical	6	Admission to the nursing program	Spring				
NSG/HTH 219 Pharmacology for Nurses &	3	Admission to the nursing program	Spring				
NSG XXX Nursing Health Alterations, theory and clinical	5	A.D.N. course sequence	Spring				
NSG XXX Gerontological Nursing and clinical	3	A.D.N. course sequence	Fall				
NSG XXX Mental and Behavioral and Community Health Nursing	3	A.D.N. course sequence	Fall				
NSG XXX Intermediate Medical surgical Nursing theory, lab and clinical	5	A.D.N. course sequence	Fall				
NSG XXX Nursing for childbearing and childrearing families	4	A.D.N. course sequence	Fall				
NSG XXX Advanced Medical Surgical Nursing theory and Clinical	5	A.D.N. course sequence	Spring				
NSG XXX Transition into Professional Nursing Practtice	4	A.D.N. course sequence	Spring				
TOTAL							
		Writing Skills:					
TOTAL DEGREE CREDITS	**72**	☐ ALP 100 General English	☐ ALP 101 General Math				
		☐ ALP 106 General English II	☐ MTH 111 Pre-Algebra				

LAC COURTE OREILLES OJIBWA COMMUNITY COLLEGE

Graduation Date:

Student Signature:

Advisor Signature:

Registrar Signature:

Date filed with Registrar:

DEGREE PLAN

First semester Nursing Course Descriptions 9 credits

NSG XXX Introduction to professional nursing theory, skills and clinical 6 credits

This course provides an introduction to nursing and roles of the nurse, as well as profession related and patient care concepts. Emphasis is placed on the knowledge and skills needed to provide safe, quality care. The skills portion of the course provides the framework for preparing students to perform comprehensive health assessments on clients across the lifespan. Emphasis is placed on taking a thorough nursing history, performing physiological, psychological, sociological, cultural, and spiritual assessments, as well as identification of stressors and health risks. Laboratory experiences provide an opportunity to practice assessment skills on clients across the lifespan in a variety of settings. The theoretical foundation for basic assessment and nursing skills is presented, and the student is given an opportunity to demonstrate these skills in a clinical laboratory setting. An introduction to the nursing process provides a decision-making framework to assist students in developing effective clinical judgment skills. Students apply the skills and knowledge acquired in the clinical practice setting. Students will have clinical practice in long term care settings in small groups.

Prerequisite: Admission to the nursing program.

NSG/HTH 219 Pharmacology for Nurses and Allied Health Professionals 3 credits

This course provides the nursing student and the allied health student with a pathophysiologic approach to pharmacology. This course addresses the history of pharmacology, drug class and schedules, administration, pharmokinetics and pharmodynamics and pharmacology math. The nursing process of pharmacology and the effects of medication on people throughout the life span are outlined. The effects of pharmacotherapy in relation to psychosocial, gender and cultural influences will be discussed. This course identifies each body system and medications related to maintaining homeostasis.

Pre-requisite: Admission to the nursing program

Second Semester Nursing Course Descriptions 11 credits

NSG XXX Gerontological Nursing theory and clinical 3cr

This course provides an introduction to the care of older adults while focusing on their unique physiological and psychosocial needs. Emphasis is placed on promoting healthy aging and retaining functional ability within a home or residential environment. Common health alterations of the older adult as well as safety and end-of-life care are introduced. Clinical experience will reflect concepts outlined in the course

Pre and co-requisites: A.D.N. mandatory course sequence

NSGXXX Nursing Health Alterations theory and clinical 5cr

This course focuses on the care of adult clients with health alterations that require medical and/or surgical intervention. Emphasis is placed on the care of clients with alterations in selected body functions. Concepts of client centered care, cultural sensitivity, informatics, safe practice, and professionalism are integrated throughout the course. Clinical experiences provide the student an opportunity to apply theoretical concepts and implement safe client care to adults in a variety of settings.

Pre and co-requisites: A.D.N. mandatory course sequence

NSG XX Mental and Community Health Nursing theory and Clinical 3cr

This course focuses on the care of clients across the lifespan experiencing cognitive, mental and behavioral disorders. Emphasis is placed on management of clients facing emotional and psychological stressors as well as promoting and maintaining the mental health of individuals and families. Concepts of crisis intervention, therapeutic communication, anger management, and coping skills are integrated throughout the course. The community as a site for care and support services is addressed. Community resources will be examined. Clinical experiences provide the student an opportunity to apply theoretical concepts and implement safe client care to clients in selected mental health settings.

Pre and co-requisites: A.D.N. mandatory course sequence

Third Semester Nursing Course Descriptions 10 credits

NSG XXX Nursing Care of Childrearing and Childbearing families theory, lab and clinical 4cr

This course provides an integrative, family-centered approach to the care of mothers, newborns, and children. Emphasis is placed on normal and high-risk pregnancies, normal growth and development, family dynamics, common pediatric disorders and the promotion of healthy behaviors in clients. Lab experiences overviews normal and high risk pregnancies. Clinical experiences provide the student an opportunity to apply theoretical concepts and implement safe client care to mothers, newborns, and children in selected settings.

Pre and co-requisites: A.D.N. mandatory course sequence

NSG XXX Intermediate Medical Surgical Nursing theory lab and clinical 6cr

This course focuses on the care of adult clients with medical and/or surgical health alterations. Emphasis is placed on the care of clients with alterations in selected body functions. Concepts of health promotion, health education, evidence based practice, and interdisciplinary collaboration will be integrated throughout the course. Clinical experiences provide the student an opportunity to apply theoretical concepts and implement safe care to clients and selected groups in a variety of settings.

Pre-requisites: A.D.N. Mandatory course sequence

Fourth Semester Nursing Course Descriptions 9 credits

NSG XXX Advanced Medical Surgical Nursing theory and clinical 5 cr

This course focuses on advanced concepts of nursing care as they relate to clients across the lifespan with complex, multisystem alterations in health. Emphasis is placed on implementing time management and organizational skills while managing the care of clients with multiple needs and collaborating with the interdisciplinary team. Complex clinical skills, as well as priority setting, clinical judgment, and tenets of legal and ethical practice, are integrated throughout the course. Clinical experiences provide the student an opportunity to apply theoretical concepts and implement safe care to clients and selected groups in a variety of settings in the role of a nurse and leader.

Pre-requisites: A.D.N. Mandatory course sequence

NSG XXX Transition into Professional Nursing Practice 4cr

This course facilitates the transition of the student to the role of a professional nurse. Emphasis is placed on contemporary issues and management concepts, as well as developing the skills of delegation, conflict management, and leadership. Legal and ethical issues are discussed with a focus on personal accountability and responsibility. Standards of practice and the significance of functioning according to state regulations and statutes are analyzed. Clinical experiences provide the student the opportunity to apply theoretical concepts while functioning in a leadership role.

Pre-requisites: A.D.N. Mandatory course sequence

Lac Courte Oreilles Ojibwa Community College

Course Title: **Introduction to Professional Nursing theory, skills and clinical**

Course Number: **NSG XXXX**

Credits: **6**

Class Time: **TBA**

Instructor: **Pamela Rutter**

Contact: **(715) 634-4790 ext**
prutter@lco.edu

Office Hours:

Total Credit/Contact Hours: 6.00

Theory Credit/Contact Hours: 3.00 (48 hours of theory lecture)-first 8 weeks

Lab Credit/Contact Hours: 2 (54 hours of lab practice/simulation)-first 8 weeks

Clinical Credit/Contact Hours: 1.00 (48 hours of clinical practice)-last 8 weeks

Students must pass the theory and lab portion before entering the clinical portion of this course. The theory and lab component runs the first 8 weeks of class.

Students should expect to spend about three hours studying or on task for class assignments for each credit of the course. For a three credit course, this means about nine hours of work outside of class!

Textbooks: Adams, N., P. & Holland, L., N. (2010). Pharmacology for Nurses: A Pathophysiologic Approach, 3/e**.** Upper Saddle River, NJ: Pearson. ISBN-10: 0135089816 | ISBN-13: 9780135089811

Berman, A. Snyder, S., Kozier, B., & Erb, G. (2012) Fundamentals of Nursing: Study Guide (9th ed). Upper Saddle River, NJ: Pearson Education. ISBN #13:978-0-13-8022461-1

Claborn,J. Gaglione, T. Miller, CJ. Zerwekh, A. Mosby's Elsevier (2008) Pharmacology Memory Note Cards (2nd ed) St. Louis MO. ISBN# 978-0-323-05406-5

Claborn,J. Gaglione, T. Miller, CJ. Zerwekh, A. Mosby's Elsevier (2011) Pathophysiology Memory Note Cards (2nd ed) Maryland Heights, Missouri ISBN# 978-0-323-06747-8

Gaglione, T. Miller, CJ. Zerwekh, A. Mosby's Elsevier (2011) Assessment Memory Note Cards (2nd ed) Maryland Heights, Missouri ISBN# 978-0-323-06745-4

Gaglione, T. Miller, CJ. Zerwekh, A. Mosby's Elsevier (2112) Medical Terminology Memory Note Cards (2nd ed) St. Louis MO. ISBN# 978-0-323-08273-0

Jaffe, M. S. (1996). Medical-Surgical Nursing Care Plans: Nursing Diagnoses and Interventions, 3/e. Upper Saddle River, NJ: Pearson Education. ISBN-10: 0838562639 | ISBN-13: 9780838562635

Jarvis,C. (2008). Physical Examination & Health Assessment. (6th ed). St. Louis, MO: Saunders-Elsevier ISBN # 9681-4377-0151-7

Jarvis, C. (2008). Physical Examination & Health Assessment-Laboratory Manual. (5th ed). St. Louis, Mo: Saunders-Elsevir. ISBN# 13-978-1-4377-1445-6

Jarvis, C. (2008). Physical Examination & Health Assessment-Mynursing lab for nursing fundamentals. Pocket companion 6th edition ISBN: 9781-4377-1442-5

Lewis, S., etal (2011) Medical Surgical Nursing: Assessment & Management of Clinical Problems (8th ed). St. Louis, MO. Elsevir. ISBN: 9780-3230-6580-1

Lewis, S., etal (2011) Medical Surgical Nursing: Assessment & Management of Clinical Problems (8th ed). Study Guide. St. Louis, MO. Elsevir. ISBN: 9780-3230-6654-9

Lewis, S., etal (2011) Medical Surgical Nursing: Assessment & Management of Clinical Problems (8th ed). Virtual Clinical Excursions St. Louis, MO. Elsevir. ISBN 9780-3230-7975-4

Kee, J. (2010). Laboratory and Diagnostic Tests. (8th ed). Upper Saddle River, NJ:Pearson.

Wilson,B., Shannon, M. & Shields, K. (2010). Nurses's Drug Handbook. Upper Saddle River, NJ: Pearson.
ISBN:0-13-507562-9

Resources: Benner, P. (1984). From Novice to Expert: Excellence and power in Clinical Nursing. Menlo Park, Ca: Addison-Wesley Publishing
ISBN # 0-201-00299-X

Course Description: This course provides an introduction to nursing and roles of the nurse, as well as profession related and patient care concepts. Emphasis is placed on the knowledge and skills needed to provide safe, quality care. The skills portion of the course provides the framework for preparing students to perform comprehensive health assessments on clients across the lifespan. Emphasis is placed on taking a thorough nursing history, performing physiological, psychological, sociological, cultural, and spiritual assessments, as well as identification of stressors and health risks. Laboratory experiences provide an opportunity to practice assessment skills on clients across the lifespan in a variety of settings. The theoretical foundation for basic assessment and nursing skills is presented, and the student is given an opportunity to demonstrate these skills in a clinical laboratory setting. An introduction to the nursing process provides a decision-making framework to assist students in developing effective clinical judgment skills. Students apply the skills and knowledge acquired in the clinical practice setting. Students will have clinical practice in long term care settings in small groups.

Prerequisite: Admission to the nursing program.

Ojibwe Culture & Tradition:

The Mission Statement of LCOOCC reads, in part:

"The Lac Courte Oreilles Ojibwe Community College mission is to provide Anishinaabe communities with post-secondary and
continuing education while advancing the language, culture, and history of the Ojibwe."

In order adhere to the college's mission statement, this course will incorporate Ojibwe language, culture and tradition into class activities wherever possible. Specific activities relating to Ojibwe culture and tradition have been included in the class schedule.

Gimaamawi-nandagikenjigemin – We Are All Learning Together
and
Gikinoo'amaagan odanokiiwin (student work):

As part of the college's continuing efforts to improve student learning, LCOOCC is participating in a four year *Academy for Assessment of Student Learning* under the direction of our accrediting institution, the Higher Learning Commission. The name we have given to the college's institute-wide assessment project is **Gimaamawi-nandagikenjigemin – We Are All Learning Together.**

A course-specific *Student Learning Project* which incorporates Ojibwe knowledge and values and supports the college's Mission Statement will be embedded in all courses and syllabi. These student learning projects are named **Gikinoo'amaagan odanokiiwin - student work.** In order to incorporate the concept of **Gimaamawi-nandagikenjigemin**, Research of a Nursing Theorist and Cultural Awareness paper, Health Assessment of an Elder, Annotated bibliography identifying cultural preferences of the client and journaling requirements of cultural understanding for this class was designed to meet the criteria of **Gikinoo'amaagan odanokiiwin.**

A paper researching a nursing theorist reflects on how Ojibwe medicine relates to the nursing theorists theory and how the student will incorporate this information when providing client-centered care. A paper researching cultural awareness of a culture other than that of the student allows the student to gain understanding of specific cultures and compare and contrast his or her own culture in relation to that of the person they interviewed. The annotated bibliography of a nursing journal ties in health risks, best practices and cultural influences when providing client-centered care. The journaling requirements of the students identify the students ability to identify the culture of the patient they are providing care for and how they are going to meet the cultural needs of the patient.

The Nursing Theorist, Cultural Awareness, Annotated Bibliography and Journaling

Requirements will assess students':

1. Creation of a project that integrates both course-specific content and Ojibwe cultural knowledge
2. Ability to express themselves clearly and correctly in writing
3. Ability to locate, gather, and synthesize information.

Course Objectives:

1. Discuss the role of the nurse and scope of practice related to established code of ethics, nurse practice acts, and professional registrations/certifications.

2. Review the spectrum of health care settings across which client care is provided.

3. Recognize the importance of selected profession related concepts as they pertain to providing and directing safe, quality client care.

4. Discuss the concepts integral to the provision of safe, quality client centered care: nursing process, clinical judgment, advocacy, cultural sensitivity, and communication.

5. Appreciate the nurse's role in identifying and supporting selected physiologic needs of clients including historic events leading of Ojibwe and other cultures

6. Describe selected concepts and discuss how they relate to providing client care that is safe for the nurse and client: medication administration, documentation, body mechanics and ergonomics, and nursing process.

7. Demonstrate basic nursing skills using proper techniques and measures that ensure client safety.

8. Apply the various elements of the nursing process to clinical decision-making.

9. Perform a comprehensive assessment that includes the psychological, sociological, cultural, and spiritual aspects of clients across the lifespan.

10. Interpret assessment data to determine client safety and health risks, as well as personal and environmental stressors.

11. Plan and provide individualized, health-related teaching for clients, across the lifespan.

12.. Utilize appropriate verbal, written, and electronic communication skills during the client interview, physical assessment, and documentation process.

13. Use information technology to access evidence based sources to determine the implications of identified genetic and health risks.

14. Demonstrate professional accountability and maintain confidentiality while performing physical assessments.

14. Ojibwe Environmental Knowledge and cultural understanding

Content Units:
Nursing Role and Scope of Practice

Unit Objectives:
1. Define nursing and relate its current state to historical events and leaders.

2. Compare and contrast the various roles of contemporary nurses today.

3. Review the different educational paths to professional nursing and their implications for career mobility and advancement.

4. Discuss the scope of practice of unlicensed personnel, licensed/vocational nurses, professional nurses, and advanced practice nurses.

5. Describe how state nurse practice acts define the legal scope of nursing practice.

6. Review an established code of ethics and its role in guiding nursing practice and ethical decision making.

7. Recognize competencies related to knowledge, skills, and attitudes that nurses are expected to integrate into their practice.

Content Topics:

Spectrum of Healthcare

Unit Objectives:
1. Differentiate between the terms health and illness and the impact that lifestyle and risk factors has on one's health status.

2. Define the terms health promotion and wellness and discuss the nurse's role in supporting client's movement towards optimal health.

3. Differentiate between primary, secondary, and tertiary care as well as the role of the nurse when providing these levels of care.

4. Differentiate between the goals of acute and chronic care and examples of client conditions in each category.

5. Discuss the principles of restorative or rehabilitative care, its goals, and the role of the nurse when working with clients undergoing rehabilitation.

6. Compare and contrast palliative and hospice care and the role of the nurse in providing end of life care.

7. Describe the various health care settings within which client care is delivered.

8. Discuss the roles of state and federal governments in regulating health care agencies.

Content Topics:

Profession Related Concepts/ Client Centered Care

Unit Objectives:

1. Discuss the meaning of client-centered care.

2. Describe concepts of holistic health and nursing.

3. Describe the concept of caring as a foundation for nursing practice.

4. Review the professional skills inherent in providing client-centered care.

Content Topics:

a. Nursing process/ Define the nursing process and discuss its use as a tool for identifying actual and potential client problems and planning client-centered care.

b. Nursing process/ Compare and contrast the various steps of the nursing process and the role of the nurse.

c. Nursing process/ Discuss the purpose of a client plan of care, its developmental process, its implementation, and role in determining attainment of client outcomes.

a. Clinical judgment/ Define clinical judgment and its relationship to nursing practice.

b. Clinical judgment/ Compare and contrast clinical judgment and critical thinking.

c. Clinical judgment/ Differentiate between decision making and problem solving.

d. Clinical judgment/ Discuss the significance of the scientific method for determining best nursing practices.

a. Advocacy/ Define advocacy and its relationship to nursing practice.

b. Advocacy/ Discuss the relationship between the nurse's role as advocate and the client's right to information and make informed health care decisions.

c. Advocacy/ Review the Patient's Bill of Rights and the Self Determination Act and their association with the nurse's role as client advocate.

a. Cultural sensitivity/ Define cultural sensitivity and its relationship to nursing practice.

b. Cultural sensitivity/ Discuss the term culture and the various components that contribute to its definition (ethnicity, spiritual beliefs, social practices).

c. Cultural sensitivity/ Compare and contrast the terms cultural sensitivity and cultural competence in relation to the role of the health care provider.

d. Cultural sensitivity/ Recognize the influence culture has on health, health practices, illness, and caring patterns.

a. Communication/ Define communication and its relationship to nursing practice.

b. Communication/ Describe the four components of the communication process.

c. Communication/ Differentiate between verbal and nonverbal communication.

d. Communication/ Discuss characteristics of varied types of communication.

e. Communication/ Differentiate between non therapeutic and therapeutic communication.

f. Communication/ Discuss the use of technology in the communication process.

g. Communication/ Describe how nursing documentation is a written form of communication.

h. Communication/ Identify potential barriers to effective communication.

Profession Related Concepts/ Interdisciplinary Collaboration

Unit Objectives:
1. Define the concept of interdisciplinary care.

2. Describe the essential aspects of collaborative health care.

3. Discuss the benefits of an interdisciplinary health care team providing client care.

Content Topics:

Profession Related Concepts/ Evidence-Based Practice

Unit Objectives:
1. Define the concept of evidence-based practice.

2. Identify available resources for evidence-based nursing practice.

3. Discuss how evidence-based practice provides optimum care for individuals and their families.

Content Topics:

Profession Related Concepts/ Quality Improvement

Unit Objectives:
1. Define the concept of quality improvement.

2. Discuss the role of the nurse in identifying client concerns related to quality care.

Content Topics:

Profession Related Concepts/ Safety

Unit Objectives:
1. Define the concept of client safety.

2. Discuss personal and environmental factors that impair a client's ability to protect themselves from injury.

3. Review interventions that can assist in reducing risk of client injury (properly identifying client, using six rights of medication administration, performing fall risk assessment, communicating client information to appropriate team member).

4. Discuss how proper and effective use of technology and standardized policies and procedures support safe, quality care.

5. Recognize the role of the nurse in monitoring own care and that of others in promoting a safe environment for the client.

6. Review the National Patient Safety Goals developed by the Joint Commission and their relationship to the development of national safety standards and accreditation of health care institutions.

Content Topics:

Profession Related Concepts/ Informatics

Unit Objectives:
1. Define the concept of informatics.

2. Describe the uses of computers in nursing education and practice.

3. Discuss the computer skills and computer applications necessary for monitoring and documenting client information.

4. Observe use of appropriate search engines and databases to obtain evidence based research when determining best practice.

Content Topics:

Profession Related Concepts/ Client Education

Unit Objectives:
1. Define the concept of client education.

2. Identify the role of the nurse in relation to client education.

3. Describe the three domains of learning.

4. Review basic principles of learning.

5. Discuss how to identify educational needs of clients.

6. Describe the various elements of a teaching plan for clients.

Content Topics:

Profession Related Concepts/ Professionalism

Unit Objectives:
1. Define the concept of professionalism and its relationship to nursing practice.

2. List professional behaviors that are consistent with those of a nurse.

3. Discuss the relationship of ethical and legal practice to the role of nurses.

4. Compare and contrast accountability and responsibility.

Content Topics:

Profession Related Concepts/ Leadership

Unit Objectives:
1. Define the concept of leadership.

2. Identify the characteristics of effective leaders.

3. Describe various leadership roles assumed by nurses.

4. Discuss how nurses as leaders can influence provision of safe client care.

Content Topics:

Client Related Concepts/ Rest and Sleep

Unit Objectives:
1. Review the role played by rest and sleep in maintaining good physical and mental health.

2. Discuss the effect that lack of sleep has on a client's physical and mental health.

3. Discuss developmental variations in sleep patterns.

4. Describe the functions, physiology, and stages of sleep.

5. Identify conditions that interfere with a clients rest and sleep pattern.

6. Recognize the characteristics of common sleep disorders.

7. Review nursing interventions that can help improve a client's quality of rest and sleep.

Content Topics:

Client Related Concepts/ Spirituality

Unit Objectives:
1. Compare and contrast the concepts of spirituality and religion.

2. Review the religious practices of selected religions and their relationship to health promotion and health care.

3. Determine factors that contribute to spiritual distress and resulting manifestations.

4. Review the nurses' role when caring for clients who are experiencing spiritual distress.

Content Topics:

Client Related Concepts/ Growth and development

Unit Objectives:
1. Review selected theories of human development and their respective stages.

2. Discuss the impact that successful and unsuccessful achievement of developmental tasks has on the ability of an individual's to progress to a higher level of development.

3. Ascertain the personal and environmental factors that can influence in individual's success achievement of developmental tasks.

4. Review indicators of successful and delayed task resolution.

Content Topics:

Client Related Concepts/ Sensory perception

Unit Objectives:
1. Review the role played by sensory perception in maintaining good physical health.

2. Describe the anatomical and physiological components of the sensory-perceptual process.

3. Discuss factors that affect a client's sensory perceptual processes.

4. Identify conditions that interfere with clients' ability to process sensory input.

5. Differentiate between sensory deficits, overload, and deprivation.

6. Review nursing interventions that can facilitate or maintain a client's sensory perceptual processes.

Content Topics:

Client Related Concepts/ Hygiene (includes Hygiene Skills Lab)

Unit Objectives:

1. Review the role played by the skin, mucous membranes, teeth, and nails in maintaining the body's first line of defense against pathogens.

2. Describe conditions and activities that place clients at risk for altered skin integrity.

3. Discuss hygienic practices that support healthy skin integrity.

4. Discuss the effect that cultural practices and developmental stage has on hygiene practices.

5. Determine a client's need for assistance with hygiene-related care.

6. Describe the procedures for providing hygiene-related care in a safe, comfortable environment.

7. Demonstrate proper techniques that support client hygiene.

Content Topics:

a. Hygiene skills lab/ mouth, skin, hair, nail, foot and perineal care

b. Hygiene skills lab/ baths and bed making

Client Related Concepts/ Activity and Exercise (includes Mobility Skills Lab)

Unit Objectives:

1. Review the role played by the musculoskeletal and neurological systems in providing and regulating movement.

2. Relate the effect exercise has on proper functioning of body systems and activity tolerance.

3. Identify the elements of an exercise program that serves to maintain proper functioning and prevent lifestyle diseases.

4. Discuss the effect lack of movement has on bones, muscles, and joints.

5. Discuss the effect developmental stage has on bones, muscles, and joints.

6. Demonstrate proper techniques that support client mobility and prevent complications of immobility.

Content Topics:
a. Mobility skills lab/ walking with a crutch/cane/walker

b. Mobility skills lab/ wheelchair assembly/disassembly and use

c. Mobility skills lab/ client positioning

d. Mobility skills lab/ pressure ulcer prevention measures and equipment

e. Mobility skills lab/ range of motion

Client Related Concepts/ Infection Control (includes Infection Control Skills Lab)

Unit Objectives:
1. Compare and contrast the various elements of the chain of infection.

2. Review the anatomical and physiological barriers that protect an individual against infections.

3. Describe the signs and symptoms of an inflammatory response, local and systemic infections, and related diagnostic tests.

4. Discuss the etiology of nosocomial infections.

5. Differentiate between medical and surgical asepsis.

6. Relate principles of asepsis and their application to client care.

7. Differentiate between standard precautions and various types of isolation precautions.

8. Review nursing interventions that can protect a client against infections.

9. Demonstrate proper techniques that support infection control.

Content Topics:
a. Infection control skills Lab/ hand hygiene and universal precautions

b. Infection control skills Lab/ isolation precautions

c. Infection control skills Lab/ medical and surgical asepsis and applying sterile gloves

d. Infection control skills Lab/ wound care

Client Related Concepts/ Elimination (includes Urinary and Bowel Elimination Skills Lab)

Unit Objectives:
1. Review the role played by elimination in maintaining good physical health.

2. Describe the process of urine and feces production and subsequent elimination patterns.

3. Differentiate between normal and abnormal elimination patterns.

4. Discuss developmental and other factors that affect a client's elimination status.

5. Identify conditions that interfere with clients normal elimination patterns.

6. Compare and contrast normal and abnormal characteristics of urine and feces.

7. Identify diagnostic tests related to elimination and the nurse's role in obtaining specimens.

8. Review nursing interventions that can facilitate or maintain a client's elimination patterns.

9. Demonstrate proper techniques that support a client's elimination needs.

Content Topics:
a. Bowel elimination skills Lab/ bedpans and urinals

b. Bowel elimination skills Lab/ collecting urine and stool specimens

c. Bowel elimination skills Lab/ catheter insertion and removal

d. Bowel elimination skills Lab/ enemas

Client Related Concepts/ Nutrition (includes Nutrition Skills Lab)

Unit Objectives:
1. Review the role played by nutrition in maintaining good physical health.

2. Describe normal processes related to digestion, absorption, and metabolism of carbohydrates, proteins, and fats.

3. Describe the role water, vitamins, minerals, and electrolytes play in supporting body functions and processes.

4. Determine the significance of the balance between caloric intake and energy expenditure in relation to weight gain and loss.

5. Discuss physical, psychological, developmental, and cultural factors that affect a client's nutritional status.

6. Identify norms for body weight and BMI based on established standards.

7. Use guidelines based on the USDA Food Pyramid when determining dietary recommendations for clients.

8. Differentiate between various alternative and therapeutic diets.

9. Review nursing interventions that can assist clients in meeting their nutritional needs.

10. Demonstrate proper techniques that support a client's nutrition needs

Content Topics:
a. Nutrition skills lab/ tray setup and feeding

b. Nutrition skills lab/ special diets

c. Nutrition skills lab/ intake and output

Client Related Concepts/ Comfort/Pain (includes Comfort Skills Lab)

Unit Objectives:
1. Review the role played by pain, as a symptom of a health issue, and its impact on basic physiological needs.

2. Review theories related to the physiology of pain.

3. Discuss physical, psychological, developmental, and cultural factors that affect the perception and expression of pain.

4. Differentiate between the various types and characteristics of pain.

5. Determine a client's need for pain relief using established subjective tools and objective data.

6. Review pharmacologic and non-pharmacologic nursing interventions that can assist client's in managing their pain.

7. Review alternative and complementary methods of pain relief that client's may consider (acupressure, acupuncture, biofeedback).

8. Demonstrate proper techniques that support a client's comfort needs.

Content Topics:
a. Skills Lab/ application of heat and cold

b. Skills Lab/ pain rating scales

Client Related Concepts/ Medication Administration (includes Medication Skills Lab)

Unit Objectives:
1. Discuss the role of the nurse in safely and legally administering medications to clients.

2. Discuss factors that can increase the risk of making a medication error.

3. Identify the six rights of medication administration.

4. Determine the various routes by which medication can be administered.

5. Perform basic apothecary to metric conversions and drug calculations.

6. Discuss the role of the nurse related to educating clients about their medications.

7. Demonstrate proper techniques that support safe medication administration

8. Demonstrate simple drug dosing calculations

Content Topics:
a. Medication skills lab/ oral, nasal, ear, rectal, topical, inhaled and vaginal medications

b. Medication skills lab/ proper medication preparation using six rights

c. Medication skills lab/ basic drug calculation

d. Medication skills lab/ medication administration charting

Client Related Concepts/ Documentation (includes Documentation Skills Lab)

Unit Objectives:
1. Describe the significance of nursing documentation as a written form of communication.

2. Discuss the use of technology in the communication process.

3. Identify the purpose and various elements of the client record.

4. Review the legal parameters that guide documentation and the maintenance of client records.

5. Review proper guidelines for effective documentation.

6. Apply principles of effective documentation to an actual or simulated client record.

7. Demonstrate proper documentation techniques that support accurate, thorough, and timely charting.

Content Topics:
a. Documentation skills lab/ subjective and objective data

b. Documentation skills lab/ narrative charting

c. Documentation skills lab/ flow sheets and trending records

d. Documentation skills lab/ computer information systems and computerized records

Client Related Concepts/ Body Mechanics and Ergonomics (includes Body Mechanics Skills Lab)

Unit Objectives:
1. Review principles of good body mechanics and ergonomics when positioning, moving, lifting, and ambulating clients.

2. Identify assistive devices that can be used when moving clients to aid in the prevention of injury.

3. Examine the relationship between using good body mechanics and preventing injuries.

4. Discuss appropriate interventions to take to minimize injury to client and self during a client fall.

5. Demonstrate proper body mechanics and ergonomics when positioning, moving, lifting and ambulating clients.

Content Topics:
a. Body mechanics skills lab/ turning client, moving client up in bed, and use of draw sheet

b. Body mechanics skills lab/ gait belts

c. Body mechanics/ transfers

Client Related Concepts/ Nursing Process (includes Nursing Process Lab)

Unit Objectives:
1. Identify the steps of the nursing process.

2. Review the use of the nursing process as a tool for planning client care.

3. Differentiate between subjective and objective data and various data collection methods.

4. Review the NANDA list of nursing diagnoses and their use in describing potential and actual client problems.

5. Apply principles of the nursing process to an actual or simulated client record.

Content Topics:

Interviewing

Unit Objectives:
1. Describe the three phases of the interview conduting a health assessment

2. Discuss the significance of the nurse-client relationship during a health assessment

3. Practice communication techniques that support an open discussion between the patent and the patient and the nurse

4. Ascertain apporopriate locations for conducting a health assesment to ensure privacy and confidentiality

5. Analyze the subjective elements of the health history and review of systems

Content Topics:
Interviewing

Documentation

Unit Objectives:
1. Discuss the legal guidelines for documenting subjective and objective data.

2. Utilize appropriate terminology to describe assessment findings

3. Use documentation procedures that ensure privacy and confidentiality

4. Analyze various documentation methods that are used by different health care settings

5. Discuss assessment findings that require immediate attention and the provider to whom these findings should be reported

Content Topics:
Documentation

Genogram and Genetics

Unit Objectives:
1. Analyze a patient's family history for genetic or familial diseases

2. Analyze a patient's family history for exposure to potential toxic substances

3. Determine additional questions that should be asked based on initial responses to further delineate potential health risks

4. Develop a genogram based on health history

5. Analyze the genorgram to determine genetic, familial and enviornmental health risks

Content Topics:
Genogram and Genetics

Health Risk Assessment

Unit Objectives:
1. Discuss the purpose of conducting a health risk assessment

2. Analyze health risks common to American Society and their etiology

3. Evaluate the health system and review of systems to determine current health risks

4. Analyze data related to age, race, enviornment, family history, and lifestyle for attributes that could negatively impact a patient's health

5. Determine focused assessments that should be completed in relation to identied heath risks.

6. Determine the client's status in relation to stage of change using a behavioral change model

7. Utilize appropriate instructional stratagies to educate patient about recommended health changes

Content Topics:
Health Risk Assessment

Cultural Assessment/Ojibwe Enviornmental Knowledge

Unit Objectives:
1. Discuss the importance of conducting a cultural assessment

2. Analyze the concept of the Ojibwe Culture and other cultures and inherent components such as values, beliefs, attitudes, and customs

3. Differentiate between culture and ethinicity

4. Determine the influence a patient's culture has on their health beliefs and practices, family and dietary patterns

5. Determine the influence a patient's culture has on their perception of health, illness and death

6. Integragte verbal and non-verbal communication techniques that show respect for the patient's culture

7. Determine the use of alternative, traditional and cultural remedies as well as healers accepted in the patient's culture

8. Identify cultural practices that will need special considerations while the patient is receiving care

Content Topics:
Cultural Assessment/Ojibwe Environmental Knowledge

Spiritual Assessment

Unit Objectives:
1. Discuss the purpose of conducting a spiritual assessment

2. Analyze the concept of spirituality and inhennt components such as religious values, beliefs, attitudes and customs.

3. Differentiate between religion and spirituality.

4. Determine the influence a patient's spirituality has on their health beliefs and practices, family and dietary patterns

5. Determine the influence a patient's spirituality has on their perception of health, illness, and death.

6. Identify religous practices that will need special considerations while the patient is receiving care

Content Topics:
Spiritual Assessment

Physical Assessment

Unit Objectives:
1. Review and practice the assessment skills of inspection, auscultation, palpation and percussion.

2. Differentiate between normal and abnormal findings during the physical assessment.

3. Differentiate between age-related normal and abnormal findings during the physical assessment

4. Identify self-screening examinations that should be done and the time parameters for their performance

5. Identify preventative screening examinations that should be done and the time parameters for their

performance.

6. Determine an organized sequence for performing a full body assessment

Content Topics:
Physcial Assessment

Developmental Variations

Unit Objectives:
1. Differentiate between growth and development

2. Identify factors that influence growth and development

3. Describe the stages of growth and development based on selected theorists

4. Describe the stages of growth and development based on moral and spiritual theories

5. Discuss the significance of integrating a patient's stage in life into the development of their plan of care

Content Topics:
Developmental Variations

Identification of Stressors

Unit Objectives:
1. Analyze assessment data to identify physical, pshyosocial, spiritual, and cultural stressors that could affect a patient's health status

2. Explore identified stressors to determine patient's perception.

3. Explore patient's past and current use of coping mechanisms to manage stressors.

4. Identify support systems and resources available to the patient to help manage stressors

5. Discuss health stress relievers for the patient such as exercise, meditation, and journaling

6. Determine when a patient is in crisis and when immediate intervention is needed.

Content Topics:
Identification of Stressors

Confidentiality and Privacy

Unit Objectives:
1. Interpret the HIPAA privacy act for its relevance to the collection and documentation of assessment data.

2. Recognize the need to protect the unlawful dissemination of sensitive patient information

3. Document patient information in a timely manner and on appropriate records

4. Ackknowledge the need to communicate patient related data only to health team members directly involved in the patient's care

5. Perform health assessments in a location that provides for the protection of the patient's privacy

Content Topics:
Confidentiality and Privacy

Assessment Skills

Unit Objectives:
1. Review principles related to the skills listed below.

2. Practice assessment skills while maintaining client privacy, confidentiality, and safety.

3. Lab/Assessment techniques

4. Lab/Health history and review of body systems

5. Lab/Anthropometric measurements and BMI

6. Lab/Skin, hair, and nails

7. Lab/Eyes, ears, nose (internal structures and us of oto/opthalmoscope

8. Lab/Mouth, oropharynx and thyroid

9. Lab/Heart carotid and peripheral pulses, doppler

10. Lab/Lungs and tissue perfusion indicators

11. Lab/Breasts, self breast/testicular exams, lymph nodes

12. Lab/abdominal organs

13. Lab/Musculoskeletal (tone, strenghth and reflexes

14. Lab/Cognition (cranial nerves, cognitive functioning, coordination, sensation

15. Lab/Urinary, male and female cath insertion, straight cath use of foley's

16. Lab/Skin wound care sterile/non-sterile

Assessment Skills

Unit Objectives:
1. Review principles relate to selected skills.

2. Practice client care skills using proper techniques while ensuring client safety

Content Topics:
a. Theory/Lab/ Post-mortem care and tissue/organ donation (preparation of the body, tagging, shrouding, and documentation).

b. Theory/Lab/ Glucose monitoring and screening tests (urine and blood glucose testing, and reporting, sliding scale, hemocult, dipsticks and documentation

c. Theory/Lab/ Maintenance of enteral tubes and feedings (enteral tubes, enteral formulas, continuous and bolus feedings, medication administration, flushing and checking placement, and documentation

d. Theory/Lab/ Complications of immobility precautions, thromboembolic hose, pressure ulcer risk assessment, pressure ulcer prevention, and documentation

e. Theory/Lab/ Client safety (reality orientation, fall risk assessment, bed/wheelchair sensors, and documentation

f. Theory/Lab/ Medication administration (parental and documentation

g. Theory/Lab Would care (wound vacuum, wound debridement and packing, special dressings)

h. Theory/Lab/ Elimination (enemas, incontinent pads, external catheters

i. Theory/Lab/ Emergency preparedness (Race, triage)

Clinical Objectives:
1A. Use the nursing process as a framework for planning nursing care/ Practice assessment skills using proper techniques and safety measures.

1B. Use the nursing process as a framework for planning nursing care/ Practice basic nursing skills using proper techniques and safety measures.

1C. Utilize the nursing process as a framework for planning nursing care/ Use the steps of the nursing process when developing a plan of care.

1D. Use the nursing process as a framework for planning nursing care/ Include cultural and age-appropriate interventions in the plan of care.

2A. Use scientific principles and evidence-based literature when planning care/ Use appropriate resources when selecting interventions for the plan of care.

2B. Use scientific principles and evidence-based literature when planning care/ Base rationales for interventions on scientific principles.

3A. Recognize the professional and legal responsibilities of nursing practice/ Identify skills that are within the RN's scope of practice.

3B. Recognize the professional and legal responsibilities of nursing practice/ Identify legal parameters that govern nursing practice.

Course Method of Evaluation

1. Tests on each unit of study cumulative passing grade of a 78% or better
2. Case studies correlating with unit testing, pop quizzes, workbook assignments
3. Care Plan in the theory, lab and clinical components
4. Written projects on Research of a Nursing Theorist and Cultural Awareness papers
5. Lab skills workbook units, moodle assignments, skills check off sheets Final Lab Skills test/return demonstration
6. `Final and final proctored ATI exams used for student knowledge and course objective assessments
7. Participation to include ATI testing, punctuality, attending classes, assignments on time, being positive in the classroom and/or clinical setting, and offering insight during class participation
8. Journaling
9. Annotated Bibliography
10. Clinical Evaluation tool

General Education Outcomes:

Ability to express themselves clearly and correctly in writing

Ability to locate, gather, and synthesize information.

Program Outcomes:

Client Centered-centered care
Interdisciplinary collaboration
Evidence based practice and
Nursing Judgment
Quality improvement
Safety
Client education
Professionalism
Leadership
Cultural Competence

Theory Grading Criteria:

Component	Weight		Percent	Grade
Tests & pop quizzes	40%		93-100%	A
Case Studies	10%		85-92%	B
Nurse Theorist Research Paper	20%		78-84%	C
Cultural Awareness Assignment	20%		60-77%	D
Participation and Attendance ATI testing	10%		<60%	F

Skills Lab Grading Criteria:

Component	Weight		Percent	Grade
Class Participation	5%		93-100%	A
History and Physical on an Elder	25%		85-92%	B
Nursing Skills & Tests	60%		78-84%	C
Final Head to toe assessment	10%		60-77%	D
Total	100%		<60%	F

Clinical Grading Criteria:

Component	Weight		Percent	Grade
Care plans	30%		93-100%	A
Reflective Journal	30%		85-92%	B
Annotated Bibliography	10%		78-84%	C
Clinical Evaluation Tool	30%		60-77%	D

Total	100%		<60%	F

ANY GRADE BELOW 78% IS CONSIDERED A FAILURE OF THE COURSE

Students must have a 78% or better to pass this course and proceed with the other nursing courses. An average of tests and case studies MUST average 78%. Grades will be rounded to the nearest 100th. (example: 77.5%=78%.)

The following grading system is used in evaluating students in the Associate Degree Nursing Program at LCOOCC (Nursing Courses)

A	**93 – 100%**
B	**85 – 92%**
C	**78 – 84%**

Any grade below 78% is considered failure of a nursing course.

D	**60-77%**
F	**below 60%**

Students must have a 78% or better to pass this course and proceed with the other nursing courses. An average of tests and case studies must average 78%. Grades will be rounded to the nearest 100th. 77.5% = 78%.

Computer Use: In order to use any of the computers on the campus, you must have filled out and submitted a Request For a Computer User Account. These forms are available from the receptionist as well as the Computer Department. **Allowing others to use your account is grounds for revocation!**

Assignment Format: If assignments are required to be submitted electronically, they must be in Mircosoft Word (doc/dox) format or when required, Microsoft Excel (xls/xlsx) format or Mircorsoft PowerPoint (ppt).

Academic Honesty Policy:

Plagiarism is a serious offense. If a student is caught plagiarizing the student receives an F for the grade on the paper and may be placed on academic probation or receive an F in the course. **Cheating is not allowed.** The work you submit must be your own work and not the work of others.

If for any reason you find yourself unable to continue attending this class, I strongly recommend that you stop at the Registrar's Office and fill out a Withdrawal Form. That way you do not jeopardize your GPA and future Financial Aid.

COURSE REQUIREMENTS

Assignments and Tests:

All tests and or case studies **must** be passed with an average of 78% or above. Test questions mirror the NCLEX multiple choice. Reading the assigned text, attending and participating in class, attending and participating in study groups, MyNursing lab, ATI, virtual tools located in textbooks in other nursing and science courses and reviewing library materials will prepare the student for each theory examination.

Assessment Technology Institute (ATI) offers a comprehensive assessment designed to increase the students' pass rates on the nursing licensing exam. ATI tools can help students prepare more efficiently as well as increase confidence and familiarity with content and testing. These tools include DVDs, web-based practice tests and books on specific content. These materials are required each semester at the expense of the student over their enrollment in the nursing program. ATI content is available to students for 4 years after graduation.

Each semester students are provided with codes for practice exams before the proctored exam is given. The practice exams may be taken multiple times and the student is encouraged to repeat the practice exams until a grade of 90% is obtained.

The practice and the proctored ATI exams grade will count for 10% for your final grade for each course. The grades for the ATI will be based on proficiency levels

Proficiency Level 3 –ATI grade 100%

Proficiency Level 2 –ATI grade 90%

Proficiency Level 1 - ATI grade 75%

Below Proficiency Level 1: ATI grade 60%

ATI TESTING: Students will take their assigned **ATI practice test** according to the guidelines in the syllabus for each course. Instructors will provide an ATI Proctored testing date and time. The dates of the exams will be listed in the course syllabus, tentatively the Proctored ATI testing will be held in the last week of the didactic course. All proctored exams are taken on line in one of the nursing classrooms they are timed tests, usually 1 minute per question. **The taking of the ATI practice and proctored exam is a part of the course requirements.**

Proctored exams may only be taken once and must be taken at the scheduled time. If the test is missed, students need to contact the instructor to re-schedule within 10 days or a result of zero occurs. ATI tests grades are not curved. ATI results for the proctored exam will be available when all of the students have completed the exam. Students will **not** discuss the exam with other students until the exam results have been posted.

Students need to follow test-taking rules as outlined in the syllabus, no calculator, no food or drink, no talking, work independently, scratch paper may be provided if needed. Once the exam is complete, please leave the room to allow for a quiet environment for other testers. If you are taking multiple exams that day, please be aware of other students taking their test.

Students in their last semester nursing courses will take an **RN Comprehensive Predictor ATI** test. Students must achieve a 75% or better. If a 75% is not achieved students will have to go through remediation to achieve that 75% or above by the end of their NSG 214 Internship course. If that grade of 75% is not achieved, the student will not pass NSG 214.

Dosage calculation testing will be required in NSG 100-01, NSG 219, and NSG 204

If you have a documented disability affecting your ability to sit for the test, please see your instructor in the first week of class.

REMEDIATION:
The re-take of the proctored ATI test is required for any student who received a Below level score. The student is responsible to develop a plan to complete a focused review and should meet with their instructor to discuss the plan. In developing this plan the student should reflect and consider possible reasons for the low score and methods to improve study habits, test taking strategies, time management and retention of knowledge. The remediation template which is outlined in the ATI website under your results tab allows you to focus on areas of deficiency. To access this remediation plan, click on the proctored assessment and click on build under your results tab. A personalized plan will be built by the ATI system for you. You must follow the remediation plan and a proctored re-take of the examination must be completed by the end of the semester. You must work with your Instructor to set-up the date and time. Your instructor will be following your remediation work in ATI.

ATI testing fees: ATI testing fees will be charged each semester. ATI services will be available to you four 4 years. You will be able to use this service after graduation. Fees will be discussed during orientation.

ATI testing offers insight into areas in which you may need assistance. This useful tool will guide through these areas. Use this sight to assist in coursework and in passing your boards.

ATI testing fees: ATI testing fees will be charged each semester. ATI services will be available to you four(4 years). You will be able to use this service after graduation. Fees will be discussed during orientation.

ATTENDANCE:

Students are allowed to miss one (1) class time. As class material pertains to other courses, a student may be behind in those courses as well. Missing class does not provide a good learning environment for you as a student. It is YOUR responsibility to call the instructor PRIOR to class time and to meet with the instructor to make up assignments.

Outside of class study expectations:

For each hour of class time, expect 3 hours of study time outside of class or more depending on the assignments, learning styles and study habits.

Students will be allowed to go into the class room and practice outside of class hours.

ASSIGNMENTS & TESTs

Missing an exam should only occur in the event of **extreme circumstance.** If the student is going to miss an examination, the course instructor that is giving the exam must be personally notified prior to the exam or the right to make up the exam is forfeited. Make-up examinations will only be allowed for extenuating circumstances. Assignments must be handed in according to the instructor's deadline.

You are allowed to miss one test day for extreme circumstances (ie. Medical Emergency)

If you miss a test and you follow the procedure, you are allowed to take the test within 48 hours. Ten (10) points will be taken off the score for each day past 48 hours. Any make up exams maybe a different set of questions, but come from the same chapters. If you miss a test day the 2nd time, you will be given a zero score.

There will be POP Quizzes throughout this class

For assignments, assignments are due as outlined in the syllabus. **For each day the assignments is late, including weekends and holidays, ten (10) points will be taken off for each day the assignment is late.** Please see your instructor if you have any further questions. There will be no incompletes given in this course.

READING ASSIGNMENTS: You will be expected to complete assigned material **BEFORE** coming to class. You will be held accountable for the work and reading material, which is testable material.

SPECIAL NOTE REGARDING INCOMPLETES: There will be **NO** incomplete grades issued for this course. If exceptional circumstances occur which prevent you from completing all of the course requirements your grade will be determined on the basis of whatever attendance and evaluation data that you have generated in the time that you did attend. It may be necessary to repeat the course if you're output is below the passing requirements.

If you are having trouble keeping up with homework, reading, or understanding course content, please inform the instructor and make an appointment with student support services **as soon as you realize you are having trouble**. We can help you with time management, study skills, and more.

Please inform the instructor if you have a disability (physical, learning, etc.) that will interfere with successful completion of this course.

Classroom Conduct: Students enrolled in NSG 100 must assume responsibility for their

OWN behavior. This includes professional conduct of the instructor and other classmates by adhering to the classroom conduct policy.

The student has the responsibility to review material presented in prerequisite courses if necessary to enhance the understanding of this course. Students are responsible for required reading, use of mynursing lab, ATI and any assignments. Attendance and active participation are expected.

Show Respect:

Listen when others are speaking

Be on time for class

Listen when others are speaking

Don't pick up your books or put on your coat until class is over

Your cell phone must be turned off. If your cell phone disrupts the class three times during the semester your will automatically

receive a 30% reduction in your participation grade which will be compiled into your final grade

Listen when others are speaking

Professional Conduct: As outlined in the Lac Courte Oreilles Ojibwa College Associate of Applied Science in Nursing Student handbook and in the Lac Courte Oreilles Ojibwa Community college handbook, you are responsible to conduct yourself in a professional manner. You are to abide by the professional code of ethics Chapter N11 'rules of conduct" of the Wisconsin Administrative Code-Rules of Board of Nursing identify desirable conduct for nurses. The program outcomes in the nursing program are to; lead in a professional manner based on the standards of nursing practice, communicate in a professional manner and demonstrate accountability and responsibility. **Students enrolled in any NSG course must assume responsibility for their own behavior. This includes professional conduct towards the instructor and other classmates by adhering to the LCO Student Handbook and the Nursing Student Handbook.**

Clinical Dress Code Policy

Before attending clinical practice, you will need to gather information on your patient. You **must** dress appropriately. Wear nice street clothes, no jeans with your white lab coat and your name tag. Follow HIPAA guidelines when gathering information.

While participating in the clinical, follow the following dress code policy:

Clinical Sites on Non-Clinical Time:

a. Each student is issued a name badge during orientation that must be worn during any attendance at clinical time.

b. A white lab coat with a LCOOCC Associate Degree Nursing program patch with your name tag must be worn over professional street clothes. ***NO JEANS!*** The street clothes should be clean and neat, ironed, free of wrinkles and not revealing in any manner. Students should not wear pants that show off underwear or shirts that are low cut or show off the midriff. Socks or hose must be worn at all times. Footwear must be worn at all times and be **closed-toed**, clean, and in good repair.

c. While piercings are the current trend, visible piercings should be removed to protect the student from injury at the clinical site.

d. Tattoos should be covered if possible.

e. Unacceptable attire includes:
Midriff tops
Low-cut shirts
T-shirts with inappropriate words or pictures
Denim, spandex, metallic, leather, suede, sheer or clinging fabrics
Sweatshirts or sweat pants
Shorts
Capri pants
Open-toed footwear
High heels
Pajama tops or bottoms

Clinical Sites on Clinical Time:

A professional appearance is expected. The goal of the nursing uniform is to maintain this professional appearance. The LCO uniform must be clean and wrinkle free at all times. The identification badge must be worn at all times and may not be altered under any circumstances. Faculty members are responsible for evaluating student appearance; if deemed unacceptable, a student will be dismissed from clinical until acceptable dress code is met. Uniform substitutions are not acceptable. It is the student‘s responsibility to order and purchase their uniform pieces in a timely manner. Uniforms will be blue scrub tops and scrub bottoms with a white lab coat with the LCO Associate Degree Nursing Program Logo and your name badge. These may be purchased during orientation in the LCO Bookstore.

Guidelines:

Pieces of the nursing uniform are to be worn only when functioning in the student role.

Hair:
Length and style should not interfere with performance of nursing activities. Hair should be neatly styled, clean and drawn back from the face. Hair color should be professional and not extreme. Shoulder length hair must be appropriately pulled back and secured off of face in a

manner that will not fall forward. No hair ornaments that may drag on the ground when bending over. Long hair could be braided and pulled up, placed in a bun etc. Hair should not drag across a patient when bending over the patient. Beards, sideburns, and mustaches must be neatly trimmed.

Hose/socks:

White or light beige, non-textured nylon hose without runs or white socks are to be worn. Hose or ankle socks may be worn with pants. Solid neutral undergarments are required. Undergarments should not be visible through or outside of the uniform. White underwear works best.

Shoes:
White, clean shoes/shoelaces are required. Athletic shoes that are all white with no color are acceptable. No clogs, crocs, open-toe or open-heel shoes. Students should have a pair of shoes that are for client care only. This decreases the risk of brining home germs to your family and the shoes are easier to keep clean if used for the clinical experience.

Jewelry:
Only the following jewelry may be worn:

- Wedding band
- Conservative wristwatch with a second hand
- Small (less than ½ inch size) post earring in earlobe (multiple earrings are allowed if they are not dangle earrings.
- Unacceptable jewelry includes: multiple earrings; dangling or hoop earrings; earrings placed in site other than earlobe.
- No visible or reachable necklaces.
- No bracelets.
- No body jewelry.

Fingernails:

Natural fingernails only, no artificial fingernails, acrylic overlays, or other nail coverings.

Fingernails should be well maintained, clean, and short; not to exceed 1/4 inch past the fingertip. Clear or light fresh, non-chipped nail polish is allowed.

Cleanliness:
Students are expected to practice good hygiene which includes regular bathing, the use of deodorants and good oral hygiene. Students should not smell of excessive odors like tobacco, or perfumes.

Gum chewing is prohibited during any clinical experiences.

Tattoos\body art must be covered while on the clinical site.

Make-up: Make-up should be conservative, no bold colors. You want to instill peace in your patients.

Dress code compliance:
Students are responsible for complying with the dress code. The uniform, or any part of the uniform, is not to be worn outside of LCO classes or clinical experiences.
Faculty members are responsible to ensure that students comply with the policy.
Consequences may include an unexcused dismissal from clinical with mandatory makeup for the day; disciplinary probation; an unsatisfactory clinical evaluation related to professional performance category which would result in failure to progress in the program.

Policy 300 Clinical Absence

As part of promoting excellence in the nursing program nursing students are required to meet all clinical requirements. Any absence in the clinical portion of the nursing program is not allowed. If a student has an unexcused absence from the clinical experience, the student is withdrawn from the nursing clinical portion of the enrolled course and subsequently fails said course.

If an emergency arises, the student must contact the instructor immediately and petition the instructor in writing **(Attachment # 1)** regarding the extenuating circumstances. The instructor has the right to make the decision to allow the student to make-up the clinical time. If the instructor does not allow the student to make up the clinical time, the student is able to petition the Associate Degree of Nursing Admission Taskforce.

If the instructor allows a clinical make-up **(Attachment # 2)** the procedure is as follows:

1. Any clinical make-up day arranged by the instructor will be documented and signed by the student.

2. A make-up day may be scheduled after midterm for any students who have had a clinical absence.

3. Make-up clinical practices will reflect the current placement of the student in the curriculum.

4. Failure to complete a make-up clinical will result in failure of the clinical course.

Petition for Missed Clinical Time:

I _____ on _____

Student Name Date

Request permission from_____

Instructor of Course

To make-up the clinical time I missed on _____, because of the following reason

_____

Date

Approved: _____Date_____

Instructor Signature

Not Approved_____Date_____

Instructor Signature

(Attachment # 1)

Agreement for Clinical Practice Make-Up

I _____ was absent for a clinical experience on_____
Student Name Date of absence

Because of the following reason_____

_____.

I, _____will make up the missed clinical (with instructor
Student Name

permission and discretion) by _____.
Date

Failure to complete this make up will result in failure of this course_____
Course number and name

_____ _____
Instructor Signature Date Student Signature Date

(Attachment # 2)

Research of a Nursing Theorist (Required in Theory portion of course)

Criteria	Points Possible	Points Possible	Points Possible	Points Given	Comments
	10	15	30		
Choose a Nursing Theorist 1. Discuss the theorist's background 2. Discuss the theory of the theorist 3. Discuss how the theorist applies the theory to nursing practice then and now 4. Discuss how Ojibwe medicine relates to the theorist	Met one of the requirements	Met two of the requirements	Met all 4 requirements		
Criteria	Points Possible	Points Possible	Points Possible		
	10	15	20		
How will you as a nursing student apply this nursing theory to your own practice while identifying Ojibwe and other cultural practices give 3 examples	1 example given	2 examples given	3 examples given		
Criteria	Points Possible	Points Possible	Points Possible		
	10	15	20		
What obstacles do you foresee in adapting this theory into practice give three examples What obstacles do your forsee in adapting these beliefs into practice give 3 examples	4 examples given	3 examples given	5 examples given		
Criteria	Points Possible	Points Possible	Points Possible		
	10	15	20		
Conclusion: Sum up the information you provided above and add why you chose this theorist	Conclusion without summing up information but adding opinion	Conclusion with minimal information and adding opinion	All criteria met		
	0	5	10	15	20
Criteria	Points Possible	Points Possible	Points Possible		
	5	8	10		
APA Format: Title page, Introduction, body, conclusion, correct spelling, grammar, punctuation. In-text citation MUST be properly formatted. Reference page must include 2 scholarly journals.	More than 3 APA errors	Less than 3 APA errors	APA format met		Plagiarism is a serious offense, can result in failure of the course.
Total			100	Your score = /100	Score Percent

Cultural Awareness Assignment (required in theory portion of course)

Criteria	Points Possible	Points Possible	Points Possible	Points Given	Comments
Introduction	10				
Criteria	Points Possible	Points Possible	Points Possible	Points Given	Comments
	10	15	40		
Interview a client from a different culture than your own. 1. Identify the family structure in relation to cultural preference 2. How does the client view his or her overall health in relation to culture 3. Identify the family's involvement in the client's health goals 4. Identify decision making strategies of the client 5. Identify any use of alternative therapy and how that relates to their culture. 6. Identify coping mechanisms of death and death in relation to their culture. 7-12 In your own words and beliefs (in which you feel comfortable sharing, answer the above questions with your own cultural beliefs.)	Met two of the requirements	Met four of the requirements	Met all 6 requirements		
Criteria	Points Possible	Points Possible	Points Possible		
	10	15	30		
Compare and contrast your cultural beliefs whit those of the person you interviewed with question 2-6	Met two of the requirements	Met three of the requirements	Met all requirements		
Criteria	Points Possible				

Conclusion	10	15	30		
Summarize your client without violating HIPAA. Use initials, provide background information, age, sex, culture, anything else the client wishes to provide.	Not all components met	1-2 components met	All components met		
Criteria	Points Possible	Points Possible	Points Possible	Points Possible	Points Possible
	0	5	10	15	30
Criteria	Points Possible	Points Possible	Points Possible		
Criteria	5	8	10		
Grammar, punctuation and spelling	More than 3 errors	Less than 3 errors	No errors		
Total		100		Your score = /100	Score Percent

Skills/Lab Class- Elder Cultural Health History Assessment Pass/Fail

Create rubric here?

- **Tracing the Path of Violence-the** Boarding School **Experience of ...**
  www.real-dream-catchers.com/**Ojibwe**_culture_and_language/tracing...

  History of the Little Shell Band of **Ojibwe** History of the ... used term “savage” as a reference to Native **people** allowed the **boarding school** policy to ...

http://www.pbs.org/indiancountry/history/assimilation.html

Journaling is required for the weeks that you are in clinical practice. Journaling is also required for the 8 hours of medical-surgical attendance during the course. For those requirements, students need to journal on his or her experience. Journaling points will be awarded for each entry and response to classmates 50 points. **You have one week to journal those entries. 10 points will be taken off for each day that the entry is late.**

Journaling Requirements:

- What are the health disorders of your patient
- Describe the nutritional status of your patient
- Provide information in what you learned when performing a physical assessment
- Identify and safety concerns
- Identify the culture of the patient
- How did you incorporate the culture of the patient in meeting their individual needs
- Provide two goals for your patient
- How did you communicate with your patient and others in the health care team
- Patient teaching needs identified/carried out
- What critical thinking skills did you use
- Strengths
- Weaknesses
- Areas to improve
- Any additional comments

Journaling Rubric:

50	25	0
1. Each objective is addressed 2. Complete accounts with specific information on all areas 3. Identifies activities that were performed 4. Relates clinical activities to course content	1. Half of the objectives are addressed 2. The journal entries are half complete 3. Did identify some activities performed or showed some new insight 4. Relates clinical activities at a minimal level	1. None of the objectives are addressed 2. The journal entries are half complete 3. The student did not identify activities and did not show new insight 4. The student did not relate clinical activities to course content

Journaling Rubric Response to classmates:

50	25	0
1. Responded to two classmates each week 2. Responses showed critical thinking, commenting on student's success and encouraging to overcome weaknesses 3. Offered insight on areas that the classmate may have questions on or added additional information	1. Did not meet all the criteria. Only responded to one classmate a week or met only 2 of the three criteria	1. No response or poor responses to the 3 criteria

Annotated Bibliography Rubric (clinical)

Criteria	Points Possible	Points Possible	Points Possible	Points Given	Comments
1. Choose a nursing/health article that relates to the disease process or health of your patient- 2. Write an annotated bibliography in proper format 3. Submit the article	Did not submit the article 5 The annotated bibliography has more than 3 mistakes	Did not submit the article 10 The annotated bibliography has less than 3 mistakes	Submitted the article 20 The annotated bibliography has no mistakes		
4. What is the evidenced based practice that you identified	No evidence 0	No evidence 0	Evidence Identified 20		
5. How will you as a nursing student use the information in the article to provide optimal health to your patient in relation to his or her individual needs, safety needs and cultural preferences	1 example given 5	2 examples given 10	3 examples given 20		
6. What obstacles do you foresee in carrying out the information used in the article	1 examples given 5	2 examples given 10	3 examples given 20		
APA format: Annotated bibliography in right format, no spelling errors, no grammatical errors	More than 3 APA errors 5	Less than 3 APA errors 10	APA format met 20		Plagiarism is a serious offense, can result in failure of the course.
Total				Your score = /100	Score Percent

Clinical class-
Care Plan and Clinical Evaluation Tool

Criteria	**Date**	**Date**	**Date**
Appropriate & Completed Care Plan: Identification, Developmental Stage, Health State, Sociocultural Orientation USCR's	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**
Appropriate & Completed Care Plan: Health care systems management	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**
Appropriate & Completed Care Plan: Concept mapping	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**
Appropriate & Completed Care Plan: Medications	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**
Appropriate & Completed Care Plan: labs	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**
Appropriate & Completed Care Plan: Oxygenation, circulation, temperature regulation, hygiene, elimination and nutrition	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**
Appropriate & Completed Care Plan: Rest, activity and sleep, social interactions, sense of normalcy, sensory alterations, safety and other	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**
Appropriate & Completed Care Plan: Nursing Diagnosis, Nursing care plan	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**
Communication Skills	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**
Cultural Sensitivity Identifying the culture of the patient	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**
Professional Attire	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**
Professional Attitude	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**
Patient and Staff Safety	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**
Report to Instructor and Staff Nurse	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**
Attendance	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**

Point Earned_____
40-48 =A
31-40= B
24-30= C

Lac Courte Oreilles Ojibwa Community College
Associate of Applied Science in Nursing Program

Clinical Outcomes Portfolio

Date:

Student

Name:_____

INSTRUCTIONS

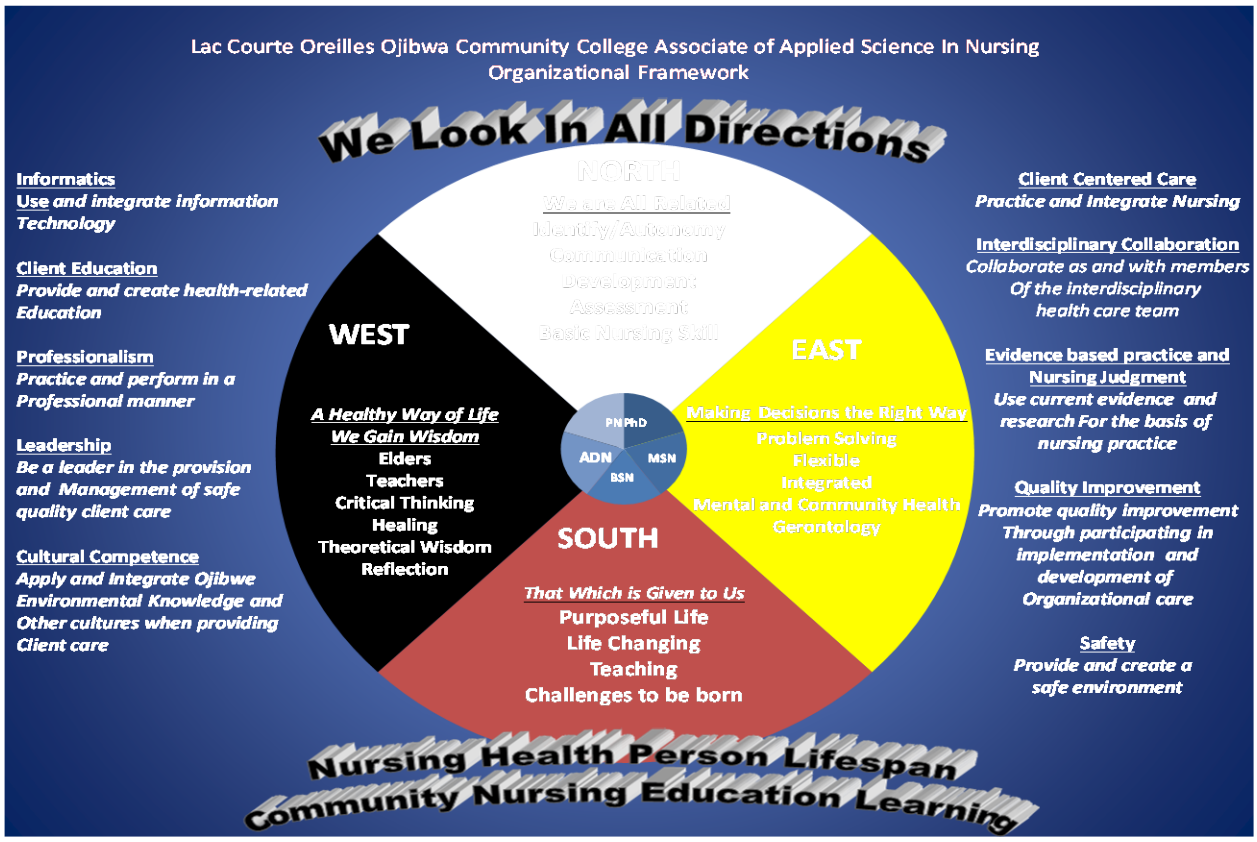
Your clinical portfolio is a collection of your completed assignments that provide evidence that you have successfully accomplished the course learner outcomes for (Course Name)

The students' responsibilities include:

1. Completing the listed assignments successfully.
2. Inserting the final assignments in the portfolio.
3. Maintaining the portfolio throughout the program.

Please put a sample of each of the assignments into your Clinical Portfolio. Your portfolio will be collected one week prior to your midterm evaluation and again one week prior to your final evaluation. You are expected to have your clinical portfolio with you at clinicals on a weekly basis. Your clinical instructor will ask to see your portfolio throughout the semester. If you do not have your portfolio with you, or if your clinical portfolio is not up to date, you will receive an anecdotal note which will remain in your file until graduation from the program

The Outcomes for this clinical course are listed on the following pages with the Competencies listed under EACH outcome. You must receive a "S" under **EACH** competency to pass this clinical course. The tools for measuring the outcomes are listed in the right hand column. Some of the tools used are graded by a rubric and not a written assignment.


Lac Courte Oreilles Ojibwa Community College Associate of Applied Science In Nursing
Organizational Framework
We Look In All Directions
Informatics
Use and integrate information Technology
Client Education
Provide and create health-related Education
Professionalism
Practice and perform in a Professional manner
Leadership
Be a leader in the provision and Management of safe quality client care
Cultural Competence
Apply and Integrate Ojibwe Environmental Knowledge and Other cultures when providing Client care
NORTH
We are All Related
Identity/Autonomy
Communication
Development
Assessment
Basic Nursing Skill
WEST
A Healthy Way of Life
We Gain Wisdom
Elders
Teachers
Critical Thinking
Healing
Theoretical Wisdom
Reflection
EAST
Making Decisions the Right Way
Problem Solving
Flexible
Integrated
Mental and Community Health
Gerontology
SOUTH
That Which is Given to Us
Purposeful Life
Life Changing
Teaching
Challenges to be born
PN PhD
ADN
MSN
BSN
Client Centered Care
Practice and Integrate Nursing
Interdisciplinary Collaboration
Collaborate as and with members Of the interdisciplinary health care team
Evidence based practice and Nursing Judgment
Use current evidence and research For the basis of nursing practice
Quality Improvement
Promote quality improvement Through participating in implementation and development of Organizational care
Safety
Provide and create a safe environment
Nursing Health Person Lifespan
Community Nursing Education Learning

Program Student Learner Outcomes
from the National League for Nursing (NLN) Outcomes and Competencies Book (2010)
and from the Quality Safety Education in Nursing (QSEN.org website)

Program Outcome	Program Outcome Definition	Program Outcome Competency
Client Centered-care	The provision of caring and compassionate, culturally sensitive care that is based on a client's physiological, psychological, sociological, spiritual, and cultural needs, preferences, and values. Clients are defined as individuals and families. Advocate for patients and families in ways that promote their self-determination, integrity, and ongoing growth as human beings.	Practice nursing that is client centered, caring, culturally sensitive and based on the physiological, psychosocial and spiritual needs of clients.
Interdisciplinary Collaboration	The student will function effectively within nursing and inter-professional teams, fostering open communication, mutual respect, and shared decision-making to achieve quality patient care. The delivery of client care, in partnership with multidisciplinary members of the health care team, to achieve continuity of care and positive client outcomes.	Collaborate as a member of the health care team to promote continuity of client care.
Evidenced Based Practice and Nursing Judgment	Integrate best current evidence with clinical expertise and patient/family preferences and values for delivery of optimal health care. Students will use current knowledge from research and other credible sources, upon which clinical judgment and client care are based. Students Make judgments in practice, substantiated with evidence, that integrate nursing science in the provision of safe, quality care and that promote the health of patients within a family and community context.	Use current evidence from scientific and other credible sources as a basis for nursing practice and clinical judgment.
Quality Improvement	The study of care and organizational processes with the goal of developing and	Promote quality improvement by participating in the implementation of care-related plans to improve health

	implementing a plan to improve health care services and better meet the needs of clients. Examine the evidence that underlies clinical nursing practice to challenge the status quo, question underlying assumptions, and use improvement methods to design and test changes to improve the quality of care and safety for patients, families, and communities.	care services
Safety	The minimization of risk factors that could cause injury or harm while promoting quality care and maintaining a secure environment for clients, self, and others.	Provide a safe environment for clients, self and others.
Informatics	The use of information technology as a communication and information gathering tool that supports clinical decision making and scientifically based nursing practice.	Use information technology in the provision of client care.
Client Education	The provision of health-related education to clients that will facilitate their acquisition of new knowledge and skills, adoption of new behaviors, and modification of attitudes.	Provide health-related education to restore health and promote optimal wellness.
Professionalism	The accountable and responsible behavior of the nurse that incorporates legal and ethical principles and complies with standards of nursing practice. Implement one's role as a nurse in ways that reflect integrity, responsibility, ethical practices, and an evolving identity as a nurse committed to evidence-based practice, caring, advocacy, and safe, quality care for diverse patients within a family and community context.	Practice nursing in a professional, ethical, and legal manner.
Leadership	The process by which nurses use a set of skills that directs and influences others in the provision of individualized, safe, quality client care. Leadership activities	Use leadership skills in the provision of safe, quality client care

	include delegation and supervision.	
Cultural Competence	The process in which nurses understand Ojibwe Environmental Knowledge and knowledge of other cultures as the culture relates to the impact of client care. Nurses gains the ability to interact effectively with people of different cultures. Culture represents a client's values, norms, and traditions that affect how individuals of a particular group perceive, think, interact, behave, and make judgments about their concepts of healthcare. Culture is a pattern of behavior including; thought, communication, attitude, well being, ways of interacting, roles and relationships, and expected behaviors, beliefs, values, practices and customs.	Apply Ojibwe Environmental Knowledge and other cultures when providing patient care

Lac Courte Oreilles Ojibwa Community College

Course Title: **Pharmacology for Nurses and Allied Health Professionals**

Course Number: **NSG/HTH 219**

Credits: **4**

Class Time:

Instructor:

Contact:

Office Hours:

Total Credit/Contact Hours: 3.00

Theory Credit/Contact Hours: 2.00 (48 hours of theory lecture)-first 8 weeks

Lab credits/Contact Hours 1.00 (32 hours of lab) first 8 weeks

Clinical Credit/Contact Hours: 1.00 (48 hours of clinical) last 8 weeks

Students must pass the theory and lab portion before entering the clinical portion of this course. The theory and lab component runs the first 8 weeks of class.

Students should expect to spend about three hours studying or on task for class assignments for each credit of the course. For a three credit course, this means about nine hours of work outside of class!

Course Description: This course provides the nursing student and the allied health student with a pathophysiologic approach to pharmacology. This course addresses the history of pharmacology, drug class and schedules, administration, pharmokinetics and pharmodynamics and pharmacology math. The nursing process of pharmacology and the effects of medication on people throughout the life span are outlined. The effects of pharmacotherapy in relation to psychosocial, gender and cultural influences will be discussed. This course identifies each body system and medications related to maintaining homeostasis.

Prerequisite: Admission to the nursing program.

Textbooks: pending we are looking into changing these, there will be a math text and pharmacology text.

Ojibwe Culture & Tradition:

The Mission Statement of LCOOCC reads, in part:

> "The Lac Courte Oreilles Ojibwe Community College mission is to provide
>
> Anishinaabe communities with post-secondary and continuing education while advancing the language, culture, and history of the Ojibwe."

In order adhere to the college's mission statement, this course will incorporate Ojibwe language, culture and tradition into class activities wherever possible. Specific activities relating to Ojibwe culture and tradition have been included in the class schedule.

Gimaamawi-nandagikenjigemin – We Are All Learning Together
and
Gikinoo'amaagan odanokiiwin (student work):

As part of the college's continuing efforts to improve student learning, LCOOCC is participating in a four year *Academy for Assessment of Student Learning* under the direction of our accrediting institution, the Higher Learning Commission. The name we have given to the college's institute-wide assessment project is **Gimaamawi-nandagikenjigemin – We Are All Learning Together.**

A course-specific *Student Learning Project* which incorporates Ojibwe knowledge and values and supports the college's Mission Statement will be embedded in all courses and syllabi. These student learning projects are named **Gikinoo'amaagan odanokiiwin - student work.** In order to incorporate the concept of **Gimaamawi-nandagikenjigemin**, Nature Trail project and Identification, Definition and Use of Traditional Ojibwe plants. An interactive field trip reflect paper, and power point presentation for this class was designed to meet the criteria of **Gikinoo'amaagan odanokiiwin.** The field trip to identifying, discussing the use of Ojibwe plants on the campus. A paper reflecting on what the student learned during the filed trip. A power point presentation on the identification, medicinal purposes and interactions of 20 Ojibwe plants.

The Field Trip assesses students':

1. Creation of a project that integrates both course-specific content and Ojibwe cultural knowledge by Providing visual learning of medicinal plants and the proper way to collect and use the plants found on the trip Creation of a project that integrates both course-specific content and Ojibwe cultural knowledge
2. Ability to locate, gather, and synthesize information.

The Reflective Paper of the Field Trip assesses students'

1. Creation of a project that integrates both course-specific content and Ojibwe cultural knowledge by allowing students to reflect upon what they saw during the field trip of visualizing and discussing Ojibwe medicinal plants
2. Ability to express themselves clearly and correctly in writing
3. Ability to locate, gather, and synthesize information.

The Power Point Presentation assesses students'

1. Creation of a project that integrates both course-specific content and Ojibwe cultural knowledge by allowing students to reflect upon what they saw during the field trip of visualizing and discussing Ojibwe medicinal plants and placing this information of 20 plants in a comprehensive power point presentation reviewing the identification, use, and side effects or drug interactions of Ojibwe medicinal plants
2. Ability to express themselves clearly and correctly in writing
3. Ability to locate, gather, and synthesize information.

Course Objectives:

1. Apply principles of pharmacology, pharmacokinetics, and pharmacodynamics to medication therapy.

2. Recognize the major classifications of medications, common medications within each classification, their side effects, and contraindications.

3. Discuss nursing implications and concepts of safety when performing medication administration.

4. Understand the legal and ethical implications/aspects of medication administration.

5. Implement pharmacology math in drug calculations

6. Ojibwe Enviornmental Knowledge in pharmacological and traditional medicines

Content Units:

Introduction to Major Drug Classifications

Unit Objectives:

1. Discuss the purpose for placing drugs within major classifications.

2. Identify common therapeutic drug classifications.

3. Explain the terms and drug actions, side effects, and nursing implications.

Content Topics:

Principles of Pharmacology

Unit Objectives:

1. Identify groups of occupations/professions in which knowledge of pharmacology is important.

2. Describe the role of the United States Food and Drug Administration in determining the safety of drugs for use by the population.

3. Define common terminology used in describing drug properties.

4. Describe common terminology used for medication administration.

5. Differentiate between the terms pharmacology, pharmacokinetics, and pharmacodynamics.

6. Identify measures that support safe medication administration.

7. Discuss legal/ethical issues related to medication administration.

Content Topics:

Major Classifications

Unit Objectives:

1. Identify common drugs within the following classifications.

2. Describe the uses, actions, side effects, contraindications, nursing implications, and patient education needs of selected prototype drugs.

Content Topics:

a. Antiinfectives

b. Analgesics

c. Cardiovascular

d. Renal

e. Anti-inflammatory

f. Neurologic

g. Respiratory

h. Blood expanders and derivatives

i. Endocrine

j. Gastrointestinal

k. Hormones and reproduction

l. Antineoplastic

m. Homeopathic and herbal preparations

Pharmacology Math

Unit Objectives:
1. Review basic math sets addition, subtraction, multiplication leading into fractions, decimals, percents

2. Calculate adult and pediatric medication using ratio and proportion, the metric system, and body weight

3. Calculate complex problems for oral, parental, intravenous and topical medications

Content Topics:
Pharmacology Math

Ojibwe Enviornmental Knowledge in pharmacological and traditional medicines

Unit Objectives:
1. Define traditional Ojibwe medicinal plants and their use

2. Identify traditional Ojibwe medicinal plants and their use

3. Discuss traditional Ojibwe medicinical plants, and interactions with modern medicine

4. Demonstrate understanding of traditional Ojibwe medicinal plants

5. Define non-pharmacological interventions

6. Discuss traditional medicine of other cultures

7. Demonstrate understanding of traditional medicine of other cultures

Course Method of Evaluation

1. Tests on each unit of study, case studies correlating with unit testing, cumulative passing grade of 78% on all tests/case studies
2. Written projects Nature Trail, reflective piece and Ojibwe plants project
3. Final and final proctored ATI exams used for student knowledge and course objective assessments
4. Participation to include ATI testing, punctuality, attending classes, assignments on time, being positive in the classroom and/or clinical setting, and offering insight during class participation

General Education Outcomes:

Ability to express themselves clearly and correctly in writing

Ability to locate, gather, and synthesize information.

Program Outcomes:

Client Centered-centered care
Interdisciplinary collaboration
Evidence based practice and
Nursing Judgment
Quality improvement
Safety
Client education

Theory Grading Criteria:

Component	Weight		Percent	Grade
Tests & pop quizzes	30%		93-100%	A
Assignments	20%		85-92%	B
Ob PPP/Pediatric PPP	25%		78-84%	C
Final	15%		60-77%	D
Participation and Attendance ATI testing	10%		<60%	F

Skills Lab Grading Criteria:

Component	Weight		Percent	Grade
Class Participation	5%		93-100%	A
History and Physical of an OB patient	30%		85-92%	B
History and Physical of a Pediatric patient	30%		78-84%	C
Final Head to toe assessment	35%		60-77%	D
Total	100%		<60%	F

Clinical Grading Criteria:

Component	Weight		Percent	Grade
Care plans	30%		93-100%	A
Reflective Journal	30%		85-92%	B
Annotated Bibliography	20%		78-84%	C
Clinical Evaluation Tool	20%		60-77%	D
Total	100%		<60%	F

ANY GRADE BELOW 78% IS CONSIDERED A FAILURE OF THE COURSE

Students must have a 78% or better to pass this course and proceed with the other nursing courses. An average of tests and case studies MUST average 78%. Grades will be rounded to the nearest 100th. (example: 77.5%=78%.)

The following grading system is used in evaluating students in the Associate Degree Nursing Program at LCOOCC (Nursing Courses)

A	**93 – 100%**
B	**85 – 92%**
C	**78 – 84%**

Any grade below 78% is considered failure of a nursing course.

D	**60-77%**
F	**below 60%**

Students must have a 78% or better to pass this course and proceed with the other nursing courses. An average of tests and case studies must average 78%. Grades will be rounded to the nearest 100th. 77.5% = 78%.

Computer Use: In order to use any of the computers on the campus, you must have filled out and submitted a Request For a Computer User Account. These forms are available from the receptionist as well as the Computer Department. **Allowing others to use your account is grounds for revocation!**

Academic Honesty Policy:

Plagiarism is a serious offense. If a student is caught plagiarizing the student receives an F for the grade on the paper and may be placed on academic probation or receive an F in the course. **Cheating is not allowed.** The work you submit must be your own work and not the work of others.

Paper Assignments: If assignments are required to be submitted electronically, they must be in Microsoft Word (doc) format or when required, Microsoft Excel format or Power point.

If for any reason you find yourself unable to continue attending this class, I strongly recommend that you stop at the Registrar's Office and fill out a Withdrawal Form. That way you do not jeopardize your GPA and future Financial Aid.

COURSE REQUIREMENTS

Assignments and Tests:

All tests and or case studies **must** be passed with an average of 78% or above. Test questions mirror the NCLEX multiple choice. Reading the assigned text, attending and participating in class, attending and participating in study groups, MyNursing lab, ATI, virtual tools located in textbooks in other nursing and science courses and reviewing library materials will prepare the student for each theory examination.

Assessment Technology Institute (ATI) offers a comprehensive assessment designed to increase the students' pass rates on the nursing licensing exam. ATI tools can help students prepare more efficiently as well as increase confidence and familiarity with content and testing. These tools include DVDs, web-based practice tests and books on specific content. These materials are required each semester at the expense of the student over their enrollment in the nursing program. ATI content is available to students for 4 years after graduation.

Each semester students are provided with codes for practice exams before the proctored exam is given. The practice exams may be taken multiple times and the student is encouraged to repeat the practice exams until a grade of 90% is obtained.

The practice and the proctored ATI exams grade will count for 10% for your final grade for each course. The grades for the ATI will be based on proficiency levels

Proficiency Level 3 –ATI grade 100%

Proficiency Level 2 –ATI grade 90%

Proficiency Level 1 - ATI grade 75%

Below Proficiency Level 1: ATI grade 60%

ATI TESTING: Students will take their assigned **ATI practice test** according to the guidelines in the syllabus for each course. Instructors will provide an ATI Proctored testing date and time. The dates of the exams will be listed in the course syllabus, tentatively the Proctored ATI testing will be held in the last week of the didactic course. All proctored exams are taken on line in one of the nursing classrooms they are timed tests, usually 1 minute per question. **The taking of the ATI practice and proctored exam is a part of the course requirements.**

Proctored exams may only be taken once and must be taken at the scheduled time. If the test is missed, students need to contact the instructor to re-schedule within 10 days or a result of zero occurs. ATI tests grades are not curved. ATI results for the proctored exam will be available when all of the students have completed the exam. Students will **not** discuss the exam with other students until the exam results have been posted.

Students need to follow test-taking rules as outlined in the syllabus, no calculator, no food or drink, no talking, work independently, scratch paper may be provided if needed. Once the exam is complete, please leave the room to allow for a quiet environment for other testers. If you are taking multiple exams that day, please be aware of other students taking their test.

Students in their last semester nursing courses will take an **RN Comprehensive Predictor ATI** test. Students must achieve a 75% or better. If a 75% is not achieved students will have to go through remediation to achieve that 75% or above by the end of their NSG 214 Internship course. If that grade of 75% is not achieved, the student will not pass NSG 214.

Dosage calculation testing will be required in NSG 100-01, NSG 219, and NSG 204

If you have a documented disability affecting your ability to sit for the test, please see your instructor in the first week of class.

REMEDIATION:
The re-take of the proctored ATI test is required for any student who received a Below level score. The student is responsible to develop a plan to complete a focused review and should meet with their instructor to discuss the plan. In developing this plan the student should reflect and consider possible reasons for the low score and methods to improve study habits, test taking strategies, time management and retention of knowledge. The remediation template which is outlined in the ATI website under your results tab allows you to focus on areas of deficiency. To access this remediation plan, click on the proctored assessment and click on build under your results tab. A personalized plan will be built by the ATI system for you. You must follow the remediation plan and a proctored re-take of the examination must be completed by the end of the semester. You must work with your Instructor to set-up the date and time. Your instructor will be following your remediation work in ATI.

ATI testing fees: ATI testing fees will be charged each semester. ATI services will be available to you four 4 years. You will be able to use this service after graduation. Fees will be discussed during orientation.

ATI testing offers insight into areas in which you may need assistance. This useful tool will guide through these areas. Use this sight to assist in coursework and in passing your boards.

ATI testing fees: ATI testing fees will be charged each semester. ATI services will be available to you four(4 years). You will be able to use this service after graduation. Fees will be discussed during orientation.

ATTENDANCE:

Students are allowed to miss one (1) class time. As class material pertains to other courses, a student may be behind in those courses as well. Missing class does not provide a good learning environment for you as a student. It is YOUR responsibility to call the instructor PRIOR to class time and to meet with the instructor to make up assignments.

Outside of class study expectations:

For each hour of class time, expect 2 hours of study time outside of class or more depending on the assignments, learning styles and study habits.

Students will be allowed to go into the class room and practice outside of class hours.

ASSIGNMENTS & TESTs

Missing an exam should only occur in the event of **extreme circumstance.** If the student is going to miss an examination, the course instructor that is giving the exam must be personally notified prior to the exam or the right to make up the exam is forfeited. Make-up examinations will only be allowed for extenuating circumstances. Assignments must be handed in according to the instructor's deadline.

You are allowed to miss one test day for extreme circumstances (ie. Medical Emergency)

If you miss a test and you follow the procedure, you are allowed to take the test within 48 hours. Ten (10) points will be taken off the score for each day past 48 hours. Any make up exams maybe a different set of questions, but come from the same chapters. If you miss a test day the 2nd time, you will be given a zero score.

There will be POP Quizzes throughout this class

For assignments, assignments are due as outlined in the syllabus. **For each day the assignments is late, including weekends and holidays, ten (10) points will be taken off for each day the assignment is late.** Please see your instructor if you have any further questions. There will be no incompletes given in this course.

READING ASSIGNMENTS: You will be expected to complete assigned material **BEFORE** coming to class. You will be held accountable for the work and reading material, which is testable material.

SPECIAL NOTE REGARDING INCOMPLETES: There will be **NO** incomplete grades issued for this course. If exceptional circumstances occur which prevent you from completing all of the course requirements your grade will be determined on the basis of whatever attendance and evaluation data that you have generated in the time that you did attend. It may be necessary to repeat the course if you're output is below the passing requirements.

If you are having trouble keeping up with homework, reading, or understanding course content, please inform the instructor and make an appointment with student support services **as soon as you realize you are having trouble**. We can help you with time management, study skills, and more.

Please inform the instructor if you have a disability (physical, learning, etc.) that will interfere with successful completion of this course.

Classroom Conduct: Students enrolled in NSG 100 must assume responsibility for their

OWN behavior. This includes professional conduct of the instructor and other classmates by adhering to the classroom conduct policy.

The student has the responsibility to review material presented in prerequisite courses if necessary to enhance the understanding of this course. Students are responsible for required reading, use of mynursing lab, ATI and any assignments. Attendance and active participation are expected.

Show Respect:

Listen when others are speaking

Be on time for class

Listen when others are speaking

Don't pick up your books or put on your coat until class is over

Your cell phone must be turned off. If your cell phone disrupts the class three times during the semester your will automatically receive a 30% reduction in your participation grade which will be compiled into your final grade

Listen when others are speaking

Professional Conduct: As outlined in the Lac Courte Oreilles Ojibwa College Associate of Applied Science in Nursing Student handbook and in the Lac Courte Oreilles Ojibwa Community college handbook, you are responsible to conduct yourself in a professional manner. You are to abide by the professional code of ethics Chapter N11 'rules of conduct" of the Wisconsin Administrative Code-Rules of Board of Nursing identify desirable conduct for nurses. The program outcomes in the nursing program are to; lead in a professional manner based on the standards of nursing practice, communicate in a professional manner and demonstrate accountability and responsibility. **Students enrolled in any NSG course must assume responsibility for their own behavior. This includes professional conduct towards the instructor and other classmates by adhering to the LCO Student Handbook and the Nursing Student Handbook.**

Assignments include writing out medications. This will assist you in remembering the medications and studying for the tests. You may do this on note cards or in a notebook or type them out. Whatever works for you!!!

An individual assignment of identifying 10 Ojibwa plants, the reason for their use and the body system addressed. Worth 100 points

Rubric for Identifying 10 plants:

Content	Points
Name of 10 plants.	10 points (1 point for each plant) Example: Cedar
Description of the plant. Cite your sources	10 points (1 point for each plant) Example: A medium sized tree that grows slowly. It is in leaf all year. In September the seeds ripen. Needles have blunt tips that are often notched at the ends. They are blue green with a single white band on the top and two beneath. The needles tend to turn upwards.
What part of plant is used for what purpose? Cite your sources	25 points (2.5 points for each plant) Example: Cedar The bark and pitch preparations were used to heal wounds and assist with respiratory ailments. A poultice of leaves has been used to treat chest ailments and fever.

What type of ailments could this plant be used for/which body system does the plant aide in healing? Cite your sources	20 points (2 points for each plant) Example: Respiratory problems-the respiratory system Fever-the immune system Wounds-the integumentary system
APA format You could place this project in a booklet format or in a powerpoint presentation. I will be checking for correct spelling/grammar. This assignment is to assist you in looking up different plants and understanding what each plant is used for. Have fun	10 points
Total	75 pts

Rubric for Reflective Piece (Field Trip)

Content	Points
Identify 3 plants on the trip	6 (2 points each plant)
What do the plants look like **(In your own words)**	6 (2 points each plant)
What are the plants used for **(What we discussed on the trip)**	6 (2 points each plant)
What did you learn/What else did you see on the trip? Any other plant life or animals.	2 points
Total	20 points

Final Examination

In order to receive credit for the final grade, exams **must** be taken on the designated day during the assigned times and dates for mid-term and the final examination.

Tentative Timeline		
Week	Chapters to Read	Assignments/Tests
Week 1 Monday August 29	**Adams and Holland** **Pharmacology for Nurses** **Unit 1** **Core Concepts in Pharmacology** **Chapter 1** Introduction to Pharmacology: Drug Regulation and Approval pgs 2-10 **Chapter 2** Drug Classes and Schedules pgs 11-16 **Chapter 3** Principles of Drug Administration pgs 17-35 **Chapter 4** Pharmacokinetics pgs 36-44 **Chapter 5** Pharmacodynamics pgs 46-50 ********** **Giangrasso & Shrimpton** Ratio and Proportion Dosage Calculations **Review Chapters 1, 2, and 5** **Chapter 3** Ratio and Proportion	

	pgs 73-102 **Chapter 4** The metric and household systems pgs 106-119 **Chapter 6** Oral Medication Doses Pgs 146-164 **Chapter 7** Syringes Pgs 185-210 **Chapter 8** Solutions pgs 224-242 **Chapter 9** Parenteral Medications pgs 249-266 **Chapter 10** Flow rates and Durations of Enteral and Intravenous Infusions pgs 280- 305 **Chapter 12** Calculating Pediatric Dosages pgs 342-356	
Tuesday August 30	Continue to review pharmacology math	
Week 2 Tuesday September 6	**Adams and Holland** **Unit 2** Pharmacology and the Nurse-Patient Relationship Chapter 6 The nursing process in pharmacology pgs 54-62 Chapter 7 Drug administration throughout the lifespan pgs 63-74 Chapter 8 Psychosocial, Gender and Cultural influences on pharmacotherapy pgs 76-83	Test on pharmacology math and Chapters 1-5

	Chapter 9 Medications Errors and Risk Reduction pgs 84-93 Chapter 10 Herbal and Alternative Therapy 94-102 Chapter 11 Substance Abuse pgs 95-103 Chapter 12 Emergency preparedness and Poisonings pgs 104-115	
Week 3 Monday September 12	**Unit 3** The Nervous System **Chapter 13** Drugs Affecting the Autonomic Nervous System pgs 126-148 **Chapter 14** Drugs for Anxiety and Insomnia pgs 149- 164 **Chapter 15** Drugs for Seizures pgs 165-180 **Chapter 16** Drugs for Emotional and Mood Disorders pgs 181-202 **Chapter 17** Drugs for Psychosis pgs 203-217 **Chapter 18** Drugs for the Control of Pain pgs 218-237 **Chapter 19** Drugs for local and general anesthesia pgs 239- 254 **Chapter 20** Drugs for Degenerative diseases of the nervous system pgs 255-269 **Chapter 21** Drugs for neuromuscular	Test on Chapters 6-12 Pharmacology and the Nurse-Patient Relationship

	disorders pgs 270- 281	
Tuesday September 13	Nature Trail	Nature Trail
Week 4 Monday September 19	**Unit 4** The Cardiovascular and Urinary System **Chapter 22** Drugs for Lipid Disorders pgs 282-295 **Chapter 23** Drugs for Hypertension pgs 296- 323 **Chapter 24** Drugs for Heart Failure **Chapter 25** Drugs for Angina Pectoris and Myocardial Infarction pgs 338- 353 **Chapter 26** Drugs for Dysrhythmias pgs 354-368 **Chapter 27** Drugs for Coagulation Disorders pgs 369-388 **Chapter 28** Drugs for Hematopoietic Disorders pgs 389-404 **Chapter 29** Drugs for Shock Pgs 405-416 **Chapter 30** Diuretic Therapy and Drugs for Renal Failure pgs 417-429 **Chapter 31** Drugs for fluid balance, electrolyte and acid-base disorders pgs 430-444	Test on Chapters 13-21 The Nervous System
Tuesday September 20	**Continue with Unit 4**	Mid-Term Chapters 1-21

Week 5 Monday September 26	**Unit 5** The immune system **Chapter 32** Drugs for the Immune System pgs 446- 463 **Chapter 33** Drugs for inflammation and fever pgs 464-478 **Chapter 34** Drugs for bacterial infections pgs 478-505 **Chapter 35** Drugs for fungal, protozoan, and helminthic infections pgs 506-525 **Chapter 36** Drugs for viral infections pgs 526-546 **Chapter 37** Drugs for neoplasms pgs 547-570	Test on Chapters 22-31 The Cardiovascular and Urinary System
Tuesday September 27	**Continue Unit 5**	
Week 6 Monday October 3	**Unit 6** The Respiratory System **Chapter 38** Drugs for allergic rhinitis and the common cold pgs 572-588 **Chapter 39** Drugs for Asthma and other pulmonary disorders pgs 589-604	Test on Chapter 32-37 The Immune System Nature Trail reflective piece due
Tuesday October 4	**Unit 7**	Test on Chapter 38 & 39

	The Gastrointestinal System **Chapter 40** Drugs for Peptic Ulcer disease pgs 606-618 **Chapter 41** Drugs for bowel disorders and other gastrointestinal conditions pgs 619-637 **Chapter 42** Drugs for nutritional disorders	
Week 7 Monday October 10	**Unit 8** The Endocrine System **Chapter 43** Drugs for Pituitary, Thyroid and Adrenal disorders pgs 656-676 **Chapter 44** Drugs for Diabetes Mellitus pgs 678-693 **Chapter 45** Drugs for Disorders and Conditions of the Female Reproductive System pgs 694-714 **Chapter 46** Drugs for Disorders and Conditions of the Male Reproductive System pgs 715-729	Test on Chapters 40-42 The Gastrointestinal System
Tuesday October 11	**Unit 9** The Integumentary System and Eyes/Ears **Chapter 47** Drugs for Bone and Joint disorders pgs 730-748 **Chapter 48** Drugs for Skin disorders pgs 749-765	Test on Chapters 43-46 Endocrine System Disorders

	Chapter 49 Drugs for eye and ear disorders pgs 766-778	
Week 8 Monday October 17	Review for final	
Tuesday October 18	FINAL	Nature Trail Project Due FINAL
SUBJECT TO CHANGE		

Lac Courte Oreilles Ojibwe Community College

Syllabus

Spring

Course Title: Gerontological Nursing theory and clinical

Course Number:

Credits:

Class Times:

Instructor:

Office Hours:

Course Information:

Total Credit/Contact Hours: 3.00

Theory Credit/Contact Hours: 2.00 (32 hours of theory lecture)-first 8 weeks

Clinical Credit/Contact Hours: 1.00 (48 hours of clinical practice)-last 8 weeks

Students must pass the theory and lab portion before entering the clinical portion of this course. The theory and lab component runs the first 8 weeks of class.

Students should expect to spend about three hours studying or on task for class assignments for each credit of the course. For a three credit course, this means about nine hours of work outside of class!

Course Description:

This course provides an introduction to the care of older adults while focusing on their unique physiological and psychosocial needs. Emphasis is placed on promoting healthy aging and retaining functional ability within a home or residential environment. Common health alterations of the older adult as well as safety and end-of-life care are introduced.

Textbook(s): **We are working on a text-Pam has one in mind**

The Mission Statement of LCOOCC reads, in part:

> "The Lac Courte Oreilles Ojibwe Community College mission is to provide
>
> Anishinaabe communities with post-secondary and continuing education while advancing the language, culture, and history of the Ojibwe."

In order adhere to the college's mission statement, this course will incorporate Ojibwe language, culture and tradition into class activities wherever possible. Specific activities relating to Ojibwe culture and tradition have been included in the class schedule.

Gimaamawi-nandagikenjigemin – We Are All Learning Together
and
Gikinoo'amaagan odanokiiwin (student work):

As part of the college's continuing efforts to improve student learning, LCOOCC is participating in a four year *Academy for Assessment of Student Learning* under the direction of our accrediting institution, the Higher Learning Commission. The name we have given to the college's institute-wide assessment project is **Gimaamawi-nandagikenjigemin – We Are All Learning Together.**

A course-specific *Student Learning Project* which incorporates Ojibwe knowledge and values and supports the college's Mission Statement will be embedded in all courses and syllabi. These student learning projects are named **Gikinoo'amaagan odanokiiwin - student work.** In order to incorporate the concept of **Gimaamawi-nandagikenjigemin**, Ojibwe Traditional Values project was designed to meet the criteria of **Gikinoo'amaagan odanokiiwin.** The paper identifies Ojibwe values and students incorporate those Traditional Ojibwe values into their daily life. In the clinical component, students use Ojibwe values that they identified and incorporate those values into client-centered care.

The Traditional Ojibwe Values paper and journaling requirements assesses students'

1. Creation of a project that integrates both course-specific content and Ojibwe cultural knowledge by allowing students Ability to express themselves clearly and correctly in writing
2. Ability to locate, gather, and synthesize information.
3. Ability to express themselves clearly and correctly in writing

Course Objectives:
1. Perform a health assessment that focuses on the needs of older adult clients and determines their functional status.

2. Develop an evidence based plan of care with assistance that demonstrates an appreciation of an older adult client's cultural, spiritual, and developmental variations, and includes recommendations for the adoption of health-promoting behaviors.

3. Participate as a member of the health care team and client advocate while providing quality care that promotes safety for older adults with common health alterations.

5. Apply knowledge of pharmacology, pathophysiology, and nutrition as well as established evidence based practice to the care of older adult clients with common health alterations.

6. Use verbal and nonverbal communication that promotes caring, therapeutic relationships with older adult clients and professional relationships with members of the health care team.

7. Use information technologies to access evidence based literature and client information as well as communicate with members of the health care team, accurately documenting client care in a secure and timely manner.

8. Identify health education and safety needs of older adult clients and their families and provide education in conjunction with members of the health care team.

11. Adhere to ethical, legal and professional standards while maintaining accountability and responsibility for the care provided to older adult clients.

12. Ojibwe Enviornmental Knowledge in relation to cultural expectations of elders and cultural knowledge of the older adult

Content Units:
Alterations in Fluid and Electrolytes

Unit Objectives:
1. Recognize alterations in the laboratory values of urine osmolarity, and serum sodium, potassium, chloride, calcium, and phosphorus.

2. Recognize clinical manifestations of fluid imbalances and alterations in sodium, potassium, chloride, calcium, and phosphorus

3. Apply knowledge of pathophysiologyphysiology when planning care for clients with alterations in fluid balance.

4. Apply knowledge of pathophysiologyphysiology when planning care for clients with alterations in sodium, potassium, chloride, calcium, and phosphorus.

5. Identify priority actions for clients with an alteration in fluid balance or sodium, potassium, chloride, calcium, and phosphorus.

Content Topics:

Alteration in Oxygenation

Unit Objectives:
1. Recognize components of an assessment that should be included when collecting data on older adults who have an alteration in oxygenation.

2. Apply knowledge of anatomy, physiology, pathophysiology, nutrition, and developmental variations when helping to plan care for older adults who have an alteration in oxygenation.

3. Identify priority actions for older adults who have an alteration in oxygenation.

4. Apply knowledge of the actions, potential side effects, and nursing implications when administering medications to older adults who have an alteration in oxygenation.

5. Recognize alterations in pulse oximetry and other laboratory values related to alterations in oxygenation.

6. Discuss the correct use and functioning of therapeutic devices that support oxygenation.

7. Describe the role of the nurse in providing quality care to older adults who have an alteration in oxygenation.

8. Identify health care education and safety needs for older adults who have an alteration in oxygenation.

Content Topics:
a. Pathophysiology/ Infectious and inflammatory disorders (bronchitis, pneumonia, influenza, tuberculosis)

b.Pathophysiology/ Obstructive disorders (COPD – introduction)

c.Pharmacology/ Antibiotics (penicillins, cephalosporins, tetracyclines, macrolides, flouroquinolones, monobactams)

d.Pharmacology/ Antimycobacterials

e. Pharmacology/ Bronchodilators

f. Pharmacology/ Expectorants and mucolytics

g. Pharmacology/ Adult immunizations

h. Nutrition/ Diets for clients with dyspnea (high calorie, high protein diet, soft diet; small frequent meals)

i. Nutrition/ Nutritional supplements

Alterations in Cardiac Output and Tissue Perfusion

Unit Objectives:
1. Recognize components of a focused assessment that should be included when collecting data on older adults who have an alteration in cardiac output and tissue perfusion.

2. Apply knowledge of anatomy, physiology, pathophysiology, nutrition, and developmental variations when helping to plan care for older adults who have an alteration in cardiac output and tissue perfusion.

3. Identify priority actions for older adults who have an alteration in cardiac output and tissue perfusion.

4. Apply knowledge of the actions, potential side effects, and nursing implications when administering medications to older adults who have an alteration in cardiac output and tissue perfusion.

5. Recognize alterations in pulse oximetry and other laboratory values related to alterations in cardiac output and tissue perfusion.

6. Discuss the correct use and functioning of therapeutic devices that support cardiac output and tissue perfusion.

7. Describe the role of the nurse in providing quality care to older adults who have an alteration in cardiac output and tissue perfusion.

8. Identify health care education and safety needs for older adults who have an alteration in cardiac output and tissue perfusion.

Content Topics:
a. Pathophysiology/ Increased arterial pressure disorders (hypertension)

b. Pathophysiology/ Peripheral vascular disorders (venous stasis, emboli, aneurysms)

c. Pathophysiology/ Decreased cardiac output disorders (heart failure – Intro)

d. Pharmacology/ Diuretics (thiazide, loop, potassium-sparing)

e. Pharmacology/ Renin-angiotension-aldosterone system inhibitors (beta blockers, calcium channel blockers, ACE inhibitors, ARBs)

f. Pharmacology/ Cardiac glycosides

g. Nutrition/ Low-fat, low-salt, calorie appropriate diet

h. Nutrition/ Dietary Approaches to Stop Hypertension (DASH) diet

i. Nutrition/ Potassium supplements

Alterations in Regulation and Metabolism

Unit Objectives:
1. Recognize components of a focused assessment that should be included when collecting data on older adults who have an alteration in regulation and metabolism.

2. Apply knowledge of anatomy, physiology, pathophysiology, nutrition, and developmental variations when helping to plan care for older adults who have an alteration in metabolism.

3. Identify priority actions for older adults who have an alteration in regulation and metabolism.

4. Apply knowledge of the actions, potential side effects, and nursing implications when administering medications to older adults who have an alteration in regulation and metabolism.

5. Recognize alterations in pulse oximetry and other laboratory values related to alterations in regulation and metabolism.

6. Discuss the correct use and functioning of therapeutic devices that support regulation and metabolism.

7. Describe the role of the nurse in providing quality care to older adults who have an alteration in regulation and metabolism.

8. Identify health care education and safety needs for older adults who have an alteration in regulation and metabolism.

Content Topics:
a. Pathophysiology/ Endocrine/exocrine disorders (diabetes mellitus)

b. Pharmacology/ Insulins

c. Pharmacology/ Oral hypoglycemics

d. Pharmacology/ Glucagon

e. Nutrition/ Consistent carbohydrate meal plan, carbohydrate counting

f. Nutrition/ Exchange list meal plans

g. Nutrition/ Sweeteners

Alterations in Cognition and Sensation

Unit Objectives:
1. Recognize components of a focused assessment that should be included when collecting data on older adults who have an alteration in cognition and sensation.

2. Apply knowledge of anatomy, physiology, pathophysiology, nutrition, and developmental variations when helping to plan care for older adults who have an alteration in cognition and sensation.

3. Identify priority actions for older adults who have an alteration in cognition and sensation.

4. Apply knowledge of the actions, potential side effects, and nursing implications when administering medications to older adults who have an alteration in cognition and sensation.

5. Recognize alterations in pulse oximetry and other laboratory values related to alterations in cognition and sensation.

6. Discuss the correct use and functioning of therapeutic devices that support cognition and sensation.

7. Describe the role of the nurse in providing quality care to older adults who have an alteration in cognition and sensation.

8. Identify health care education and safety needs for older adults who have an alteration in cognition and sensation.

Content Topics:
a. Pathophysiology/ Ischemic disorders (TIA, cerebrovascular accident)

b. Pathophysiology/ Degenerative neurological disorders (Parkinson's disease, Alzheimer's disease, dementias).

c. Pathophysiology/ Vision related disorders (cataracts, glaucoma)

d. Pathophysiology/ Hearing related disorders (conductive hearing loss, sensorineural hearing loss)

e. Pharmacology/ Dopaminergics

f. Pharmacology/ Cholinesterase inhibitors

g. Pharmacology/ NMDA receptor antagonists

h. Pharmacology/ Topical agents for glaucoma (beta blockers, cholinergic agonists)

i. Pharmacology/ Carbonic anhydrase inhibitors

j. Nutrition/ Commercial thickeners

k. Nutrition/ Nutritional supplements and tube feedings

Alterations in Immunity

Unit Objectives:
1. Recognize components of a focused assessment that should be included when collecting data on older adults who have an alteration in immunity.

2. Apply knowledge of anatomy, physiology, pathophysiology, nutrition, and developmental variations when helping to plan care for older adults who have an alteration in immunity.

3. Identify priority actions for older adults who have an alteration in immunity.

4. Apply knowledge of the actions, potential side effects, and nursing implications when administering medications to older adults who have an alteration in immunity.

5. Recognize alterations in pulse oximetry and other laboratory values related to alterations in immunity.

6. Discuss the correct use and functioning of therapeutic devices that support immunity.

7. Describe the role of the nurse in providing quality care to older adults who have an alteration in immunity.

8. Identify health care education and safety needs for older adults who have an alteration in immunity.

Content Topics:
a. Pathophysiology/ Infectious and inflammatory disorders (rheumatoid arthritis, gout)

b. Pharmacology/ Nonsteroidal anti-inflammatory drugs (NSAIDs – first and second generation)

c. Pharmacology/ Disease modifying antirheumatic drugs (DMARDs – I, II, III, IV)

d. Pharmacology/ Antimetabolites (folic acid analogs)

e. Pharmacology/ Glucocorticoids

f. Pharmacology/ Colchicine

g. Pharmacology/ Antihyperuricemics

h. Nutrition/ Low purine diet

Alterations in Integument

Unit Objectives:
1. Recognize components of a focused assessment that should be included when collecting data on older adults who have an alteration in integument.

2. Apply knowledge of anatomy, physiology, pathophysiology, nutrition, and developmental variations when helping to plan care for older adults who have an alteration in integument.

3. Identify priority actions for older adults who have an alteration in integument.

4. Apply knowledge of the actions, potential side effects, and nursing implications when administering medications to older adults who have an alteration in integument.

5. Recognize alterations in pulse oximetry and other laboratory values related to alterations in integument.

6. Discuss the correct use and functioning of therapeutic devices that support integument.

7. Describe the role of the nurse in providing quality care to older adults who have an alteration in integument.

8. Identify health care education and safety needs for older adults who have an alteration in integument.

Content Topics:
a. Pathophysiology/ Infectious and inflammatory disorders (cellulitis, herpes zoster)

b. Pathophysiology/ Tissue injury disorders (pressure ulcers)

c. Pharmacology/ Antivirals

d. Pharmacology/ Antibiotics (carbapenems)

e. Pharmacology/ Enzymatic debriding agents

f. Nutrition/ High calorie, high protein diet

g. Nutrition/ Vitamin C and zinc supplements

h. Nutrition/ Nutritional supplements

Alterations in Mobility

Unit Objectives:
1. Recognize components of a focused assessment that should be included when collecting data on older adults who have an alteration in mobility.

2. Apply knowledge of anatomy, physiology, pathophysiology, nutrition, and developmental variations when helping to plan care for older adults who have an alteration in mobility.

3. Identify priority actions for older adults who have an alteration in mobility.

4. Apply knowledge of the actions, potential side effects, and nursing implications when administering medications to older adults who have an alteration in mobility.

5. Recognize alterations in pulse oximetry and other laboratory values related to alterations in mobility.

6. Discuss the correct use and functioning of therapeutic devices that support mobility.

7. Describe the role of the nurse in providing quality care to older adults who have an alteration in mobility.

8. Identify health care education and safety needs for older adults who have an alteration in mobility.

Content Topics:
a. Pathophysiology/ Degenerative musculoskeletal disorders (osteoporosis, osteoarthritis – introduction)

b. Pharmacology/ Antibiotics (monobactims)

c. Pharmacology/ Calcium salts

d. Pharmacology/ Selective estrogen receptor modifiers

e. Pharmacology/ Biophosphanates

f. Pharmacology/ Calcitonin-salmon

g. Nutrition/ Calcium supplements

h. Nutrition/ Lactase enzyme replacements

Alterations in Reproduction

Unit Objectives:
1. Recognize components of a focused assessment that should be included when collecting data on older adults who have an alteration in reproduction.

2. Apply knowledge of anatomy, physiology, pathophysiology, nutrition, and developmental variations when helping to plan care for older adults who have an alteration in reproduction.

3. Identify priority actions for older adults who have an alteration in reproduction.

4. Apply knowledge of the actions, potential side effects, and nursing implications when administering medications to older adults who have an alteration in reproduction.

5. Recognize alterations in pulse oximetry and other laboratory values related to alterations in reproduction.

6. Discuss the correct use and functioning of therapeutic devices that support reproduction.

7. Describe the role of the nurse in providing quality care to older adults who have an alteration in reproduction.

8. Identify health care education and safety needs for older adults who have an alteration in reproduction.

Content Topics:
a. Pathophysiology/ Impaired functioning/sexual (erectile dysfunction, decreased libido)

b. Pharmacology/ PDE5 inhibitors

c. Pharmacology/ Testosterone

d. Pharmacology/ Vaginal lubricants

Alterations in Ingestion, Digestion, Absorption, and Elimination

Unit Objectives:
1. Recognize components of a focused assessment that should be included when collecting data on older adults who have an alteration in ingestion, digestion, and absorption, and elimination.

2. Apply knowledge of anatomy, physiology, pathophysiology, nutrition, and developmental variations when helping to plan care for older adults who have an alteration in ingestion, digestion, absorption, and elimination.

3. Identify priority actions for older adults who have an alteration in ingestion, digestion, absorption, and elimination.

4. Apply knowledge of the actions, potential side effects, and nursing implications when administering medications to older adults who have an alteration in ingestion, digestion, absorption, and elimination.

5. Recognize alterations in pulse oximetry and other laboratory values related to alterations in ingestion, digestion, absorption, and elimination.

6. Discuss the correct use and functioning of therapeutic devices that support ingestion, digestion, absorption and elimination.

7. Describe the role of the nurse in providing quality care to older adults who have an alteration in ingestion, digestion, absorption, elimination.

8. Identify health care education and safety needs for older adults who have an alteration in ingestion, digestion, absorption, and elimination.

Content Topics:
a. Pathophysiology/ Impaired functioning/fbowel (constipation, fecal impactions)

b. Pathophysiology/ Impaired voluntary control/bowel (bowel incontinence)

c. Pharmacology/ Laxatives

d. Pharmacology/ Antidiarrheals

e. Nutrition/ High fiber diet

f. Nutrition/ Fiber supplements

Alterations in Excretion

Unit Objectives:
1. Recognize components of a focused assessment that should be included when collecting data on older adults who have an alteration in excretion.

2. Apply knowledge of anatomy, physiology, pathophysiology, nutrition, and developmental variations when helping to plan care for older adults who have an alteration in excretion.

3. Identify priority actions for older adults who have an alteration in excretion.

4. Apply knowledge of the actions, potential side effects, and nursing implications when administering medications to older adults who have an alteration in excretion.

5. Recognize alterations in pulse oximetry and other laboratory values related to alterations in excretion.

6. Discuss the correct use and functioning of therapeutic devices that support excretion.

7. Describe the role of the nurse in providing quality care to older adults who have an alteration in excretion.

8. Identify health care education and safety needs for older adults who have an alteration in excretion.

Content Topics:
a. Pathophysiology/ Infectious and inflammatory disorders (cystitis, urethritis)

b. Pathophysiology/ Impaired functioning/urinary (urinary retention)

c. Pathophysiology/ Impaired voluntary control/bladder (bladder incontinence)

d. Pharmacology/ Antibiotics (sulfonamides, trimethoprim)

e. Pharmacology/ Urinary tract antiseptics

f. Pharmacology/ Urinary tract analgesics

g. Pharmacology/ Anticholinergics (for overactive bladder)

h. Nutrition/ Avoidance of bladder irritants

i. Nutrition/ Cranberry juice

Physical and Psychosocial Variations of the Older Adult

Unit Objectives:
1. Discuss the demographic trends of American society and the implications this poses for the current health care system.

2. Review selected biological and psychosocial theories of aging.

3. Recall developmental tasks specific to older adults.

4. Describe common physiological changes that occur in older adults.

5. Describe common psychosocial changes and issues faced by older adults.

6. Discuss the concept of sexuality in regard to the older adult.

7. Address the importance of health promotion and maintenance in relation to facilitating healthy aging.

8. Review the considerations that should be made when administering medications to older adults.

9. Discuss the focus of a functional assessment and common tools that are used to measure a client's functional abilities.

10. Describe options older adults have for assistance with meeting housing and personal needs when functional deficits are present.

11. Determine the effect that social isolation and sensory deficits has on the incidence of sensory deprivation in older adults.

12. Apply knowledge of physiological, psychosocial, and developmental variations when planning care for older adults at risk for social isolation and sensory deprivation.

13. Incorporate Cultural preferences of the older adult

Content Topics:

Chronic Illness

Unit Objectives:
1. Ascertain the variables that have contributed to an increased incidence of chronic illness in older adults.

2. Discuss the impact chronic illness and an aging population has on the health care system.

3. Discuss the incidence of falls in older adults and measures that can be taken to prevent them.

4. Use a fall risk assessment tool to determine a client's risk for falls.

5. Discuss the legal and ethical use of restraints in clients who are at risk for falls.

6. Apply knowledge of physiological, psychosocial, and developmental variations when planning care for older adults who are at risk for falls.

Content Topics:

Environmental Safety

Unit Objectives:
1. Identify common safety hazards in the environment of older adults.

2. Recognize unsafe behaviors and alterations in health that contribute to an unsafe environment for older adults.

3. Discuss the incidence of falls in older adults and measures that can be taken to prevent them.

4. Use a fall risk assessment tool to determine a client's risk for falls.

5. Discuss the legal and ethical use of restraints in clients who are at risk for falls.

6. Apply knowledge of physiological, psychosocial, and developmental variations when planning care for older adults who are at risk for falls.

Content Topics:

End of Life Care

Unit Objectives:
1. Differentiate between the terms grief and bereavement and their relationship to loss.

2. Analyze selected grief theories and their application to clients and families experiencing a loss.

3. Compare and contrast the various types of grief.

4. Identify resources available for clients and families experiencing a loss.

5. Compare and contrast the philosophy and goals of palliative and hospice care.

6. Recognize common signs and symptoms of impending death.

7. Identify comfort measures that can be taken to minimize discomfort experienced during the dying process.

8. Explore the cultural and religious beliefs that impact the experience of dying and death by the client and family.

9. Apply knowledge of physiological, and psychosocial considerations when planning care for older adults and their families who are coping with the dying process.

Content Topics:

Emergency Preparedness

Unit Objectives:
1. Discuss issues related to an internal threat, natural disaster, or a mass casualty situation.

2. Review prepared security plans and chain of responsibility for emergency situations.

3. Relate the importance of knowing the location and purpose of the MSDS Manual.

4. Describe the RACE acronym and its use as a guide for action during a fire.

5. Define the term triage and its related steps.

6. Determine priorities when evacuating clients from a client care setting.

Clinical Objectives:
1A. Use the nursing process as a framework for providing nursing care/ Perform a focused assessment of clients.

1B. Use the nursing process as a framework for providing nursing care/ Contribute to the development of a plan of care based on data collected during a focused assessment.

1C. Use the nursing process as a framework for providing nursing care/ Select cultural and age-appropriate interventions for inclusion in the plan of care.

1D. Use the nursing process as a framework for providing nursing care/ Implement nursing care that is safe and based on the established plan of care.

1E. Use the nursing process as a framework for providing nursing care/ Use clinical judgment when providing client care and participating in the evaluation of client outcomes.

2A. Promote continuity of health care within the health care team and across various settings/ Participate as a member of the interdisciplinary health care team.

2B. Promote continuity of health care within the health care team and across various settings/ Communicate client-related information to designated team members in a timely manner.

2C. Promote continuity of health care within the health care team and across various settings/ Participate in the planning and reinforcement of health-related education.

2D. Promote continuity of health care within the health care team and across various settings/ Use information technology to document client information and communicate with members of the health care team.

3A. Use scientific principles and evidence-based practice as a foundation for nursing practice/ Apply knowledge of pathophysiology, pharmacology, and nutrition when providing client care.

3B. Use scientific principles and evidence-based practice as a foundation for nursing practice/ Use appropriate resources when determining best established practice for clients.

3C. Use scientific principles and evidence-based practice as a foundation for nursing practice/ Use scientific evidence as a basis for nursing practice.

4A. Provide high-quality nursing care in an environment that is safe for the client, self, and others/ Use communication techniques that facilitate the development of a caring nurse-client relationship.

4B. Provide high-quality nursing care in an environment that is safe for the client, self, and others/ Advocate for the client when health care or health related issues arise.

4C. Provide high-quality nursing care in an environment that is safe for the client, self, and others/ Identify client issues that affect quality of care and participate in activities that promote improvements.

4D. Provide high-quality nursing care in an environment that is safe for the client, self, and others/ Identify actual and potential environmental safety risks while providing a safe environment for the client, self, and others.

4E. Provide high-quality nursing care in an environment that is safe for the client, self, and others/ Use leadership skills to enhance efficient delivery of client care.

5A. Practice nursing in a professional, ethical, and legal manner/ Practice nursing in accordance with professional standards.

5B. Practice nursing in a professional, ethical, and legal manner/ Practice nursing in an ethical manner.

5C. Practice nursing in a professional, ethical, and legal manner/ Practice nursing within established legal parameters.

5D. Practice nursing in a professional, ethical, and legal manner/ Accept accountability and responsibility for client care provided.

General Education Outcomes:

Ability to express themselves clearly and correctly in writing

Ability to locate, gather, and synthesize information.

Program Outcomes:

Client Centered-centered care
Interdisciplinary collaboration
Evidence based practice and
Nursing Judgment
Quality improvement
Safety
Client education
Professionalism
Leadership
Cultural Competence

Course Method of Evaluation

1. Tests on each unit of study cumulative passing grade of a 78% or better
2. Case studies correlating with unit testing, pop quizzes, workbook assignments
3. Care Plan in the clinical component
4. Written projects on Traditional Values
5. moodle assignments,
6. `Final and final proctored ATI exams used for student knowledge and course objective assessments
7. Participation to include ATI testing, punctuality, attending classes, assignments on time, being positive in the classroom and/or clinical setting, and offering insight during class participation
8. Journaling
9. Clinical Evaluation tool

Theory Grading Criteria:

Component	Weight		Percent	Grade
Tests & pop quizzes	40%		93-100%	A
Assignments: Case Studies, workbooks moodle	25%		85-92%	B
Written Project-Traditional Ojibwe Values	20%		78-84%	C
Participation	5%		60-77%	D
Participation and Attendance ATI testing	10%		<60%	F

Clinical Grading Criteria:

Component	Weight		Percent	Grade
Care plans	30%		93-100%	A
Reflective Journal	30%		85-92%	B
Annotated Bibliography	10%		78-84%	C
Clinical Evaluation Tool	30%		60-77%	D
Total	100%		<60%	F

ANY GRADE BELOW 78% IS CONSIDERED A FAILURE OF THE COURSE

Students must have a 78% or better to pass this course and proceed with the other nursing courses. An average of tests and case studies MUST average 78%. Grades will be rounded to the nearest 100th. (example: 77.5%=78%.)

The following grading system is used in evaluating students in the Associate Degree Nursing Program at LCOOCC (Nursing Courses)

A	**93 – 100%**
B	**85 – 92%**
C	**78 – 84%**

Any grade below 78% is considered failure of a nursing course.

D	**60-77%**
F	**below 60%**

Students must have a 78% or better to pass this course and proceed with the other nursing courses. An average of tests and case studies must average 78%. Grades will be rounded to the nearest 100th. 77.5% = 78%.

Computer Use: In order to use any of the computers on the campus, you must have filled out and submitted a Request For a Computer User Account. These forms are available from the receptionist as well as the Computer Department**. Allowing others to use your account is grounds for revocation!**

Academic Honesty Policy:

Plagiarism is a serious offense. If a student is caught plagiarizing the student receives an F for the grade on the paper and may be placed on academic probation or receive an F in the course. **Cheating is not allowed.** The work you submit must be your own work and not the work of others.

Paper Assignments: If assignments are required to be submitted electronically, they must be in Microsoft Word (doc) format or when required, Microsoft Excel format or Power point.

If for any reason you find yourself unable to continue attending this class, I strongly recommend that you stop at the Registrar's Office and fill out a

Withdrawal Form. That way you do not jeopardize your GPA and future Financial Aid.

COURSE REQUIREMENTS

Assignments and Tests:

All tests and or case studies **must** be passed with an average of 78% or above. Test questions mirror the NCLEX multiple choice. Reading the assigned text, attending and participating in class, attending and participating in study groups, MyNursing lab, ATI, virtual tools located in textbooks in other nursing and science courses and reviewing library materials will prepare the student for each theory examination.

Assessment Technology Institute (ATI) offers a comprehensive assessment designed to increase the students' pass rates on the nursing licensing exam. ATI tools can help students prepare more efficiently as well as increase confidence and familiarity with content and testing. These tools include DVDs, web-based practice tests and books on specific content. These materials are required each semester at the expense of the student over their enrollment in the nursing program. ATI content is available to students for 4 years after graduation.

Each semester students are provided with codes for practice exams before the proctored exam is given. The practice exams may be taken multiple times and the student is encouraged to repeat the practice exams until a grade of 90% is obtained.

The practice and the proctored ATI exams grade will count for 10% for your final grade for each course. The grades for the ATI will be based on proficiency levels

Proficiency Level 3 –ATI grade 100%

Proficiency Level 2 –ATI grade 90%

Proficiency Level 1 - ATI grade 75%

Below Proficiency Level 1: ATI grade 60%

ATI TESTING: Students will take their assigned **ATI practice test** according to the guidelines in the syllabus for each course. Instructors will provide an ATI Proctored testing date and time. The dates of the exams will be listed in the course syllabus, tentatively the Proctored ATI testing will be held in the last week of the didactic course. All proctored exams are taken on line in one of the nursing classrooms they are timed tests, usually 1 minute per question. **The taking of the ATI practice and proctored exam is a part of the course requirements.**

Proctored exams may only be taken once and must be taken at the scheduled time. If the test is missed, students need to contact the instructor to re-schedule within 10 days or a result of zero

occurs. ATI tests grades are not curved. ATI results for the proctored exam will be available when all of the students have completed the exam. Students will **not** discuss the exam with other students until the exam results have been posted.

Students need to follow test-taking rules as outlined in the syllabus, no calculator, no food or drink, no talking, work independently, scratch paper may be provided if needed. Once the exam is complete, please leave the room to allow for a quiet environment for other testers. If you are taking multiple exams that day, please be aware of other students taking their test.

Students in their last semester nursing courses will take an **RN Comprehensive Predictor ATI** test. Students must achieve a 75% or better. If a 75% is not achieved students will have to go through remediation to achieve that 75% or above by the end of their NSG 214 Internship course. If that grade of 75% is not achieved, the student will not pass NSG 214.

Dosage calculation testing will be required in NSG 100-01, NSG 219, and NSG 204

If you have a documented disability affecting your ability to sit for the test, please see your instructor in the first week of class.

REMEDIATION:
The re-take of the proctored ATI test is required for any student who received a Below level score. The student is responsible to develop a plan to complete a focused review and should meet with their instructor to discuss the plan. In developing this plan the student should reflect and consider possible reasons for the low score and methods to improve study habits, test taking strategies, time management and retention of knowledge. The remediation template which is outlined in the ATI website under your results tab allows you to focus on areas of deficiency. To access this remediation plan, click on the proctored assessment and click on build under your results tab. A personalized plan will be built by the ATI system for you. You must follow the remediation plan and a proctored re-take of the examination must be completed by the end of the semester. You must work with your Instructor to set-up the date and time. Your instructor will be following your remediation work in ATI.

ATI testing fees: ATI testing fees will be charged each semester. ATI services will be available to you four 4 years. You will be able to use this service after graduation. Fees will be discussed during orientation.

ATI testing offers insight into areas in which you may need assistance. This useful tool will guide through these areas. Use this sight to assist in coursework and in passing your boards.

ATI testing fees: ATI testing fees will be charged each semester. ATI services will be available to you four(4 years). You will be able to use this service after graduation. Fees will be discussed during orientation.

ATTENDANCE:

Students are allowed to miss one (1) class time. As class material pertains to other courses, a student may be behind in those courses as well. Missing class does not provide a good learning environment for you as a student. It is YOUR responsibility to call the instructor PRIOR to class time and to meet with the instructor to make up assignments.

Outside of class study expectations:

For each hour of class time, expect 2 hours of study time outside of class or more depending on the assignments, learning styles and study habits.

Students will be allowed to go into the class room and practice outside of class hours.

ASSIGNMENTS & TESTs

Missing an exam should only occur in the event of **extreme circumstance.** If the student is going to miss an examination, the course instructor that is giving the exam must be personally notified prior to the exam or the right to make up the exam is forfeited. Make-up examinations will only be allowed for extenuating circumstances. Assignments must be handed in according to the instructor's deadline.

You are allowed to miss one test day for extreme circumstances (ie. Medical Emergency)

If you miss a test and you follow the procedure, you are allowed to take the test within 48 hours. Ten (10) points will be taken off the score for each day past 48 hours. Any make up exams maybe a different set of questions, but come from the same chapters. If you miss a test day the 2nd time, you will be given a zero score.

There will be POP Quizzes throughout this class

For assignments, assignments are due as outlined in the syllabus. **For each day the assignments is late, including weekends and holidays, ten (10) points will be taken off for each day the assignment is late.** Please see your instructor if you have any further questions. There will be no incompletes given in this course.

READING ASSIGNMENTS: You will be expected to complete assigned material **BEFORE** coming to class. You will be held accountable for the work and reading material, which is testable material.

SPECIAL NOTE REGARDING INCOMPLETES: There will be **NO** incomplete grades issued for this course. If exceptional circumstances occur which prevent you from completing all of the course requirements your grade will be determined on the basis of

whatever attendance and evaluation data that you have generated in the time that you did attend. It may be necessary to repeat the course if you're output is below the passing requirements.

If you are having trouble keeping up with homework, reading, or understanding course content, please inform the instructor and make an appointment with student support services **as soon as you realize you are having trouble**. We can help you with time management, study skills, and more.

Please inform the instructor if you have a disability (physical, learning, etc.) that will interfere with successful completion of this course.

Classroom Conduct: Students enrolled in NSG 100 must assume responsibility for their

OWN behavior. This includes professional conduct of the instructor and other classmates by adhering to the classroom conduct policy.

The student has the responsibility to review material presented in prerequisite courses if necessary to enhance the understanding of this course. Students are responsible for required reading, use of mynursing lab, ATI and any assignments. Attendance and active participation are expected.

Show Respect:

Listen when others are speaking

Be on time for class

Listen when others are speaking

Don't pick up your books or put on your coat until class is over

Your cell phone must be turned off. If your cell phone disrupts the class three times during the semester your will automatically receive a 30% reduction in your participation grade which will be compiled into your final grade

Listen when others are speaking

Professional Conduct: As outlined in the Lac Courte Oreilles Ojibwa College Associate

of Applied Science in Nursing Student handbook and in the Lac Courte Oreilles Ojibwa Community college handbook, you are responsible to conduct yourself in a professional manner. You are to abide by the professional code of ethics Chapter N11 'rules of conduct" of the Wisconsin Administrative Code-Rules of Board of Nursing identify

desirable conduct for nurses. The program outcomes in the nursing program are to; lead in a professional manner based on the standards of nursing practice, communicate in a professional manner and demonstrate accountability and responsibility. **Students enrolled in any NSG course must assume responsibility for their own behavior. This includes professional conduct towards the instructor and other classmates by adhering to the LCO Student Handbook and the Nursing Student Handbook.**

Clinical Dress Code Policy

Before attending clinical practice, you will need to gather information on your patient. You **must** dress appropriately. Wear nice street clothes, no jeans with your white lab coat and your name tag. Follow HIPAA guidelines when gathering information.

While participating in the clinical, follow the following dress code policy:

Clinical Sites on Non-Clinical Time:

a. Each student is issued a name badge during orientation that must be worn during any attendance at clinical time.

b. A white lab coat with a LCOOCC Associate Degree Nursing program patch with your name tag must be worn over professional street clothes. ***NO JEANS!*** The street clothes should be clean and neat, ironed, free of wrinkles and not revealing in any manner. Students should not wear pants that show off underwear or shirts that are low cut or show off the midriff. Socks or hose must be worn at all times. Footwear must be worn at all times and be **closed-toed**, clean, and in good repair.

c. While piercings are the current trend, visible piercings should be removed to protect the student from injury at the clinical site.

d. Tattoos should be covered if possible.

e. Unacceptable attire includes:
Midriff tops
Low-cut shirts
T-shirts with inappropriate words or pictures
Denim, spandex, metallic, leather, suede, sheer or clinging fabrics
Sweatshirts or sweat pants
Shorts
Capri pants
Open-toed footwear
High heels

Pajama tops or bottoms

Clinical Sites on Clinical Time:

A professional appearance is expected. The goal of the nursing uniform is to maintain this professional appearance. The LCO uniform must be clean and wrinkle free at all times. The identification badge must be worn at all times and may not be altered under any circumstances. Faculty members are responsible for evaluating student appearance; if deemed unacceptable, a student will be dismissed from clinical until acceptable dress code is met. Uniform substitutions are not acceptable. It is the student‘s responsibility to order and purchase their uniform pieces in a timely manner. Uniforms will be blue scrub tops and scrub bottoms with a white lab coat with the LCO Associate Degree Nursing Program Logo and your name badge. These may be purchased during orientation in the LCO Bookstore.

Guidelines:

Pieces of the nursing uniform are to be worn only when functioning in the student role.

Hair:
Length and style should not interfere with performance of nursing activities. Hair should be neatly styled, clean and drawn back from the face. Hair color should be professional and not extreme. Shoulder length hair must be appropriately pulled back and secured off of face in a manner that will not fall forward. No hair ornaments that may drag on the ground when bending over. Long hair could be braided and pulled up, placed in a bun etc. Hair should not drag across a patient when bending over the patient. Beards, sideburns, and mustaches must be neatly trimmed.

Hose/socks:

White or light beige, non-textured nylon hose without runs or white socks are to be worn. Hose or ankle socks may be worn with pants. Solid neutral undergarments are required. Undergarments should not be visible through or outside of the uniform. White underwear works best.

Shoes:
White, clean shoes/shoelaces are required. Athletic shoes that are all white with no color are acceptable. No clogs, crocs, open-toe or open-heel shoes. Students should have a pair of shoes

that are for client care only. This decreases the risk of brining home germs to your family and the shoes are easier to keep clean if used for the clinical experience.

Jewelry:
Only the following jewelry may be worn:

- Wedding band
- Conservative wristwatch with a second hand
- Small (less than ½ inch size) post earring in earlobe (multiple earrings are allowed if they are not dangle earrings.
- Unacceptable jewelry includes: multiple earrings; dangling or hoop earrings; earrings placed in site other than earlobe.
- No visible or reachable necklaces.
- No bracelets.
- No body jewelry.

Fingernails:

Natural fingernails only, no artificial fingernails, acrylic overlays, or other nail coverings.

Fingernails should be well maintained, clean, and short; not to exceed 1/4 inch past the fingertip. Clear or light fresh, non-chipped nail polish is allowed.

Cleanliness:
Students are expected to practice good hygiene which includes regular bathing, the use of deodorants and good oral hygiene. Students should not smell of excessive odors like tobacco, or perfumes.

Gum chewing is prohibited during any clinical experiences.

Tattoos\body art must be covered while on the clinical site.

Make-up: Make-up should be conservative, no bold colors. You want to instill peace in your patients.

Dress code compliance:
Students are responsible for complying with the dress code. The uniform, or any part of the uniform, is not to be worn outside of LCO classes or clinical experiences.
Faculty members are responsible to ensure that students comply with the policy.
Consequences may include an unexcused dismissal from clinical with mandatory makeup for the day; disciplinary probation; an unsatisfactory clinical evaluation related to professional performance category which would result in failure to progress in the program.

Policy 300 Clinical Absence

As part of promoting excellence in the nursing program nursing students are required to meet all clinical requirements. Any absence in the clinical portion of the nursing program is not allowed. If a student has an unexcused absence from the clinical experience, the student is withdrawn from the nursing clinical portion of the enrolled course and subsequently fails said course.

If an emergency arises, the student must contact the instructor immediately and petition the instructor in writing **(Attachment # 1)** regarding the extenuating circumstances. The instructor has the right to make the decision to allow the student to make-up the clinical time. If the instructor does not allow the student to make up the clinical time, the student is able to petition the Associate Degree of Nursing Admission Taskforce.

If the instructor allows a clinical make-up **(Attachment # 2)** the procedure is as follows:

1. Any clinical make-up day arranged by the instructor will be documented and signed by the student.

2. A make-up day may be scheduled after midterm for any students who have had a clinical absence.

3. Make-up clinical practices will reflect the current placement of the student in the curriculum.

4. Failure to complete a make-up clinical will result in failure of the clinical course.

Petition for Missed Clinical Time:

I _____ on _____

Student Name Date

Request permission from_____

Instructor of Course

To make-up the clinical time I missed on _____, because of the following
Date

reason_____

_____

Approved: _____Date_____

Instructor Signature

Not Approved_____Date_____

Instructor Signature

(Attachment # 1)

Agreement for Clinical Practice Make-Up

I _____ was absent for a clinical experience on_____
Student Name Date of absence

Because of the following reason_____

_____.

I, _____will make up the missed clinical (with instructor
Student Name

permission and discretion) by _____.
Date

Failure to complete this make up will result in failure of this course_____
Course number and name

_____ _____
Instructor Signature Date Student Signature Date

(Attachment # 2)

Traditional Ojibwe Values Project (theory class)

Criteria	Points Possible	Points Possible	Points Possible	Points Given	Comments
Interview an Ojibwe Elder- properly offer tobacco and a gift-	50	0	0		
Submit to your instructor a paragraph on how to properly ask an elder for an interview	50	0	0		
Interview your selected elder asking the question-What are traditional Ojibwe values	50	0	0		
Submit a paragraph to your instructor outlining what the Elder told you	50	0	0		
Incorporate traditional Ojibwe values into your daily life	50	0	0		
Submit a synopsis to your instructor on- what value/values you incorporated into your daily life and give examples of how you did so.	50	0	0		
Is what you learned about Traditional Ojibwe values something you could implement into your culturally competent practice? If so how?	50				

Implementation of Ojibwe Traditional Values (clinical class)

Criteria	Points Possible	Points Possible	Points Possible	Points Given	Comments
Each week the student follows the journaling rubric identifying how he/she incorporated Ojibwe Traditional Values	Per rubric	0	0		

Journaling is required for the weeks that you are in clinical practice. Journaling is also required for the 8 hours of medical-surgical attendance during the course. For those requirements, students need to journal on his or her experience. Journaling points will be awarded for each entry and response to classmates 50 points. **You have one week to journal those entries. 10 points will be taken off for each day that the entry is late.**

Journaling Requirements:

- What are the health disorders of your patient
- Describe the nutritional status of your patient
- Identify any safety concerns
- Describe the pathophysiology in relation to one of the disease processes of your patient
- Provide detailed information on what you learned when performing a physical assessment on a geriatric patient in relation to his or her disease processes
- Identify the culture of the patient
- How did you incorporate the culture of the patient in meeting their individual needs
- How did you incorporate Ojibwe Traditional values in your weekly clinical experience-provide specific examples
- Provide two goals for your patient
- How did you communicate with your patient and others in the health care team
- Patient teaching needs identified/carried out
- What critical thinking skills did you use
- Strengths
- Weaknesses
- Areas to improve
- Any additional comments

Journaling Rubric:

50	25	0
1. Each objective is addressed 2. Complete accounts with specific information on all areas 3. Assesses activities that were performed 4. Relates clinical activities to course content	1. Half of the objectives are addressed 2. The journal entries are half complete 3. Did Assess some activities performed or showed some new insight 4. Relates clinical activities at a minimal level	1. None of the objectives are addressed 2. The journal entries are half complete 3. The student did not assess activities and did not show new insight 4. The student did not relate clinical activities to course content

Journaling Rubric Response to classmates:

50	25	0
1. Responded to two classmates each week 2. Responses showed critical thinking, commenting on student's success and encouraging to overcome weaknesses 3. Offered insight on areas that the classmate may have questions on or added additional information	1. Did not meet all the criteria. Only responded to one classmate a week or met only 2 of the three criteria	1. No response or poor responses to the 3 criteria

Annotated Bibliography Rubric (clinical)

Criteria	Points Possible	Points Possible	Points Possible	Points Given	Comments
1. Choose a nursing/health article that relates to the disease process or health of your patient-in relation to gender, culture, age, developmental status, and psychosocial status in a long-term care setting 2. Write an annotated bibliography in proper format 3. Submit the article	Did not submit the article 5 The annotated bibliography has more than 3 mistakes	Did not submit the article 10 The annotated bibliography has less than 3 mistakes	Submitted the article 20 The annotated bibliography has no mistakes		
4. What is the evidenced based practice that you identified	No evidence 0	No evidence 0	Evidence Identified 20		
5. How will you as a nursing student use the information in the article to develop a plan of care to provide optimal health to your patient in relation to his or her individual needs, safety needs and cultural preferences	1 example given 5	2 examples given 10	3 examples given 20		
6. What obstacles do you foresee in carrying out the information used in the article	1 examples given 5	2 examples given 10	3 examples given 20		
APA format: Annotated bibliography in right format, no spelling errors, no grammatical errors	More than 3 APA errors 5	Less than 3 APA errors 10	APA format met 20		Plagiarism is a serious offense, can result in failure of the course.
Total				Your score = /100	Score Percent

Clinical class-
Care Plan Evaluation Tool

	Date	**Date**	**Date**
Appropriate & Completed Care Plan: Identification, Developmental Stage, Health State, Sociocultural Orientation USCR's	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**
Appropriate & Completed Care Plan: Health care systems management	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**
Appropriate & Completed Care Plan: Concept mapping	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**
Appropriate & Completed Care Plan: Medications	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**
Appropriate & Completed Care Plan: labs	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**
Appropriate & Completed Care Plan: Oxygenation, circulation, temperature regulation, hygiene, elimination and nutrition	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**
Appropriate & Completed Care Plan: Rest, activity and sleep, social interactions, sense of normalcy, sensory alterations, safety and other	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**
Appropriate & Completed Care Plan: Nursing Diagnosis, Nursing	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**

care plan			
Communication Skills	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**
Cultural Sensitivity Identifying the culture of the patient	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**
Professional Attire	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**
Professional Attitude	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**
Patient and Staff Safety	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**
Report to Instructor and Staff Nurse	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**
Attendance	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**

Point Earned_____
40-48 =A
31-40= B
24-30= C

Lac Community College

Associate of Applied Science in Nursing Program

Clinical Outcomes Portfolio

Date:

Student Name:_____

INSTRUCTIONS

Your clinical portfolio is a collection of your completed assignments that provide evidence that you have successfully accomplished the course learner outcomes for (Course Name)

The students' responsibilities include:

1. Completing the listed assignments successfully.
2. Inserting the final assignments in the portfolio.
3. Maintaining the portfolio throughout the program.

Please put a sample of each of the assignments into your Clinical Portfolio. Your portfolio will be collected one week prior to your midterm evaluation and again one week prior to your final evaluation. You are expected to have your clinical portfolio with you at clinicals on a weekly basis. Your clinical instructor will ask to see your portfolio throughout the semester. If you do not have your portfolio with you, or if your clinical portfolio is not up to date, you will receive an anecdotal note which will remain in your file until graduation from the program

The Outcomes for this clinical course are listed on the following pages with the Competencies listed under EACH outcome. You must receive a "S" under **EACH** competency to pass this clinical course. The tools for measuring the outcomes are listed in the right hand column. Some of the tools used are graded by a rubric and not a written assignment.

Lac Courte Oreilles Ojibwa Community College Associate of Applied Science In Nursing
Organizational Framework
We Look In All Directions
NORTH
We are All Related
Identify/Autonomy
Communication
Development
Assessment
Basic Nursing Skill
WEST
A Healthy Way of Life
We Gain Wisdom
Elders
Teachers
Critical Thinking
Healing
Theoretical Wisdom
Reflection
EAST
Making Decisions the Right Way
Problem Solving
Flexible
Integrated
Mental and Community Health
Gerontology
SOUTH
That Which is Given to Us
Purposeful Life
Life Changing
Teaching
Challenges to be born
PN PhD
ADN
MSN
BSN
Informatics
Use and integrate information Technology
Client Education
Provide and create health-related Education
Professionalism
Practice and perform in a Professional manner
Leadership
Be a leader in the provision and Management of safe quality client care
Cultural Competence
Apply and Integrate Ojibwe Environmental Knowledge and Other cultures when providing Client care
Client Centered Care
Practice and Integrate Nursing
Interdisciplinary Collaboration
Collaborate as and with members Of the interdisciplinary health care team
Evidence based practice and Nursing Judgment
Use current evidence and research For the basis of nursing practice
Quality Improvement
Promote quality improvement Through participating in implementation and development of Organizational care
Safety
Provide and create a safe environment
Nursing Health Person Lifespan
Community Nursing Education Learning

Program Student Learner Outcomes
from the National League for Nursing (NLN) Outcomes and Competencies Book (2010)
and from the Quality Safety Education in Nursing (QSEN.org website)

Program Outcome	Program Outcome Definition	Program Outcome Competency
Client Centered-care	The provision of caring and compassionate, culturally sensitive care that is based on a client's physiological, psychological, sociological, spiritual, and cultural needs, preferences, and values. Clients are defined as individuals and families. Advocate for patients and families in ways that promote their self-determination, integrity, and ongoing growth as human beings.	Practice nursing that is client centered, caring, culturally sensitive and based on the physiological, psychosocial and spiritual needs of clients.
Interdisciplinary Collaboration	The student will function effectively within nursing and inter-professional teams, fostering open communication, mutual respect, and shared decision-making to achieve quality patient care. The delivery of client care, in partnership with multidisciplinary members of the health care team, to achieve continuity of care and positive client outcomes.	Collaborate as a member of the health care team to promote continuity of client care.
Evidenced Based Practice and Nursing Judgment	Integrate best current evidence with clinical expertise and patient/family preferences and values for delivery of optimal health care. Students will use current knowledge from research and other credible sources, upon which clinical judgment and client care are based. Students Make judgments in practice, substantiated with evidence, that integrate nursing science in the provision of safe, quality care and that promote the health of patients within a family and community context.	Use current evidence from scientific and other credible sources as a basis for nursing practice and clinical judgment.

Quality Improvement	The study of care and organizational processes with the goal of developing and implementing a plan to improve health care services and better meet the needs of clients. Examine the evidence that underlies clinical nursing practice to challenge the status quo, question underlying assumptions, and use improvement methods to design and test changes to improve the quality of care and safety for patients, families, and communities.	Promote quality improvement by participating in the implementation of care-related plans to improve health care services
Safety	The minimization of risk factors that could cause injury or harm while promoting quality care and maintaining a secure environment for clients, self, and others.	Provide a safe environment for clients, self and others.
Informatics	The use of information technology as a communication and information gathering tool that supports clinical decision making and scientifically based nursing practice.	Use information technology in the provision of client care.
Client Education	The provision of health-related education to clients that will facilitate their acquisition of new knowledge and skills, adoption of new behaviors, and modification of attitudes.	Provide health-related education to restore health and promote optimal wellness.
Professionalism	The accountable and responsible behavior of the nurse that incorporates legal and ethical principles and complies with standards of nursing practice. Implement one's role as a nurse in ways that reflect integrity, responsibility, ethical practices, and an evolving identity as a nurse committed to evidence-based practice, caring, advocacy, and safe, quality care for diverse patients within a family and community context.	Practice nursing in a professional, ethical, and legal manner.
Leadership	The process by which nurses use a set of skills that directs and influences others in	Use leadership skills in the provision of safe, quality client care

	the provision of individualized, safe, quality client care. Leadership activities include delegation and supervision.	
Cultural Competence	The process in which nurses understand Ojibwe Environmental Knowledge and knowledge of other cultures as the culture relates to the impact of client care. Nurses gains the ability to interact effectively with people of different cultures. Culture represents a client's values, norms, and traditions that affect how individuals of a particular group perceive, think, interact, behave, and make judgments about their concepts of healthcare. Culture is a pattern of behavior including; thought, communication, attitude, well being, ways of interacting, roles and relationships, and expected behaviors, beliefs, values, practices and customs.	Apply Ojibwe Environmental Knowledge and other cultures when providing patient care

Lac Courte Oreilles Ojibwa Community College

Course Title: **Nursing Health Alterations theory and clinical**

Course Number: **NSG XXXX**

Credits: **5**

Class Time: **TBA**

Instructor: **Pamela Rutter**

Contact: **(715) 634-4790 ext**
prutter@lco.edu

Office Hours:

Total Credit/Contact Hours: 5.00

Theory Credit/Contact Hours: 3.00 (48 hours of theory lecture)-first 8 weeks

Clinical Credit/Contact Hours: 2.00 (96 hours of clinical practice)-last 8 weeks

Students must pass the theory and lab portion before entering the clinical portion of this course. The theory and lab component runs the first 8 weeks of class.

Students should expect to spend about three hours studying or on task for class assignments for each credit of the course. For a three credit course, this means about nine hours of work outside of class!

Textbooks:

Adams, N., P. & Holland, L., N. (2010). Pharmacology for Nurses: A Pathophysiologic Approach, 3/e**.** Upper Saddle River, NJ: Pearson. ISBN-10: 0135089816 | ISBN-13: 9780135089811

Berman, A. Snyder, S., Kozier, B., & Erb, G. (2012) Fundamentals of Nursing: Study Guide (9th ed). Upper Saddle River, NJ: Pearson Education. ISBN #13:978-0-13-8022461-1

Claborn,J. Gaglione, T. Miller, CJ. Zerwekh, A. Mosby's Elsevier (2008) Pharmacology Memory Note Cards (2nd ed) St. Louis MO. ISBN# 978-0-323-05406-5

Claborn,J. Gaglione, T. Miller, CJ. Zerwekh, A. Mosby's Elsevier (2011) Pathophysiology Memory Note Cards (2nd ed) Maryland Heights, Missouri ISBN# 978-0-323-06747-8

Gaglione, T. Miller, CJ. Zerwekh, A. Mosby's Elsevier (2011) Assessment Memory Note Cards (2nd ed) Maryland Heights, Missouri ISBN# 978-0-323-06745-4

Gaglione, T. Miller, CJ. Zerwekh, A. Mosby's Elsevier (2112) Medical Terminology Memory Note Cards (2nd ed) St. Louis MO. ISBN# 978-0-323-08273-0

Jaffe, M. S. (1996). Medical-Surgical Nursing Care Plans: Nursing Diagnoses and Interventions, 3/e. Upper Saddle River, NJ: Pearson Education. ISBN-10: 0838562639 | ISBN-13: 9780838562635

Jarvis,C. (2008). Physical Examination & Health Assessment. (6th ed). St. Louis, MO: Saunders-Elsevier ISBN # 9681-4377-0151-7

Jarvis, C. (2008). Physical Examination & Health Assessment-Laboratory Manual. (5th ed). St. Louis, Mo: Saunders-Elsevir. ISBN# 13-978-1-4377-1445-6

Jarvis, C. (2008). Physical Examination & Health Assessment-Mynursing lab for nursing fundamentals. Pocket companion 6th edition ISBN: 9781-4377-1442-5

Lewis, S., etal (2011) Medical Surgical Nursing: Assessment & Management of Clinical Problems (8th ed). St. Louis, MO. Elsevir. ISBN: 9780-3230-6580-1

Lewis, S., etal (2011) Medical Surgical Nursing: Assessment & Management of Clinical Problems (8th ed). Study Guide. St. Louis, MO. Elsevir. ISBN: 9780-3230-6654-9

Lewis, S., etal (2011) Medical Surgical Nursing: Assessment & Management of Clinical Problems (8th ed). Virtual Clinical Excursions St. Louis, MO. Elsevir. ISBN 9780-3230-7975-4

Kee, J. (2010). Laboratory and Diagnostic Tests. (8th ed). Upper Saddle River, NJ:Pearson.

Wilson,B., Shannon, M. & Shields, K. (2010). Nurses's Drug Handbook. Upper Saddle River, NJ: Pearson.
ISBN:0-13-507562-9

Resources: Benner, P. (1984). From Novice to Expert: Excellence and power in Clinical Nursing. Menlo Park, Ca: Addison-Wesley Publishing
ISBN # 0-201-00299-X

Course Description: This course provides an introduction to nursing and roles of the nurse, as well as profession related and patient care concepts. Emphasis is placed on the knowledge and skills needed to provide safe, quality care. The skills portion of the course provides the framework for preparing students to perform comprehensive health assessments on clients across the lifespan. Emphasis is placed on taking a thorough nursing history, performing physiological, psychological, sociological, cultural, and spiritual assessments, as well as identification of stressors and health risks. Laboratory experiences provide an opportunity to practice assessment skills on clients across the lifespan in a variety of settings. The theoretical foundation for basic assessment and nursing skills is presented, and the student is given an opportunity to demonstrate these skills in a clinical laboratory setting. An introduction to the nursing process provides a decision-making framework to assist students in developing effective clinical judgment skills. Students apply the skills and knowledge acquired in the clinical practice setting. Students will have clinical practice in long term care settings in small groups.

Prerequisite: Admission to the nursing program.

Ojibwe Culture & Tradition:

The Mission Statement of LCOOCC reads, in part:

> "The Lac Courte Oreilles Ojibwe Community College mission is to provide
>
> Anishinaabe communities with post-secondary and continuing education while advancing the language, culture, and history of the Ojibwe."

In order adhere to the college's mission statement, this course will incorporate Ojibwe language, culture and tradition into class activities wherever possible. Specific activities relating to Ojibwe culture and tradition have been included in the class schedule.

Gimaamawi-nandagikenjigemin – We Are All Learning Together
and
Gikinoo'amaagan odanokiiwin (student work):

As part of the college's continuing efforts to improve student learning, LCOOCC is participating in a four year *Academy for Assessment of Student Learning* under the direction of our accrediting institution, the Higher Learning Commission. The name we have given to the college's institute-wide assessment project is **Gimaamawi-nandagikenjigemin – We Are All Learning Together.**

A course-specific *Student Learning Project* which incorporates Ojibwe knowledge and values and supports the college's Mission Statement will be embedded in all courses and syllabi. These student learning projects are named **Gikinoo'amaagan odanokiiwin - student work.** In order to incorporate the concept of **Gimaamawi-nandagikenjigemin**, Poster Presentation and presentation to NAS 100-01 Class of Ojibwe Traditional Foods for this class was designed to meet the criteria of **Gikinoo'amaagan odanokiiwin.** A Poster Presentation on Ojibwe Traditional Foods.

The Ojibwe Traditional Foods Poster Presentation will assess students':

1. Creation of a project that integrates both course-specific content and Ojibwe cultural knowledge
2. Ability to express themselves clearly and correctly in writing
3. Ability to locate, gather, and synthesize information.

Course Description:
This course focuses on the care of adult clients with health alterations that require medical and/or surgical intervention. Emphasis is placed on the care of clients with alterations in selected body functions. Concepts of client centered care, cultural sensitivity; informatics, safe practice, and professionalism are integrated throughout the course. Clinical experiences provide the student an opportunity to apply theoretical concepts and implement safe client care to adults in a variety of settings.

Pre and co-requisites: A.D.N. mandatory course sequence

Course Objectives:
1. Perform a comprehensive health assessment on adult clients with medical and/or surgical alterations and identify deviations from normal as well as related health risks.

2. Develop an individualized, evidence based plan of care that demonstrates an appreciation of a client's cultural, spiritual, and developmental variations and includes recommendations for the adoption of health-promoting behaviors.

3. Participate as a member of the health care team and client advocate while providing quality care that promotes client safety for adults with medical and/or surgical health alterations.

4. Demonstrate clinical judgment and participate in the evaluation of outcomes when providing care to adult clients experiencing health alterations.

5. Apply knowledge of pharmacology, pathophysiology, and nutrition as well as evidence based practice to the care of adult clients with medical and/or surgical health alterations.

6. Use verbal and nonverbal communication that promotes therapeutic relationships with adult clients and their families, as well as professional relationships with members of the health care team.

7. Use information technologies to access evidence based literature and client information as well as communicate with members of the health care team, accurately documenting client care in a secure and timely manner.

8. Identify, plan, and provide health and safety related education to adult clients and their families in conjunction with members of the health care team.

9. Use organizational and priority-setting skills when providing care to adult clients with medical and/or surgical health alterations.

10. Recognize the nurse's role in reporting client safety and quality care concerns and in supporting activities that promote performance improvement.

11. Adhere to ethical, legal and professional standards while maintaining accountability and responsibility for the care provided to adult clients and their families.

Content Units:
Acid Base Imbalances and Respiratory/Metabolic Acidosis/Alkalosis

Unit Objectives:
4. Identify priority actions for clients with respiratory and metabolic acidosis or alkalosis.

5. Recognize the indications for administration of potassium supplements, Kayexalate, and sodium bicarbonate.

1. Recognize alterations in the laboratory values of arterial pH, CO_2, HCO_3, and O_2 indicative of respiratory and metabolic acidosis or alkalosis.

2. Differentiate between the clinical manifestations indicative of respiratory and metabolic acidosis or alkalosis.

3. Apply knowledge of pathophysiology when planning care for clients with respiratory or metabolic acidosis or alkalosis.

Content Topics:

Alteration in Oxygenation

Unit Objectives:
1. Recognize components of a focused assessment that should be included when collecting data on adults who have an alteration in oxygenation.

2. Apply knowledge of anatomy, physiology, pathophysiology, nutrition, and developmental variations when helping to plan care for adults who have an alteration in oxygenation.

3. Identify priority actions for adults who have an alteration in oxygenation.

4. Apply knowledge of the actions, potential side effects, and nursing implications when administering medications to adults who have an alteration in oxygenation.

5. Recognize alterations in pulse oximetry and other laboratory values related to alterations in oxygenation.

6. Discuss the correct use and functioning of therapeutic devices that support oxygenation.

7. Describe the role of the nurse in providing quality care to adults who have an alteration in oxygenation.

8. Identify health care education and safety needs for adults who have an alteration in oxygenation.

Content Topics:
a. Pathophysiology/ Obstructive disorders (COPD)

b. Pathophysiology/ Trauma related disorders (pneumothorax, tension pneumothorax, hemothorax)

c. Pathophysiology/ Abnormal cell proliferation disorders (laryngeal cancer, lung cancer-Part 1)

d. Pharmacology/ Glucocorticoids (oral and inhaled)

e. Pharmacology/ Methylxanthines

f. Pharmacology/ Mast cell stabilizers

g. Pharmacology/ Anticholinergics (inhaled)

h. Pharmacology/ Leukotriene modifiers

i. Pharmacology/ Beta 2-adrenergic agonists

j. Pharmacology/ Monoclonal antibody

k. Nutrition/ Diet for clients with nutritional deficits (high calorie, high protein diet with limitation of empty liquids)

l. Nutrition/ Diets for clients with dyspnea (soft diet, small frequent meals)

m. Nutrition/ Nutritional supplements (high calorie, low carbohydrate)

Alterations in Cardiac Output and Tissue Perfusion

Unit Objectives:
1. Recognize components of a focused assessment that should be included when collecting data on adults who have an alteration in cardiac output and tissue perfusion.

2. Apply knowledge of anatomy, physiology, pathophysiology, nutrition, and developmental variations when helping to plan care for adults who have an alteration in cardiac output and tissue perfusion.

3. Identify priority actions for adults who have an alteration in cardiac output and tissue perfusion.

4. Apply knowledge of the actions, potential side effects, and nursing implications when administering medications to adults who have an alteration in cardiac output and tissue perfusion.

5. Recognize alterations in pulse oximetry and other laboratory values related to alterations in cardiac output and tissue perfusion.

6. Discuss the correct use and functioning of therapeutic devices that support cardiac output and tissue perfusion.

7. Describe the role of the nurse in providing quality care to adults who have an alteration in cardiac output and tissue perfusion.

8. Identify health care education and safety needs for adults who have an alteration in cardiac output and tissue perfusion.

Content Topics:
a. Pathophysiology/ Ischemic disorders (angina, coronary artery disease, myocardial infarction)

b. Pathophysiology/ Decreased cardiac output disorders (heart failure, pulmonary edema, cardiomyopathy, valvular disorders)

c. Pathophysiology/ Electrical conduction disorders (arrhythmias and electronic pacing, cardioversion)

d. Pathophysiology/ Infectious and inflammatory disorders (endocarditis, pericarditis, arteritis, septic shock)

e. Pathophysiology/ Peripheral vascular disorders (peripheral vascular disease, peripheral arterial disease)

f. Pathophysiology/ Hematologic disorders /RBC and platelets(anemias, polycythemia, thrombocytopenia, DIC)

g. Pathophysiology/ Hematologic disorders/WBC and lymphatic (agranulocytosis, multiple myeloma, lymphedema, lymphomas)

h. Pathophysiology/ Decreased arterial pressure disorders (postural hypotension, hypovolemic shock)

i. Pharmacology/ Organic nitrates

j. Pharmacology/ Beta and alpha adrenergic blockers

k. Pharmacology/ Centrally acting alpha agents

l. Pharmacology/ Calcium channel blockers

m. Pharmacology/ Atropine

n. Pharmacology/ Antilipemics

o. Pharmacology/ Antiplatelets

p. Pharmacology/ Anticoagulants

q. Pharmacology/ Low-dose heparin

r. Pharmacology/ Thrombolytics

s. Pharmacology/ Renin-angiotansion-aldosterone system (RAAS) inhibitors (ACE inhibitors, ARBs, angiotension II receptor blockers, aldosterone antagonists)

t. Pharmacology/ Iron, Vitamin B12, folic acid supplements

u. Nutrition/ Dietary Approaches to Stop Hypertension (DASH) diet

v. Nutrition/ Therapeutic Lifestyle Changes (TLC) diet

w. Nutrition/ Diets rich in iron, Vitamin B12, and folic acid

Alterations in Regulation and Metabolism

Unit Objectives:
1. Recognize components of a focused assessment that should be included when collecting data on adults who have an alteration in regulation and metabolism.

2. Apply knowledge of anatomy, physiology, pathophysiology, nutrition, and developmental variations when helping to plan care for adults who have an alteration in regulation and metabolism.

3. Identify priority actions for adults who have an alteration in regulation and metabolism.

4. Apply knowledge of the actions, potential side effects, and nursing implications when administering medications to adults who have an alteration in regulation and metabolism.

5. Recognize alterations in pulse oximetry and other laboratory values related to alterations in regulation and metabolism.

6. Discuss the correct use and functioning of therapeutic devices that support regulation and metabolism.

7. Describe the role of the nurse in providing quality care to adults who have an alteration in regulation and metabolism.

8. Identify health care education and safety needs for adults who have an alteration in regulation and metabolism.

Content Topics:
a. Pathophysiology/ Endocrine/exocrine disorders (diabetes mellitus, SIADH, diabetes insipidus, thyroid and parathyroid disorders)

b. Pathophysiology/ Adrenal disorders (Addison's disease, Cushing's disease)

c. Pharmacology/ Thyroid hormones

d. Pharmacology/ Thyrotropin-releasing hormone

e. Pharmacology/ Thyroid hormone synthesis inhibitor

f. Pharmacology/ Radioactive and nonradioactive iodine

g. Pharmacology/ Insulins

h. Pharmacology/ Oral hypoglycemic

i. Pharmacology/ Glucagon

j. Pharmacology/ Antidiuretic hormone preparation

k. Pharmacology/ Posterior pituitary hormones

l. Pharmacology/ Anterior pituitary hormones/growth hormones

m. Pharmacology/ Glucocorticoid and mineralcorticoid hormones

n. Nutrition/ Addison's diet (high calorie, high sodium, low potassium diet)

Alterations in Integument

Unit Objectives:
1. Recognize components of a focused assessment that should be included when collecting data on adults who have an alteration in integument.

2. Apply knowledge of anatomy, physiology, pathophysiology, nutrition, and developmental variations when helping to plan care for adults who have an alteration in integument.

3. Identify priority actions for adults who have an alteration in integument.

4. Apply knowledge of the actions, potential side effects, and nursing implications when administering medications to adults who have an alteration in integument.

5. Recognize alterations in pulse oximetry and other laboratory values related to alterations in integument.

6. Discuss the correct use and functioning of therapeutic devices that support integument.

7. Describe the role of the nurse in providing quality care to adults who have an alteration in integument.

8. Identify health care education and safety needs for adults who have an alteration in integument.

Content Topics:
a. Pathophysiology/ Trauma related disorders (thermal, chemical, and electrical burns and skin grafting)

b. Pathophysiology/ Abnormal cell proliferation disorders (actinic keratosis, basal and squamous call cancer, melanoma)

c. Pharmacology/ Sulfonamides

d. Pharmacology/ Topical antibacterial (nitrofurazone)

e. Pharmacology/ Topical chemotherapy

f. Pharmacology/ Interferon

g. Nutrition/ High calorie, high protein diet

h. Nutrition/ Enteral nutrition

i. Nutrition/ Nutritional supplements

Alterations in Mobility

Unit Objectives:
1. Recognize components of a focused assessment that should be included when collecting data on adults who have an alteration in mobility.

2. Apply knowledge of anatomy, physiology, pathophysiology, nutrition, and developmental variations when helping to plan care for adults who have an alteration in mobility.

3. Identify priority actions for adults who have an alteration in mobility.

4. Apply knowledge of the actions, potential side effects, and nursing implications when administering medications to adults who have an alteration in mobility.

5. Recognize alterations in pulse oximetry and other laboratory values related to alterations in mobility.

6. Discuss the correct use and functioning of therapeutic devices that support mobility.

7. Describe the role of the nurse in providing quality care to adults who have an alteration in mobility.

8. Identify health care education and safety needs for adults who have an alteration in mobility.

Content Topics:
a. Pathophysiology/ Degenerative musculoskeletal disorders (osteoarthritis and joint replacement)

b. Pathophysiology/ Trauma related disorders (fractures and tractions, fat emboli)

c. Pathophysiology/ Ischemia related disorders (amputations)

d. Pathophysiology/ Infectious and inflammatory disorders (osteomyelitis)

e. Pharmacology/ Corticosteroid injections

f. Pharmacology/ Aminoglycosides

g. Pharmacology/ Glucosamine chondroitin

h. Nutrition/ Low calorie diet

Perioperative Care –May present either M/S I or II

Unit Objectives:
1. Differentiate between the various phases of the perioperative experience and the role of the nurse.

2. List the responsibilities of the nurse when caring for a client in the immediate pre- and postoperative period.

3. Differentiate between general and regional anesthesia and conscious sedation.

4. Compare and contrast potential complications and nursing indications of local, general anesthesia, and conscious sedation.

5. Analyze the needs of clients across the lifespan during the pre, intra, and postoperative phases of the surgical experience.

6. Ascertain priority actions for clients undergoing surgery.

7. Analyze the nurse's role in obtaining informed consent and discuss the legal and ethical issues related to ensuring informed consent.

8. Integrate knowledge of actions, contraindications, potential side effects, and nursing implications of medications used in the plan of care for clients undergoing surgery.

9. Describe the impact drugs used during a surgical procedure can have on drugs given in the immediate postoperative period.

10. Provide pre- and postoperative education.

11. Intervene to provide a safe environment for the surgical client.

12. Discuss potential post surgical and immobility complications and the nurses' role in preventing them (thromboemboli, pneumonia, atelectasis, wound infection, wound dehiscence and evisceration).

13. Intervene to provide a safe environment for the surgical client.

14. Compare and contrast medications commonly given for postoperative pain, nausea, and vomiting.

Content Topics:
a. Postoperative pain/ Opioid agonists

b. Postoperative pain/ Agonists-antagonists opioids

c. Postoperative/ Opioid antagonists

d. Postoperative nausea and vomiting/ Serotonin antagonists

e. Postoperative nausea and vomiting/ Dopamine antagonists

f. Postoperative nausea and vomiting/ Anticholinergics

g. Postoperative nausea and vomiting/ Antihistamines

Oncology – May present either M/S I or II

Unit Objectives:
1. Review etiological factors and physiology of cancers arising from various cell and tissue types.

2. Differentiate between the characteristics of normal and cancer cells.

3. Discuss cancer cells' ability to proliferate and metastasize to surrounding tissue and distant sites.

4. Compare and contrast various grading and staging systems.

5. Review the basic principles of chemotherapy, immunotherapy, hormonal, and radiation therapy.

6. Review genetic and environmental factors that increase an individual's risk for cancer.

7. Describe primary and secondary cancer prevention activities that can aid clients in the prevention and early detection of cancer.

8. Explore the nursing challenges when assisting clients and their families as they deal with end of life issues.

9. Compare and contrast medications commonly given for nausea and vomiting associated with chemotherapy.

Content Topics:
a. Medications for nausea and vomiting associated with chemotherapy/ Serotonin antagonists

b. Medications for nausea and vomiting associated with chemotherapy/ Dopamine antagonists

c. Medications for nausea and vomiting associated with chemotherapy/ Cannabinoids

Chemical Impairment and Substance Abuse – May present either M/S I or II

Unit Objectives:
1. Compare and contrast substance abuse and substance dependence.

2. Discuss the components of assessment of a chemically dependent person.

3. Discuss current treatment modalities for persons who abuse substances.

4. Discuss short term outcomes for the patient and family relating to withdrawal, treatment and health maintenance, including use of self-help groups.

5. Discuss legal and ethical responsibilities of nurses who observe impaired colleagues.

6. Describe aspects of enabling behaviors.

7. Identify potential indications that a person is successfully recovering from substance abuse.

8. Identify behaviors of use, overdose, and withdrawal in persons who use drugs such as:

Content Topics:

Clinical Objectives:
1A. Use the nursing process as a framework for providing nursing care/ Perform a focused assessment of clients.

1B. Use the nursing process as a framework for providing nursing care/ Contribute to the development of a plan of care based on data collected during a focused assessment.

1C. Use the nursing process as a framework for providing nursing care/ Select cultural and age-appropriate interventions for inclusion in the plan of care.

1D. Use the nursing process as a framework for providing nursing care/ Implement nursing care that is safe and based on the established plan of care.

1E. Use the nursing process as a framework for providing nursing care/ Use clinical judgment when providing client care and participating in the evaluation of client outcomes.

2A. Promote continuity of health care within the health care team and across various settings/ Participate as a member of the interdisciplinary health care team.

2B. Promote continuity of health care within the health care team and across various settings/ Communicate client-related information to designated team members in a timely manner.

2C. Promote continuity of health care within the health care team and across various settings/ Plan and provide health-related education.

2D. Promote continuity of health care within the health care team and across various settings/ Use information technology to document client information and communicate with members of the health care team.

3A. Use scientific principles and evidence-based practice as a foundation for nursing practice/ Apply knowledge of pathophysiology, pharmacology, and nutrition when providing client care.

3B. Use scientific principles and evidence-based practice as a foundation for nursing practice/ Use appropriate resources when determining best established practice for client care.

3C. Use scientific principles and evidence-based practice as a foundation for nursing practice/ Use scientific evidence as a basis for nursing practice.

4A. Provide high-quality nursing care in an environment that is safe for the client, self, and others/ Use communication techniques that facilitate the development of a caring nurse-client relationship.

4B. Provide high-quality nursing care in an environment that is safe for the client, self, and others/ Advocate for the client when health care or health related issues arise.

4C. Provide high-quality nursing care in an environment that is safe for the client, self, and others/ Identify client issues that affect quality of care and participate in activities that promote improvements.

4D. Provide high-quality nursing care in an environment that is safe for the client, self, and others/ Identify actual and potential environmental safety risks while providing a safe environment for the client, self, and others.

4E. Provide high-quality nursing care in an environment that is safe for the client, self, and others/ Use leadership skills to enhance efficient delivery of client care.

5A. Practice nursing in a professional, ethical, and legal manner/ Practice nursing in accordance with professional standards.

5B. Practice nursing in a professional, ethical, and legal manner/ Practice nursing in an ethical manner.

5C. Practice nursing in a professional, ethical, and legal manner/ Practice nursing within established legal parameters.

5D. Practice nursing in a professional, ethical, and legal manner/ Accept accountability and responsibility for client care provided.

Course Method of Evaluation

1. Tests on each unit of study cumulative passing grade of a 78% or better
2. Case studies correlating with unit testing, pop quizzes, workbook assignments
3. Care Plan in the theory, clinical components
4. Written projects on
5. Final and final proctored ATI exams used for student knowledge and course objective assessments
6. Participation to include ATI testing, punctuality, attending classes, assignments on time, being positive in the classroom and/or clinical setting, and offering insight during class participation
7. Journaling
8. Clinical Evaluation tool

General Education Outcomes:

Ability to express themselves clearly and correctly in writing

Ability to locate, gather, and synthesize information.

Program Outcomes:

Client Centered-centered care
Interdisciplinary collaboration
Evidence based practice and
Nursing Judgment
Quality improvement
Safety
Client education
Professionalism
Leadership
Cultural Competence

Theory Grading Criteria:

Component	Weight		Percent	Grade
Tests & pop quizzes	40%		93-100%	A
Assignments: Case Studies, workbooks moodle	25%		85-92%	B
Written Project-Traditional Ojibwe Values	20%		78-84%	C
Participation	5%		60-77%	D
Participation and Attendance ATI testing	10%		<60%	F

Clinical Grading Criteria:

Component	Weight		Percent	Grade
Care plans	30%		93-100%	A
Reflective Journal	30%		85-92%	B
Annotated Bibliography	10%		78-84%	C
Clinical Evaluation Tool	30%		60-77%	D
Total	100%		<60%	F

ANY GRADE BELOW 78% IS CONSIDERED A FAILURE OF THE COURSE

Students must have a 78% or better to pass this course and proceed with the other nursing courses. An average of tests and case studies MUST average 78%. Grades will be rounded to the nearest 100th. (example: 77.5%=78%.)

The following grading system is used in evaluating students in the Associate Degree Nursing Program at LCOOCC (Nursing Courses)

A	**93 – 100%**
B	**85 – 92%**
C	**78 – 84%**

Any grade below 78% is considered failure of a nursing course.

D	**60-77%**
F	**below 60%**

Students must have a 78% or better to pass this course and proceed with the other nursing courses. An average of tests and case studies must average 78%. Grades will be rounded to the nearest 100th. 77.5% = 78%.

Computer Use: In order to use any of the computers on the campus, you must have filled out and submitted a Request For a Computer User Account. These forms are available from the receptionist as well as the Computer Department. **Allowing others to use your account is grounds for revocation!**

Assignment Format: If assignments are required to be submitted electronically, they must be in Mircosoft Word (doc/dox) format or when required, Microsoft Excel (xls/xlsx) format or Mircorsoft PowerPoint (ppt).

Academic Honesty Policy:

Plagiarism is a serious offense. If a student is caught plagiarizing the student receives an F for the grade on the paper and may be placed on academic probation or receive an F in the course. **Cheating is not allowed.** The work you submit must be your own work and not the work of others.

If for any reason you find yourself unable to continue attending this class, I strongly recommend that you stop at the Registrar's Office and fill out a Withdrawal Form. That way you do not jeopardize your GPA and future Financial Aid.

COURSE REQUIREMENTS

Assignments and Tests:

All tests and or case studies **must** be passed with an average of 78% or above. Test questions mirror the NCLEX multiple choice. Reading the assigned text, attending and participating in class, attending and participating in study groups, MyNursing lab, ATI, virtual tools located in textbooks in other nursing and science courses and reviewing library materials will prepare the student for each theory examination.

Assessment Technology Institute (ATI) offers a comprehensive assessment designed to increase the students' pass rates on the nursing licensing exam. ATI tools can help students prepare more efficiently as well as increase confidence and familiarity with content and testing. These tools include DVDs, web-based practice tests and books on specific content. These materials are required each semester at the expense of the student over their enrollment in the nursing program. ATI content is available to students for 4 years after graduation.

Each semester students are provided with codes for practice exams before the proctored exam is given. The practice exams may be taken multiple times and the student is encouraged to repeat the practice exams until a grade of 90% is obtained.

The practice and the proctored ATI exams grade will count for 10% for your final grade for each course. The grades for the ATI will be based on proficiency levels

Proficiency Level 3 –ATI grade 100%

Proficiency Level 2 –ATI grade 90%

Proficiency Level 1 - ATI grade 75%

Below Proficiency Level 1: ATI grade 60%

ATI TESTING: Students will take their assigned **ATI practice test** according to the guidelines in the syllabus for each course. Instructors will provide an ATI Proctored testing date and time. The dates of the exams will be listed in the course syllabus, tentatively the Proctored ATI testing will be held in the last week of the didactic course. All proctored exams are taken on line in one of the nursing classrooms they are timed tests, usually 1 minute per question. **The taking of the ATI practice and proctored exam is a part of the course requirements.**

Proctored exams may only be taken once and must be taken at the scheduled time. If the test is missed, students need to contact the instructor to re-schedule within 10 days or a result of zero occurs. ATI tests grades are not curved. ATI results for the proctored exam will be available

when all of the students have completed the exam. Students will **not** discuss the exam with other students until the exam results have been posted.

Students need to follow test-taking rules as outlined in the syllabus, no calculator, no food or drink, no talking, work independently, scratch paper may be provided if needed. Once the exam is complete, please leave the room to allow for a quiet environment for other testers. If you are taking multiple exams that day, please be aware of other students taking their test.

Students in their last semester nursing courses will take an **RN Comprehensive Predictor ATI** test. Students must achieve a 75% or better. If a 75% is not achieved students will have to go through remediation to achieve that 75% or above by the end of their NSG 214 Internship course. If that grade of 75% is not achieved, the student will not pass NSG 214.

Dosage calculation testing will be required in NSG 100-01, NSG 219, and NSG 204

If you have a documented disability affecting your ability to sit for the test, please see your instructor in the first week of class.

REMEDIATION:
The re-take of the proctored ATI test is required for any student who received a Below level score. The student is responsible to develop a plan to complete a focused review and should meet with their instructor to discuss the plan. In developing this plan the student should reflect and consider possible reasons for the low score and methods to improve study habits, test taking strategies, time management and retention of knowledge. The remediation template which is outlined in the ATI website under your results tab allows you to focus on areas of deficiency. To access this remediation plan, click on the proctored assessment and click on build under your results tab. A personalized plan will be built by the ATI system for you. You must follow the remediation plan and a proctored re-take of the examination must be completed by the end of the semester. You must work with your Instructor to set-up the date and time. Your instructor will be following your remediation work in ATI.

ATI testing fees: ATI testing fees will be charged each semester. ATI services will be available to you four 4 years. You will be able to use this service after graduation. Fees will be discussed during orientation.

ATI testing offers insight into areas in which you may need assistance. This useful tool will guide through these areas. Use this sight to assist in coursework and in passing your boards.

ATI testing fees: ATI testing fees will be charged each semester. ATI services will be available to you four(4 years). You will be able to use this service after graduation. Fees will be discussed during orientation.

ATTENDANCE:

Students are allowed to miss one (1) class time. As class material pertains to other courses, a student may be behind in those courses as well. Missing class does not provide a good learning environment for you as a student. It is YOUR responsibility to call the instructor PRIOR to class time and to meet with the instructor to make up assignments.

Outside of class study expectations:

For each hour of class time, expect 3 hours of study time outside of class or more depending on the assignments, learning styles and study habits.

Students will be allowed to go into the class room and practice outside of class hours.

ASSIGNMENTS & TESTs

Missing an exam should only occur in the event of **extreme circumstance.** If the student is going to miss an examination, the course instructor that is giving the exam must be personally notified prior to the exam or the right to make up the exam is forfeited. Make-up examinations will only be allowed for extenuating circumstances. Assignments must be handed in according to the instructor's deadline.

You are allowed to miss one test day for extreme circumstances (ie. Medical Emergency)

If you miss a test and you follow the procedure, you are allowed to take the test within 48 hours. Ten (10) points will be taken off the score for each day past 48 hours. Any make up exams maybe a different set of questions, but come from the same chapters. If you miss a test day the 2nd time, you will be given a zero score.

There will be POP Quizzes throughout this class

For assignments, assignments are due as outlined in the syllabus. **For each day the assignments is late, including weekends and holidays, ten (10) points will be taken off for each day the assignment is late.** Please see your instructor if you have any further questions. There will be no incompletes given in this course.

READING ASSIGNMENTS: You will be expected to complete assigned material **BEFORE** coming to class. You will be held accountable for the work and reading material, which is testable material.

SPECIAL NOTE REGARDING INCOMPLETES: There will be **NO** incomplete grades issued for this course. If exceptional circumstances occur which prevent you from completing all of the course requirements your grade will be determined on the basis of

whatever attendance and evaluation data that you have generated in the time that you did attend. It may be necessary to repeat the course if you're output is below the passing requirements.

If you are having trouble keeping up with homework, reading, or understanding course content, please inform the instructor and make an appointment with student support services **as soon as you realize you are having trouble**. We can help you with time management, study skills, and more.

Please inform the instructor if you have a disability (physical, learning, etc.) that will interfere with successful completion of this course.

Classroom Conduct: Students enrolled in NSG 100 must assume responsibility for their

OWN behavior. This includes professional conduct of the instructor and other classmates by adhering to the classroom conduct policy.

The student has the responsibility to review material presented in prerequisite courses if necessary to enhance the understanding of this course. Students are responsible for required reading, use of mynursing lab, ATI and any assignments. Attendance and active participation are expected.

Show Respect:

Listen when others are speaking

Be on time for class

Listen when others are speaking

Don't pick up your books or put on your coat until class is over

Your cell phone must be turned off. If your cell phone disrupts the class three times during the semester your will automatically receive a 30% reduction in your participation grade which will be compiled into your final grade

Listen when others are speaking

Professional Conduct: As outlined in the Lac Courte Oreilles Ojibwa College Associate of Applied Science in Nursing Student handbook and in the Lac Courte Oreilles Ojibwa Community college handbook, you are responsible to conduct yourself in a professional manner. You are to abide by the professional code of ethics Chapter N11 'rules of conduct" of the Wisconsin Administrative Code-Rules of Board of Nursing identify desirable conduct for nurses. The program outcomes in the nursing program are to; lead in a professional manner based on the standards of nursing practice, communicate in a professional manner and demonstrate accountability and responsibility. **Students enrolled in any NSG course must assume responsibility for their own behavior. This includes professional conduct towards the instructor and other classmates by adhering to the LCO Student Handbook and the Nursing Student Handbook.**

Clinical Dress Code Policy

Before attending clinical practice, you will need to gather information on your patient. You **must** dress appropriately. Wear nice street clothes, no jeans with your white lab coat and your name tag. Follow HIPAA guidelines when gathering information.

While participating in the clinical, follow the following dress code policy:

Clinical Sites on Non-Clinical Time:

a. Each student is issued a name badge during orientation that must be worn during any attendance at clinical time.

b. A white lab coat with a LCOOCC Associate Degree Nursing program patch with your name tag must be worn over professional street clothes. ***NO JEANS!*** The street clothes should be clean and neat, ironed, free of wrinkles and not revealing in any manner. Students should not wear pants that show off underwear or shirts that are low cut or show off the midriff. Socks or hose must be worn at all times. Footwear must be worn at all times and be **closed-toed**, clean, and in good repair.

c. While piercings are the current trend, visible piercings should be removed to protect the student from injury at the clinical site.

d. Tattoos should be covered if possible.

e. Unacceptable attire includes:
Midriff tops
Low-cut shirts
T-shirts with inappropriate words or pictures
Denim, spandex, metallic, leather, suede, sheer or clinging fabrics
Sweatshirts or sweat pants
Shorts
Capri pants
Open-toed footwear
High heels
Pajama tops or bottoms

Clinical Sites on Clinical Time:

A professional appearance is expected. The goal of the nursing uniform is to maintain this professional appearance. The LCO uniform must be clean and wrinkle free at all times. The identification badge must be worn at all times and may not be altered under any circumstances. Faculty members are responsible for evaluating student appearance; if deemed unacceptable, a student will be dismissed from clinical until acceptable dress code is met. Uniform substitutions are not acceptable. It is the student‘s responsibility to order and purchase their uniform pieces in a timely manner. Uniforms will be blue scrub tops and scrub bottoms with a white lab coat with the LCO Associate Degree Nursing Program Logo and your name badge. These may be purchased during orientation in the LCO Bookstore.

Guidelines:

Pieces of the nursing uniform are to be worn only when functioning in the student role.

Hair:
Length and style should not interfere with performance of nursing activities. Hair should be neatly styled, clean and drawn back from the face. Hair color should be professional and not extreme. Shoulder length hair must be appropriately pulled back and secured off of face in a manner that will not fall forward. No hair ornaments that may drag on the ground when bending over. Long hair could be braided and pulled up, placed in a bun etc. Hair should not drag across a patient when bending over the patient. Beards, sideburns, and mustaches must be neatly trimmed.

Hose/socks:

White or light beige, non-textured nylon hose without runs or white socks are to be worn. Hose or ankle socks may be worn with pants. Solid neutral undergarments are required. Undergarments should not be visible through or outside of the uniform. White underwear works best.

Shoes:
White, clean shoes/shoelaces are required. Athletic shoes that are all white with no color are acceptable. No clogs, crocs, open-toe or open-heel shoes. Students should have a pair of shoes that are for client care only. This decreases the risk of brining home germs to your family and the shoes are easier to keep clean if used for the clinical experience.

Jewelry:
Only the following jewelry may be worn:

- Wedding band
- Conservative wristwatch with a second hand
- Small (less than ½ inch size) post earring in earlobe (multiple earrings are allowed if they are not dangle earrings.
- Unacceptable jewelry includes: multiple earrings; dangling or hoop earrings; earrings placed in site other than earlobe.
- No visible or reachable necklaces.
- No bracelets.
- No body jewelry.

Fingernails:

Natural fingernails only, no artificial fingernails, acrylic overlays, or other nail coverings.

Fingernails should be well maintained, clean, and short; not to exceed 1/4 inch past the fingertip. Clear or light fresh, non-chipped nail polish is allowed.

Cleanliness:
Students are expected to practice good hygiene which includes regular bathing, the use of deodorants and good oral hygiene. Students should not smell of excessive odors like tobacco, or perfumes.

Gum chewing is prohibited during any clinical experiences.

Tattoos\body art must be covered while on the clinical site.

Make-up: Make-up should be conservative, no bold colors. You want to instill peace in your patients.

Dress code compliance:
Students are responsible for complying with the dress code. The uniform, or any part of the uniform, is not to be worn outside of LCO classes or clinical experiences.
Faculty members are responsible to ensure that students comply with the policy.
Consequences may include an unexcused dismissal from clinical with mandatory makeup for the day; disciplinary probation; an unsatisfactory clinical evaluation related to professional performance category which would result in failure to progress in the program.

Policy 300 Clinical Absence

As part of promoting excellence in the nursing program nursing students are required to meet all clinical requirements. Any absence in the clinical portion of the nursing program is not allowed. If a student has an unexcused absence from the clinical experience, the student is withdrawn from the nursing clinical portion of the enrolled course and subsequently fails said course.

If an emergency arises, the student must contact the instructor immediately and petition the instructor in writing **(Attachment # 1)** regarding the extenuating circumstances. The instructor has the right to make the decision to allow the student to make-up the clinical time. If the instructor does not allow the student to make up the clinical time, the student is able to petition the Associate Degree of Nursing Admission Taskforce.

If the instructor allows a clinical make-up **(Attachment # 2)** the procedure is as follows:

1. Any clinical make-up day arranged by the instructor will be documented and signed by the student.

2. A make-up day may be scheduled after midterm for any students who have had a clinical absence.

3. Make-up clinical practices will reflect the current placement of the student in the curriculum.

4. Failure to complete a make-up clinical will result in failure of the clinical course.

Petition for Missed Clinical Time:

I _____ on _____

Student Name Date

Request permission from_____

Instructor of Course

To make-up the clinical time I missed on _____, because of the following
Date

reason_____

_____

Approved: _____Date_____

Instructor Signature

Not Approved_____Date_____

Instructor Signature

(Attachment # 1)

Agreement for Clinical Practice Make-Up

I _____ was absent for a clinical experience on_____
Student Name Date of absence

Because of the following reason_____

_____.

I, _____will make up the missed clinical (with instructor
Student Name

permission and discretion) by _____.
Date

Failure to complete this make up will result in failure of this course_____
Course number and name

_____ _____
Instructor Signature Date Student Signature Date

(Attachment # 2)

Traditional Ojibwe Foods (Class/Group Teaching Project)

Criteria	Points Possible	Points Possible	Points Possible	Points Given	Comments
Poster Presentation of Traditional Ojibwe Foods to be presented to NAS 100-01 Introduction to Ojibwe Culture Class	50	0	0		
1. Compare Traditional Ojibwe food to the standards of Healthy People 2020. 2. How does traditional Ojibwe food correlate with healthy eating habits 3. How do traditional Ojibwe foods affect the Nutritional status of people in relation to disease processes. 4. Develop a food pyramid based on traditional Ojibwe food	50	0	0		
Establish group members roles- each student must take an active role in the project as agreed upon by the collective group	50	0	0		
	50	0	0		

Journaling is required for the weeks that you are in clinical practice. Journaling is also required for the 8 hours of medical-surgical attendance during the course. For those requirements, students need to journal on his or her experience. Journaling points will be awarded for each entry and response to classmates 50 points. **You have one week to journal those entries. 10 points will be taken off for each day that the entry is late.**

Journaling Requirements:

- What are the health disorders of your patient
- Describe the nutritional status of your patient
- Identify safety needs of your patient
- Describe the pathophysiology in relation to one of the disease processes of your patient
- Provide detailed information on what you learned when performing a physical assessment on a medical surgical patient in relation to his or her disease processes
- How did you incorporate Ojibwe Traditional values in your weekly clinical experience-provide specific examples
- Identify the culture of the patient
- How did you incorporate the culture of the patient in meeting their individual needs
- Identify one Nursing Diagnosis of your patient
- Provide two goals for your patient
- How did you communicate with your patient and others in the health care team
- Patient teaching needs identified
- What teaching did you provide your patient
- What critical thinking skills did you use
- Strengths
- Weaknesses
-

Journaling Rubric:

50	25	0
1. Each objective is addressed 2. Complete accounts with specific information on all areas 3. Analyzes activities that were performed 4. Relates clinical activities to course content	1. Half of the objectives are addressed 2. The journal entries are half complete 3. Did analyze some activities performed or showed some new insight 4. Relates clinical activities at a minimal level	1. None of the objectives are addressed 2. The journal entries are half complete 3. The student did not analyze activities and did not show new insight 4. The student did not relate clinical activities to course content

Journaling Rubric Response to classmates:

50	25	0
1. Responded to two classmates each week 2. Responses showed critical thinking, commenting on student's success and encouraging to overcome weaknesses 3. Offered insight on areas that the classmate may have questions on or added additional information	1. Did not meet all the criteria. Only responded to one classmate a week or met only 2 of the three criteria	1. No response or poor responses to the 3 criteria

Annotated Bibliography Rubric (clinical)

Criteria	Points Possible	Points Possible	Points Possible	Points Given	Comments
1. Choose a nursing/health article that relates to the disease process or health of your patient-in relation to gender, culture, age, developmental status, and psychosocial status in a medical surgical setting 2. Write an annotated bibliography in proper format 3. Submit the article	Did not submit the article 5 The annotated bibliography has more than 3 mistakes	Did not submit the article 10 The annotated bibliography has less than 3 mistakes	Submitted the article 20 The annotated bibliography has no mistakes		
4. What is the evidenced based practice that you identified	No evidence 0	No evidence 0	Evidence Identified 20		
5. How will you as a nursing student use the information in the article to develop a plan of care to provide optimal health to your patient in relation to his or her individual needs, safety needs and cultural preferences	1 example given 5	2 examples given 10	3 examples given 20		
6. What obstacles do you foresee in carrying out the information used in the article	1 examples given 5	2 examples given 10	3 examples given 20		
APA format: Annotated bibliography in right format, no spelling errors, no grammatical errors	More than 3 APA errors 5	Less than 3 APA errors 10	APA format met 20		Plagiarism is a serious offense, can result in failure of the course.
Total				Your score = /100	Score Percent

Clinical class-
Care Plan Evaluation Tool

	Date	**Date**	**Date**
Appropriate & Completed Care Plan: Identification, Developmental Stage, Health State, Sociocultural Orientation USCR's	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**
Appropriate & Completed Care Plan: Health care systems management	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**
Appropriate & Completed Care Plan: Concept mapping	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**
Appropriate & Completed Care Plan: Medications	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**
Appropriate & Completed Care Plan: labs	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**
Appropriate & Completed Care Plan: Oxygenation, circulation, temperature regulation, hygiene, elimination and nutrition	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**
Appropriate & Completed Care Plan: Rest, activity and sleep, social interactions, sense of normalcy, sensory alterations, safety and other	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**

Appropriate & Completed Care Plan: Nursing Diagnosis, Nursing care plan	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**
Communication Skills	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**
Cultural Sensitivity Identifying the culture of the patient	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**
Professional Attire	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**
Professional Attitude	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**
Patient and Staff Safety	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**
Report to Instructor and Staff Nurse	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**
Attendance	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**

Point Earned_____
40-48 =A
31-40= B
24-30= C

Lac Community College

Associate of Applied Science in Nursing Program

Clinical Outcomes Portfolio

Date:

Student Name:_____

INSTRUCTIONS

Your clinical portfolio is a collection of your completed assignments that provide evidence that you have successfully accomplished the course learner outcomes for (Course Name)

The students' responsibilities include:

1. Completing the listed assignments successfully.
2. Inserting the final assignments in the portfolio.
3. Maintaining the portfolio throughout the program.

Please put a sample of each of the assignments into your Clinical Portfolio. Your portfolio will be collected one week prior to your midterm evaluation and again one week prior to your final evaluation. You are expected to have your clinical portfolio with you at clinicals on a weekly basis. Your clinical instructor will ask to see your portfolio throughout the semester. If you do not have your portfolio with you, or if your clinical portfolio is not up to date, you will receive an anecdotal note which will remain in your file until graduation from the program

The Outcomes for this clinical course are listed on the following pages with the Competencies listed under EACH outcome. You must receive a "S" under **EACH** competency to pass this clinical course. The tools for measuring the outcomes are listed in the right hand column. Some of the tools used are graded by a rubric and not a written assignment.

Lac Courte Oreilles Ojibwa Community College Associate of Applied Science In Nursing
Organizational Framework
We Look In All Directions
NORTH
We are All Related
Identify/Autonomy
Communication
Development
Assessment
Basic Nursing Skill
WEST
A Healthy Way of Life
We Gain Wisdom
Elders
Teachers
Critical Thinking
Healing
Theoretical Wisdom
Reflection
EAST
Making Decisions the Right Way
Problem Solving
Flexible
Integrated
Mental and Community Health
Gerontology
SOUTH
That Which is Given to Us
Purposeful Life
Life Changing
Teaching
Challenges to be born
PN PhD
ADN
MSN
BSN
Informatics
Use and integrate information Technology
Client Education
Provide and create health-related Education
Professionalism
Practice and perform in a Professional manner
Leadership
Be a leader in the provision and Management of safe quality client care
Cultural Competence
Apply and Integrate Ojibwe Environmental Knowledge and Other cultures when providing Client care
Client Centered Care
Practice and Integrate Nursing
Interdisciplinary Collaboration
Collaborate as and with members Of the interdisciplinary health care team
Evidence based practice and Nursing Judgment
Use current evidence and research For the basis of nursing practice
Quality Improvement
Promote quality improvement Through participating in implementation and development of Organizational care
Safety
Provide and create a safe environment
Nursing Health Person Lifespan
Community Nursing Education Learning

Program Student Learner Outcomes
from the National League for Nursing (NLN) Outcomes and Competencies Book (2010)
and from the Quality Safety Education in Nursing (QSEN.org website)

Program Outcome	Program Outcome Definition	Program Outcome Competency
Client Centered-care	The provision of caring and compassionate, culturally sensitive care that is based on a client's physiological, psychological, sociological, spiritual, and cultural needs, preferences, and values. Clients are defined as individuals and families. Advocate for patients and families in ways that promote their self-determination, integrity, and ongoing growth as human beings.	Practice nursing that is client centered, caring, culturally sensitive and based on the physiological, psychosocial and spiritual needs of clients.
Interdisciplinary Collaboration	The student will function effectively within nursing and inter-professional teams, fostering open communication, mutual respect, and shared decision-making to achieve quality patient care. The delivery of client care, in partnership with multidisciplinary members of the health care team, to achieve continuity of care and positive client outcomes.	Collaborate as a member of the health care team to promote continuity of client care.
Evidenced Based Practice and Nursing Judgment	Integrate best current evidence with clinical expertise and patient/family preferences and values for delivery of optimal health care. Students will use current knowledge from research and other credible sources, upon which clinical judgment and client care are based. Students Make judgments in practice, substantiated with evidence, that integrate nursing science in the provision of safe, quality care and that promote the health of patients within a family and community context.	Use current evidence from scientific and other credible sources as a basis for nursing practice and clinical judgment.

Quality Improvement	The study of care and organizational processes with the goal of developing and implementing a plan to improve health care services and better meet the needs of clients. Examine the evidence that underlies clinical nursing practice to challenge the status quo, question underlying assumptions, and use improvement methods to design and test changes to improve the quality of care and safety for patients, families, and communities.	Promote quality improvement by participating in the implementation of care-related plans to improve health care services
Safety	The minimization of risk factors that could cause injury or harm while promoting quality care and maintaining a secure environment for clients, self, and others.	Provide a safe environment for clients, self and others.
Informatics	The use of information technology as a communication and information gathering tool that supports clinical decision making and scientifically based nursing practice.	Use information technology in the provision of client care.
Client Education	The provision of health-related education to clients that will facilitate their acquisition of new knowledge and skills, adoption of new behaviors, and modification of attitudes.	Provide health-related education to restore health and promote optimal wellness.
Professionalism	The accountable and responsible behavior of the nurse that incorporates legal and ethical principles and complies with standards of nursing practice. Implement one's role as a nurse in ways that reflect integrity, responsibility, ethical practices, and an evolving identity as a nurse committed to evidence-based practice, caring, advocacy, and safe, quality care for diverse patients within a family and community context.	Practice nursing in a professional, ethical, and legal manner.

Leadership	The process by which nurses use a set of skills that directs and influences others in the provision of individualized, safe, quality client care. Leadership activities include delegation and supervision.	Use leadership skills in the provision of safe, quality client care
Cultural Competence	The process in which nurses understand Ojibwe Environmental Knowledge and knowledge of other cultures as the culture relates to the impact of client care. Nurses gains the ability to interact effectively with people of different cultures. Culture represents a client's values, norms, and traditions that affect how individuals of a particular group perceive, think, interact, behave, and make judgments about their concepts of healthcare. Culture is a pattern of behavior including; thought, communication, attitude, well being, ways of interacting, roles and relationships, and expected behaviors, beliefs, values, practices and customs.	Apply Ojibwe Environmental Knowledge and other cultures when providing patient care

Lac Courte Oreilles Ojibwa Community College

Course Title: **Mental Behavioral and Community Health Nursing**

Course Number: **NSG XXXX**

Credits: **3**

Class Time:

Instructor:

Contact:

Office Hours:

Total Credit/Contact Hours: 3.00

Theory Credit/Contact Hours: 2.00 (32 hours of theory lecture)-first 8 weeks

Clinical Credit/Contact Hours: 1.00 (48 hours of clinical practice)-last 8 weeks

Students must pass the theory and lab portion before entering the clinical portion of this course. The theory and lab component runs the first 8 weeks of class.
Students should expect to spend about three hours studying or on task for class assignments for each credit of the course. For a three credit course, this means about nine hours of work outside of class!

Course Description: This course focuses on the care of clients across the lifespan experiencing cognitive, mental and behavioral disorders. Emphasis is placed on management of clients facing emotional and psychological stressors as well as promoting and maintaining the mental health of individuals and families. Concepts of crisis intervention, therapeutic communication, anger management, and coping skills are integrated throughout the course. The community as a site for care and support services is addressed. Community Health is identified and reviewed. Clinical experiences provide the student an opportunity to apply theoretical concepts and implement safe client care to clients in selected mental health and community settings.

Prerequisite: A.D.N. Mandatory Course Sequence

Textbooks: pending we are looking at new textbooks

Ojibwe Culture & Tradition:

The Mission Statement of LCOOCC reads, in part:

> "The Lac Courte Oreilles Ojibwe Community College mission is to provide
>
> Anishinaabe communities with post-secondary and continuing education while advancing the language, culture, and history of the Ojibwe."

In order adhere to the college's mission statement, this course will incorporate Ojibwe language, culture and tradition into class activities wherever possible. Specific activities relating to Ojibwe culture and tradition have been included in the class schedule.

Gimaamawi-nandagikenjigemin – We Are All Learning Together
and
Gikinoo'amaagan odanokiiwin (student work):

As part of the college's continuing efforts to improve student learning, LCOOCC is participating in a four year *Academy for Assessment of Student Learning* under the direction of our accrediting institution, the Higher Learning Commission. The name we have given to the college's institute-wide assessment project is **Gimaamawi-nandagikenjigemin – We Are All Learning Together.**

A course-specific *Student Learning Project* which incorporates Ojibwe knowledge and values and supports the college's Mission Statement will be embedded in all courses and syllabi. These student learning projects are named **Gikinoo'amaagan odanokiiwin - student work.** In order to incorporate the concept of **Gimaamawi-nandagikenjigemin**, Are giver support group, research of Ojibwe support traditions research paper and incorporation of a support group at LCO College for this class was designed to meet the criteria of **Gikinoo'amaagan odanokiiwin.**

The Care giver Support Group Research paper and implementation of the support group will assess students':

1. Creation of a project that integrates both course-specific content and Ojibwe cultural knowledge
2. Ability to express themselves clearly and correctly in writing
3. Ability to locate, gather, and synthesize information.

Course Objectives:
12. Identify and analyze community health settings in relation to nursing

13. Identify nursing roles in the community health setting

14. Identify nursing interventions in community health nursing

15. Identify Health Prevention within the community setting

16. Identify Illness prevention within the community setting

17. Identify Global Health Resources

18. Identify strategies to implement global health resources

Content Units:
Role of the nurse and standards of practice for mental health nursing

Unit Objectives:
1. Discuss the role and responsibilities of mental health/psychiatric nurses

2. Identify major trends in mental health nursing.

3. Describe the standards of practice of psychiatric and mental health nursing according to the American Nurses Association Statement on the Scope and Standards of Psychiatric Mental Health Nursing Practice.

Content Topics:

Mental Health and Mental Health Issues

Unit Objectives:
1. Compare and contrast criteria for mental health and mental illness.

2. Discuss legal issues that may arise during mental health treatment such as, the patient's right to receive treatment, the patient's right to refuse treatment, the patient's right to informed consent.

3. Describe factors that affect an individual’s mental health.

4. Identify attributes or signs of mental health issues.

5. Discuss how age, ethnicity, gender, education, culture, and belief system can affect developing, experiencing, and recovering from psychiatric disorders.

6. Identify settings in which mental health treatment if offered.

7. Discuss each category of the Diagnostic and Statistical Manual of Mental Disorders multiaxial system.

8. Compare and contrast a DSM-IV-TR diagnosis with a nursing diagnosis.

9. Identify how cultural influences could affect making an accurate DSM-IV-TR diagnosis

Content Topics:

Principles of Therapeutic Communication and Application in the Mental Health Setting

Unit Objectives:

1. Describe the nature and goals of the therapeutic nurse-patient relationship.

2. Identify three factors that can interfere with accurate communication between nurse and patient.

3. Demonstrate four techniques that can enhance communication, and discuss what makes them effective during the communication process.

4. Discuss differences between verbal and non-verbal communication.

5. Discuss the effect on the communication process when there is a lack of understanding of cultural differences.

6. Discuss how confrontation, immediacy, nurse self-disclosure, and role playing can be used by the nurse in a therapeutic relationship.

7. Identify when there is a need for boundaries set between nurse and patient.

8. Describe the importance of self-awareness in the nurse-patient relationship.

Content Topics:

Therapeutic Modalities

Unit Objectives:

1. Describe the tenets behind the following therapeutic models

2. Identify three types of crises and give an example of each

3. Discuss primary goals and phases of crisis intervention.

4. Compare differences between primary, secondary, and tertiary intervention and appropriate interventions.

5. Identify areas to assess during crisis.

6. Identify basic principles of group work

7. Describe the phases of group development.

8. Describe roles group members may adopt.

9. Discuss therapeutic factors that operate in all groups

10. Identify facilitating techniques used by the group leader.

11. Compare the characteristics of a healthy family functioning with a dysfunctional family functioning.

12. Identify several strategies for family intervention.

13. Describe the role of the nurse in family therapy.

14. Describe integrative care.

15. Describe various complementary and/or alternative therapies such as - massage, herbal medications, aromatherapy, acupuncture, acupressure, homeopathy, and chiropractic medicine.

16. Discuss how psychotropic drugs are used in mental health care.

17. Describe how functions of the brain are altered by psychotropic drugs.

18. Identify major categories of psychotropic drugs and discuss the use, action, potential adverse and side effects, and nursing implications of the following:

Content Topics:
a. Antipsychotics (conventional, atypical)

b. Antidepressants (tricyclics, selective serotonin reuptake inhibitors (SSRIs) serotonin/norepinephrine reuptake inhibitors (S/NRIs), monoamine oxidase inhibitors (MAOIs), atypical antidepressants)

c. Bipolars (mood-stabilizers, antichotics)

d. Sedative/hypnotics (benzodiazepines, benzodiazepine-like drugs, melatonin agonists, barbiturates)

e. Antianxiolytics (benzodiazepines)

f. Attention-deficit/hyperactivity disorder drugs (amphetamines/dextroamphetamines, methylphenidate/dexmethylphenidate, methylxanthines, CNS stimulants,

Personality Development

Unit Objectives:
1. Discuss the relationship between personality development and mental/behavioral disorders.

2. Describe the main theories of personality development.

Content Topics:
a. Psychoanalytic theory—Freud

b. Human motivation—Maslow

c. Interpersonal theory—Sullivan

d. Psychosocial development--Erikson

e. Object relations development—Mahler

f. Cognitive development—Piaget

g. Moral development—Kohlberg

h. Nursing interpersonal—Peplau

Anxiety Disorders

Unit Objectives:
1. Identify predisposing factors of anxiety disorders.

2. Describe outcome criteria for each of the identified anxiety disorders.

3. Discuss the action, side effects, potential adverse reactions, and nursing implications for benzodiazepine medications.

4. Discuss coping strategies in the management of stress.

5. Describe clinical manifestations, goals, nursing interventions, and treatment of patients with:

Content Topics:
a. Obsessive compulsive disorder

b. Post Traumatic Stress Syndrome

c. Panic disorder

d. Phobias

e. Generalized anxiety disorders

Mood Disorders

Unit Objectives:
10. Identify the main characteristics of the following mood disorders:

1. Describe biologic and psychosocial theories about the etiology of mood disorders.

2. Differentiate between normal grief reactions and pathological grief behaviors.

3. Describe the emotional, cognitive, behavioral, and physical symptoms associated with depression.

4.Describe three phases of treatment for mood disorders.

5. Identify outcomes, goals and planning for each phase of treatment for mood disorders.

6. Describe risk factors and clues that might signal suicidal thoughts.

7. Develop nursing interventions and communication strategies for patients with depression, mania, and suicide ideation.

8. Compare advantages, actions, side effects and nursing implications for mood stabilizing medications and antidepressants.

9. Discuss electroconvulsive therapy including

Content Topics:
a. Major depression

b. Bipolar disorders

c. Mania/hypomania

d. Seasonal affective disorder

e. Premenstrual dysphoric disorder

Personality Disorders

Unit Objectives:
1. Compare and contrast the main characteristics of the three clusters of personality disorders

2. Describe current treatment modalities for patients with personality disorders.

3. Describe the limitations in the use of medications to relieve symptoms associated with personality disorders.

4. Develop nursing interventions and communication strategies for patients with personality disorders.

5. Discuss the importance of setting and keeping clear boundaries when working with persons with personality disorders.

Content Topics:
Cluster A/ paranoid, schizoid, and schizotypal personality disorders

Cluster B/ antisocial, borderline, and narcissistic personality disorders

Cluster C/ dependent, obsessive-compulsive, avoidant personality disorders

Psychotic Disorders

Unit Objectives:
1. Define schizophrenia.

2. Describe the progression of symptoms from prodromal to the acute phase of schizophrenia.

3. Describe five basic categories of schizophrenia.

4. Differentiate among the three phases of schizophrenia regarding symptoms, focus of care, and needs for intervention.

5. Discuss non-pharmacological treatment modalities for patients with schizophrenia that may be beneficial.

6. Describe effective strategies of individual, group, and family therapies that may helpful for patients with schizophrenia and their families.

7. Describe three common problems associated with severe mental illness.

8. Discuss behavioral and psychological manifestations of severe mental illness in relation to the person's ability to function, their families, and others.

9. Identify evidence-based practices for the care of the severely mentally ill.

10. Discuss the importance of medication and the need for the severely mentally ill to adhere to the regimen

11.Discuss properties of the traditional and atypical antipsychotic drugs such as:

Content Topics:
a. Target symptoms

b. Indications for use

c. Adverse effects/toxic effects

d. Patient/family teaching

Abuse and Violence

Unit Objectives:
1. Describe the cycle of violence in reference to individual violence and family violence.

2. Describe personality characteristics of an abusive adult.

3. Identify factors that predispose a child or spouse to physical violence.

4. Describe legal responsibilities of health care providers in documentation and reporting of suspected or known family abuse.

5. Discuss assessment indicators and interventions for child, adult, and elder abuse.

6. Identify common reactions and nursing interventions for acute and long-term phases of rape-trauma syndrome.

7. Describe nursing interventions for prevention and management of aggressive behaviors.

8. Identify factors that may be useful in predicting violent behavior.

Content Topics:

Cognitive Impairment Disorders in the Older Adult

Unit Objectives:
1. Discuss the demographics of the older population and the impact on mental health care.

2. Identify components of an assessment of the healthy geriatric patient and the patient with cognitive impairment.

3. Identify the clinical manifestations of a client with Alzheimer's disease.

4. Discuss identified behaviors, goals, and nursing interventions associated with mental health problems in the older adult including

5. Describe potential barriers to mental health care for the older adult.

Content Topics:

Psychiatric Disorders of Children and Adolescents

Unit Objectives:
1. Discuss factors that contribute to child and adolescent psychiatric disorders.

2. Describe treatment modalities for selected disorders of childhood and adolescence

3. Describe the nurse's role in administering medications used to treat psychiatric disorders in children and adolescence.

4. Describe clinical manifestations and intervention strategies for:

Content Topics:
a. Autism spectrum disorders

b. Attention deficit hyperactive disorder

c. Separation anxiety disorder

d. Mood disorders

e. Conduct disorder

f. Adjustment disorders

Community-based Mental Health Nursing

Unit Objectives:
1. Distinguish between goals and interventions of mental health care in the hospital and the community.

2. Describe the role of the nurse as a member of the interdisciplinary team in caring for chronically ill and/or homeless mentally ill in the community.

3. Discuss the continuum of psychiatric care from the acute care setting to the community setting.

4. Identify community resources for the chronically and/or homeless mentally ill.

5. Discuss barriers to mental health treatment in the community setting.

Content Topics:

Identify Roles in Community Health Nursing

Unit Objectives:
Content Topics:

Clinical Objectives:
1A. Use the nursing process as a framework for providing nursing care/ Perform a focused mental health assessment of clients.

1B. Use the nursing process as a framework for providing nursing care/ Contribute to the development of a plan of care based on data collected during a focused assessment.

1C. Use the nursing process as a framework for providing nursing care/ Select cultural and age-appropriate interventions for inclusion in the plan of care.

1D. Use the nursing process as a framework for providing nursing care/ Implement nursing care that is safe and based on the established plan of care.

1E. Use the nursing process as a framework for providing nursing care/ Use clinical judgment when

providing client care and participating in the evaluation of client outcomes.

4C. Provide high-quality nursing care in an environment that is safe for the client, self, and others/ Identify client issues that affect quality of care and participate in activities that promote improvements.

2A. Promote continuity of health care within the health care team and across various settings/ Participate as a member of the interdisciplinary health care team.

2B. Promote continuity of health care within the health care team and across various settings/ Communicate client-related information to designated team members in a timely manner.

2C. Promote continuity of health care within the health care team and across various settings/ Participate in the planning and reinforcement of health-related education.

2D. Promote continuity of health care within the health care team and across various settings/ Use information technology to document client information and communicate with members of the health care team.

3B. Use scientific principles and evidence-based practice as a foundation for nursing practice/ Use appropriate resources when determining best established practice for clients.

3A. Use scientific principles and evidence-based practice as a foundation for nursing practice/ Apply knowledge of pathophysiology, pharmacology and nutrition when providing client care.

3C. Use scientific principles and evidence-based practice as a foundation for nursing practice/ Use scientific evidence as a basis for nursing practice.

4A. Provide high-quality nursing care in an environment that is safe for the client, self, and others/ Use communication techniques that facilitate the development of a caring nurse-client relationship.

4B. Provide high-quality nursing care in an environment that is safe for the client, self, and others/ Advocate for the client when health care or health related issues arise.

4E. Provide high-quality nursing care in an environment that is safe for the client, self, and others/ Use leadership skills to enhance efficient delivery of client care.

5A. Practice nursing in a professional, ethical, and legal manner/ Practice nursing in accordance with professional standards.

5B. Practice nursing in a professional, ethical, and legal manner/ Practice nursing in an ethical manner.

5C. Practice nursing in a professional, ethical, and legal manner/ Practice nursing within established legal parameters.

5D. Practice nursing in a professional, ethical, and legal manner/ Accept accountability and responsibility for client care provided.

4D. Provide high-quality nursing care in an environment that is safe for the client, self, and others/ Identify

actual and potential environmental safety risks while providing a safe environment for the client, self, and others.

Course Method of Evaluation

1. Tests on each unit of study cumulative passing grade of a 78% or better
2. Case studies correlating with unit testing, pop quizzes, workbook assignments
3. Care Plan in the theory and clinical components
4. Written projects on
5. Final and final proctored ATI exams used for student knowledge and course objective assessments
6. Participation to include ATI testing, punctuality, attending classes, assignments on time, being positive in the classroom and/or clinical setting, and offering insight during class participation
7. Journaling
8. Clinical Evaluation tool

Theory Grading Criteria:

Component	Weight		Percent	Grade
Tests & pop quizzes	40%		93-100%	A
Assignments: Case Studies, workbooks moodle	25%		85-92%	B
Written Project-Research Caregiver Support group	20%		78-84%	C
Participation	5%		60-77%	D
ATI testing	10%		<60%	F

Clinical Grading Criteria:

Component	Weight		Percent	Grade
Caregiver Support Group	30%		93-100%	A
Reflective Journal	30%		85-92%	B
Annotated Bibliography	10%		78-84%	C
Clinical Evaluation Tool	30%		60-77%	D

Total	100%		<60%	F

ANY GRADE BELOW 78% IS CONSIDERED A FAILURE OF THE COURSE

Students must have a 78% or better to pass this course and proceed with the other nursing courses. An average of tests and case studies MUST average 78%. Grades will be rounded to the nearest 100th. (example: 77.5%=78%.)

The following grading system is used in evaluating students in the Associate Degree Nursing Program at LCOOCC (Nursing Courses)

A	**93 – 100%**
B	**85 – 92%**
C	**78 – 84%**

Any grade below 78% is considered failure of a nursing course.

D	**60-77%**
F	**below 60%**

Students must have a 78% or better to pass this course and proceed with the other nursing courses. An average of tests and case studies must average 78%. Grades will be rounded to the nearest 100th. 77.5% = 78%.

Computer Use: In order to use any of the computers on the campus, you must have filled out and submitted a Request For a Computer User Account. These forms are available from the receptionist as well as the Computer Department. **Allowing others to use your account is grounds for revocation!**

Academic Honesty Policy:

Plagiarism is a serious offense. If a student is caught plagiarizing the student receives an F for the grade on the paper and may be placed on

academic probation or receive an F in the course. **Cheating is not allowed.** The work you submit must be your own work and not the work of others.

Paper Assignments: If assignments are required to be submitted electronically, they must be in Microsoft Word (doc) format or when required, Microsoft Excel format or Power point.

If for any reason you find yourself unable to continue attending this class, I strongly recommend that you stop at the Registrar's Office and fill out a Withdrawal Form. That way you do not jeopardize your GPA and future Financial Aid.

COURSE REQUIREMENTS

Assignments and Tests:

All tests and or case studies **must** be passed with an average of 78% or above. Test questions mirror the NCLEX multiple choice. Reading the assigned text, attending and participating in class, attending and participating in study groups, MyNursing lab, ATI, virtual tools located in textbooks in other nursing and science courses and reviewing library materials will prepare the student for each theory examination.

Assessment Technology Institute (ATI) offers a comprehensive assessment designed to increase the students' pass rates on the nursing licensing exam. ATI tools can help students prepare more efficiently as well as increase confidence and familiarity with content and testing. These tools include DVDs, web-based practice tests and books on specific content. These materials are required each semester at the expense of the student over their enrollment in the nursing program. ATI content is available to students for 4 years after graduation.

Each semester students are provided with codes for practice exams before the proctored exam is given. The practice exams may be taken multiple times and the student is encouraged to repeat the practice exams until a grade of 90% is obtained.

The practice and the proctored ATI exams grade will count for 10% for your final grade for each course. The grades for the ATI will be based on proficiency levels

Proficiency Level 3 –ATI grade 100%

Proficiency Level 2 –ATI grade 90%

Proficiency Level 1 - ATI grade 75%
Below Proficiency Level 1: ATI grade 60%

ATI TESTING: Students will take their assigned **ATI practice test** according to the guidelines in the syllabus for each course. Instructors will provide an ATI Proctored testing date and time. The dates of the exams will be listed in the course syllabus, tentatively the Proctored ATI testing will be held in the last week of the didactic course. All proctored exams are taken on line in one of the nursing classrooms they are timed tests, usually 1 minute per question. **The taking of the ATI practice and proctored exam is a part of the course requirements.**

Proctored exams may only be taken once and must be taken at the scheduled time. If the test is missed, students need to contact the instructor to re-schedule within 10 days or a result of zero occurs. ATI tests grades are not curved. ATI results for the proctored exam will be available when all of the students have completed the exam. Students will **not** discuss the exam with other students until the exam results have been posted.

Students need to follow test-taking rules as outlined in the syllabus, no calculator, no food or drink, no talking, work independently, scratch paper may be provided if needed. Once the exam is complete, please leave the room to allow for a quiet environment for other testers. If you are taking multiple exams that day, please be aware of other students taking their test.

Students in their last semester nursing courses will take an **RN Comprehensive Predictor ATI** test. Students must achieve a 75% or better. If a 75% is not achieved students will have to go through remediation to achieve that 75% or above by the end of their NSG 214 Internship course. If that grade of 75% is not achieved, the student will not pass NSG 214.

Dosage calculation testing will be required in NSG 100-01, NSG 219, and NSG 204

If you have a documented disability affecting your ability to sit for the test, please see your instructor in the first week of class.

REMEDIATION:
The re-take of the proctored ATI test is required for any student who received a Below level score. The student is responsible to develop a plan to complete a focused review and should meet with their instructor to discuss the plan. In developing this plan the student should reflect and consider possible reasons for the low score and methods to improve study habits, test taking strategies, time management and retention of knowledge. The remediation template which is outlined in the ATI website under your results tab allows you to focus on areas of deficiency. To access this remediation plan, click on the proctored assessment and click on build under your results tab. A personalized plan will be built by the ATI system for you. You must follow the remediation plan and a proctored re-take of the examination must be completed by the end of the semester. You must work with your Instructor to set-up the date and time. Your instructor will be following your remediation work in ATI.

ATI testing fees: ATI testing fees will be charged each semester. ATI services will be available to you four 4 years. You will be able to use this service after graduation. Fees will be discussed during orientation.

ATI testing offers insight into areas in which you may need assistance. This useful tool will guide through these areas. Use this sight to assist in coursework and in passing your boards.

ATI testing fees: ATI testing fees will be charged each semester. ATI services will be available to you four(4 years). You will be able to use this service after graduation. Fees will be discussed during orientation.

ATTENDANCE:

Students are allowed to miss one (1) class time. As class material pertains to other courses, a student may be behind in those courses as well. Missing class does not provide a good learning environment for you as a student. It is YOUR responsibility to call the instructor PRIOR to class time and to meet with the instructor to make up assignments.

Outside of class study expectations:

For each hour of class time, expect 2 hours of study time outside of class or more depending on the assignments, learning styles and study habits.

Students will be allowed to go into the class room and practice outside of class hours.

ASSIGNMENTS & TESTs

Missing an exam should only occur in the event of **extreme circumstance.** If the student is going to miss an examination, the course instructor that is giving the exam must be personally notified prior to the exam or the right to make up the exam is forfeited. Make-up examinations will only be allowed for extenuating circumstances. Assignments must be handed in according to the instructor's deadline.

You are allowed to miss one test day for extreme circumstances (ie. Medical Emergency)

If you miss a test and you follow the procedure, you are allowed to take the test within 48 hours. Ten (10) points will be taken off the score for each day past 48 hours. Any make up exams maybe a different set of questions, but come from the same chapters. If you miss a test day the 2nd time, you will be given a zero score.

There will be POP Quizzes throughout this class

For assignments, assignments are due as outlined in the syllabus. **For each day the assignments is late, including weekends and holidays, ten (10) points will be taken off for each day the assignment is late.** Please see your instructor if you have any further questions. There will be no incompletes given in this course.

READING ASSIGNMENTS: You will be expected to complete assigned material **BEFORE** coming to class. You will be held accountable for the work and reading material, which is testable material.

SPECIAL NOTE REGARDING INCOMPLETES: There will be **NO** incomplete grades issued for this course. If exceptional circumstances occur which prevent you from completing all of the course requirements your grade will be determined on the basis of whatever attendance and evaluation data that you have generated in the time that you did attend. It may be necessary to repeat the course if you're output is below the passing requirements.

If you are having trouble keeping up with homework, reading, or understanding course content, please inform the instructor and make an appointment with student support services **as soon as you realize you are having trouble**. We can help you with time management, study skills, and more.

Please inform the instructor if you have a disability (physical, learning, etc.) that will interfere with successful completion of this course.

Classroom Conduct: Students enrolled in NSG 100 must assume responsibility for their

OWN behavior. This includes professional conduct of the instructor and other classmates by adhering to the classroom conduct policy.

The student has the responsibility to review material presented in prerequisite courses if necessary to enhance the understanding of this course. Students are responsible for required reading, use of mynursing lab, ATI and any assignments. Attendance and active participation are expected. **Show Respect:**

Listen when others are speaking
Be on time for class
Listen when others are speaking
Don't pick up your books or put on your coat until class is over
Your cell phone must be turned off. If your cell phone disrupts the class three times during the semester your will automatically

receive a 30% reduction in your participation grade which will be compiled into your final grade

Listen when others are speaking

Professional Conduct: As outlined in the Lac Courte Oreilles Ojibwa College Associate of Applied Science in Nursing Student handbook and in the Lac Courte Oreilles Ojibwa Community college handbook, you are responsible to conduct yourself in a professional manner. You are to abide by the professional code of ethics Chapter N11 'rules of conduct" of the Wisconsin Administrative Code-Rules of Board of Nursing identify desirable conduct for nurses. The program outcomes in the nursing program are to; lead in a professional manner based on the standards of nursing practice, communicate in a professional manner and demonstrate accountability and responsibility. **Students enrolled in any NSG course must assume responsibility for their own behavior. This includes professional conduct towards the instructor and other classmates by adhering to the LCO Student Handbook and the Nursing Student Handbook.**

Project developed to support caregivers within this community rubric. (theory portion of class)

FORMAT/EXPECTATIONS	POOR 30 PTS	FAIR 35 PTS	GOOD 40PTS	EXCELLENT 45PTS
APA FORMAT	No cover page Does not follow APA format Several spelling errors, poor grammar, no citation in support of evidence	Cover page APA format not correct. Frequent spelling errors, poor grammer, 1-2 citations for evidence support	Cover page, APA format, 1-2 spelling errors, 3-4 citations to support evidennce	Cover page, APA format, no spelling errors, no grammer errors, 5 + citations for support of evidence
INTRODUCTION • What is your paper about? • What will the reader expect to learn from the paper? • What point or points are you trying to get across?	There is no introduction of the paper	The introduction of the paper is not clear	The introduction of the paper does not flow	The introduction of the paper presents the purpose of the paper clearly and concisely
OVERVIEW OF OJIBWE CULTURE	No evidence of research of Ojibwe culture	2 references used as evidence of research of Ojibwe culture	3 references used as evidence of research of Ojibwe culture	4 or more references used as evidence of research of Ojibwe culture
INTERVIEW QUESTIONS How does the Ojibwe culture view support group intervention ect…	Fewer than 6 questions asked, no logical flow to the questions, did not encourage natural development of conversation	6 questions asked, logical flow to questions, did not encourage natural development of conversation	6 questions asked, logical flow to the questions and the interview takes on a natural conversational tone	More than 6 + questions asked. The questions are in logical sequence and lead to natural conversation
INTERVIEW	No introductory	No introductory	Introductory	Introductory

• What are the health beliefs of the individual • What treatment methodologies do they practice • What treatments do they prefer • How does traditional medicine come into their healthcare practices • What barriers do they see with utilizing support group	paragraph, no permission requested to share information, question and answer section not present as requested, No item given for exchange of the interview	paragraph, permission requested to share information, question and answer not present as requested, no item given in exchange for interview	paragraph present and gives reader insight to the client. Permission requested to share information, question and answer section presented as requested, no item given in exchange of interview	paragraph, well written and thorough to give the reader good insight and historical background of health views of client and current medical treatments, therapies and traditional, care. Permission requested to share information, question and answer section clear and well presented. **RN student explains in paragraph the Ojibwe way he/or she asked for permission to interview the client.**
PROBLEM OR NEED INDENTIFICATION FOR INCOPORATING Caregiver Support Group	No interventions or rational provided for future care	Problems needs identified but not obvious to the reader why the problem was identified	Problems/needs identified lacking clarity	Problems/needs identified with clarity, shows insight ability to analyze information gathered on behalf of the RN student

Analyze the ability to incorporate changes in health care to meet the needs of the Ojibwe client	No incorporation of problem solving to meet the needs of the Ojibwa client or rational provided for the future care	Minimal incorporation of problem solving to meet the needs of the Ojibwa client or rational provided for the future care. Nursing interventions provided, not appropriate or lacking rationale	Appropriate incorporation of problem solving, rational provided, not complete	Analysis of incorporation of how to meet the needs of the Ojibwe client with rationale, demonstrating critical thinking on the part of the RN student
CONCLUSION	No conclusion	Partial conclusion without summarizing	Conclusion with summarization, no mention of knowledge gained	Strong conclusion with summarization. Analyzed and presented knowledge gained
TOTAL POINTS	/405			
PERCENTAGE	/100%			

Community Support Group Rubric (clinical portion)

Project developed to support caregivers within this community rubric.

FORMAT/EXPECTATIONS	POOR 30 PTS	FAIR 35 PTS	GOOD 40PTS	EXCELLENT 45PTS
APA FORMAT	No cover page Does not follow APA format Several spelling errors, poor grammar, no citation in support of evidence	Cover page APA format not correct. Frequent spelling errors, poor grammar, 1-2 citations for evidence support	Cover page, APA format, 1-2 spelling errors, 3-4 citations to support evidence	Cover page, APA format, no spelling errors, no grammar errors, 5 + citations for support of evidence
INTRODUCTION • What is your paper about? • What will the reader expect to learn from the paper? • What point or points are you trying to get across?	There is no introduction of the paper	The introduction of the paper is not clear	The introduction of the paper does not flow	The introduction of the paper presents the purpose of the paper clearly and concisely
OVERVIEW OF OJIBWE CULTURE	No evidence of research of Ojibwe culture	2 references used as evidence of research of Ojibwe culture	3 references used as evidence of research of Ojibwe culture	4 or more references used as evidence of research of Ojibwe culture
INTERVIEW QUESTIONS How does the Ojibwe culture view support group intervention ect…	Fewer than 6 questions asked, no logical flow to the questions, did not encourage natural development of conversation	6 questions asked, logical flow to questions, did not encourage natural development of conversation	6 questions asked, logical flow to the questions and the interview takes on a natural conversational tone	More than 6 + questions asked. The questions are in logical sequence and lead to natural conversation

INTERVIEW • What are the health beliefs of the individual • What treatment methodologies do they practice • What treatments do they prefer • How does traditional holistic practices come into their healthcare practices • What barriers do they see with utilizing support group	No introductory paragraph, no permission requested to share information, question and answer section not present as requested, No item given for exchange of the interview	No introductory paragraph, permission requested to share information, question and answer not present as requested, no item given in exchange for interview	Introductory paragraph present and gives reader insight to the client. Permission requested to share information, question and answer section presented as requested, no item given in exchange of interview	Introductory paragraph, well written and thorough to give the reader good insight and historical background of health views of client and current medical treatments, therapies and traditional, care. Permission requested to share information, question and answer section clear and well presented. **RN student explains in paragraph the Ojibwe way he/or she asked for permission to interview the client.**
PROBLEM OR NEED INDENTIFICATION FOR INCOPORATING Caregiver Support Group	No interventions or rational provided for future care	Problems needs identified but not obvious to the reader why the problem was identified	Problems/needs identified lacking clarity	Problems/needs identified with clarity, shows insight ability to analyze information gathered on behalf of the RN student

Analyze the ability to incorporate changes in health care to meet the needs of the Ojibwe client	No incorporation of problem solving to meet the needs of the Ojibwa client or rational provided for the future care	Minimal incorporation of problem solving to meet the needs of the Ojibwa client or rational provided for the future care. Nursing interventions provided, not appropriate or lacking rationale	Appropriate incorporation of problem solving, rational provided, not complete	Analysis of incorporation of how to meet the needs of the Ojibwe client with rationale, demonstrating critical thinking on the part of the RN student
Analyze the success or failure of the Community Support Group	No analysis of the success or failure of the Support Group	Minimal analysis of the success or failure of the Support Group	Analysis of the success or failure with little or no rational to support analysis	Analysis of the success or failure is complete with rational to support analysis
CONCLUSION	No conclusion	Partial conclusion without summarizing	Conclusion with summarization, no mention of knowledge gained	Strong conclusion with summarization. Analyzed and presented knowledge gained
TOTAL POINTS	/360			
PERCENTAGE	/100%			

Careplan

Create a care plan on a client using the Nursing Process Assessment, Nursing Diagnosis, Plan, implementation and evaluation. Assessment and care plan tools are provided for you. Those plans of care will be handed out during the first clinical rotation.

You need to complete 2 Care Plans using 2 different resources you visited. These care plans should include what type of resource or client you met with.

Journaling is required for the weeks that you are in clinical practice. Journaling is also required for the 8 hours of medical-surgical attendance during the course. For those requirements, students need to journal on his or her experience. Journaling points will be awarded for each entry and response to classmates 50 points. **You have one week to journal those entries. 10 points will be taken off for each day that the entry is late.**

Journaling Requirements:

- Identify the medical diagnosis of your client
- Identify any safety needs
- What resources are available to assist with those safety needs
- Identify the culture of the patient
- How did you incorporate the culture of the patient in meeting their individual needs
- How did you incorporate Ojibwe Traditional values in your weekly clinical experience-provide specific examples of you client
- What did you learn about the resources available for our communities
- Were you able to assess any clients at your sites and what did you learn while assessing the client
- List (in detail) the physical assessment of your client Subjective/Objective if you were able to assess your client
- Provide one Nursing Diagnosis of your client
- Provide two goals for your client/resource
- How did you communicate with your client and others in the health care team
- Client teaching needs identified
- Client teaching needs carried out
- What critical thinking skills did you use
- Strengths
- Weaknesses
- Areas to improve
- Any additional comments

Journaling Rubric:

50	25	0
1. Each objective is addressed 2. Complete accounts with specific information on all areas 3. Analyzes activities that were performed 4. Relates clinical activities to course content	1. Half of the objectives are addressed 2. The journal entries are half complete 3. Did analyze some activities performed or showed some new insight 4. Relates clinical activities at a minimal level	1. None of the objectives are addressed 2. The journal entries are half complete 3. The student did not analyze activities and did not show new insight 4. The student did not relate clinical activities to course content

Journaling Rubric Response to classmates:

50	25	0
1. Responded to two classmates each week 2. Responses showed critical thinking, commenting on student's success and encouraging to overcome weaknesses 3. Offered insight on areas that the classmate may have questions on or added additional information	1. Did not meet all the criteria. Only responded to one classmate a week or met only 2 of the three criteria	2. No response or poor responses to the 3 criteria

Annotated Bibliography

Provide Two Annotated Bibliographies in APA format related to a client and relevant to the clinical content. Summarize the reason how you could use this information in the article to provide optimal health to your patient. The article must be submitted with the annotated bibliography.

Annotated Bibliography Rubric (clinical)

Criteria	Points Possible	Points Possible	Points Possible	Points Given	Comments
1. Choose a nursing/health article that relates to the disease process or health of your patient-in relation to gender, culture, age, developmental status, and psychosocial status in a mental health and Community Health setting (2 annotated bibliographies are due for this course) 2. Write an annotated bibliography in proper format 3. Submit the article	Did not submit the article 5 The annotated bibliography has more than 3 mistakes	Did not submit the article 10 The annotated bibliography has less than 3 mistakes	Submitted the article 20 The annotated bibliography has no mistakes		
4. What is the evidenced based practice that you identified	No evidence 0	No evidence 0	Evidence Identified 20		
5. How will you as a nursing student use the information in the article to develop a plan of care to provide optimal health to your patient in relation to his or her individual needs, safety needs and cultural preferences	1 example given 5	2 examples given 10	3 examples given 20		
6. What obstacles do you foresee in carrying out the information used in the article	1 examples given 5	2 examples given 10	3 examples given 20		
APA format: Annotated bibliography in right format, no spelling errors, no grammatical errors	More than 3 APA errors 5	Less than 3 APA errors 10	APA format met 20		Plagiarism is a serious offense, can result in failure of the course.
Total				Your score = /100	Score Percent

Clinical class-
Care Plan Evaluation Tool

	Date	**Date**	**Date**
Appropriate & Completed Care Plan: Identification, Developmental Stage, Health State, Sociocultural Orientation USCR's	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**
Appropriate & Completed Care Plan: Health care systems management	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**
Appropriate & Completed Care Plan: Concept mapping	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**
Appropriate & Completed Care Plan: Medications	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**
Appropriate & Completed Care Plan: labs	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**
Appropriate & Completed Care Plan: Oxygenation, circulation, temperature regulation, hygiene, elimination and nutrition	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**
Appropriate & Completed Care Plan: Rest, activity and sleep, social interactions, sense of normalcy, sensory alterations, safety and other	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**
Appropriate & Completed Care Plan: Nursing Diagnosis, Nursing	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**

care plan			
Communication Skills	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**
Cultural Sensitivity Identifying the culture of the patient	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**
Professional Attire	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**
Professional Attitude	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**
Patient and Staff Safety	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**
Report to Instructor and Staff Nurse	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**
Attendance	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**

Point Earned_____
40-48 =A
31-40= B
24-30= C

Lac Community College

Associate of Applied Science in Nursing Program

Clinical Outcomes Portfolio

Date:

Student Name:_____

INSTRUCTIONS

Your clinical portfolio is a collection of your completed assignments that provide evidence that you have successfully accomplished the course learner outcomes for (Course Name)

The students' responsibilities include:

1. Completing the listed assignments successfully.
2. Inserting the final assignments in the portfolio.
3. Maintaining the portfolio throughout the program.

Please put a sample of each of the assignments into your Clinical Portfolio. Your portfolio will be collected one week prior to your midterm evaluation and again one week prior to your final evaluation. You are expected to have your clinical portfolio with you at clinicals on a weekly basis. Your clinical instructor will ask to see your portfolio throughout the semester. If you do not have your portfolio with you, or if your clinical portfolio is not up to date, you will receive an anecdotal note which will remain in your file until graduation from the program

The Outcomes for this clinical course are listed on the following pages with the Competencies listed under EACH outcome. You must receive a "S" under **EACH** competency to pass this clinical course. The tools for measuring the outcomes are listed in the right hand column. Some of the tools used are graded by a rubric and not a written assignment.

Lac Courte Oreilles Ojibwa Community College Associate of Applied Science In Nursing
Organizational Framework
We Look In All Directions
NORTH
We are All Related
Identify/Autonomy
Communication
Development
Assessment
Basic Nursing Skill
WEST
A Healthy Way of Life
We Gain Wisdom
Elders
Teachers
Critical Thinking
Healing
Theoretical Wisdom
Reflection
EAST
Making Decisions the Right Way
Problem Solving
Flexible
Integrated
Mental and Community Health
Gerontology
SOUTH
That Which is Given to Us
Purposeful Life
Life Changing
Teaching
Challenges to be born
PN PhD
ADN
MSN
BSN
Informatics
Use and integrate information Technology
Client Education
Provide and create health-related Education
Professionalism
Practice and perform in a Professional manner
Leadership
Be a leader in the provision and Management of safe quality client care
Cultural Competence
Apply and Integrate Ojibwe Environmental Knowledge and Other cultures when providing Client care
Client Centered Care
Practice and Integrate Nursing
Interdisciplinary Collaboration
Collaborate as and with members Of the interdisciplinary health care team
Evidence based practice and Nursing Judgment
Use current evidence and research For the basis of nursing practice
Quality Improvement
Promote quality improvement Through participating in implementation and development of Organizational care
Safety
Provide and create a safe environment
Nursing Health Person Lifespan
Community Nursing Education Learning

Program Student Learner Outcomes
from the National League for Nursing (NLN) Outcomes and Competencies Book (2010)
and from the Quality Safety Education in Nursing (QSEN.org website)

Program Outcome	Program Outcome Definition	Program Outcome Competency
Client Centered-care	The provision of caring and compassionate, culturally sensitive care that is based on a client's physiological, psychological, sociological, spiritual, and cultural needs, preferences, and values. Clients are defined as individuals and families. Advocate for patients and families in ways that promote their self-determination, integrity, and ongoing growth as human beings.	Practice nursing that is client centered, caring, culturally sensitive and based on the physiological, psychosocial and spiritual needs of clients.
Interdisciplinary Collaboration	The student will function effectively within nursing and inter-professional teams, fostering open communication, mutual respect, and shared decision-making to achieve quality patient care. The delivery of client care, in partnership with multidisciplinary members of the health care team, to achieve continuity of care and positive client outcomes.	Collaborate as a member of the health care team to promote continuity of client care.
Evidenced Based Practice and Nursing Judgment	Integrate best current evidence with clinical expertise and patient/family preferences and values for delivery of optimal health care. Students will use current knowledge from research and other credible sources, upon which clinical judgment and client care are based. Students Make judgments in practice, substantiated with evidence, that integrate nursing science in the provision of safe, quality care and that promote the health of patients within a family and community context.	Use current evidence from scientific and other credible sources as a basis for nursing practice and clinical judgment.

Quality Improvement	The study of care and organizational processes with the goal of developing and implementing a plan to improve health care services and better meet the needs of clients. Examine the evidence that underlies clinical nursing practice to challenge the status quo, question underlying assumptions, and use improvement methods to design and test changes to improve the quality of care and safety for patients, families, and communities.	Promote quality improvement by participating in the implementation of care-related plans to improve health care services
Safety	The minimization of risk factors that could cause injury or harm while promoting quality care and maintaining a secure environment for clients, self, and others.	Provide a safe environment for clients, self and others.
Informatics	The use of information technology as a communication and information gathering tool that supports clinical decision making and scientifically based nursing practice.	Use information technology in the provision of client care.
Client Education	The provision of health-related education to clients that will facilitate their acquisition of new knowledge and skills, adoption of new behaviors, and modification of attitudes.	Provide health-related education to restore health and promote optimal wellness.
Professionalism	The accountable and responsible behavior of the nurse that incorporates legal and ethical principles and complies with standards of nursing practice. Implement one's role as a nurse in ways that reflect integrity, responsibility, ethical practices, and an evolving identity as a nurse committed to evidence-based practice, caring, advocacy, and safe, quality care for diverse patients within a family and community context.	Practice nursing in a professional, ethical, and legal manner.
Leadership	The process by which nurses use a set of skills that directs and influences others in	Use leadership skills in the provision of safe, quality client care

	the provision of individualized, safe, quality client care. Leadership activities include delegation and supervision.	
Cultural Competence	The process in which nurses understand Ojibwe Environmental Knowledge and knowledge of other cultures as the culture relates to the impact of client care. Nurses gains the ability to interact effectively with people of different cultures. Culture represents a client's values, norms, and traditions that affect how individuals of a particular group perceive, think, interact, behave, and make judgments about their concepts of healthcare. Culture is a pattern of behavior including; thought, communication, attitude, well being, ways of interacting, roles and relationships, and expected behaviors, beliefs, values, practices and customs.	Apply Ojibwe Environmental Knowledge and other cultures when providing patient care

Lac Courte Oreilles Ojibwa Community College

Course Title: **Intermediate Medical Surgical Nursing theory, skills and clinical**

Course Number: **NSG XXXX**

Credits: **6**

Class Time:

Instructor:

Contact:

Office Hours:

Total Credit/Contact Hours: 6.00

Theory Credit/Contact Hours: 3.00 (48 hours of theory lecture)-first 8 weeks

Lab Credit/Contact Hours: 1 (32 hours of lab practice/simulation)-first 8 weeks

Clinical Credit/Contact Hours: 2.00 (96 hours of clinical practice)-last 8 weeks

Students must pass the theory and lab portion before entering the clinical portion of this course. The theory and lab component runs the first 8 weeks of class.

Students should expect to spend about three hours studying or on task for class assignments for each credit of the course. For a three credit course, this means about nine hours of work outside of class!

Course Description:.This course focuses on the care of adult clients with medical and/or surgical health alterations. Emphasis is placed on the care of clients with alterations in selected body functions. Concepts of health promotion, health education, evidence based practice, and interdisciplinary collaboration will be integrated throughout the course. Clinical experiences provide the student an opportunity to apply theoretical concepts and implement safe care to clients and selected groups in a variety of settings.

Prerequisite: Admission to the nursing program.

Textbooks:

Ojibwe Culture & Tradition:

The Mission Statement of LCOOCC reads, in part:

> "The Lac Courte Oreilles Ojibwe Community College mission is to provide
>
> Anishinaabe communities with post-secondary and continuing education while advancing the language, culture, and history of the Ojibwe."

In order adhere to the college's mission statement, this course will incorporate Ojibwe language, culture and tradition into class activities wherever possible. Specific activities relating to Ojibwe culture and tradition have been included in the class schedule.

Gimaamawi-nandagikenjigemin – We Are All Learning Together
and
Gikinoo'amaagan odanokiiwin (student work):

As part of the college's continuing efforts to improve student learning, LCOOCC is participating in a four year *Academy for Assessment of Student Learning* under the direction of our accrediting institution, the Higher Learning Commission. The name we have given to the college's institute-wide assessment project is **Gimaamawi-nandagikenjigemin – We Are All Learning Together.**

A course-specific *Student Learning Project* which incorporates Ojibwe knowledge and values and supports the college's Mission Statement will be embedded in all courses and syllabi. These student learning projects are named **Gikinoo'amaagan odanokiiwin - student work.** In order to incorporate the concept of **Gimaamawi-nandagikenjigemin**, Traditional Versus Modern Medicine Paper for this class was designed to meet the criteria of **Gikinoo'amaagan odanokiiwin.** A paper reflecting on a Comparison Interview-On Traditional Ojibwe Medicine and Modern Medicine-including obstacles that come into play and how to overcome those obstacles to meet the need of the Ojibwe patient in relation to healthcare preferences according to their health practices or disease processes. The students will be interviewing an elder comparing Ojibwe traditional medicine versus modern medicine. The students will need to properly ask the elder for permission for the interview.

The Traditional Versus Modern Medicine paper will assess students':

1. Creation of a project that integrates both course-specific content and Ojibwe cultural knowledge
2. Ability to express themselves clearly and correctly in writing
3. Ability to locate, gather, and synthesize information.

Course Objectives:
1. Perform a comprehensive health assessment on adult clients with medical and/or surgical alterations, and identify deviations from normal as well as related health risks.

2. Develop an individualized, evidence based plan of care that demonstrates an appreciation of a client's cultural, spiritual, and developmental variations and includes recommendations for the adoption of health-promoting behaviors.

3. Participate as a member of the health care team and client advocate while providing quality care that promotes client safety for adults with medical and/or surgical health alterations.

4. Demonstrate clinical judgment and participate in the evaluation of outcomes when providing care to adult clients experiencing health alterations.

5. Apply knowledge of pharmacology, pathophysiology, and nutrition as well as evidence based practice to the care of adult clients with medical and/or surgical health alterations.

6. Use verbal and nonverbal communication that promotes therapeutic relationships with adult clients and their families, as well as professional relationships with members of the health care team.

7. Use information technologies to access evidence based literature and client information as well as communicate with members of the health care team, accurately documenting client care in a secure and timely manner.

8. Identify, plan and provide health and safety related education to adult clients and their families in conjunction with members of the health care team.

9. Use organizational and priority setting skills when providing care to adult clients with medical and/or surgical health alterations.

10. Acknowledge the importance of the nurse's role in reporting client safety and quality care concerns and in supporting activities that promote performance improvement.

11. Adhere to ethical, legal, and professional standards while maintaining accountability and responsibility for the care provided to adult clients and their families.

Content Units:
Acid Base Imbalances and Respiratory/Metabolic Acidosis/Alkalosis

Unit Objectives:
1. Recognize alterations in the laboratory values of arterial pH, CO2, HCO3, and O2 indicative of respiratory and metabolic acidosis or alkalosis.

2. Differentiate between the clinical manifestations indicative of respiratory and metabolic acidosis or alkalosis.

3. Apply knowledge of pathophysiology when planning care for clients with respiratory or metabolic acidosis or alkalosis.

4. Identify priority actions for clients with respiratory and metabolic acidosis or alkalosis.

5. Recognize the indications for administration of potassium supplements, Kayexalate, and sodium bicarbonate.

Content Topics:

Alterations in Cognition and Sensation

Unit Objectives:
1. Perform a comprehensive assessment with a focus on collecting data on adults who have complex alterations in cognition and sensation.

2. Integrate knowledge of anatomy, physiology, pathophysiology, nutrition, and developmental variations into the plan care for adults who have complex alterations in cognition and sensation.

3. Ascertain priority actions for adults who have complex alterations in cognition and sensation.

4. Integrate knowledge of the actions, contraindications, potential side effects, and nursing implications when administering medications to adults who have complex alterations in cognition and sensation.

5. Interpret diagnostic tests and perform related nursing intervention when providing care to adults who have alterations in cognition and sensation.

6. Demonstrate correct use and establish proper functioning of therapeutic devices that support cognition and sensation.

7. Ascertain the role of the nurse when providing quality care to adults who have an alteration in cognition and sensation.

8. Provide health- and safety-related education to adults who have an alteration in cognition and sensation.

9. Integrate cultural, ethical, and legal tenets into the plan of care for adults who have alterations in cognition and sensation.

Content Topics:
a. Pathophysiology/ Trauma related disorders (head injuries, spinal cord injuries)

b. Pathophysiology/ Degenerative neurological disorders (multiple sclerosis, ALS, Huntington's disease)

c. Pathophysiology/ Abnormal cell proliferation disorders (brain tumors, spinal cord tumors)

d. Pathophysiology/ Neurochemical transmitter disorders (myasthenia gravis)

e. Pathophysiology/ Multiple etiological factor disorders (migraines)

f. Pharmacology/ Osmotic diuretics

g. Pharmacology/ Centrally acting muscle relaxants

h. Pharmacology/ Disease modifying drugs for MS (immunomodulators, immunosuppressants, glatiramer acetate)

i. Pharmacology/ Migraine drugs (ergot alkaloids, ersotonin reuptake antagonists, beta blockers)

j. Nutrition/ Dysphagia diets (pureed, ground, soft, modified general diets)

k. Nutrition/ Nutritional supplements and tube feedings

Alterations in Immunity

Unit Objectives:
1. Perform a comprehensive assessment with a focus on collecting data on adults who have complex alterations in immunity.

2. Integrate knowledge of anatomy, physiology, pathophysiology, nutrition, and developmental variations into the plan care for adults who have complex alterations in immunity.

3. Ascertain priority actions for adults who have complex alterations in immunity.

4. Integrate knowledge of the actions, contraindications, potential side effects, and nursing implications when administering medications to adults who have complex alterations in immunity.

5. Interpret diagnostic tests and perform related nursing intervention when providing care to adults who have alterations in immunity.

6. Demonstrate correct use and establish proper functioning of therapeutic devices that support immunity.

7. Ascertain the role of the nurse when providing quality care to adults who have an alteration in immunity.

8. Provide health- and safety-related education to adults who have an alteration in immunity.

9. Integrate cultural, ethical, and legal tenets into the plan of care for adults who have alterations in immunity.

Content Topics:
a. Pathophysiology/ Autoimmune disorders (Guillain Barre', myasthenia gravis, systemic lupus erythematosis, fibromyalgia)

b. Pathophysiology/ Immunosuppression disorders (HIV/AIDS, organ transplants)

c. Pathophysiology/ Hypersensitivity reactions (allergies, anaphylaxis)

d. Pharmacology/ Corticosteroids

e. Pharmacology/ Antihistamines

f. Pharmacology/ Antiretroviral drugs (NRTIs, NNRTIs, PIs, fusion inhibitor)

g. Pharmacology/ Immunosuppressants (calcineurin inhibitors, cytotoxic, antibodies)

h. Nutrition/ High calorie, high protein diet

Alterations in Reproduction

Unit Objectives:
1. Perform a comprehensive assessment with a focus on collecting data on adults who have complex alterations in reproduction.

2. Integrate knowledge of anatomy, physiology, pathophysiology, nutrition, and developmental variations into the plan care for adults who have complex alterations in reproduction.

3. Ascertain priority actions for adults who have complex alterations in reproduction.

4. Integrate knowledge of the actions, contraindications, potential side effects, and nursing implications when administering medications to adults who have complex alterations in reproduction.

5. Interpret diagnostic tests and perform related nursing intervention when providing care to adults who have alterations in reproduction.

6. Demonstrate correct use and establish proper functioning of therapeutic devices that support reproduction.

7. Ascertain the role of the nurse when providing quality care to adults who have an alteration in reproduction.

8. Provide health- and safety-related education to adults who have an alteration in reproduction.

9. Integrate cultural, ethical, and legal tenets into the plan of care for adults who have alterations in reproduction.

Content Topics:
a. Pathophysiology/ Infectious and inflammatory disorders (pelvic inflammatory disease, toxic shock syndrome)

b. Pathophysiology/ Abnormal cell proliferation disorders (fibroadenomas of the breast, breast cancer, fibroid tumors of the uterus, uterine cancer, cervical cancer, benign prostatic hypertrophy, prostatic cancer, testicular cancer).

c. Pathophysiology/ Hormonal disorders (premenstrual syndrome, menopause)

d. Pharmacology/ Antibiotics (penicillins, cephalosporins, tetracycline, quinolones, carbapenems)

e. Pharmacology/ Antiprotozoals

f. Pharmacology/ Selective Estrogen Receptor Modulators (SERMs)

g. Pharmacology/ Hormone Replacement Therapy (HRT)

Alterations in Ingestion, Digestion, Absorption, and Elimination

Unit Objectives:
1. Perform a comprehensive assessment with a focus on collecting data on adults who have complex alterations in ingestion, digestion, and absorption, and elimination.

2. Integrate knowledge of anatomy, physiology, pathophysiology, nutrition, and developmental variations into the plan care for older adults who have complex alterations in ingestion, digestion, absorption, and elimination.

3. Ascertain priority actions for adults who have complex alterations in ingestion, digestion, absorption, and elimination.

4. Integrate knowledge of the actions, contraindications, potential side effects, and nursing implications when administering medications to adults who have complex alterations in ingestion, digestion, absorption, and elimination.

5. Interpret diagnostic tests and perform related nursing intervention when providing care to adults who have alterations in ingestion, digestion, absorption, and elimination.

6. Demonstrate correct use and establish proper functioning of therapeutic devices that support ingestion, digestion, absorption, and elimination.

7. Ascertain the role of the nurse when providing quality care to adults who have an alteration in ingestion, digestion, absorption, and elimination.

8. Provide health- and safety-related education to adults who have an alteration in ingestion, digestion, absorption and elimination.

9. Integrate cultural, ethical, and legal tenets into the plan of care for adults who have alterations in ingestion, digestion, absorption, and elimination.

Content Topics:
a. Pathophysiology/ Infectious and Inflammatory disorders (esophagitis, gastroesophageal reflux disease, gastroenteritis, peptic ulcer disease, Crohn's disease, ulcerative colitis, pancreatitis, cholecystitis, hepatitis, cirrhosis, appendicitis)

b. Pathophysiology/ Structural disorders (diverticulosis, intestinal obstructions, hemorrhoids)

c. Pathophysiology/ Abnormal cell proliferation disorders (esophageal cancer, colorectal cancer, liver cancer)

d. Pharmacology/ Antacids

e. Pharmacology/ H2 receptor antagonists

f. Pharmacology/ Proton pump inhibitors

g. Pharmacology/ Prostaglandin analogs

h. Pharmacology/ Mucosal barrier fortifiers

i. Pharmacology/ Sucralfate

j. Pharmacology/ IBS specific drugs

k. Pharmacology/ Antispasmodics

l. Pharmacology/ Antidiarrheals

m. Pharmacology/ Prokinetic agents

n. Pharmacology/ Hepatitis A, Hepatitis B vaccinations

o. Nutrition/ Dietary measures to decrease esophageal reflux

p. Nutrition/ Low fiber, low lactose, high protein, high calorie diet

q. Nutrition/ Limited fat, high protein, high carbohydrate diet

r. Nutrition/ High carbohydrate and calories, moderate fat and protein diet

Alterations in Excretion

Unit Objectives:
1. Perform a comprehensive assessment with a focus on collecting data on adults who have complex alterations in excretion.

2. Integrate knowledge of anatomy, physiology, pathophysiology, nutrition, and developmental variations

into the plan care for adults who have complex alterations in excretion.

3. Ascertain priority actions for adults who have complex alterations in excretion.

4. Integrate knowledge of the actions, contraindications, potential side effects, and nursing implications when administering medications to adults who have complex alterations in excretion.

5. Interpret diagnostic tests and perform related nursing intervention when providing care to adults who have alterations in excretion.

6. Demonstrate correct use and establish proper functioning of therapeutic devices that support excretion.

7. Ascertain the role of the nurse when providing quality care to adults who have an alteration in excretion.

8. Provide health- and safety-related education to adults who have an alteration in excretion.

9. Integrate cultural, ethical, and legal tenets into the plan of care for adults who have alterations in excretion.

Content Topics:
a. Pathophysiology/ Infectious and inflammatory disorders (pyelonephritis, glomerulonephritis, acute and chronic renal failure)

b. Pathophysiology/ Renal calculi (kidney stones, urolithiasis)

c. Pathophysiology/ Abnormal cell proliferation (kidney cancer, bladder cancer)

d. Pharmacology/ Antibiotics (penicillins, macrolides)

e. Pharmacology/ Erythropoetic growth factors

f. Nutrition/ Low sodium, low potassium, low protein diet

g. Nutrition/ Low purine diet

Perioperative Care –May present either M/S I or II

Unit Objectives:
1. Differentiate between the various phases of the perioperative experience and the role of the nurse.

2. List the responsibilities of the nurse when caring for a client in the immediate pre- and postoperative period.

3. Differentiate between general and regional anesthesia and conscious sedation.

4. Compare and contrast potential complications and nursing indications of local, general anesthesia, and conscious sedation.

5. Analyze the needs of clients across the lifespan during the pre, intra, and postoperative phases of the surgical experience.

6. Ascertain priority actions for clients undergoing surgery.

7. Analyze the nurse’s role in obtaining informed consent and discuss the legal and ethical issues related to ensuring informed consent.

8. Integrate knowledge of actions, contraindications, potential side effects, and nursing implications of medications used in the plan of care for clients undergoing surgery.

9. Describe the impact drugs used during a surgical procedure can have on drugs given in the immediate postoperative period.

10. Provide pre- and postoperative education.

11. Intervene to provide a safe environment for the surgical client.

12. Discuss potential post surgical and immobility complications and the nurses' role in preventing them (thromboemboli, pneumonia, atelectasis, wound infection, wound dehiscence and evisceration).

13. Intervene to provide a safe environment for the surgical client.

14. Compare and contrast medications commonly given for postoperative pain, nausea, and vomiting.

Content Topics:
e. Postoperative nausea and vomiting/ Dopamine antagonists

f. Postoperative nausea and vomiting/ Anticholinergics

g. Postoperative nausea and vomiting/ Antihistamines

Oncology – May present either M/S I or II

Unit Objectives:
1. Analyze the care options and resources for clients with a terminal prognosis.

2. Ascertain the role of the nurse when providing and coordinating the care of clients with oncological conditions.

3. Compare and contrast the various types of radiation therapies, related side effects, and nursing interventions.

4. Compare and contrast the surgical treatment goals related to cure and palliation.

5. Analyze the various classifications of chemotherapeutic, immunologic, and hormonal drugs used in the treatment of cancer.

6. Integrate knowledge of actions, contraindications, potential side effects, and nursing implications of medications used in the treatment of cancer.

Content Topics:
Pharmacology/ Cytotoxic agents

Pharmacology/ Hormonal agents

Pharmacology/ Biologic response modifiers

Pharmacology/ Targeted drugs

Chemical Impairment and Substance Abuse – May present either M/S I or II

Unit Objectives:
1. Compare and contrast substance abuse and substance dependence..

2. Discuss the components of assessment of a chemically dependent person.

3. Discuss current treatment modalities for persons who abuse substances.

4. Discuss short term outcomes for the patient and family relating to withdrawal, treatment and health maintenance, including use of self-help groups.

5. Discuss legal and ethical responsibilities of nurses who observe impaired colleagues.

6. Describe aspects of enabling behaviors.

7. Identify potential indications that a person is successfully recovering from substance abuse.

8. Identify behaviors of use, overdose, and withdrawal in persons who use drugs such as

Content Topics:

Nursing Care – Medical Surgical II

Unit Objectives:
1. Review principles related to the selected skills

2. Practice client care skills using proper techniques while ensuring client safety.

Content Topics:
a. Theory/Lab/ Wound care (Sterile dressing changes, specialized wound dressings, suture and staple removal, emergency care of evisceration and documentation)

b. Theory/Lab/ IV insertion, types of access devices, administration tubing, continuous, bolus and intermittent infusions, assessment for infiltration and phlebitis, determining and maintaining patency, IV medications, blood transfusions, TPN, PCA pumps,

c. Theory/Lab/ Drug calculation (Intermediate or Advanced).

d. Theory/Lab/ Nutrition (NG and dobhoff insertion and flushing, gastric lavage and documentation)

e. Theory/Lab/ Elimination (continuous bladder irrigation, sterile catheter irrigation and specimen collection, urinary diversions, colostomy care and documentation)

f. Theory/Lab/ Perioperative care (NPO status, preoperative checklist/teaching, informed consent, surgical asepsis, postoperative monitoring, postoperative diets, vital sign monitoring, safety measures for client with altered LOC and documentation)

Clinical Objectives:
1A. Use the nursing process as a framework for providing nursing care/ Perform a comprehensive assessment of clients.

1B. Use the nursing process as a framework for providing nursing care/ Develop a plan of care based on data collected during a comprehensive assessment.

1C. Use the nursing process as a framework for providing nursing care/ Select cultural and age-appropriate interventions for inclusin in the plan of care.

1D. Use the nursing process as a framework for providing nursing care/ Implement nursing care that is safe and based on the established plan of care.

1E. Use the nursing process as a framework for providing nursing care/ Use clinical judgment when implementing the client's plan of care and evaluating client outcomes.

2A. Promote continuity of health care within the health care team and across various settings/ Participate as a member of the interdisciplinary health care team.

2B. Promote continuity of health care within the health care team and across various settings/ Communicate client-related information to appropriate team members in a timely manner.

2C. Promote continuity of health care within the health care team and across various settings/ Plan and provide health-related education as a member of the health care team.

2D. Promote continuity of health care within the health care team and across various settings/ Use information technology to document client information and communicate with members of the health care team.

3A. Use scientific principles and evidence-based practice as a foundation for nursing practice/ Apply knowledge of pathophysiology, pharmacology, and nutrition into client care.

3B. Use scientific principles and evidence-based practice as a foundation for nursing practice/ Use appropriate resources when determining best practice for client care.

3C. Use scientific principles and evidence-based practice as a foundation for nursing practice/ Use scientific evidence as a basis for nursing practice.

4A. Provide high-quality nursing care in an environment that is safe for the client, self, and others/ Use communication techniques that facilitate a caring nurse-client relationship.

4B. Provide high-quality nursing care in an environment that is safe for the client, self, and others/ Advocate for the client when health care or health related issues arise.

4C. Provide high-quality nursing care in an environment that is safe for the client, self, and others/ Identify client issues that affect quality of care and participate in activities that promote improvements.

4D. Provide high-quality nursing care in an environment that is safe for the client, self, and others/ Identify actual and potential environmental safety risks while providing a safe environment for the client, self, and others.

4E. Provide high-quality nursing care in an environment that is safe for the client, self, and others/ Use leadership skills to enhance the efficient management of client care.

5A. Practice nursing in a professional, ethical, and legal manner/ Practice nursing in accordance with professional standards.

5B. Practice nursing in a professional, ethical, and legal manner/ Practice nursing in an ethical manner.

5C. Practice nursing in a professional, ethical, and legal manner/ Practice nursing within established legal parameters.

5D. Practice nursing in a professional, ethical, and legal manner/ Accept accountability and responsibility for the supervision and provision of client care

Course Method of Evaluation

1. Tests on each unit of study cumulative passing grade of a 78% or better
2. Case studies correlating with unit testing, pop quizzes, workbook assignments
3. Care Plan in the theory, lab and clinical components
4. Written projects on
5. Lab skills workbook units, moodle assignments, skills check off sheets Final Lab Skills test/return demonstration
6. `Final and final proctored ATI exams used for student knowledge and course objective assessments
7. Participation to include ATI testing, punctuality, attending classes, assignments on time, being positive in the classroom and/or clinical setting, and offering insight during class participation
8. Journaling
9. Clinical Evaluation tool

Grading Criteria:

Component	Weight
Tests & pop quizzes	**40%**
Participation	**5%**
Assignments : Case Studies, workbook assignments, and Paper	**25%**
Final	**20%**
ATI	**10%**

ANY GRADE BELOW 78% IS CONSIDERED A FAILURE OF THE COURSE

Students must have a 78% or better to pass this course and proceed with the other nursing courses. An average of tests and case studies MUST average 78%. Grades will be rounded to the nearest 100th. (example: 77.5%=78%.)

The following grading system is used in evaluating students in the Associate Degree Nursing Program at LCOOCC (Nursing Courses)

A	**93 – 100%**
B	**85 – 92%**
C	**78 – 84%**

Any grade below 78% is considered failure of a nursing course.

D	**60-77%**
F	**below 60%**

Students must have a 78% or better to pass this course and proceed with the other nursing courses. An average of tests and case studies must average 78%. Grades will be rounded to the nearest 100th. 77.5% = 78%.

Computer Use: In order to use any of the computers on the campus, you must have filled out and submitted a Request For a Computer User Account. These forms are available from the receptionist as well as the Computer Department**.** **Allowing others to use your account is grounds for revocation!**

Academic Honesty Policy:

Plagiarism is a serious offense. If a student is caught plagiarizing the student receives an F for the grade on the paper and may be placed on academic probation or receive an F in the course. **Cheating is not allowed.** The work you submit must be your own work and not the work of others.

Paper Assignments: If assignments are required to be submitted electronically, they must be in Microsoft Word (doc) format or when required, Microsoft Excel format or Power point.

If for any reason you find yourself unable to continue attending this class, I strongly recommend that you stop at the Registrar's Office and fill out a

Withdrawal Form. That way you do not jeopardize your GPA and future Financial Aid.

COURSE REQUIREMENTS

Assignments and Tests:

All tests and or case studies **must** be passed with an average of 78% or above. Test questions mirror the NCLEX multiple choice. Reading the assigned text, attending and participating in class, attending and participating in study groups, MyNursing lab, ATI, virtual tools located in textbooks in other nursing and science courses and reviewing library materials will prepare the student for each theory examination.

Assessment Technology Institute (ATI) offers a comprehensive assessment designed to increase the students' pass rates on the nursing licensing exam. ATI tools can help students prepare more efficiently as well as increase confidence and familiarity with content and testing. These tools include DVDs, web-based practice tests and books on specific content. These materials are required each semester at the expense of the student over their enrollment in the nursing program. ATI content is available to students for 4 years after graduation.

Each semester students are provided with codes for practice exams before the proctored exam is given. The practice exams may be taken multiple times and the student is encouraged to repeat the practice exams until a grade of 90% is obtained.

The practice and the proctored ATI exams grade will count for 10% for your final grade for each course. The grades for the ATI will be based on proficiency levels

Proficiency Level 3 –ATI grade 100%

Proficiency Level 2 –ATI grade 90%

Proficiency Level 1 - ATI grade 75%

Below Proficiency Level 1: ATI grade 60%

ATI TESTING: Students will take their assigned **ATI practice test** according to the guidelines in the syllabus for each course. Instructors will provide an ATI Proctored testing date and time. The dates of the exams will be listed in the course syllabus, tentatively the Proctored ATI testing will be held in the last week of the didactic course. All proctored exams are taken on line in one of the nursing classrooms they are timed tests, usually 1 minute per question. **The taking of the ATI practice and proctored exam is a part of the course requirements.**

Proctored exams may only be taken once and must be taken at the scheduled time. If the test is missed, students need to contact the instructor to re-schedule within 10 days or a result of zero

occurs. ATI tests grades are not curved. ATI results for the proctored exam will be available when all of the students have completed the exam. Students will **not** discuss the exam with other students until the exam results have been posted.

Students need to follow test-taking rules as outlined in the syllabus, no calculator, no food or drink, no talking, work independently, scratch paper may be provided if needed. Once the exam is complete, please leave the room to allow for a quiet environment for other testers. If you are taking multiple exams that day, please be aware of other students taking their test.

Students in their last semester nursing courses will take an **RN Comprehensive Predictor ATI** test. Students must achieve a 75% or better. If a 75% is not achieved students will have to go through remediation to achieve that 75% or above by the end of their NSG 214 Internship course. If that grade of 75% is not achieved, the student will not pass NSG 214.

Dosage calculation testing will be required in NSG 100-01, NSG 219, and NSG 204

If you have a documented disability affecting your ability to sit for the test, please see your instructor in the first week of class.

REMEDIATION:
The re-take of the proctored ATI test is required for any student who received a Below level score. The student is responsible to develop a plan to complete a focused review and should meet with their instructor to discuss the plan. In developing this plan the student should reflect and consider possible reasons for the low score and methods to improve study habits, test taking strategies, time management and retention of knowledge. The remediation template which is outlined in the ATI website under your results tab allows you to focus on areas of deficiency. To access this remediation plan, click on the proctored assessment and click on build under your results tab. A personalized plan will be built by the ATI system for you. You must follow the remediation plan and a proctored re-take of the examination must be completed by the end of the semester. You must work with your Instructor to set-up the date and time. Your instructor will be following your remediation work in ATI.

ATI testing fees: ATI testing fees will be charged each semester. ATI services will be available to you four 4 years. You will be able to use this service after graduation. Fees will be discussed during orientation.

ATI testing offers insight into areas in which you may need assistance. This useful tool will guide through these areas. Use this sight to assist in coursework and in passing your boards.

ATI testing fees: ATI testing fees will be charged each semester. ATI services will be available to you four(4 years). You will be able to use this service after graduation. Fees will be discussed during orientation.

ATTENDANCE:

Students are allowed to miss one (1) class time. As class material pertains to other courses, a student may be behind in those courses as well. Missing class does not provide a good learning environment for you as a student. It is YOUR responsibility to call the instructor PRIOR to class time and to meet with the instructor to make up assignments.

Outside of class study expectations:

For each hour of class time, expect 2 hours of study time outside of class or more depending on the assignments, learning styles and study habits.

Students will be allowed to go into the class room and practice outside of class hours.

ASSIGNMENTS & TESTs

Missing an exam should only occur in the event of **extreme circumstance.** If the student is going to miss an examination, the course instructor that is giving the exam must be personally notified prior to the exam or the right to make up the exam is forfeited. Make-up examinations will only be allowed for extenuating circumstances. Assignments must be handed in according to the instructor's deadline.

You are allowed to miss one test day for extreme circumstances (ie. Medical Emergency)

If you miss a test and you follow the procedure, you are allowed to take the test within 48 hours. Ten (10) points will be taken off the score for each day past 48 hours. Any make up exams maybe a different set of questions, but come from the same chapters. If you miss a test day the 2nd time, you will be given a zero score.

There will be POP Quizzes throughout this class

For assignments, assignments are due as outlined in the syllabus. **For each day the assignments is late, including weekends and holidays, ten (10) points will be taken off for each day the assignment is late.** Please see your instructor if you have any further questions. There will be no incompletes given in this course.

READING ASSIGNMENTS: You will be expected to complete assigned material **BEFORE** coming to class. You will be held accountable for the work and reading material, which is testable material.

SPECIAL NOTE REGARDING INCOMPLETES: There will be **NO** incomplete grades issued for this course. If exceptional circumstances occur which prevent you from completing all of the course requirements your grade will be determined on the basis of

whatever attendance and evaluation data that you have generated in the time that you did attend. It may be necessary to repeat the course if you're output is below the passing requirements.

If you are having trouble keeping up with homework, reading, or understanding course content, please inform the instructor and make an appointment with student support services **as soon as you realize you are having trouble**. We can help you with time management, study skills, and more.

Please inform the instructor if you have a disability (physical, learning, etc.) that will interfere with successful completion of this course.

Classroom Conduct: Students enrolled in NSG 100 must assume responsibility for their

OWN behavior. This includes professional conduct of the instructor and other classmates by adhering to the classroom conduct policy.

The student has the responsibility to review material presented in prerequisite courses if necessary to enhance the understanding of this course. Students are responsible for required reading, use of mynursing lab, ATI and any assignments. Attendance and active participation are expected.

Show Respect:

Listen when others are speaking

Be on time for class

Listen when others are speaking

Don't pick up your books or put on your coat until class is over

Your cell phone must be turned off. If your cell phone disrupts the class three times during the semester your will automatically receive a 30% reduction in your participation grade which will be compiled into your final grade

Listen when others are speaking

Professional Conduct: As outlined in the Lac Courte Oreilles Ojibwa College Associate

of Applied Science in Nursing Student handbook and in the Lac Courte Oreilles Ojibwa Community college handbook, you are responsible to conduct yourself in a professional manner. You are to abide by the professional code of ethics Chapter N11 'rules of conduct" of the Wisconsin Administrative Code-Rules of Board of Nursing identify desirable conduct for nurses. The program outcomes in the nursing program are to; lead in a professional manner based on the

standards of nursing practice, communicate in a professional manner and demonstrate accountability and responsibility. **Students enrolled in any NSG course must assume responsibility for their own behavior. This includes professional conduct towards the instructor and other classmates by adhering to the LCO Student Handbook and the Nursing Student Clinical Dress Code Policy**

Before attending clinical practice, you will need to gather information on your patient. You **must** dress appropriately. Wear nice street clothes, no jeans with your white lab coat and your name tag. Follow HIPAA guidelines when gathering information.

While participating in the clinical, follow the following dress code policy:

Clinical Sites on Non-Clinical Time:

a. Each student is issued a name badge during orientation that must be worn during any attendance at clinical time.

b. A white lab coat with a LCOOCC Associate Degree Nursing program patch with your name tag must be worn over professional street clothes. ***NO JEANS!*** The street clothes should be clean and neat, ironed, free of wrinkles and not revealing in any manner. Students should not wear pants that show off underwear or shirts that are low cut or show off the midriff. Socks or hose must be worn at all times. Footwear must be worn at all times and be **closed-toed**, clean, and in good repair.

c. While piercings are the current trend, visible piercings should be removed to protect the student from injury at the clinical site.

d. Tattoos should be covered if possible.

e. Unacceptable attire includes:
Midriff tops
Low-cut shirts
T-shirts with inappropriate words or pictures
Denim, spandex, metallic, leather, suede, sheer or clinging fabrics
Sweatshirts or sweat pants
Shorts
Capri pants
Open-toed footwear
High heels
Pajama tops or bottoms

Clinical Sites on Clinical Time:

A professional appearance is expected. The goal of the nursing uniform is to maintain this professional appearance. The LCO uniform must be clean and wrinkle free at all times. The identification badge must be worn at all times and may not be altered under any circumstances. Faculty members are responsible for evaluating student appearance; if deemed unacceptable, a student will be dismissed from clinical until acceptable dress code is met. Uniform substitutions are not acceptable. It is the student‘s responsibility to order and purchase their uniform pieces in a timely manner. Uniforms will be blue scrub tops and scrub bottoms with a white lab coat with the LCO Associate Degree Nursing Program Logo and your name badge. These may be purchased during orientation in the LCO Bookstore.

Guidelines:

Pieces of the nursing uniform are to be worn only when functioning in the student role.

Hair:
Length and style should not interfere with performance of nursing activities. Hair should be neatly styled, clean and drawn back from the face. Hair color should be professional and not extreme. Shoulder length hair must be appropriately pulled back and secured off of face in a manner that will not fall forward. No hair ornaments that may drag on the ground when bending over. Long hair could be braided and pulled up, placed in a bun etc. Hair should not drag across a patient when bending over the patient. Beards, sideburns, and mustaches must be neatly trimmed.

Hose/socks:

White or light beige, non-textured nylon hose without runs or white socks are to be worn. Hose or ankle socks may be worn with pants. Solid neutral undergarments are required. Undergarments should not be visible through or outside of the uniform. White underwear works best.

Shoes:
White, clean shoes/shoelaces are required. Athletic shoes that are all white with no color are acceptable. No clogs, crocs, open-toe or open-heel shoes. Students should have a pair of shoes that are for client care only. This decreases the risk of brining home germs to your family and the shoes are easier to keep clean if used for the clinical experience.

Jewelry:
Only the following jewelry may be worn:

- Wedding band
- Conservative wristwatch with a second hand
- Small (less than ½ inch size) post earring in earlobe (multiple earrings are allowed if they are not dangle earrings.
- Unacceptable jewelry includes: multiple earrings; dangling or hoop earrings; earrings placed in site other than earlobe.
- No visible or reachable necklaces.
- No bracelets.
- No body jewelry.

Fingernails:

Natural fingernails only, no artificial fingernails, acrylic overlays, or other nail coverings.

Fingernails should be well maintained, clean, and short; not to exceed 1/4 inch past the fingertip. Clear or light fresh, non-chipped nail polish is allowed.

Cleanliness:
Students are expected to practice good hygiene which includes regular bathing, the use of deodorants and good oral hygiene. Students should not smell of excessive odors like tobacco, or perfumes.

Gum chewing is prohibited during any clinical experiences.

Tattoos\body art must be covered while on the clinical site.

Make-up: Make-up should be conservative, no bold colors. You want to instill peace in your patients.

Dress code compliance:
Students are responsible for complying with the dress code. The uniform, or any part of the uniform, is not to be worn outside of LCO classes or clinical experiences.
Faculty members are responsible to ensure that students comply with the policy.
Consequences may include an unexcused dismissal from clinical with mandatory makeup for the day; disciplinary probation; an unsatisfactory clinical evaluation related to professional performance category which would result in failure to progress in the program.

Policy 300 Clinical Absence

As part of promoting excellence in the nursing program nursing students are required to meet all clinical requirements. Any absence in the clinical portion of the nursing program is not allowed. If a student has an unexcused absence from the clinical experience, the student is withdrawn from the nursing clinical portion of the enrolled course and subsequently fails said course.

If an emergency arises, the student must contact the instructor immediately and petition the instructor in writing **(Attachment # 1)** regarding the extenuating circumstances. The instructor has the right to make the decision to allow the student to make-up the clinical time. If the instructor does not allow the student to make up the clinical time, the student is able to petition the Associate Degree of Nursing Admission Taskforce.

If the instructor allows a clinical make-up **(Attachment # 2)** the procedure is as follows:

1. Any clinical make-up day arranged by the instructor will be documented and signed by the student.

2. A make-up day may be scheduled after midterm for any students who have had a clinical absence.

3. Make-up clinical practices will reflect the current placement of the student in the curriculum.

4. Failure to complete a make-up clinical will result in failure of the clinical course.

Petition for Missed Clinical Time:

I _____ on _____

Student Name Date

Request permission from_____

Instructor of Course

To make-up the clinical time I missed on _____, because of the following
Date

reason_____

_____

Approved: _____Date_____

Instructor Signature

Not Approved_____Date_____

Instructor Signature

(Attachment # 1)

Agreement for Clinical Practice Make-Up

I _____ was absent for a clinical experience on_____
Student Name Date of absence

Because of the following reason_____

_____.

I, _____will make up the missed clinical (with instructor
Student Name

permission and discretion) by _____.
Date

Failure to complete this make up will result in failure of this course_____
Course number and name

_____ _____
Instructor Signature Date Student Signature Date

(Attachment # 2)

Ojibwe Traditional vs Modern Medicine Paper

The ojibwe paper is to be a combination of an interview with an Ojibwe Elder, with a researched based presentation. You must have the verbal permission for the interview ; if granted, a small gift to be given in exchange. Hippa is to be maintained at all times and within the paper, only initials are allowed. You must stress to the individual that privacy will be maintained at all times. Please follow the rubric below.

OjIBWE TRADITIONAL VS MODERN MEDICINE RUBRIC

FORMAT/EXPECTATIONS	POOR 30 PTS	FAIR 35 PTS	GOOD 40PTS	EXCELLENT 45PTS
APA FORMAT	No cover page Does not follow APA format Several spelling errors, poor grammar, no citation in support of evidence	Cover page APA format not correct. Frequent spelling errors, poor grammer, 1-2 citations for evidence support	Cover page, APA format, 1-2 spelling errors, 3-4 citations to support evidennce	Cover page, APA format, no spelling errors, no grammer errors, 5 + citations for support of evidence
INTRODUCTION • What is your paper about? • What will the reader expect to learn from the paper? • What point or points are you trying to get across?	There is no introduction of the paper	The introduction of the paper is not clear	The introduction of the paper does not flow	The introduction of the paper presents the purpose of the paper clearly and concisely
OVERVIEW OF OJIBWE CULTURE	No evidence of research of Ojibwe culture	2 references used as evidence of research of Ojibwe culture	3 references used as evidence of research of Ojibwe culture	4 or more references used as evidence of research of Ojibwe culture
INTERVIEW QUESTIONS Compare & Contrast Ojibwe Traditional and Modern Medicinal care for their healing. (past, current)	Fewer than 6 questions asked, no logical flow to the questions,	6 questions asked, logical flow to questions, did not encourage	6 questions asked, logical flow to the questions and the interview takes on a	More than 6 + questions asked. The questions are in logical sequence and

	did not encourage natural development of conversation	natural development of conversation	natural conversational tone	lead to natural conversation
INTERVIEW • What are the health beliefs of the individual • What treatment methodologies do they practice • What treatments do they prefer • How does traditional medicine come into their healthcare practices • What barriers do they see with the use of traditional methods	No introductory paragraph, no permission requested to share information, question and answer section not present as requested, No item given for exchange of the interview	No introductory paragraph, permission requested to share information, question and answer not present as requested, no item given in exchange for interview	Introductory paragraph present and gives reader insight to the client. Permission requested to share information, question and answer section presented as requested, no item given in exchange of interview	Introductory paragraph, well written and thorough to give the reader good insight and historical background of health views of client and current medical treatments, therapies and traditional, care. Permission requested to share information, question and answer section clear and well presented. **RN student explains in paragraph the Ojibwe way he/or she asked for permission to interview the client.**
PATHOPHYSIOLOGY, CLINICAL MANIFESTATIONS, ANY	Did not meet requirements	Met half of the requirements	Reviewed the requirements but not	Met requirements and exceeded

TESTS, TREATMENTS ACCORDING TO THE PATIENTS DISEASE PROCESS			complete or accurate	expectations
PROBLEM OR NEED INDENTIFICATION FOR INCOPORATING TRADITIONAL MEDICINCE INTO TODAY'S MODERN MEDICINE	No interventions or rational provided for future care	Problems needs identified but not obvious to the reader why the problem was identified	Problems/needs identified lacking clarity	Problems/needs identified with clarity, shows insight ability to analyze information gathered on behalf of the RN student
Analyze the ability to incorporate changes in health care to meet the needs of the Ojibwe client	No incorporation of problem solving to meet the needs of the Ojibwa client or rational provided for the future care	Minimal incorporation of problem solving to meet the needs of the Ojibwa client or rational provided for the future care. Nursing interventions provided, not appropriate or lacking rationale	Appropriate incorporation of problem solving, rational provided, not complete	Analysis of incorporation of how to meet the needs of the Ojibwe client with rationale, demonstrating critical thinking on the part of the RN student
CONCLUSION	No conclusion	Partial conclusion without summarizing	Conclusion with summarization, no mention of knowledge gained	Strong conclusion with summarization. Analyzed and presented

				knowledge gained
TOTAL POINTS	/405			
PERCENTAGE	/100%			
COMMENTS BY INSTRUCTOR				

PowerPoint Presentation		
Content-Writing	Points	
All material is in publishable form; that is, it is thoroughly proof-read and without careless errors.	5	
All your information is well researched, well written, well organized and in your own voice.	5	
All flaws pointed out by the instructor and/or team peers in drafts have been corrected.	5	

Material shows strong understanding of major ideas and displays critical thinking in placement of text, sequencing of pages, and page composition.	5	
Presentation has a title page.	5	
Presentation has a bibliography which follows the APA citation rules.	5	.
Content-Technical		
The presentation includes a minimum of 12 slides.	5	
The presentation includes a variety of text fields, graphics, and transitions.	5	
The presentation has a professional look with an overall graphical theme that appeals to the audience, compliments the information, and each slide is visually neat incorporating a variety of layouts.	5	
Each slide uses text, graphics, and transitions that communicate and compliment information being shared.	5	
The presentation visually depicts material and appeals to audience.	5	
Communication		
Did you use a different form to communicate to the group during your presentation other than simply screen reading?	5	
You used each slide as lead into the wealth of additional information you have on the topic.	5	
You maintained eye contact with group and modulated your voice in addition to your visual on-screen sharing.	5	
At conclusion of your sharing you checked for understanding via questions or oral quiz, etc.	5	
You utilized your allotted time effectively.	5	
Technical Organization		
You can access the server and have saved your presentation (web site) in your personal folder. You have also made a backup copy of your presentation to assure against any disaster.	5	
Each member of the audience has been given a handout of your presentation	5	

which includes an area to take notes.		
An electronic form of your presentation has been given to your instructor through a folder on the Moodle server.	5	

*****In addition you will be graded on presentation of Disease Process, Pathophysiology of Disease, Signs & Symptoms, Medical and Pharmacological Treatments, Nursing Interventions, Patient & Family Culture and Spirituality Considerations POINTS 100**

Points 100

TOTAL 200 POINTS

JOURNALING

Journaling is required for the weeks that you are in clinical practice. For those requirements, students need to journal on his or her experience. Journaling points will be awarded for each entry and response to classmates. Once I have a schedule of times and dates on other activities, I will post and you can sign up for those activities. In your journaling, you need to log time that you were at the clinical site. I will have sheets for preceptors to sign that you were in attendance available to you. The journaling requirements are listed below.

You have one week to journal those entries. 10 points will be taken off for each day that the entry is late.

Journaling Requirements:

- Identify the medical diagnosis of your patient
- List (in detail) the physical assessment of your patient-Subjective/Objective
- What is the underlying pathophysiology of the patient
- What did you learn when performing a physical assessment
- Provide two goals for your patient
- How did you communicate with your patient and others in the health care team
- Patient teaching needs identified/carried out
- What critical thinking skills did you use
- Strengths
- Weaknesses
- Areas to improve
- Any additional comments

Journaling Rubric:

50	25	0
1. Each objective is addressed 2. Complete accounts with specific information on all areas 3. Analyzes activities that were performed 4. Relates clinical activities to course content	1. Half of the objectives are addressed 2. The journal entries are half complete 3. Did analyze some activities performed or showed some new insight 4. Relates clinical activities at a minimal level	1. None of the objectives are addressed 2. The journal entries are half complete 3. The student did not analyze activities and did not show new insight 4. The student did not relate clinical activities to course content

Journaling Rubric Response to classmates:

50	25	0
1. Responded to two classmates each week 2. Responses showed critical thinking, commenting on student's success and encouraging to overcome weaknesses 3. Offered insight on areas that the classmate may have questions on or added additional information	1. Did not meet all the criteria. Only responded to one classmate a week or met only 2 of the three criteria	2. No response or poor responses to the 3 criteria

Care plan

Create a care plan on your patient using the Nursing Process Assessment, Nursing Diagnosis, Plan, implementation and evaluation. Assessment and care plan tools are provided for you. Those plans of care will be handed out during the first clinical rotation.

Care plans are required on your patients on the Medical-Surgical floor and/or as deemed necessary to instructor. (2)

Final Care Plan Rubric

Choose one patient to perform final Care plan on. Follow the rubric.

Topic	Grade	Grade	Grade points	Total Points	Comments
Clinical Health Status Assessment And Universal Self-Care Requisite Assessment	30 points 25% of Clinical Health Status assessment and Universal Self-care Requisite Assessment complete with medications	100 points for 50% of Clinical Health Status assessment complete and Universal Self-Care Requisite Assessment with medications	150 points for 100% of assessment complete and Universal Self-Care Requisite Assessment with medications		
Identify Primary, secondary and tertiary levels of prevention	0 None identified	25 One identified	50 Three identified		
Implement the identified primary, secondary and tertiary levels of prevention In your plan of care(What are you going to implement and how are you going to implement these levels of prevention including evaluation)	0 Not implemented	200 One level of prevention implemented in the plan of care with explanation of what levels and how the implementation is going to take place including evaluation.	600 All levels of prevention implemented in the plan of care with explanation of what levels and how the implementati on is going to take place including evaluation.		
Nursing Diagnosis Complete: Diagnosis r/t amb	30 points Nursing Diagnosis Prioritized if not prioritized -5 pts	50 Points nursing diagnosis and r/t Prioritized if not prioritized -5 pts	75 points nursing diagnosis r/t amb Prioritized if not prioritized -5 pts		
Goal with time frame	30 points Goal	50 points goal with as evidenced by	75 points goal with as evidenced by		

		aeb:	aeb: and time frame		
Interventions	30 points for three or less interventions	50 points for at least three interventions which are measurable, are the interventions realistic	75 points for at least three interventions which are measureable are the interventions realistic and rationale to back up the intervention. Why would you do the intervention, where did you obtain your information		
Evaluation	30 points Evaluation of 1 of the interventions	50 points Evaluation of 2 of the interventions	75 points Evaluation of all of the interventions		
Total					

Annotated Bibliography

Provide Two Annotated Bibliographies in APA format related to your patient and relevant to the clinical content. Summarize the reason how you could use this information in the article to provide optimal health to your patient. The article must be submitted with the annotated bibliography.

Annotated Bibliography Rubric

Criteria	Points Possible	Points Possible	Points Possible	Points Given	Comments
	25	50	100		
Introduction of patient, follow HIPAA guidelines Initials: Age Gender Culture Diagnosis Follow Dorthea Orem's Self-Care Deficits	10 objectives met	Over 10 objectives met	All objectives met		
Criteria	Points Possible	Points Possible	Points Possible	Points Given	Comments
	0	0	10		
Choose an evidenced based nursing/health article/journal that relates to the disease process or health of your patient	Submitted the article	Did not submit the article	Submitted the article		
Criteria	Points Possible	Points Possible	Points Possible	Points Given	Comments
	25	50	100		
Annotated Bibliography submitted in proper format	More than 3 mistakes	Less than 3 mistakes	No mistakes		
Criteria	Points	Points Possible	Points		

	Possible		Possible		
	25	50	100		
Explain the pathophysiology of the medical diagnosis	Minimal information not clear in understanding of content	Adequate information, clear in understanding but not expressed in a detailed manner	Excellent information detailed and clear		
Criteria	Points Possible	Points Possible	Points Possible	Points Given	Comments
	25	50	100		
How will you as a nursing student use the information in the article to provide optimal health to your patient in relation to his or her individual needs? Give three examples	1 example given	2 examples given	3 examples given		
Criteria	Points Possible	Points Possible	Points Possible	Points Given	Points Possible
	75	100	200		
Explain five (5) obstacles in providing this evidence based practice to patient care. Explain the rationale as to why	2 obstacles, rationales and 2 ways to overcome the obstacles explained.	3 obstacles, rationales and 3 ways to overcome the obstacles explained.	5 obstacles, rationales and 5 ways to overcome the obstacles explained.		

these are obstacles. Explain how to over come these five (5) obstacles.					
Criteria	Points Possible	Points Possible	Points Possible	Points Given	Comments
	0	25	100		
Summary of your patient and plan of care to be implemented using evidence based practice	did not meet requirements in summary	Explained patient diagnosis but not plan of care or implementation of evidence based practice	Met all objectives		
Criteria	Points Possible	Points Possible	Points Possible	Points Given	Comments
	75	100	200		
How will you implement this current information in a plan of care • NSG DX • Goal • a minimum of 3 interventions (with rationales; document where you got the information from in APA format for each	Plan of care not in proper format over 3 mistakes	Plan of care not in proper format under 3 mistakes	Plan of care in proper format		

intervention) • evaluation					
Criteria	Points Possible	Points Possible	Points Possible	Points Given	Comments
	5	10	15		
APA format	3 mistakes	Under 3 mistakes	No mistakes		
Total			/925		

Please let me know if you have any questions.

This Syllabus is subject to change

Clinical Time:

Tuesdays, Thursdays and Fridays, shifts may be variable and weekends may be necessary so that you get the experience you need.

Two clinical rotations in the Emergency Room (may be am, pm and/ weekends) total 16 hours

To clinical rotations in Day Surgery 16 hours

Hospice pending due to patient availability

One clinical rotation in Cardiac Rehab 8 hours

One Clinical rotation in wound care/clinic 8 hours

One clinical rotation in Dialysis 8 hours Rice Lake-Lakeview Medical Dialysis-8am-4pm

Medical Surgical Nursing Hayward Hospital 24 hours

Total Hours 96

Any questions or concerns please see your instructor

Syllabus subject to change

Lac Community College

Associate of Applied Science in Nursing Program

Clinical Outcomes Portfolio

Date:

Student Name:_____

INSTRUCTIONS

Your clinical portfolio is a collection of your completed assignments that provide evidence that you have successfully accomplished the course learner outcomes for (Course Name)

The students' responsibilities include:

1. Completing the listed assignments successfully.
2. Inserting the final assignments in the portfolio.
3. Maintaining the portfolio throughout the program.

Please put a sample of each of the assignments into your Clinical Portfolio. Your portfolio will be collected one week prior to your midterm evaluation and again one week prior to your final evaluation. You are expected to have your clinical portfolio with you at clinicals on a weekly basis. Your clinical instructor will ask to see your portfolio throughout the semester. If you do not have your portfolio with you, or if your clinical portfolio is not up to date, you will receive an anecdotal note which will remain in your file until graduation from the program

The Outcomes for this clinical course are listed on the following pages with the Competencies listed under EACH outcome. You must receive a "S" under **EACH** competency to pass this clinical course. The tools for measuring the outcomes are listed in the right hand column. Some of the tools used are graded by a rubric and not a written assignment.

Lac Courte Oreilles Ojibwa Community College Associate of Applied Science In Nursing
Organizational Framework
We Look In All Directions
NORTH
We are All Related
Identify/Autonomy
Communication
Development
Assessment
Basic Nursing Skill
WEST
A Healthy Way of Life
We Gain Wisdom
Elders
Teachers
Critical Thinking
Healing
Theoretical Wisdom
Reflection
EAST
Making Decisions the Right Way
Problem Solving
Flexible
Integrated
Mental and Community Health
Gerontology
SOUTH
That Which is Given to Us
Purposeful Life
Life Changing
Teaching
Challenges to be born
PN PhD
ADN
MSN
BSN
Informatics
Use and integrate information Technology
Client Education
Provide and create health-related Education
Professionalism
Practice and perform in a Professional manner
Leadership
Be a leader in the provision and Management of safe quality client care
Cultural Competence
Apply and Integrate Ojibwe Environmental Knowledge and Other cultures when providing Client care
Client Centered Care
Practice and Integrate Nursing
Interdisciplinary Collaboration
Collaborate as and with members Of the interdisciplinary health care team
Evidence based practice and Nursing Judgment
Use current evidence and research For the basis of nursing practice
Quality Improvement
Promote quality improvement Through participating in implementation and development of Organizational care
Safety
Provide and create a safe environment
Nursing Health Person Lifespan
Community Nursing Education Learning

Program Student Learner Outcomes
from the National League for Nursing (NLN) Outcomes and Competencies Book (2010)
and from the Quality Safety Education in Nursing (QSEN.org website)

Program Outcome	Program Outcome Definition	Program Outcome Competency
Client Centered-care	The provision of caring and compassionate, culturally sensitive care that is based on a client's physiological, psychological, sociological, spiritual, and cultural needs, preferences, and values. Clients are defined as individuals and families. Advocate for patients and families in ways that promote their self-determination, integrity, and ongoing growth as human beings.	Practice nursing that is client centered, caring, culturally sensitive and based on the physiological, psychosocial and spiritual needs of clients.
Interdisciplinary Collaboration	The student will function effectively within nursing and inter-professional teams, fostering open communication, mutual respect, and shared decision-making to achieve quality patient care. The delivery of client care, in partnership with multidisciplinary members of the health care team, to achieve continuity of care and positive client outcomes.	Collaborate as a member of the health care team to promote continuity of client care.
Evidenced Based Practice and Nursing Judgment	Integrate best current evidence with clinical expertise and patient/family preferences and values for delivery of optimal health care. Students will use current knowledge from research and other credible sources, upon which clinical judgment and client care are based. Students Make judgments in practice, substantiated with evidence, that integrate nursing science in the provision of safe, quality care and that promote the health of patients within a family and community context.	Use current evidence from scientific and other credible sources as a basis for nursing practice and clinical judgment.

Quality Improvement	The study of care and organizational processes with the goal of developing and implementing a plan to improve health care services and better meet the needs of clients. Examine the evidence that underlies clinical nursing practice to challenge the status quo, question underlying assumptions, and use improvement methods to design and test changes to improve the quality of care and safety for patients, families, and communities.	Promote quality improvement by participating in the implementation of care-related plans to improve health care services
Safety	The minimization of risk factors that could cause injury or harm while promoting quality care and maintaining a secure environment for clients, self, and others.	Provide a safe environment for clients, self and others.
Informatics	The use of information technology as a communication and information gathering tool that supports clinical decision making and scientifically based nursing practice.	Use information technology in the provision of client care.
Client Education	The provision of health-related education to clients that will facilitate their acquisition of new knowledge and skills, adoption of new behaviors, and modification of attitudes.	Provide health-related education to restore health and promote optimal wellness.
Professionalism	The accountable and responsible behavior of the nurse that incorporates legal and ethical principles and complies with standards of nursing practice. Implement one's role as a nurse in ways that reflect integrity, responsibility, ethical practices, and an evolving identity as a nurse committed to evidence-based practice, caring, advocacy, and safe, quality care for diverse patients within a family and community context.	Practice nursing in a professional, ethical, and legal manner.
Leadership	The process by which nurses use a set of skills that directs and influences others in	Use leadership skills in the provision of safe, quality client care

	the provision of individualized, safe, quality client care. Leadership activities include delegation and supervision.	
Cultural Competence	The process in which nurses understand Ojibwe Environmental Knowledge and knowledge of other cultures as the culture relates to the impact of client care. Nurses gains the ability to interact effectively with people of different cultures. Culture represents a client's values, norms, and traditions that affect how individuals of a particular group perceive, think, interact, behave, and make judgments about their concepts of healthcare. Culture is a pattern of behavior including; thought, communication, attitude, well being, ways of interacting, roles and relationships, and expected behaviors, beliefs, values, practices and customs.	Apply Ojibwe Environmental Knowledge and other cultures when providing patient care

Lac Courte Oreilles Ojibwa Community College

Course Title: **Nursing Care of Childbearing and Childrearing Families**

Course Number: **NSG XXXX**

Credits: **4**

Class Time:

Instructor:

Contact:

Office Hours:

Total Credit/Contact Hours: 6.00

Theory Credit/Contact Hours: 2.00 (32 hours of theory lecture)-first 8 weeks

Lab Credit/Contact Hours: 1 (32 hours of lab practice/simulation)-first 8 weeks

Clinical Credit/Contact Hours: 1.00 (48 hours of clinical practice)-last 8 weeks

Students must pass the theory and lab portion before entering the clinical portion of this course. The theory and lab component runs the first 8 weeks of class.

Students should expect to spend about three hours studying or on task for class assignments for each credit of the course. For a three credit course, this means about nine hours of work outside of class!

Course Description:.This course provides an integrative, family-centered approach to the care of mothers, newborns, and children. Emphasis is placed on normal and high-risk pregnancies, normal growth and development, family dynamics, common pediatric disorders and the promotion of healthy behaviors in clients. Lab experiences overview normal and high risk pregnancies. Clinical experiences provide the student an opportunity to apply theoretical concepts and implement safe client care to mothers, newborns, and children in selected settings.

Prerequisite: Admission to the nursing program.

Textbooks:

Ojibwe Culture & Tradition:

The Mission Statement of LCOOCC reads, in part:

> "The Lac Courte Oreilles Ojibwe Community College mission is to provide
>
> Anishinaabe communities with post-secondary and continuing education while advancing the language, culture, and history of the Ojibwe."

In order adhere to the college's mission statement, this course will incorporate Ojibwe language, culture and tradition into class activities wherever possible. Specific activities relating to Ojibwe culture and tradition have been included in the class schedule.

Gimaamawi-nandagikenjigemin – We Are All Learning Together
and
Gikinoo'amaagan odanokiiwin (student work):

As part of the college's continuing efforts to improve student learning, LCOOCC is participating in a four year *Academy for Assessment of Student Learning* under the direction of our accrediting institution, the Higher Learning Commission. The name we have given to the college's institute-wide assessment project is **Gimaamawi-nandagikenjigemin – We Are All Learning Together.**

A course-specific *Student Learning Project* which incorporates Ojibwe knowledge and values and supports the college's Mission Statement will be embedded in all courses and syllabi. These student learning projects are named **Gikinoo'amaagan odanokiiwin - student work.** In order to incorporate the concept of **Gimaamawi-nandagikenjigemin**, Two powerpoint presentations on a Pregnant Mother and a Child identifying culture in relation to a health concern for this class was designed to meet the criteria of **Gikinoo'amaagan odanokiiwin.**

The two PowerPoint presentations will assess students':

1. Creation of a project that integrates both course-specific content and Ojibwe cultural knowledge
2. Ability to express themselves clearly and correctly in writing
3. Ability to locate, gather, and synthesize information.

Course Objectives:
1. Perform a comprehensive health assessment of childbearing women, newborns, and children, that identifies deviations from normal as well as health risks.

2. Develop an individualized, evidence based plan of care that demonstrates an appreciation of a women's, newborn's, and child's cultural, spiritual, and developmental variations and makes recommendations for the adoption of health-promoting behaviors.

3. Collaborate with members of the interdisciplinary health care team and act as a client advocate in the provision of quality care that promotes client safety for childbearing women, newborns, and children.

4. Demonstrate clinical judgment and evaluate outcomes when providing care to childbearing women, newborns and children.

5. Integrate knowledge of pharmacology, pathophysiology, and nutrition as well as concepts from previous nursing courses ans evidence based practice to the care of childbearing women, newborns, and children.

6. Use verbal and nonverbal communication that promotes caring therapeutic relationships with clients, families, as selected groups as well as professional relationships with members of the health care team.

7. Use information technologies to access evidence based literature and client information as well as communicate with members of the health care team, accurately documenting client care in a secure and timely manner.

8. Acknowledge the value of evidence based practice by integrating evidence based knowledge into practice when providing care to childbearing women, newborns, and children.

9. Develop and provide health and safety related education to clients and their families while recognizing the nurse's role as educator and change agent.

10. Use organizational, priority setting, and decision making skills when providing care to childbearing women, newborns, and children in selected settings.

11. Recognize the nurse's role in reporting client safety and quality care concerns and in supporting activities that promote performance improvement.

12. Provide care to childbearing women, newborns, and children while adhering to ethical and legal standards and maintaining accountability and responsibility for care provided.

Content Units:
Trends in maternal health care

Unit Objectives:
1. Identify current trends in maternal health care

2. Discuss the effect of current trends on maternal health care

3. Discuss the role of the nurse in women's/maternal health care

4. Describe the role of the family during the perinatal experience

Content Topics:

Legal/ethical issues

Unit Objectives:
1. Identify current legal/ethical issues in reproductive health care.

2. Discuss the nurse's role in caring for patients who have had a therapeutic abortion, in-vitro fertilization, or have had a baby through a surrogate pregnancy.

Content Topics:

Reproductive health care

Unit Objectives:
1. Describe various methods of female and male contraception.

2. Discuss advantages and disadvantages of identified methods of contraception.

3. Identify the most common sexually transmitted diseases (STDs) that affect the male and female reproductive systems, including gonorrhea, chlamydia, syphilis, genital herpes, hepatitis B and HIV.

4. Describe the pathophysiology, clinical manifestations, medical management and nursing care of patients who have common STDs.

5. Identify the diseases known as TORCH infections.

6. Describe the implications TORCH infections may have on women and their fetuses/infants during the perinatal experience.

7. Describe the potential effects of Group B streptococcus on the mother and fetus/infant.

8. Discuss the medical and nursing management of mothers/babies affected with one of the TORCH infections or Group B streptococcus.

Content Topics:

Antepartum care

Unit Objectives:
1. Discuss the components in the physical and psychosocial assessment of the pregnant woman.

2. Describe physiological changes that occur in women during the normal antepartum period

3. Discuss nutritional needs of the pregnant woman and the effects of poor nutrition on the mother and baby.

4. Describe common diagnostic procedures/tests that may be used during the antepartum experience.

5. Identify commonly prescribed and over-the-counter medications used during the antepartum period.

6. Discuss the effects of medications used during the antepartum period and their nursing implications.

7. Describe health education needs of the pregnant woman during the antepartum period.

8. Describe common complications of pregnancy identified during the antepartum experience and appropriate nursing interventions.

Content Topics:

Intrapartum care

Unit Objectives:
1. Describe the four stages of labor.

2. Describe the nursing assessment components for each stage of labor.

3. Discuss the nursing interventions for each stage of labor.

4. Discuss fluid and nutritional needs during active labor.

5. Differentiate between internal and external fetal monitoring during active labor.

6. Discuss the significance of fetal monitoring during active labor.

7. Identify common medications often administered during the labor process.

8. Discuss the use of individual medications during labor, their actions, potential side effects, and related nursing interventions.

9. Discuss common methods of anesthesia used during labor, their side effects, and related nursing interventions.

10. Discuss the potential use of imagery and hypnosis during labor.

11. Discuss potential complications of labor and delivery and appropriate nursing interventions.

12. Describe nursing interventions in the care of a patient following a Caesarean Section.

13. Discuss the nurse's role in providing comfort and support to family during the intrapartum experience.

Content Topics:

Postpartum care

Unit Objectives:
1. Describe the physiological changes that occur during the postpartum experience.

2. Describe the nursing assessment components and interventions appropriate for the care of the postpartum patient.

3. Identify common medications used for the postpartum patient.

4. Discuss the use of medications commonly used by the postpartum patient, their actions, potential side effects, and related nursing interventions.

5. Identify complications that may occur during the postpartum experience.

6. Discuss appropriate nursing interventions while caring for patients experiencing complications.

7. Describe the role of the nurse in promoting the bonding experience between mother and baby.

8. Discuss health education needs of the mother and family as well as the role of the nurse in providing the teaching.

Content Topics:

Newborn care

Unit Objectives:
1. Describe the physiological needs of the normal newborn.

2. Discuss newborn assessment, including use of Apgar scores and the importance of testing reflexes.

3. Describe physical criteria for determining gestational age.

4. Describe common diagnostic tests used for newborns including the purpose of the tests and nursing implications.

5. Discuss care of the normal newborn.

6. Discuss nutritional needs of the newborn.

7. Explain advantages of breast feeding versus bottle feeding.

8. Describe characteristics of preterm, post-term, and low birth weight infants.

9. Describe the role of the nurse in providing support to parents of preterm or low birth weight infants as well as term infants who may be in special care nurseries.

10. Describe common potential complications that may occur during the neonatal period and nursing implications.

11. Identify common medications given during the neonatal period.

12. Discuss the use, actions, potential side effects, and nursing interventions for common medications given to newborns.

13. Describe the role of the nurse in promoting bonding of the parents with special needs newborns.

Content Topics:

Basic Concepts of Pediatric Nursing

Unit Objectives:
1. Identify current trends in child health.

2. Discuss the principles of growth and development and nursing implications in caring for children of all age groups.

3. Describe physical and psychosocial assessments for children of all age groups.

4. Describe the role of play for children of all age groups.

5. Discuss ingestion, digestion, absorption, and elimination needs for children of all age groups.

6. Describe the role of the nurse in caring for children and their families of different cultures and ethnicities.

7. Identify types of families, their purpose, and implications in caring for children.

8. Identify the most common safety issues for children of all age groups.

9. Identify methods of communication with children of all age groups and their families.

10. Describe well-child and preventive care provided for children of all age groups.

11. Demonstrate techniques for safe administration of medications to children of all age groups.

12. Discuss principles of pain management for children of all age groups.

13. Discuss the child and family's response to illness and ability to cope with the stressor of hospitalization.

14. Apply knowledge of physiological, psychosocial, and developmental variations when planning care for children of all ages during the pre- and postoperative phases of the surgical experience.

Content Topics:

Communicable diseases

Unit Objectives:
1. Define the term communicable disease.

2. Relate the incidence and transmission of a communicable disease to the chain of infection.

3. Review measures that can be taken to prevent transmission of communicable diseases.

4. Discuss common communicable diseases of childhood, their signs and symptoms, and appropriate nursing interventions.

5. Review the CDC's schedule for immunizations to protect against communicable diseases.

6. Describe the nurses' role in promoting scheduled immunizations of children.

Content Topics:
a. Varicella

b. Smallpox

c. Rubella

d. Rubeola

e. Fifth disease

f. Roseola

g. Mumps

h. Whooping cough

i. Polio

j. Infectious mononucleosis

k. Hepatitis A

l. Hepatitis B

m. Lyme disease

n. Tuberculosis

o. Diphtheria

Pediatric emergencies and accident prevention

Unit Objectives:
1. Identify risk factors and injuries consistent with child and sexual abuse and neglect.

2. Identify appropriate persons/agencies to whom suspected abuse and neglect should be reported.

3. Describe the role of the nurse in providing family-centered care for children who have sustained an accident.

4. Identify health education and safety needs for children who sustained an accident and their families.

5. Describe the pathophysiology, clinical manifestations, emergency management and nursing interventions for children involved in an accident such as:

Content Topics:
a. Drowning

b. Poisoning

c. Burns

d. Choking and suffocation

e. Electrical shock

Dehydration and Overhydration– Pediatric implications

Unit Objectives:
1. Recognize alterations in the laboratory values of electrolytes, significant weight change parameters, physiologic manifestations, and changes in child's behavior that indicate dehydration or overhydration.

2. Compare and contrast the amount of body surface of newborns, infants, and children.

3. Apply knowledge of pathophysiology when planning care for clients with dehydration or overhydration.

4. Identify priority actions for clients with dehydration or overhydration.

Content Topics:

Alteration in Oxygenation –Child

Unit Objectives:
1. Recognize components of a focused assessment that should be included when collecting data on children who have an alteration in oxygenation.

2. Apply knowledge of anatomy, physiology, pathophysiology, nutrition, and developmental variations when helping to plan care for children who have an alteration in oxygenation.

3. Identify priority actions for children who have an alteration in oxygenation.

4. Apply knowledge of the actions, potential side effects, and nursing implications when administering medications to children who have an alteration in oxygenation.

5. Recognize alterations in pulse oximetry and other laboratory values related to alterations in oxygenation.

6. Discuss the correct use and functioning of therapeutic devices that support oxygenation.

7. Describe the role of the nurse in providing quality care to children who have an alteration in oxygenation.

8. Identify health care education and safety needs for children who have an alteration in oxygenation.

Content Topics:
a. Pathophysiology/ Infectious and inflammatory disorders (rhinitis, tonsillitis, pharyngitis, pneumonia, Respiratory Syncytial Virus,)

b. Pathophysiology/ Obstructive disorders (croup syndromes, asthma, cystic fibrosis, bronchopulmonary dysplasia)

c. Pathophysiology/ Unknown etiology disorders (Sudden Infant Death Syndrome)

d. Pharmacology/ Antihistamines

e. Pharmacology/ Sympathomimetics (decongestants)

f. Pharmacology/ Expectorants and mucolytics

g. Pharmacology/ Antitussives

h. Pharmacology/ Intranasal corticosteroids and mast cell stabilizers

i. Pharmacology/ Antivirals

j. Pharmacology/ Beta agonists

k. Pharmacology/ Methylxanthines

l. Pharmacology/ Leukotriene modifiers

m. Pharmacology/ Pancreatic enzyme replacements

n. Nutrition/ High protein, high calorie diet

o. Nutrition/ Water miscible fat soluble vitamins

Alteration in Cardiac Output and Tissue- Child

Unit Objectives:
1. Recognize components of a focused assessment that should be included when collecting data on children who have an alteration in cardiac output and tissue perfusion.

2. Apply knowledge of anatomy, physiology, pathophysiology, nutrition, and developmental variations when helping to plan care for children who have an alteration in cardiac output and tissue perfusion.

3. Identify priority actions for children who have an alteration in cardiac output and tissue perfusion.

4. Apply knowledge of the actions, potential side effects, and nursing implications when administering medications to children who have an alteration in cardiac output and tissue perfusion.

5. Recognize alterations in pulse oximetry and other laboratory values related to alterations in cardiac output and tissue perfusion.

6. Discuss the correct use and functioning of therapeutic devices that support cardiac output and tissue perfusion.

7. Describe the role of the nurse in providing quality care to children who have an alteration in cardiac output and tissue perfusion.

8. Identify health care education and safety needs for children who have an alteration in cardiac output and tissue perfusion.

Content Topics:
a. Pathophysiology/ Congenital heart disorders (tetralogy of fallot, patent septal defects)

b. Pathophysiology/ Decreased cardiac output (congestive heart failure-pediatric implications)

c. Pathophysiology/ Elevated artial pressure disorders (essential and secondary hypertension)

d. Pathophysiology/ Hematologic disorders/RBC and WBC (iron deficiency anemia, Sickle Cell, hemophilia, leukemias)

e. Pharmacology/ Cardiac glycosides

f. Pharmacology/ Renin-antiotensin-aldosterone system (RAAS) inhibitors, Angiotensin-converting enzyme (ACE inhibitors)

g. Pharmacology/ Diuretics

h. Pharmacology/ Potassium supplements

i. Nutrition/ Iron supplements and iron rich foods

j. Nutrition/ Caffeine restricted diet

k. Nutrition/ Vitamin C, E, folate, zinc supplements

Alteration in Cardiac Output and Tissue - Maternal

Unit Objectives:
1. Recognize components of a focused assessment that should be included when collecting data on women who have an alteration in cardiac output and tissue perfusion.

2. Apply knowledge of anatomy, physiology, pathophysiology, nutrition, and developmental variations when helping to plan care for women who have an alteration in cardiac output and tissue perfusion.

3. Identify priority actions for women who have an alteration in cardiac output and tissue perfusion.

4. Apply knowledge of the actions, potential side effects, and nursing implications when administering medications to women who have an alteration in cardiac output and tissue perfusion.

5. Recognize alterations in pulse oximetry and other laboratory values related to alterations in cardiac

output and tissue perfusion.

6. Discuss the correct use and functioning of therapeutic devices that support cardiac output and tissue perfusion.

7. Describe the role of the nurse in providing quality care to women who have an alteration in cardiac output and tissue perfusion.

8. Identify health care education and safety needs for women who have an alteration in cardiac output and tissue perfusion.

Content Topics:
a. Pathophysiology/ Increased arterial pressure disorders (pregnancy induced hypertension)

b. Pathophysiology/ Hematologic disorders/RBC and platelets (blood incompatibilities – maternal/fetal)

c. Pharmacology/ Direct acting peripheral vasodilators

d. Pharmacology/ Alpha and beta blockers

e. Pharmacology/ Magnesium sulfate

f. Pharmacology/ Rh immune globulin

g. Nutrition/ Calcium supplements

h. Nutrition/ No added salt diet

Alteration in Regulation and Metabolism– Child

Unit Objectives:
1. Recognize components of a focused assessment that should be included when collecting data on children who have an alteration in regulation and metabolism.

2. Apply knowledge of anatomy, physiology, pathophysiology, nutrition, and developmental variations when helping to plan care for children who have an alteration in regulation and metabolism.

3. Identify priority actions for children who have an alteration in regulation and metabolism.

4. Apply knowledge of the actions, potential side effects, and nursing implications when administering medications to children who have an alteration in regulation and metabolism.

5. Recognize alterations in laboratory values related to alterations in regulation and metabolism.

6. Discuss the correct use and functioning of therapeutic devices that support regulation and metabolism.

7. Describe the role of the nurse in providing quality care to children who have an alteration in regulation and metabolism.

8. Identify health care education and safety needs for children who have an alteration in regulation and metabolism.

Content Topics:
a. Pathophysiology/ Endocrine/exocrine (diabetes - pediatric implications)

b. Pathophysiology/ Endocrine disorders (hypothyroidism - pediatric implications)

c. Pathophysiology/ Enzymatic disorders (Tay Sachs Disease, PKU)

d. Pharmacology/ Insulins

e. Pharmacology/ Glucagon

f. Pharmacology/ Thyroid replacements

g. Nutrition/ Diabetic diets

h. Nutrition/ Low phenylalanine diet

Alteration in Regulation and Metabolism/ Maternal and Newborn

Unit Objectives:
1. Recognize components of a focused assessment that should be included when collecting data on women and newborns who have an alteration in regulation and metabolism.

2. Apply knowledge of anatomy, physiology, pathophysiology, nutrition, and developmental variations when helping to plan care for women and newborns who have an alteration in regulation and metabolism.

3. Identify priority actions for womena and newborns who have an alteration in regulation and metabolism.

4. Apply knowledge of the actions, potential side effects, and nursing implications when administering medications to women and newborns who have an alteration in regulation and metabolism.

5. Recognize alterations in laboratory values related to alterations in regulation and metabolism.

6. Discuss the correct use and functioning of therapeutic devices that support regulation and metabolism.

7. Describe the role of the nurse in providing quality care to women and newborns who have an alteration in regulation and metabolism.

8. Identify health care education and safety needs for women and newborns who have an alteration in regulation and metabolism.

Content Topics:
a. Pathophysiology/ Endocrine/exocrine disorders (gestational diabetes, type 1 diabetic mother, infant of a diabetic mother)

b. Pharmacology/ Insulins

c. Pharmacology/ Glucagon

d. Nutrition/ Diabetic diets; six small meals a day

Alteration in Cognition and Sensation – Child

Unit Objectives:
1. Recognize components of a focused assessment that should be included when collecting data on children who have an alteration in cognition and sensation.

2. Apply knowledge of anatomy, physiology, pathophysiology, nutrition, and developmental variations when helping to plan care for children who have an alteration in cognition and sensation.

3. Identify priority actions for children who have an alteration in cognition and sensation.

4. Apply knowledge of the actions, potential side effects, and nursing implications when administering medications to children who have an alteration in cognition and sensation.

5. Recognize alterations in laboratory values related to alterations in cognition and sensation.

6. Discuss the correct use and functioning of therapeutic devices that support cognition and sensation.

7. Describe the role of the nurse in providing quality care to children who have an alteration in cognition and sensation.

8. Identify health care education and safety needs for children who have an alteration in cognition and sensation.

Content Topics:
a. Pathophysiology/ Infectious and inflammatory disorders (meningitis, encephalitis, Reye syndrome)

b. Pathophysiology/ Electrical conduction disorders (seizure disorders, cerebral palsy)

c. Pathophysiology/ Congenital disorders (Down's Syndrome, anencephaly)

d. Pathophysiology/ Trauma related disorders (neurologic birth injuries)

e. Pathophysiology/ Ischemia related disorders (acute hypoxia and meconium aspiration

f. Pathophysiology/ Vision related disorders (strabismus, conjunctivitis, amblyopia)

g. Pathophysiology/ Hearing related disorders (otitis media, otitis externa)

h. Pharmacology/ Anticonvulsants (barbiturates, hydantoins, carbamazepine, ethosuximide, valproic acid, gabapentin, benzodiazepines)

i. Pharmacology/ Corticosteroids

j. Pharmacology/ Osmotic diuretics

k. Pharmacology/ Skeletal muscle relaxants

l. Pharmacology/ Ophthalmic antibiotics

m. Pharmacology/ Otic antibiotics

n. Pharmacology/ Acetaminophen

o. Nutrition/ High caloric with no empty calories diet

p. Nutrition/ Dysphagia diets (pureed, ground, soft, modified general diets)

Alteration in Immunity – Child

Unit Objectives:
1. Recognize components of a focused assessment that should be included when collecting data on children who have an alteration in immunity.

2. Apply knowledge of anatomy, physiology, pathophysiology, nutrition, and developmental variations when helping to plan care for children who have an alteration in immunity.

3. Identify priority actions for children who have an alteration in immunity.

4. Apply knowledge of the actions, potential side effects, and nursing implications when administering medications to children who have an alteration in immunity.

5. Recognize alterations in laboratory values related to alterations in immunity.

6. Discuss the correct use and functioning of therapeutic devices that support immunity.

7. Describe the role of the nurse in providing quality care to children who have an alteration in immunity.

8. Identify health care education and safety needs for children who have an alteration in immunity.

Content Topics:
a. Pathophysiology/ Infectious and inflammatory disorders (juvenile rheumatoid arthritis)

b. Pathophysiology/ Immunosuppression disorders (HIV/AIDS – pediatric implications)

c. Pharmacology/ Non-steroidal anti-inflammatory drugs (NSAIDs – first and second generation)

d. Pharmacology/ Disease modifying anti-rheumatic drugs (MDARDs – I, II, III, IV)

e. Pharmacology/ Antimetabolites (folic acid analogs)

f. Pharmacology/ Corticosteroids

g. Pharmacology/ Antiretroviral drugs

Alteration in Integument - Child

Unit Objectives:
1. Recognize components of a focused assessment that should be included when collecting data on children who have an alteration in integument.

2. Apply knowledge of anatomy, physiology, pathophysiology, nutrition, and developmental variations when helping to plan care for children who have an alteration in integument.

3. Identify priority actions for children who have an alteration in integument.

4. Apply knowledge of the actions, potential side effects, and nursing implications when administering medications to children who have an alteration in integument.

5. Recognize alterations in laboratory values related to alterations in integument.

6. Discuss the correct use and functioning of therapeutic devices that support integument.

7. Describe the role of the nurse in providing quality care to children who have an alteration in integument.

8. Identify health care education and safety needs for children who have an alteration in integument.

Content Topics:
a. Pathophysiology/ Infectious and inflammatory disorders (dermatitis, miliaria, impetigo, parasitic

disorders, MRSA, fungal infections)

b. Pathophysiology/ Trauma related disorders (burns – pediatric implications)

c. Pharmacology/ Topical corticosteroids

d. Pharmacology/ Antihistamines

e. Pharmacology/ Topical antimicrobials

f. Pharmacology/ Topical antifungals

g. Pharmacology/ Ectoparasiticides

Alteration in Mobility – Child

Unit Objectives:
1. Recognize components of a focused assessment that should be included when collecting data on children who have an alteration in mobility.

2. Apply knowledge of anatomy, physiology, pathophysiology, nutrition, and developmental variations when helping to plan care for children who have an alteration in mobility.

3. Identify priority actions for children who have an alteration in mobility.

4. Apply knowledge of the actions, potential side effects, and nursing implications when administering medications to children who have an alteration in mobility.

5. Recognize alterations in laboratory values related to alterations in mobility.

6. Discuss the correct use and functioning of therapeutic devices that support mobility.

7. Describe the role of the nurse in providing quality care to children who have an alteration in mobility.

8. Identify health care education and safety needs for children who have an alteration in mobility.

Content Topics:
a. Pathophysiology/ Trauma related disorders (simple fractures and casting)

b. Pathophysiology/ Degenerative muscular disorders (muscular dystrophy, Legg-Calve-Perthes disease)

c. Pathophysiology/ Infectious and inflammatory disorders (osteomyelitis)

d. Pathophysiology/ Spinal malalignment disorders (torticollis, scoliosis)

e. Pathophysiology/ Abnormal cell proliferation disorders (osteosarcoma, Ewing's sarcoma)

f. Pharmacology/ Antibiotics (penicillins, cephalosporins, flouroquinolones, monobactams)

g. Pharmacology/ Antitumor antibiotics

h. Pharmacology/ Antineoplastics

Alteration in Reproduction – Maternal

Unit Objectives:
1. Recognize components of a focused assessment that should be included when collecting data on women who have an alteration in reproduction.

2. Apply knowledge of anatomy, physiology, pathophysiology, nutrition, and developmental variations when helping to plan care for women who have an alteration in reproduction.

3. Identify priority actions for women who have an alteration in reproduction.

4. Apply knowledge of the actions, potential side effects, and nursing implications when administering medications to women who have an alteration in reproduction.

5. Recognize alterations in laboratory values related to alterations in reproduction.

6. Discuss the correct use and functioning of therapeutic devices that support reproduction.

7. Describe the role of the nurse in providing quality care to women who have an alteration in reproduction.

8. Identify health care education and safety needs for women who have an alteration in reproduction.

Content Topics:
a. Abnormal cell proliferation (endometriosis)

b. Altered functioning (infertility)

c. Pharmacology/ Oral contraceptives

d. Pharmacology/ Gonatropin releasing hormones

e. Pharmacology/ Follicular maturation drugs

f. Pharmacology/ Ovulatory stimulation drugs

g. Pharmacology/ Antiprotozoals

Alteration in Ingestion, Digestion, Absorption, and Elimination -Child

Unit Objectives:
1. Recognize components of a focused assessment that should be included when collecting data on children who have an alteration in ingestion, digestion, absorption, and elimination.

2. Apply knowledge of anatomy, physiology, pathophysiology, nutrition, and developmental variations when helping to plan care for children who have an alteration in ingestion, digestion, absorption, and elimination.

3. Identify priority actions for children who have an alteration in ingestion, digestion, absorption, and elimination.

4. Apply knowledge of the actions, potential side effects, and nursing implications when administering medications to children who have an alteration in ingestion, digestion, absorption, and elimination.

5. Recognize alterations in laboratory values related to alterations in ingestion, digestion, aborption, and elimination.

6. Discuss the correct use and functioning of therapeutic devices that support ingestion, digestion,

absorption, and elimination.

7. Describe the role of the nurse in providing quality care to children who have an alteration in ingestion, digestion, absorption, and elimination.

8. Identify health care education and safety needs for children who have an alteration in ingestion, digestion, absorption, and elimination.

Content Topics:
a. Pathophysiology/ Congenital disorders (cleft lip, cleft palate, tracheoesophageal fistula, pyloric stenosis, imperforate anus)

b. Pathophysiology/ Infectious and inflammatory disorders (thrush, gastroenteritis – pediatric considerations, celiac disease, intestinal parasites)

c. Pathophysiology/ Structural disorders (intussusceptions, hernias)

d. Pathophysiology/ Nutritional deficiency disorders (failure to thrive, rickets, scurvy)

e. Pharmacology/ Antifungals

f. Pharmacology/ Anthelmintics

g. Pharmacology/ Probiotics

h. Nutrition/ Needs of the infant with cleft lip

i. Nutrition/ Gluten free diet

j. Nutrition/ Fluid replacement, electrolyte solutions

Alteration in Ingestion, Digestion, Absorption, and Elimination - Maternal

Unit Objectives:
1. Recognize components of a focused assessment that should be included when collecting data on women who have an alteration in ingestion, digestion, absorption, and elimination.

2. Apply knowledge of anatomy, physiology, pathophysiology, nutrition, and developmental variations when helping to plan care for women who have an alteration in ingestion, digestion, absorption, and elimination.

3. Identify priority actions for women who have an alteration in ingestion, digestion, absorption, and elimination.

4. Apply knowledge of the actions, potential side effects, and nursing implications when administering medications to women who have an alteration in ingestion, digestion, absorption, and elimination.

5. Recognize alterations in laboratory values related to alterations in ingestion, digestion, absorption, and elimination.

6. Discuss the correct use and functioning of therapeutic devices that support ingestion, digestion, absorption, and elimination.

7. Describe the role of the nurse in providing quality care to women who have an alteration in ingestion, digestion, absorption, and elimination.

8. Identify health care education and safety needs for women who have an alteration in ingestion, digestion, absorption, and elimination.

Content Topics:
a. Pathophysiology/ Hormonal disorders (hyperemesis gravidarum)

b. Pharmacology/ Antiemetics

c. Nutrition/ Small frequent meals

d. Nutrition/ Vitamin B6 supplements

e. Nutrition/ Prenatal vitamins

Alteration in Excretion – Child

Unit Objectives:
1. Recognize components of a focused assessment that should be included when collecting data on children who have an alteration in excretion.

2. Apply knowledge of anatomy, physiology, pathophysiology, nutrition, and developmental variations when helping to plan care for children who have an alteration in excretion.

3. Identify priority actions for children who have an alteration in excretion.

4. Apply knowledge of the actions, potential side effects, and nursing implications when administering medications to children who have an alteration in excretion.

5. Recognize alterations in laboratory values related to alterations in excretion.

6. Discuss the correct use and functioning of therapeutic devices that support excretion.

7. Describe the role of the nurse in providing quality care to children who have an alteration in excretion.

8. Identify health care education and safety needs for children who have an alteration in excretion.

Content Topics:
a. Pathophysiology/ Congenital disorders (hypo/hyperspadias, cryptorchism)

b. Pathophysiology/ Infectious and inflammatory disorders (acute glomerulonephritis, nephrotic syndrome)

c. Pathophysiology/ Abnormal cell proliferation (Wilms' tumor, hydrocele)

d. Pharmacology/ Antibiotics (penicillins, cephalosporins, tetracyclines, macrolides, flouroquinolones, monobactams)

e. Pharmacology/ Corticosteroids

f. Pharmacology/ Diuretics

g. Pharmacology/ Antineoplastics (alkylating agents)

Nursing Care - Women

Unit Objectives:
1. Review principles related to the selected skills.

2. Practice client care skills using proper techniques while ensuring client safety.

3. Integrate the following skills into theory or clinical

Content Topics:
a. Calculation of delivery date

b. Auscultation of fetal heart rate

c. Palpation of contractions

d. Maternal and newborn assessment

e. Palpation of fundal height

f. Teach how to give a baby bath

g. Teach breast feeding techniques

h. Umbilical cord and circumcision care

i. Discharge teaching

Nursing Care - Children

Unit Objectives:
1. Review principles related to the selected skills.

2. Practice client care skills using proper techniques while ensuring client safety.

3. Integrate the following skills into theory or clinical

Content Topics:
a. Pediatric assessment

b. Temperature measurement options

c. Toys/activities appropriate for developmental stage

d. Restraints during hospitalization

e. Medication administration skills

f. Transporting infants/children

g. Specimen collection

h. Safety measures

Clinical Objectives:
1A. Use the nursing process as a framework for providing nursing care/ Perform a comprehensive assessment of women, newborns, and children.

1B. Use the nursing process as a framework for providing nursing care/ Develop a family centered plan of care based on data collected during a comprehensive assessment.

1C. Use the nursing process as a framework for providing nursing care/ Integrate cultural and age-appropriate interventions into the plan of care.

1D. Use the nursing process as a framework for providing nursing care/ Implement nursing care that is safe and based on the established plan of care.

1E. Use the nursing process as a framework for providing nursing care/ Use clinical judgment when implementing the client's plan of care and evaluating client outcomes.

2A. Promote continuity of health care within the health care team and across various settings/ Collaborate with members of the interdisciplinary health care team.

2B. Promote continuity of health care within the health care team and across various settings/ Communicate client-related information to appropriate team members in a timely manner.

2C. Promote continuity of health care within the health care team and across various settings/ Plan and provide health-related education as a member of the health care team.

2D. Promote continuity of health care within the health care team and across various settings/ Use information technology to document client information and communicate with members of the health care team.

3A. Use scientific principles and evidence-based practice as a foundation for nursing practice/ Integrate knowledge of pathophysiology, pharmacology, and nutrition into client care.

3B. Use scientific principles and evidence-based practice as a foundation for nursing practice/ Use appropriate resources when making clinical decisions regarding best practice for client care.

3C. Use scientific principles and evidence-based practice as a foundation for nursing practice/ Incorporate scientific evidence into nursing practice.

4A. Provide high-quality nursing care in an environment that is safe for the client, self, and others/ Use communication techniques that facilitate a caring nurse-client relationship.

4B. Provide high-quality nursing care in an environment that is safe for the client, self, and others/ Advocate for the client when healthcare or health related issues arise.

4C. Provide high-quality nursing care in an environment that is safe for the client, self, and others/ Identify client and institutional issues that affect quality of care and participate in the development of plans to promote improvements.

4D. Provide high-quality nursing care in an environment that is safe for the client, self, and others/ Intervene to minimize environmental safety risks while providing a safe environment for the client, self, and others.

4E. Provide high-quality nursing care in an environment that is safe for the client, self, and others/ Use leadership skills to enhance the efficient management of client care.

5A. Practice nursing in a professional, ethical, and legal manner/ Practice nursing in accordance with professional standards.

5B. Practice nursing in a professional, ethical, and legal manner/ Practice nursing in an ethical manner.

5C. Practice nursing in a professional, ethical, and legal manner/ Practice nursing within established legal parameters.

5D. Practice nursing in a professional, ethical, and legal manner/ Accept accountability and responsibility for the supervision and provision of client care.

Course Method of Evaluation

1. Tests on each unit of study cumulative passing grade of a 78% or better
2. Case studies correlating with unit testing, pop quizzes, workbook assignments
3. Care Plan in the theory, lab and clinical components
4. Written projects on
5. Lab skills workbook units, moodle assignments, skills check off sheets Final Lab Skills test/return demonstration
6. `Final and final proctored ATI exams used for student knowledge and course objective assessments
7. Participation to include ATI testing, punctuality, attending classes, assignments on time, being positive in the classroom and/or clinical setting, and offering insight during class participation
8. Journaling
9. Clinical Evaluation tool

General Education Outcomes:

Ability to express themselves clearly and correctly in writing

Ability to locate, gather, and synthesize information.

Program Outcomes:

Client Centered-centered care
Interdisciplinary collaboration
Evidence based practice and
Nursing Judgment
Quality improvement
Safety
Client education
Professionalism
Leadership
Cultural Competence

Theory Grading Criteria:

Component	Weight		Percent	Grade
Tests & pop quizzes	40%		93-100%	A
Lab Quizzes, moodle	10%		85-92%	B
Pregnant Mother PPP	20%		78-84%	C
Child PPP	20%		60-77%	D
Participation and Attendance ATI testing	10%		<60%	F

Clinical Grading Criteria:

Component	Weight		Percent	Grade
Care plans	30%		93-100%	A
Reflective Journal	30%		85-92%	B
Annotated Bibliography	10%		78-84%	C
Clinical Evaluation Tool	30%		60-77%	D
Total	100%		<60%	F

ANY GRADE BELOW 78% IS CONSIDERED A FAILURE OF THE COURSE

Students must have a 78% or better to pass this course and proceed with the other nursing courses. An average of tests and case studies MUST average 78%. Grades will be rounded to the nearest 100th. (example: 77.5%=78%.)

The following grading system is used in evaluating students in the Associate Degree Nursing Program at LCOOCC (Nursing Courses)

A **93 – 100%**

B **85 – 92%**

C **78 – 84%**

Any grade below 78% is considered failure of a nursing course.

D **60-77%**

F **below 60%**

Students must have a 78% or better to pass this course and proceed with the other nursing courses. An average of tests and case studies must average 78%. Grades will be rounded to the nearest 100th. 77.5% = 78%.

Computer Use: In order to use any of the computers on the campus, you must have filled out and submitted a Request For a Computer User Account. These forms are available from the receptionist as well as the Computer Department**.** **Allowing others to use your account is grounds for revocation!**

Academic Honesty Policy:

Plagiarism is a serious offense. If a student is caught plagiarizing the student receives an F for the grade on the paper and may be placed on academic probation or receive an F in the course. **Cheating is not allowed.** The work you submit must be your own work and not the work of others.

Paper Assignments: If assignments are required to be submitted electronically, they must be in Microsoft Word (doc) format or when required, Microsoft Excel format or Power point.

If for any reason you find yourself unable to continue attending this class, I strongly recommend that you stop at the Registrar's Office and fill out a Withdrawal Form. That way you do not jeopardize your GPA and future Financial Aid.

COURSE REQUIREMENTS

Assignments and Tests:

All tests and or case studies **must** be passed with an average of 78% or above. Test questions mirror the NCLEX multiple choice. Reading the assigned text, attending and participating in class, attending and participating in study groups, MyNursing lab, ATI, virtual tools located in textbooks in other nursing and science courses and reviewing library materials will prepare the student for each theory examination.

Assessment Technology Institute (ATI) offers a comprehensive assessment designed to increase the students' pass rates on the nursing licensing exam. ATI tools can help students prepare more efficiently as well as increase confidence and familiarity with content and testing. These tools include DVDs, web-based practice tests and books on specific content. These materials are required each semester at the expense of the student over their enrollment in the nursing program. ATI content is available to students for 4 years after graduation.

Each semester students are provided with codes for practice exams before the proctored exam is given. The practice exams may be taken multiple times and the student is encouraged to repeat the practice exams until a grade of 90% is obtained.

The practice and the proctored ATI exams grade will count for 10% for your final grade for each course. The grades for the ATI will be based on proficiency levels

Proficiency Level 3 –ATI grade 100%

Proficiency Level 2 –ATI grade 90%

Proficiency Level 1 - ATI grade 75%

Below Proficiency Level 1: ATI grade 60%

ATI TESTING: Students will take their assigned **ATI practice test** according to the guidelines in the syllabus for each course. Instructors will provide an ATI Proctored testing date and time. The dates of the exams will be listed in the course syllabus, tentatively the Proctored ATI testing will be held in the last week of the didactic course. All proctored exams are taken on line in one of the nursing classrooms they are timed tests, usually 1 minute per question. **The taking of the ATI practice and proctored exam is a part of the course requirements.**

Proctored exams may only be taken once and must be taken at the scheduled time. If the test is missed, students need to contact the instructor to re-schedule within 10 days or a result of zero occurs. ATI tests grades are not curved. ATI results for the proctored exam will be available when all of the students have completed the exam. Students will **not** discuss the exam with other students until the exam results have been posted.

Students need to follow test-taking rules as outlined in the syllabus, no calculator, no food or drink, no talking, work independently, scratch paper may be provided if needed. Once the exam is complete, please leave the room to allow for a quiet environment for other testers. If you are taking multiple exams that day, please be aware of other students taking their test.

Students in their last semester nursing courses will take an **RN Comprehensive Predictor ATI** test. Students must achieve a 75% or better. If a 75% is not achieved students will have to go through remediation to achieve that 75% or above by the end of their NSG 214 Internship course. If that grade of 75% is not achieved, the student will not pass NSG 214.

Dosage calculation testing will be required in NSG 100-01, NSG 219, and NSG 204

If you have a documented disability affecting your ability to sit for the test, please see your instructor in the first week of class.

REMEDIATION:
The re-take of the proctored ATI test is required for any student who received a Below level score. The student is responsible to develop a plan to complete a focused review and should meet with their instructor to discuss the plan. In developing this plan the student should reflect and consider possible reasons for the low score and methods to improve study habits, test taking strategies, time management and retention of knowledge. The remediation template which is outlined in the ATI website under your results tab allows you to focus on areas of deficiency. To access this remediation plan, click on the proctored assessment and click on build under your results tab. A personalized plan will be built by the ATI system for you. You must follow the remediation plan and a proctored re-take of the examination must be completed by the end of the semester. You must work with your Instructor to set-up the date and time. Your instructor will be following your remediation work in ATI.

ATI testing fees: ATI testing fees will be charged each semester. ATI services will be available to you four 4 years. You will be able to use this service after graduation. Fees will be discussed during orientation.

ATI testing offers insight into areas in which you may need assistance. This useful tool will guide through these areas. Use this sight to assist in coursework and in passing your boards.

ATI testing fees: ATI testing fees will be charged each semester. ATI services will be available to you four(4 years). You will be able to use this service after graduation. Fees will be discussed during orientation.

ATTENDANCE:

Students are allowed to miss one (1) class time. As class material pertains to other courses, a student may be behind in those courses as well. Missing class does not provide a good learning environment for you as a student. It is YOUR responsibility to call the instructor PRIOR to class time and to meet with the instructor to make up assignments.

Outside of class study expectations:

For each hour of class time, expect 2 hours of study time outside of class or more depending on the assignments, learning styles and study habits.

Students will be allowed to go into the class room and practice outside of class hours.

ASSIGNMENTS & TESTs

Missing an exam should only occur in the event of **extreme circumstance.** If the student is going to miss an examination, the course instructor that is giving the exam must be personally notified prior to the exam or the right to make up the exam is forfeited. Make-up examinations will only be allowed for extenuating circumstances. Assignments must be handed in according to the instructor's deadline.

You are allowed to miss one test day for extreme circumstances (ie. Medical Emergency)

If you miss a test and you follow the procedure, you are allowed to take the test within 48 hours. Ten (10) points will be taken off the score for each day past 48 hours. Any make up exams maybe a different set of questions, but come from the same chapters. If you miss a test day the 2nd time, you will be given a zero score.

There will be POP Quizzes throughout this class

For assignments, assignments are due as outlined in the syllabus. **For each day the assignments is late, including weekends and holidays, ten (10) points will be taken off for each day the assignment is late.** Please see your instructor if you have any further questions. There will be no incompletes given in this course.

READING ASSIGNMENTS: You will be expected to complete assigned material **BEFORE** coming to class. You will be held accountable for the work and reading material, which is testable material.

SPECIAL NOTE REGARDING INCOMPLETES: There will be **NO** incomplete grades issued for this course. If exceptional circumstances occur which prevent you from completing all of the course requirements your grade will be determined on the basis of whatever attendance and evaluation data that you have generated in the time that you did

attend. It may be necessary to repeat the course if you're output is below the passing requirements.

If you are having trouble keeping up with homework, reading, or understanding course content, please inform the instructor and make an appointment with student support services **as soon as you realize you are having trouble**. We can help you with time management, study skills, and more.

Please inform the instructor if you have a disability (physical, learning, etc.) that will interfere with successful completion of this course.

Classroom Conduct: Students enrolled in NSG 100 must assume responsibility for their

OWN behavior. This includes professional conduct of the instructor and other classmates by adhering to the classroom conduct policy.

The student has the responsibility to review material presented in prerequisite courses if necessary to enhance the understanding of this course. Students are responsible for required reading, use of mynursing lab, ATI and any assignments. Attendance and active participation are expected.

Show Respect:

Listen when others are speaking

Be on time for class

Listen when others are speaking

Don't pick up your books or put on your coat until class is over

Your cell phone must be turned off. If your cell phone disrupts the class three times during the semester your will automatically receive a 30% reduction in your participation grade which will be compiled into your final grade

Listen when others are speaking

Professional Conduct: As outlined in the Lac Courte Oreilles Ojibwa College Associate

of Applied Science in Nursing Student handbook and in the Lac Courte Oreilles Ojibwa Community college handbook, you are responsible to conduct yourself in a professional manner. You are to abide by the professional code of ethics Chapter N11 'rules of conduct" of the Wisconsin Administrative Code-Rules of Board of Nursing identify desirable conduct for nurses. The program outcomes in the nursing

program are to; lead in a professional manner based on the standards of nursing practice, communicate in a professional manner and demonstrate accountability and responsibility. **Students enrolled in any NSG course must assume responsibility for their own behavior. This includes professional conduct towards the instructor and other classmates by adhering to the LCO Student Handbook and the Nursing Student Handbook.**

Clinical Dress Code Policy

Before attending clinical practice, you will need to gather information on your patient. You **must** dress appropriately. Wear nice street clothes, no jeans with your white lab coat and your name tag. Follow HIPAA guidelines when gathering information.

While participating in the clinical, follow the following dress code policy:

Clinical Sites on Non-Clinical Time:

a. Each student is issued a name badge during orientation that must be worn during any attendance at clinical time.

b. A white lab coat with a LCOOCC Associate Degree Nursing program patch with your name tag must be worn over professional street clothes. ***NO JEANS!*** The street clothes should be clean and neat, ironed, free of wrinkles and not revealing in any manner. Students should not wear pants that show off underwear or shirts that are low cut or show off the midriff. Socks or hose must be worn at all times. Footwear must be worn at all times and be **closed-toed**, clean, and in good repair.

c. While piercings are the current trend, visible piercings should be removed to protect the student from injury at the clinical site.

d. Tattoos should be covered if possible.

e. Unacceptable attire includes:
Midriff tops
Low-cut shirts
T-shirts with inappropriate words or pictures
Denim, spandex, metallic, leather, suede, sheer or clinging fabrics
Sweatshirts or sweat pants
Shorts
Capri pants
Open-toed footwear
High heels
Pajama tops or bottoms

Clinical Sites on Clinical Time:

A professional appearance is expected. The goal of the nursing uniform is to maintain this professional appearance. The LCO uniform must be clean and wrinkle free at all times. The identification badge must be worn at all times and may not be altered under any circumstances. Faculty members are responsible for evaluating student appearance; if deemed unacceptable, a student will be dismissed from clinical until acceptable dress code is met. Uniform substitutions are not acceptable. It is the student‘s responsibility to order and purchase their uniform pieces in a timely manner. Uniforms will be blue scrub tops and scrub bottoms with a white lab coat with the LCO Associate Degree Nursing Program Logo and your name badge. These may be purchased during orientation in the LCO Bookstore.

Guidelines:

Pieces of the nursing uniform are to be worn only when functioning in the student role.

Hair:
Length and style should not interfere with performance of nursing activities. Hair should be neatly styled, clean and drawn back from the face. Hair color should be professional and not extreme. Shoulder length hair must be appropriately pulled back and secured off of face in a manner that will not fall forward. No hair ornaments that may drag on the ground when bending over. Long hair could be braided and pulled up, placed in a bun etc. Hair should not drag across a patient when bending over the patient. Beards, sideburns, and mustaches must be neatly trimmed.

Hose/socks:

White or light beige, non-textured nylon hose without runs or white socks are to be worn. Hose or ankle socks may be worn with pants. Solid neutral undergarments are required. Undergarments should not be visible through or outside of the uniform. White underwear works best.

Shoes:
White, clean shoes/shoelaces are required. Athletic shoes that are all white with no color are acceptable. No clogs, crocs, open-toe or open-heel shoes. Students should have a pair of shoes that are for client care only. This decreases the risk of brining home germs to your family and the shoes are easier to keep clean if used for the clinical experience.

Jewelry:
Only the following jewelry may be worn:

- Wedding band
- Conservative wristwatch with a second hand

- Small (less than ½ inch size) post earring in earlobe (multiple earrings are allowed if they are not dangle earrings.
- Unacceptable jewelry includes: multiple earrings; dangling or hoop earrings; earrings placed in site other than earlobe.
- No visible or reachable necklaces.
- No bracelets.
- No body jewelry.

Fingernails:

Natural fingernails only, no artificial fingernails, acrylic overlays, or other nail coverings.

Fingernails should be well maintained, clean, and short; not to exceed 1/4 inch past the fingertip. Clear or light fresh, non-chipped nail polish is allowed.

Cleanliness:
Students are expected to practice good hygiene which includes regular bathing, the use of deodorants and good oral hygiene. Students should not smell of excessive odors like tobacco, or perfumes.

Gum chewing is prohibited during any clinical experiences.

Tattoos\body art must be covered while on the clinical site.

Make-up: Make-up should be conservative, no bold colors. You want to instill peace in your patients.

Dress code compliance:
Students are responsible for complying with the dress code. The uniform, or any part of the uniform, is not to be worn outside of LCO classes or clinical experiences.
Faculty members are responsible to ensure that students comply with the policy.
Consequences may include an unexcused dismissal from clinical with mandatory makeup for the day; disciplinary probation; an unsatisfactory clinical evaluation related to professional performance category which would result in failure to progress in the program.

Policy 300 Clinical Absence

As part of promoting excellence in the nursing program nursing students are required to meet all clinical requirements. Any absence in the clinical portion of the nursing program is not allowed. If a student has an unexcused absence from the clinical experience, the student is withdrawn from the nursing clinical portion of the enrolled course and subsequently fails said course.

If an emergency arises, the student must contact the instructor immediately and petition the instructor in writing **(Attachment # 1)** regarding the extenuating circumstances. The instructor has the right to make the decision to allow the student to make-up the clinical time. If the instructor does not allow the student to make up the clinical time, the student is able to petition the Associate Degree of Nursing Admission Taskforce.

If the instructor allows a clinical make-up **(Attachment # 2)** the procedure is as follows:

1. Any clinical make-up day arranged by the instructor will be documented and signed by the student.

2. A make-up day may be scheduled after midterm for any students who have had a clinical absence.

3. Make-up clinical practices will reflect the current placement of the student in the curriculum.

4. Failure to complete a make-up clinical will result in failure of the clinical course.

Petition for Missed Clinical Time:

I _____ on _____

Student Name Date

Request permission from_____

Instructor of Course

To make-up the clinical time I missed on _____, because of the following reason

_____

Date

Approved: _____Date_____

Instructor Signature

Not Approved_____Date_____

Instructor Signature

(Attachment # 1)

Agreement for Clinical Practice Make-Up

I _____ was absent for a clinical experience on_____
Student Name Date of absence

Because of the following reason_____

_____.

I, _____will make up the missed clinical (with instructor
Student Name

permission and discretion) by _____.
Date

Failure to complete this make up will result in failure of this course_____
Course number and name

_____ _____
Instructor Signature Date Student Signature Date

(Attachment # 2)

Each student will prepare 2 power point presentations as assigned by instructor

1. One powerpoint will be on the pregnant mother
2. One powerpoint will be on a pediatric patient
3.

Rubric for Pregnant Mother

Topic	pts	pts	pts
Introduction	Clear and concise 10	Not clear on subject 5	No introduction 0
Culture of patient 1. What is the patients developmental status 2. What is the culture/spirituality of the patient 3. What language does the patient speak 4. What are the health beliefs of the patient 5. What is the patients response to health and illness	All points addressed 50	3 points addressed 25	Less than 3 points addressed 0
How would you assess this patient in relation to his or her disease process 1. What is the	All points met 100	2 points met 50 pts	Less than 2 points met 0 pts

disease 2. What is the pathophysiology of the disease 3. List how you would assess your patient based on his/her disease for example your patient has CHF, what would you be looking for? Give examples			
List 3 nursing diagnosis for this patient (prioritize)	3 nursing diagnosis well written in proper format 100pts At risk for impaired skin integrity r/t immobility amb: patient unable to change positions on own	2 nursing diagnosis well written in proper format 50 pts	No nursing diagnosis written in proper format 0 pts
List one goal	Goal written in proper format 50 pts Patient will be free from skin breakdown	Goal not written in proper format 0 pts	

	through 90 days		
List 6 interventions (use evidenced based practice, find an article and use that information to take care of your patient) CITE your source…..	6 interventions backed-up by evidence-based practice 100pts 1. Reposition every two hours (list evidenced based practice what journal article gave you this information)	3 interventions backed-up by evidenced based practice 50 pts	Less than 3 interventions/or interventions not backed-up by evidence based practice 0 pts
List 6 rationales for these interventions	6 rationales listed 25 pts Your rationales will come from your evidenced based practice….. these are give me points.	3 rationales listed 10 pts	Less than 3 rationales listed 0 pts
List 3 ways that you would evaluate the patients' response to the interventions	3 ways listed 25	Less than 3 ways listed 0 pts	
Conclusion	Conclusion present, summarizes presentation 10 pts	Conclusion present, does not summarazie presentation 5 pts	No conclusion 0pts

APA format Grammar, spelling, speaker notes on slides	Less than 5 errors 100 pts	5 or more but less than 10 errors 50 pts Over 10 errors 25 pts	No citations fail the paper…. 0 pts
Total points 570			

Rubric for Pediatric Patient

Topic	pts	pts	pts
Introduction	Clear and concise 10pts	Introduction present but not clear and concise 5pts	No introduction 0pts
What disease does your patient have,(explain the disease) what body system does this affect, what is the pathophysiology	All 3 points addressed 50pts	Less than 3 pts addressed 0 pts	

What developmental stage is your patient at?	Developmental stage addressed 10pts	Not addressed 0pts	
How would you explain to your patient the type of surgery or disease that they have based on age? Would you need to explain to parents?	This topic addressed according to developmental stage 10 pts	Not addressed 0pts	
How would you assess this patient in relation to his or her disease process 4. What is the disease 5. What is the pathophysiology of the disease 6. List how you would assess your patient based on his/her disease for example your patient has CHF, what would you be looking for? Give examples	All points met 100	2 points met 50 pts	Less than 2 points met 0 pts

List 3 nursing diagnosis for this patient (prioritize)	3 nursing diagnosis well written in proper format 100pts At risk for impaired skin integrity r/t immobility amb: patient unable to change positions on own	2 nursing diagnosis well written in proper format 50 pts	No nursing diagnosis written in proper format 0 pts
List one goal	Goal written in proper format 50 pts Patient will be free from skin breakdown through 90 days	Goal not written in proper format 0 pts	
List 6 interventions (use evidenced based practice, find an article and use that information to take care of your patient) CITE your source…..	6 interventions backed-up by evidence-based practice 100pts 2. Reposition every two hours (list evidenced based practice what journal article gave you this information)	3 interventions backed-up by evidenced based practice 50 pts	Less than 3 interventions/or interventions not backed-up by evidence based practice 0 pts

List 6 rationales for these interventions	6 rationales listed 25 pts Your rationales will come from your evidenced based practice….. these are give me points.	3 rationales listed 10 pts	Less than 3 rationales listed 0 pts
List 3 ways that you would evaluate the patients' response to the interventions	3 ways listed 25	Less than 3 ways listed 0 pts	
Conclusion	Conclusion present, summarizes presentation 10 pts	Conclusion present, does not summarize presentation 5 pts	No conclusion 0pts
APA format Grammar, spelling, speaker notes on slides	Less than 5 errors 100 pts	5 or more but less than 10 errors 50 pts Over 10 errors 25 pts	No citations fail the paper…. 0 pts
Total points 590	/590		

JOURNALING

Journaling is required for the weeks that you are in clinical practice. For those requirements, students need to journal on his or her experience. Journaling points will be awarded for each entry and response to classmates. Once I have a schedule of times and dates on other activities, I will post and you can sign up for those activities. In your journaling, you need to log time that you were at the clinical site. I will have sheets for preceptors to sign that you were in attendance available to you. The journaling requirements are listed below.

You have one week to journal those entries. 10 points will be taken off for each day that the entry is late.

Journaling Requirements:

- Identify the medical diagnosis of your patient
- List (in detail) the physical assessment of your patient-Subjective/Objective
- Identify Safety needs
- Develop a plan to promote safety
- What is the underlying pathophysiology of the patient
- What did you learn when performing a physical assessment
- Identify the culture of the patient
- How did you incorporate the culture of the patient in meeting their individual needs
- How did you incorporate Ojibwe Traditional values in your weekly clinical experience-provide specific examples
- Provide two nursing diagnosis for your patient
- Provide 3 interventions for each diagnosis
- Provide two goals for your patient
- Did your patient meet the goal
- How did you communicate with your patient and others in the health care team
- Patient teaching needs identified
- Patient teaching plan created
- Patient teaching plan carried out
- What critical thinking skills did you use
- Strengths
- Weaknesses
- Areas to improve
- Any additional comments

Journaling Rubric:

50	25	0
1. Each objective is	1. Half of the	1. None of the

addressed 2. Complete accounts with specific information on all areas 3. Analyzes activities that were performed 4. Relates clinical activities to course content	objectives are addressed 2. The journal entries are half complete 3. Did analyze some activities performed or showed some new insight 4. Relates clinical activities at a minimal level	objectives are addressed 2. The journal entries are half complete 3. The student did not analyze activities and did not show new insight 4. The student did not relate clinical activities to course content

Journaling Rubric Response to classmates:

50	25	0
1. Responded to two classmates each week 2. Responses showed critical thinking, commenting on student's success and encouraging to overcome weaknesses 3. Offered insight on areas that the classmate may have questions on or added additional information	1. Did not meet all the criteria. Only responded to one classmate a week or met only 2 of the three criteria	2. No response or poor responses to the 3 criteria

Annotated Bibliography Rubric (clinical)

Criteria	Points Possible	Points Possible	Points Possible	Points Given	Comments
	0	0	10		
Choose a nursing/health article that relates to the disease process or health of your patient Submit the article with the annotated bibliography	Submitted the article	Did not submit the article	Submitted the article		
Criteria	Points Possible	Points Possible	Points Possible		
	10	15	20		
How will you as a nursing student use the information in the article to provide optimal health to your patient in relation to his or her individual needs and cultural preferences	1 example given	2 examples given	3 examples given		
Criteria	Points Possible	Points Possible	Points Possible		
	10	15	20		
What obstacles do you foresee in	1 examples given	2 examples given	3 examples given		
Criteria	Points Possible	Points Possible	Points Possible		
	10	15	20		
Submit the annotated bibliography of the article	Not submitted	Not submitted	Submitted		
Criteria	Points Possible	Points Possible	Points Possible		
	5	8	10		
APA format:Annotated bibliography in right format, no spelling errors, no grammatical errors	More than 3 APA errors	Less than 3 APA errors	APA format met		Plagiarism is a serious offense, can result in failure of the course.
Total			80	Your score = /80	Score Percent

Clinical class-
Care Plan and Clinical Evaluation Tool

Criteria	**Date**	**Date**	**Date**
Appropriate & Completed Care Plan: Identification, Developmental Stage, Health State, Sociocultural	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**

Orientation USCR's			
Appropriate & Completed Care Plan: Health care systems management	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**
Appropriate & Completed Care Plan: Concept mapping	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**
Appropriate & Completed Care Plan: Medications	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**
Appropriate & Completed Care Plan: labs	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**
Appropriate & Completed Care Plan: Oxygenation, circulation, temperature regulation, hygiene, elimination and nutrition	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**
Appropriate & Completed Care Plan: Rest, activity and sleep, social interactions, sense of normalcy, sensory alterations, safety and other	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**
Appropriate & Completed Care Plan: Nursing Diagnosis, Nursing care plan	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**
Communication Skills	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**
Cultural Sensitivity Identifying the culture of the patient	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**
Professional Attire	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**
Professional Attitude	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**
Patient and Staff Safety	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**
Report to Instructor and Staff Nurse	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**
Attendance	**0 1 2 3**	**0 1 2 3**	**0 1 2 3**

Point Earned_____
40-48 =A
31-40= B
24-30= C

Lac Courte Oreilles Ojibwa Community College
Associate of Applied Science in Nursing Program

Clinical Outcomes Portfolio

Date:

Student

Name:_____

INSTRUCTIONS

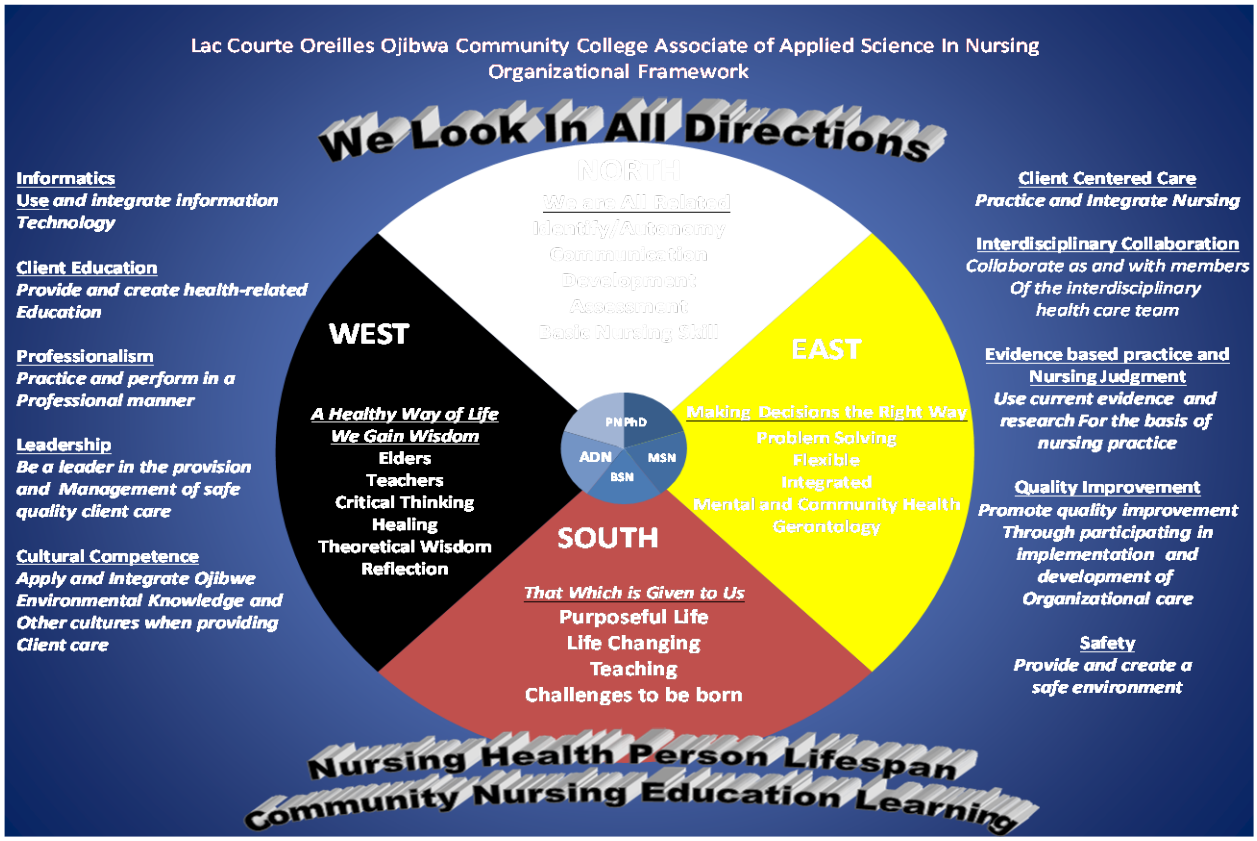
Your clinical portfolio is a collection of your completed assignments that provide evidence that you have successfully accomplished the course learner outcomes for (Course Name)

The students' responsibilities include:

1. Completing the listed assignments successfully.
2. Inserting the final assignments in the portfolio.
3. Maintaining the portfolio throughout the program.

Please put a sample of each of the assignments into your Clinical Portfolio. Your portfolio will be collected one week prior to your midterm evaluation and again one week prior to your final evaluation. You are expected to have your clinical portfolio with you at clinicals on a weekly basis. Your clinical instructor will ask to see your portfolio throughout the semester. If you do not have your portfolio with you, or if your clinical portfolio is not up to date, you will receive an anecdotal note which will remain in your file until graduation from the program

The Outcomes for this clinical course are listed on the following pages with the Competencies listed under EACH outcome. You must receive a "S" under **EACH** competency to pass this clinical course. The tools for measuring the outcomes are listed in the right hand column. Some of the tools used are graded by a rubric and not a written assignment.



Program Student Learner Outcomes
from the National League for Nursing (NLN) Outcomes and Competencies Book (2010)
and from the Quality Safety Education in Nursing (QSEN.org website)

Program Outcome	Program Outcome Definition	Program Outcome Competency
Client Centered-care	The provision of caring and compassionate, culturally sensitive care that is based on a client's physiological, psychological, sociological, spiritual, and cultural needs, preferences, and values. Clients are defined as individuals and families. Advocate for patients and families in ways that promote their self-determination, integrity, and ongoing growth as human beings.	Practice nursing that is client centered, caring, culturally sensitive and based on the physiological, psychosocial and spiritual needs of clients.
Interdisciplinary Collaboration	The student will function effectively within nursing and inter-professional teams, fostering open communication, mutual respect, and shared decision-making to achieve quality patient care. The delivery of client care, in partnership with multidisciplinary members of the health care team, to achieve	Collaborate as a member of the health care team to promote continuity of client care.

	continuity of care and positive client outcomes.	
Evidenced Based Practice and Nursing Judgment	Integrate best current evidence with clinical expertise and patient/family preferences and values for delivery of optimal health care. Students will use current knowledge from research and other credible sources, upon which clinical judgment and client care are based. Students Make judgments in practice, substantiated with evidence, that integrate nursing science in the provision of safe, quality care and that promote the health of patients within a family and community context.	Use current evidence from scientific and other credible sources as a basis for nursing practice and clinical judgment.
Quality Improvement	The study of care and organizational processes with the goal of developing and implementing a plan to improve health care services and better meet the needs of clients. Examine the evidence that underlies clinical nursing practice to challenge the status quo, question underlying assumptions, and use improvement methods to design and test changes to improve the quality of care and safety for patients, families, and communities.	Promote quality improvement by participating in the implementation of care-related plans to improve health care services
Safety	The minimization of risk factors that could cause injury or harm while promoting quality care and maintaining a secure environment for clients, self, and others.	Provide a safe environment for clients, self and others.
Informatics	The use of information technology as a communication and information gathering tool that supports clinical decision making and scientifically based nursing practice.	Use information technology in the provision of client care.
Client Education	The provision of health-related education to clients that will facilitate their acquisition of new knowledge and skills, adoption of new behaviors, and modification of attitudes.	Provide health-related education to restore health and promote optimal wellness.

Professionalism	The accountable and responsible behavior of the nurse that incorporates legal and ethical principles and complies with standards of nursing practice. Implement one's role as a nurse in ways that reflect integrity, responsibility, ethical practices, and an evolving identity as a nurse committed to evidence-based practice, caring, advocacy, and safe, quality care for diverse patients within a family and community context.	Practice nursing in a professional, ethical, and legal manner.
Leadership	The process by which nurses use a set of skills that directs and influences others in the provision of individualized, safe, quality client care. Leadership activities include delegation and supervision.	Use leadership skills in the provision of safe, quality client care
Cultural Competence	The process in which nurses understand Ojibwe Environmental Knowledge and knowledge of other cultures as the culture relates to the impact of client care. Nurses gains the ability to interact effectively with people of different cultures. Culture represents a client's values, norms, and traditions that affect how individuals of a particular group perceive, think, interact, behave, and make judgments about their concepts of healthcare. Culture is a pattern of behavior including; thought, communication, attitude, well being, ways of interacting, roles and relationships, and expected behaviors, beliefs, values, practices and customs.	Apply Ojibwe Environmental Knowledge and other cultures when providing patient care

State of Wisconsin
Department of Safety and Professional Services

AGENDA REQUEST FORM

Name and Title of Person Submitting the Request: Jill M. Remy, Program Manager	Date When Request Submitted: 2/25/2013 Items will be considered late if submitted after 5 p.m. and less than: ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before meeting for all other boards

Name of Board, Committee, Council:
Board of Nursing

Board Meeting Date:	Attachments:	How should the item be titled on the agenda page?
3/14/2013	☒ Yes ☐ No	Marian University Request for Approval of Major Program Change to Bachelor of Science in Nursing Program

Place Item in:	Is an appearance before the Board being scheduled? If yes, by whom?	Name of Case Advisor(s), if required:
☒ Open Session ☐ Closed Session ☐ Both	☐ Yes by _____ (name) ☒ No	

Describe the issue and action the Board should address:
Review, discuss and make motion relating to request from Marian University for approval of BSN major program change; make recommendations as needed.

If this is a "Late Add" provide a justification utilizing the Agenda Request Policy:

Directions for including supporting documents:
1. This form should be attached to any documents submitted to the agenda.
2. Documents submitted to the agenda must be single-sided.
3. Only copies of the original document will be accepted.
4. Provide original documents needing Board Chairperson signature to the Bureau Director or Program Assistant prior to the start of a meeting.

Authorization:

Jill M. Remy Signature of person making this request	2/25/2013 Date
Supervisor signature (if required)	Date
Bureau Director signature (indicates approval to add late items to agenda)	Date

Revised Form 3/31/10 Division of Board Services/DRL

Report to the Wisconsin Board of Nursing on

Major Program Change

Marian University Undergraduate Nursing Program

Fond du Lac, WI

Rationale for Change

The Marian University Nursing Program (MUNP) has offered a pre-licensure Bachelor of Science in Nursing (BSN) degree since its initial approval by the Wisconsin State Board of Nursing in April, 1964. The MUNP has maintained successful program accreditation by the National League for Nursing – Accrediting Commission from 1968 to 2005 and by the Commission on Collegiate Nursing Education (CCNE) since 1998.

After the third quarter of 2010 the MUNP was placed on monitoring status based on Z-Score and a drop in first time NCLEX-RN ® pass rates. The MUNP faculty and administration believe that this occurred as a result of a confluence of factors and through the implementation of action steps outlined in the NCLEX-RN Improvement Plans submitted May 2011 and May 2012 to the Wisconsin Board of Nursing the MUNP was removed from monitoring status in November 2012. A component of the action plan was review of the undergraduate curriculum.

The current curriculum plan was designed to follow a standard course sequence (see Appendix A) that facilitated student learning from foundational content in the sophomore year to complex content in the senior year culminating in a senior preceptorship. As the cohorts increased to numbers in the 140's it became increasingly difficult to secure clinical experiences for that many students in a single semester as students moved into the junior and senior year of the curriculum. As a result, upon entering the junior year the cohort was divided and half of the cohort enrolled in courses designated as semester 1 classes and the other half enrolled in courses designated as semester 2 classes. The same situation occurred in the senior year. This resulted in some students completing their "capstone experience" in the first semester of their senior year and others completing it in their final semester of the program. Not only did the "capstone" experience occur a semester early for half of the students, it became increasingly difficult to secure enough clinical sites to accommodate the large class sizes each semester. Therefore, a change in the senior level advanced medical-surgical content was made resulting in the elimination of the senior preceptorship. Hence, the increased student enrollment drove the curriculum resulting in negative cumulative consequences.

Based on current evidence in the literature and feedback from the Marian University Advisory Board, it became clear that the present curriculum has not kept pace with the current practice environment in which our graduates work. For example, the level of emphasis in the current curriculum is on acute care and specialty areas. Limited emphasis is placed on care of the

older adult, informatics, and application of management and leadership skills. The philosophy, curriculum framework, and curricular content are dated in many areas.

In the current curriculum plan, students enter sophomore nursing courses without having completed core science courses (anatomy, physiology, and microbiology) normally considered pre-requisite courses in most nursing curriculums. It is understood that student performance in core science courses is correlated to success in nursing courses. This creates a challenge for the students and the faculty. For the students, they have not had core content in anatomy and physiology before they are introduced to fundamental nursing content and skills. For the faculty this means that content students should have already had needs to be included in presentation of nursing content. Therefore, there is duplication of content to ensure students have the necessary knowledge and information to learn the content and perform in the nursing laboratory and clinical settings.

It became clear to the faculty that the curriculum needed to be updated to reflect current nursing practice. A curriculum consultant was hired to assist in this endeavor. The consultation included a review of curricular documents; a site visit to speak with faculty, students, and administration; and observed classroom instruction. The consultant returned in April 2011 to present the report to the faculty. The recommendations included

1. Review and revise the MUNP philosophy to reflect current nursing practice concepts, such as evidence-based practice, patient-centered care, safety, and informatics.
2. Redesign a BSN program that can be completed in no more than 5 semesters, rather than the current 6 semesters.
3. Redesign the nursing program to focus on concepts and competencies that are more consistent with current practice, BSN *Essentials*, and QSEN core competencies, including evidence-based knowledge, skills, and attitudes.
4. Increase communication and consistency related to academic standards and expectations.
5. Increase faculty development in teaching/learning activities for the classroom and developing valid and reliable NCLEX-style exams.

After review of the above recommendations faculty set forth with dismantling the current curriculum and rebuilding from the ground up. The decision was made to move to a lifespan based curriculum eliminating specialty nursing courses. This decision was made for multiple reasons. First, the faculty's role is to educate generalist nurses. Second, few of our graduates are

being hired into specialty nursing positions after graduation. It was therefore determined that the content from the specialty courses should be addressed within the four core courses entitled Patient Centered Care across the Lifespan I-IV. Additionally, the revised curriculum was moved from an almost exclusive acute care focus to a more balanced acute care and community based focus related to the care of clients. This reflects the change in the health care environment as more clients are seen in community based clinics or in their own homes. The revised curriculum was approved by internal bodies in 2012.

In 2012 four members of the faculty attended a continuing education event sponsored by Elsevier at the University of Kansas Medical Center entitled Implementing a Concept Based Curriculum. After gaining a better understanding of the concept based curriculum the faculty as a whole decided to move in this direction. Giddens and Brady (2007) define a concept based curriculum as a curriculum that "emphasizes concepts across environmental settings, the life span, and the health-illness continuum." The framework of a concept based curriculum is based on chosen concepts which become the foci in all courses across the curriculum.

Key to a concept based curriculum is movement away from a content focus to a concept focus. This means that faculty do not have to try to figure out how to include new nursing content based on current practice, but instead, the focus is on presentation of concepts core to nursing with the use of exemplars to facilitate student understanding of the concept. Exemplars reflect the most common disorders, diseases, or situations seen by nurses in practice. This allows faculty to modify or change the exemplar as new diseases, disorders, or situations present themselves in practice. For example, while diabetes was a known illness 20 years ago, it has now become one of the number one chronic disorders, therefore, diabetes would be an appropriate exemplar related to the concept of regulatory processes.

It is well known that simulation strengthens students' clinical decision making in regard to patient centered care. Simulation has been implemented in the senior year of the current curriculum. Based on assessment and analysis of the simulation experiences it is brought to the fore students' weaknesses in clinical decision making and skill development in this safe environment. This has allowed faculty to identify appropriate remediation for students to foster growth in clinical decision making. Based on this information, simulation at the senior level only hinders students' opportunities to practice and hone clinical decision making in a safe environment. Therefore, simulation will be integrated throughout the revised curriculum.

A second consultant was brought to campus to assist the faculty with review and finalization in determining the concepts for the new curriculum. The concepts selected and agreed upon by the faculty can be found in Appendix B.

Philosophy of Nursing Program/Conceptual Framework

Mission Statement

The mission of the Marian University Nursing Program is to prepare students, within a faith-based university, for service as professional nurses and leaders dedicated to the care and enrichment of individuals, families and communities.

Philosophy of Nursing

The Marian University Nursing Program believes that each person is a unique being constantly interacting with his or her environment as a member of society and is at the center of care. The Marian University Nursing Program believes it prepares nurse professionals and leaders to reach their highest potential to care for individuals within a global community to promote health throughout the lifespan. This learning environment provides the learner with opportunities to demonstrate personal responsibility and accountability in the areas of:

- acquiring knowledge,
- forming values,
- developing interpersonal skills,
- critically analyzing information and situations, and
- making independent decisions while collaborating and communicating within interdisciplinary teams in a complex multidimensional 21st century healthcare environment.

Framework

The framework of the revised curriculum is based on the Quality and Safety Education for Nurses (QSEN) Project and the American Association of Colleges of Nursing's (AACN) *Essentials of Baccalaureate Education for Professional Nursing Practice* (2008). The framework is built on six strata (Professionalism, Teamwork and Collaboration, Evidence Based

Practice, Clinical Nursing Judgment, Safety, and Patient Centered Care) and two interlacing outcomes (Informatics and Quality Improvement). An illustrative representation of the framework is in Figure 1 below.

At the root of the framework is professionalism. Giddens (2013) defines professionalism as "the attributes and behaviors of a nurse as a representative of the profession and as a member of health care professionals," (pg. 360). Teamwork and collaboration is the next layer. The QSEN (n.d.) definition of teamwork and collaboration is effectively functioning "within nursing and inter-professional teams, fostering open communication, mutual respect, and shared decision-making to achieve quality patient care" (Teamwork and Collaboration Table). By having a firm grasp on professionalism and teamwork and collaboration, MUNP graduates will be able to function appropriately in the role of the registered nurse.

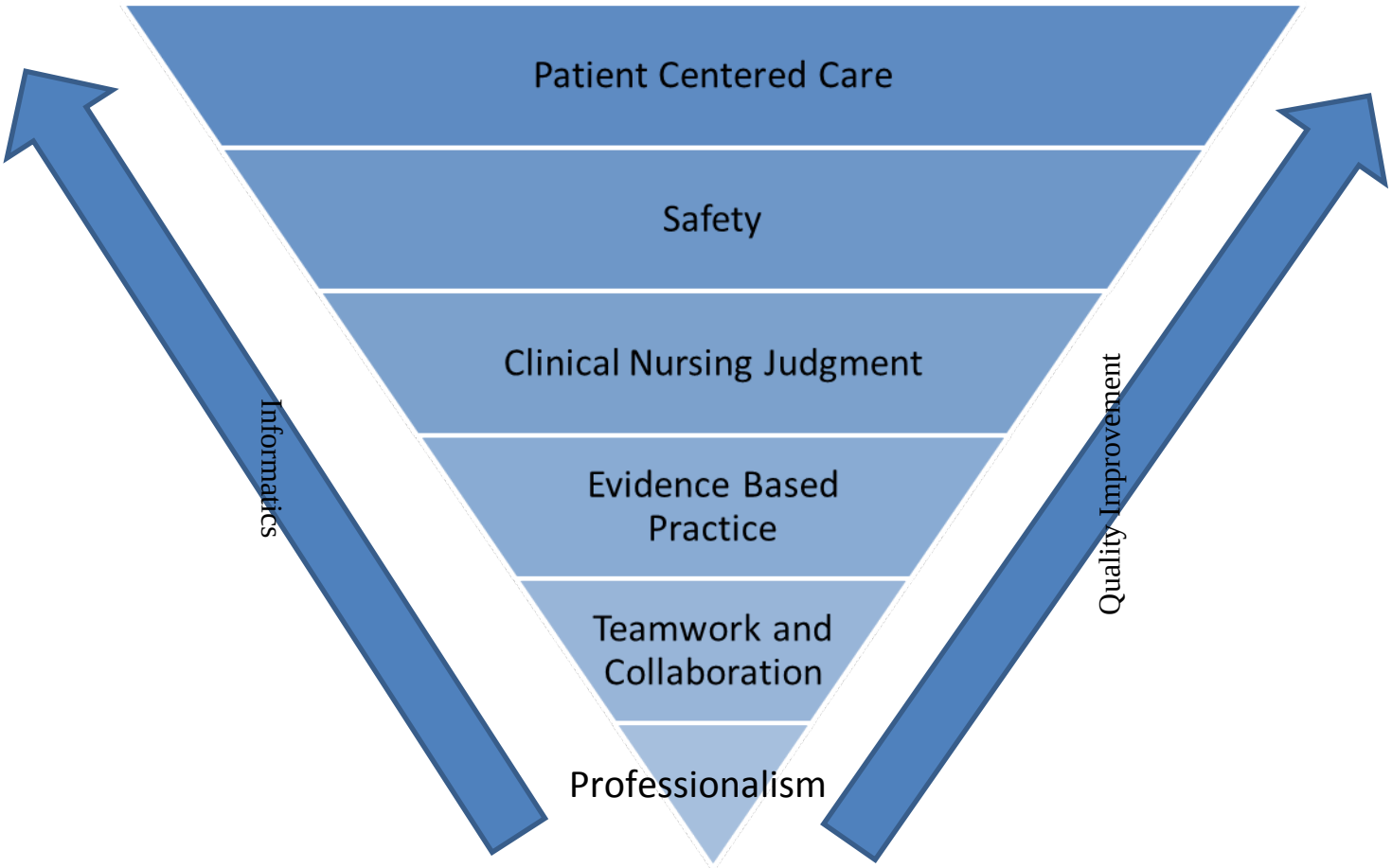
Evidence based practice, clinical nursing judgment, and safety make up the middle strata of the framework. According to QSEN (n.d.) nurses are to "integrate best current evidence with clinical expertise and patient/family preferences and values for delivery of optimal health care" (Evidence Based Practice Table). In our curriculum students will base clinical nursing judgment decisions on evidence based research. Giddens (2013) defines clinical judgment as "an iterative process of noticing, interpreting, and responding—reasoning in transition with a fine attunement to the patient and how the patient responds to the nurse's actions" (pg. 366). This will all be done while maintaining safety, which QSEN defines as "minimizing risk of harm to patients and providers through both system effectiveness and individual performance" (Safety Table).

Patient centered care is the core goal of nursing practice and is pictorially depicted in the MUNP framework as the largest strata. Once our students are able to "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," (QSEN, n.d., Patient Centered Care Table) they will have met the core goal of nursing practice.

Interlacing through these six strata are two additional outcomes: informatics and quality improvement. It is the belief of the MUNP faculty that these two outcomes cannot stand alone. Informatics, or the use of "information and technology to communicate, manage knowledge, mitigate error, and support decision making," (QSEN, n.d., Informatics Table) is essential for appropriate communication and integral to all other aspects of the framework. The faculty of MUNP believe that quality improvement is critical to safe, high-quality patient centered care.

QSEN defines quality improvement as the use of "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" (Quality Improvement Table). Without informatics and quality improvement, patient safety and quality of care declines.

Figure 1. Framework.



Objectives/Purpose of Nursing Program

The goals of the Undergraduate Nursing Program are to:

1. Provide a curriculum which combines the foundation of liberal arts and biopsychosocial sciences with baccalaureate level nursing concepts.

2. Provide a curriculum which fosters professional growth, professional development, and a commitment to life-long learning at the baccalaureate level.
3. Provide a curriculum that fosters strong critical thinking and decision-making skills for the baccalaureate level nurse within the nursing, teaching-learning, research and leadership processes.
4. Foster compassion and respect for people from diverse cultures and the belief that each person has the right to participate in the fullness of life to the greatest extent possible.

Founded on the BSN Essentials and framed around the QSEN Competencies, as outlined above, the faculty used these materials to develop the Graduate Learning Outcomes and then leveled the outcomes appropriate for the junior level and the sophomore level. The outcomes consist of eight themes, six are the QSEN Competencies: Patient Centered Care, Informatics, Quality Improvement, Safety, Evidence-based Practice, and Teamwork and Collaboration; and two are considered important to our nursing curriculum: Clinical Nursing Judgment and Professionalism. The Student Learning Outcomes can be found in Appendix C. Course learning outcomes are linked to the appropriate graduate or level outcome theme to assist students in understanding how course learning outcomes meet level learning outcomes and, eventually, graduate learning outcomes.

Outline for the First Courses with Expected Terminal Behaviors

Entrance into the nursing major begins in the second semester of the sophomore year as noted in the Sample Schedule Guide (Appendix D). There will be two enrollment points to the major, fall semester and spring semester. During the first semester of the nursing major students will take three nursing courses: NRS 200 Health Promotion, Safety, and Wellness across the Lifespan; NRS 215 Introduction to Pharmacology; and NRS 230 Health Assessment. Detailed outlines for these courses and all other nursing courses in the curriculum can be found in Appendix E.

As outlined in Appendix B, the revised curriculum is based on concepts. Therefore, in NRS 200 Health Promotion, Safety, and Wellness across the Lifespan students will be presented with what a concept based curriculum is and how the curriculum is laid out. This is important so that students know and understand the curriculum.

Plan for Evaluation for Revised Curriculum

To evaluate effectiveness of the revised curriculum in assisting students to achieve the Graduate Learning Outcomes, we will continue to use data sources used within the current curriculum, which include: standardized outcome assessments, student evaluation of courses and instructors, end of program student surveys, clinical agency evaluations, and NCLEX-RN® pass rates. In addition, the Nursing Program has begun working with E*Value, a healthcare education solution company. This cloud-based assessment and management system allows faculty to evaluate students on clinical performance and send concern cards or praise cards to students immediately. Students can submit clinical paperwork electronically via E*Value and faculty can evaluate students' work and provide feedback. Forms to evaluate the clinical agency and clinical instruction are also completed electronically through E*Value by students. Students will also use the PxDx function of E*Value to track and input data for the clients they care for, such as age, sex, diagnosis, medications, and nursing interventions they perform. Group reports by clinical site will be available to determine if students are providing care to clients across the lifespan and determine the types of experiences and skills obtained. This will provide the data needed to ensure that students are placed in appropriate clinical settings that reflect care across the lifespan. Additionally, the ability to analyze cohort data by course, will ensure that skills are presented based on the concept of "just in time learning." It does not make sense to instruct students on a skill in the first semester of the curriculum that they will not have the opportunity to perform in the clinical setting until the senior year. Therefore, this information will provide the data needed to adjust skill presentation across the curriculum so that students learn skills as close to the point of application as possible. An on-site staff person manages E*Value to assist faculty and students with using the system and creating and pulling reports for analysis.

We are currently working with Assessment Technologies, Inc. (ATI) to map non-proctored and proctored standardized assessments across the revised curriculum. This will be additional information to ensure that students are achieving benchmarks across the curriculum. Faculty have developed a remediation policy for the current curriculum and will modify it to match the new ATI curriculum map of assessment.

The Nursing Program revised its Bylaws and developed a new committee called Assessment and Evaluation (A & E) Committee. The committee is comprised of elected faculty representatives from both the undergraduate and graduate nursing programs, respective program

chairpersons, and the Dean of the School of Nursing & Health Professions as ex-officio. This committee collects and analyzes all data related to the programs and makes recommendations to the respective program curriculum committee. The relevant data and recommendations from the A & E Committee are discussed and acted upon as deemed appropriate by the curriculum committee. This provides the assessment, evaluation, and feedback process for continuous quality improvement in the nursing programs.

As the revised curriculum is rolled out, the A & E Committee and the Undergraduate Curriculum Committee will review data collected after each semester paying particular attention to feedback from students, clinical agencies, and cohort performance on standardized assessments.

It should be noted that the MUNP is scheduled for a continuing accreditation site visit by the Commission on Collegiate Nursing Education during spring 2014.

Plan for Utilization of Faculty and Clinical Facilities for Ongoing Curriculum and for Revised Curriculum

Types of clinical facilities are indicated in Table 2 below. The information in the table reflects where current students are placed and the anticipated placements in the revised curriculum. Note that there is an increase in community based clinical settings in the revised curriculum.

Faculty have begun exploring options for eliminating any potential overlap from the current to the revised curriculum. One option is to offer a cohort of students from the current curriculum the choice to complete coursework and clinical during the summer of 2014 to alleviate congestion fall 2014. At this time approximately 20 students have agreed to this option. An increase in adjunct faculty will be needed as the two curriculums are running concurrently. Marian University administration is aware of this need and supportive of the financial expenditures this will require.

Table 2. Current and Proposed Clinical Site Usage

Semester	Level	Current Curriculum	Level	Revised Curriculum
Fall 2013	Juniors	acute & long term care psychiatric facilities, acute care medical/surgical units	Sophomores	retirement communities, adult/child daycare centers, outpatient wellness clinics, simulation
	Seniors	women & infant hospital units, intensive care units, acute care medical/surgical units, pediatric hospital units, community based pediatric agencies (e.g. Boys and Girls Club and daycare centers)		
Spring 2014	Juniors	acute & long term care psychiatric facilities, acute care medical/surgical units	Sophomores	retirement community facilities, adult/child daycare centers, outpatient wellness clinics, simulation
	Seniors	intensive care units, acute care medical/surgical units, Public Health Departments, Homecare/Hospice agencies, School districts	Juniors	acute care med/surg units, rehabilitation centers, cardiac rehab, schools, outpatient orthopedic clinics, simulation
Summer 2014	Seniors	women & infant hospital units, intensive care units, pediatric hospital units, community based pediatric agencies (e.g. Boys and Girls Club and daycare centers)		
Fall 2014	Seniors	acute care medical/surgical units, intensive care units, Public Health Departments, Homecare/Hospice agencies, School districts	Sophomores	retirement communities, adult/child daycare centers, outpatient wellness clinics, simulation
			Juniors	acute care med/surg units, rehabilitation centers, cardiac rehab, schools, outpatient orthopedic clinics, simulation
Spring 2015	Seniors	women & infant hospital units, intensive care units, pediatric hospital units, community based pediatric agencies (e.g. Boys and Girls Club and daycare centers)	Sophomores	retirement communities, adult/child daycare centers, outpatient wellness clinics, simulation
			Juniors	acute care med/surg units, rehabilitation centers, cardiac rehab, schools, outpatient orthopedic clinics, simulation
			Seniors	community based psychiatric facilities, homecare, hospice, public health departments, simulation
Fall 2015			Sophomores	retirement communities, adult/child daycare centers, outpatient wellness clinics, simulation
			Juniors	acute care med/surg units, rehabilitation centers, cardiac rehab, schools, outpatient orthopedic clinics, simulation
			Seniors	community based psychiatric facilities, homecare, hospice, public health departments, simulation

Planned Schedule for Implementation of Revised Curriculum and Termination of Ongoing Curriculum

The scheduled plan for implementation of the revised curriculum and phase out of the current curriculum is outlined in Table 3 below. In fall 2013 students in the current curriculum will progress to the indicated junior or senior level courses only, and in spring of 2014 they will complete the second semester of junior or senior level coursework as the curriculum was initially intended to run. A small cohort of students in the current curriculum is planned to run during the summer 2014 session. This will alleviate congestion and competition for clinical placements between the current and revised curriculums. The last cohort of students to graduate from the current curriculum will finish coursework in spring 2015 and have a May 2015 graduation date.

The MUNP will begin to admit pre-licensure students twice a year starting with the fall 2013 semester. A maximum of 70 students per semester is planned. Previously, students were only admitted in the fall semester with a maximum of 140 students per cohort. By admitting students twice per year there will be consistent enrollment across the curriculum. Students entering the revised curriculum in fall 2013 will progress through a five-semester program with a graduation date of December 2015.

As depicted in Table 3 the number of total clinical seats needed each semester ebbs and flows. Starting with the fall 2015 semester, and pending there are 70 students in each cohort, 490 clinical seats will be needed. With the realignment of clinical placements into more community based facilities we will be able to accommodate this number of students. This number should remain fairly consistent from that point forward.

Plan for Facilitation of Students who Fail a Course When it is offered for the Last Time

Students who earn a grade of less than C in a required nursing course that has been offered for the last time will be handled on a case-by-case basis. The student will be required to complete an Independent Study course that will include presentation on concept based curriculum and then content to prepare him or her for the appropriate course to enter in the revised curriculum. Additionally, the Undergraduate Nursing program requested the addition of a Nursing Content Specialist in the Learning Center. This request was approved and students who are experiencing challenges with nursing course work will be required to work with the Nursing Content Specialist. Students who are unsuccessful in a course offered for the last time

will also be required to work with the Nursing Content Specialist to facilitate transition into the revised curriculum.

Table 3. Curriculum Phase Out/In

	Curriculum Phase Out/In					
	Fall 2013	**Spring 2014**	**Summer 2014**	**Fall 2014**	**Spring 2015**	**Fall 2015**
Current Curriculum	**NUR 335**	NUR 225				
	NUR 304	NUR 310				
	NUR 330	**NUR 335**				
	NUR 340	**NUR 350**				
	NUR 341	NUR 351				
	NUR 305	NUR 403	NUR 305	NUR 403	NUR 305	
	NUR 415	**NUR 435**	**NUR 415**	**NUR 435**	**NUR 415**	
	NUR 420	NUR 455	**NUR 420**	NUR 455	**NUR 420**	
	NUR 463	**NUR 464**	**NUR 463**	**NUR 464**	**NUR 463**	
# Courses Current	9	9		4	4	
Revised Curriculum	NRS 230	NRS 230		NRS 230	NRS 230	NRS 230
	NRS 200 HPWSAL	**NRS 200 HPWSAL**		**NRS 200 HPWSAL**	**NRS 200 HPWSAL**	**NRS 200 HPWSAL**
	NRS 215 Pharm	NRS 215 Pharm		NRS 215 Pharm	NRS 215 Pharm	NRS 215 Pharm
		NRS 300 PCCAL I		**NRS 300 PCCAL I**	**NRS 300 PCCAL I**	**NRS 300 PCCAL I**
		NRS 315 Psych		NRS 315 Psych	NRS 315 Psych	NRS 315 Psych
		NRS 325 HC Syst		NRS 325 HC Syst	NRS 325 HC Syst	NRS 325 HC Syst
		NRS 335 Rsch		NRS 335 Rsch	NRS 335 Rsch	NRS 335 Rsch
				NRS 350 PCCAL II	**NRS 350 PCCAL II**	**NRS 350 PCCAL II**
				SWK 422	SWK 422	SWK 422
					NRS 400 PCCAL 3	**NRS 400 PCCAL 3**
					NRS 415 Ldrshp	NRS 415 Ldrshp
					NRS 430 PHN	**NRS 430 PHN**
						NRS 450 PCCAL 4
						NRS 425 T&I
						NRS 461 NCLEX
						NRS 470 Cap
# Courses New	3	7		9	12	16
# Courses Total	**12**	**16**		**13**	**16**	**16**
Clinical Courses in Bold						
Clinical Seats	561	456	72	352	563	490

Appendix A

Sample Schedule Guide: Pre-licensure Student
Bachelor of Science in Nursing
Current Curriculum

Freshman Year

Fall Semester	*Credits*		*Spring Semester*	*Credits*	
ENG 105 Expository Writing	3		ENG 106 Argument & Research	3	
BIO 100 Life Systems	3		PHI 132 The Examined Life	3	
MAT 122***Intro. to Prob. & Statistics	4		PSY 105Human Development	3	
THE 100 Foundation of Christian Experience			CHE 103 General, Organic and Biochem.	5	
OR THE 102 Foundation Of Catholic Theology	3		THE Course # 200 or above (from approved list)	3	
GEN 101 First Year Seminar	3				
Total =	16		Total =	17	

Sophomore Year

Fall Semester	*Credits*		*Spring Semester*	*Credits*	
NUR 002** Math for Meds	1		ENG Literature (from approved list)	3	
HIS 101 or HIS 102 World Civil. I or II	3		BIO 202 Anatomy & Phys. II	4	
BIO 201 Anatomy & Phys. I	4		NUR 202 Intro. to Prof. Nursing II	5	
NUR 201 Intro. to Prof. Nursing I	4		NUR 230 Health Assessment	4	
PHI 220 Bio-Ethics	3				
BIO 210 Microbiology	3				
Total =	18		Total =	16	

Junior Year

Fall semester	*Credits*		*Spring Semester*	*Credits*	
NUR 304 Pathophysiology	3		AH&L Music or Art (from approved list)	3	
NUR 330 Psychosocial Nursing I	3		NUR 225 Nutritional Concepts	2	
NUR 340 Nursing of Adults I	6		NUR 335 Psychosocial Nursing II	2	
NUR 341 Pharmacology I	2		NUR 350 Nursing of Adults II	6	
SS Elective	3		NUR 310 Intro to Nursing Research	2	
			NUR 351 Pharmacology II	2	
Total =	17		Total =	17	

Senior Year

Fall Semester	*Credits*		*Spring Semester*	*Credits*	
NUR 415 Maternal-Newborn Nursing	4		NUR 435 Public Health Nursing	4	
NUR 420 Nursing of the Child and Family	4		NUR 460 Nursing of Adults III	6	
NUR 403 Nursing Perspectives and Legal Issues	3		NUR 455 Nursing Leadership and Management	3	
NUR 305 Transcultural Nursing and Health	2		NUR 465 Senior Preceptorship	2	
Total =	13		Total =	15	

Appendix B
Table of Concepts for Revised Curriculum

NRS 200	NRS 215	NRS 230	NRS 300	NRS 315	NRS 325	NRS 335	NRS 350	NRS 365	NRS 400	NRS 450	NRS 415	NRS 425	NRS 430	NRS 461	NRS 470
Health Promo	**Intro Pharm**	**Health Assess**	**PCCAL I**	**Psychosocial**	**Health Care Systems**	**Research**	**PCCAL II**	**HC Informatics**	**PCCAL III**	**PCCAL IV**	**Leadership**	**Trends/Issues**	**Public Health**	**Concept Synthesis**	**Capstone**
"Concept of Concepts"	Pharmaco-therapeutics	Health Assessment	Physiological Integrity	Therapeutic Communication	Health Care (HC) Organizations	Evidence Based Practice	Regulatory Processes	Informatics	Physiological Adaptation	Concept Integration	Leadership	Bioethics	Health Promotion (population)	Safe and Effective Care Environment	Patient Centered Care
Safety		Psychomotor	Oxygenation	Adaptive Behaviors	HC Policy		Cellular Regulation		Homeostasis and Regulation		Followership	Health Policy	Disease Prevention (population)	Health Promotion and Maintenance	Informatics
Health & Wellness		Communication	Hemostasis	Family Dynamics	HC Economics		Protection and Movement		Maladaptive Behaviors			Professionalism		Psycosocial Integrity	Quality Improvement
Basic Care & Comfort				Spiruality					Mood and Affect			Evidence Based Practice		Physiological Integrity	Safety
				Self Concept					Illness Management			Informatics			EBP
Key	**Mega Concept**														Teamwork and Collaboration
	Concept														Clinical Judgement
	Graduate Outcomes														Professionalism

Appendix C
Leveled Outcomes

Themes	Second Semester Sophomore Learning Outcomes	Second Semester Junior Learning Outcomes	Graduate Learning Outcomes
Patient Centered Care	The sophomore will partner with the healthcare team and patient to provide coordinated care necessary for the focused management of health and health disparities.	The junior will partner with the patient to plan compassionate and coordinated care with respect for patient preferences, values and needs.	The graduate will partner with the patient to plan, provide and evaluate compassionate and coordinated care with respect for patient preferences, values and needs.
Informatics	The sophomore will utilize informatics and technology for the purpose of obtaining current practice and for communication.	The junior will examine information and technology for the purpose of communication, knowledge management and clinical decision support.	The graduate will integrate information and technology for the purpose of communication, knowledge management and clinical decision support.
Quality Improvement	The sophomore will recognize the impact in improving patient care to optimize achievement of patient outcomes.	The junior will examine the Quality Improvement process to optimize achievement of patient outcomes.	The graduate will participate in the Quality Improvement process to optimize achievement of patient outcomes.
Safety	The sophomore will identify basic theories and principles underlying health promotion and risk reduction.	The junior will provide safe patient-centered, staff and system care.	The graduate will provide and analyze patient care in an effort to minimize risk to patients and providers.
Evidence-Based Practice	The sophomore will interpret general concepts, theories and research relevant to evidence-based nursing practice.	The junior will analyze current evidence for best practice of effective nursing care.	The graduate will integrate best current evidence for the practice of effective nursing care and achievement of optimal outcomes.
Teamwork and Collaboration	The sophomore will recognize the interactive process in relating to members of the health care team, inclusive of the patient and system, to provide holistic care.	The junior will practice with members of the health care team, inclusive of the patient and system, to provide holistic care.	The graduate will collaborate with members of the health care team, inclusive of the patient and system, to provide holistic care.
Clinical Nursing Judgment	The sophomore will describe the relevance of critical thinking in nursing process.	The junior will develop nursing judgment to make timely and appropriate healthcare decisions to address patient, system, and community needs.	The graduate will utilize the critical thinking process in utilization of nursing judgment to make timely and appropriate healthcare decisions to address patient, system, and community needs.
Professionalism	The sophomore will identify the impact of an effective professional nurse within varied types of health and nursing care delivery systems.	The junior will correlate leadership and system thinking skills in their professional practice.	The graduate will demonstrate leadership and system thinking skills in their professional practice.

Appendix D

Sample Schedule Guide: Pre-licensure Student
Bachelor of Science in Nursing
Revised Curriculum

Freshman Year

Fall Semester	*Credits*		*Spring Semester*	*Credits*	
ENG 105 Expository Writing	3		ENG 106 Argument & Research	3	
BIO 100 Life Systems	3		PHI 132 The Examined Life	3	
CHE 103 General, Organic and Biochemistry	5		PSY 105 Human Development	3	
THE 101 Intro to Christian Theology	3		HIS 101 or HIS 102 World Civil I or II	3	
GEN 101 First Year Seminar			BIO 205 Concepts of Anatomy and Physiology	5	
Total =	17		Total =	17	

Sophomore Year

Fall Semester	*Credits*		*Spring Semester*	*Credits*	
SWK 210 Statistics for Research	3		NRS 230 Health Assessment	4	
SS Elective from approved list	3		NRS 215 Intro to Pharmacology	2	
BIO 210 Microbiology	4		NRS 200 Health Promotion, Wellness, & Safety Across the Lifespan	6	
THE Elective from approved list	3		PHI 220 Bioethics	3	
ENG Literature from approved list	3				
Total =	15		Total =	15	

Junior Year

Fall semester	*Credits*		*Spring Semester*	*Credits*	
NRS 300 Patient Centered Care Across the Lifespan I	6		NRS 350 Patient Centered Care Across the Lifespan II	6	
NRS 315 Psychosocial Integrity Across the Lifespan	2		SWK 422 Law & Helping Professions	3	
NRS 325 Health Care Systems	2		COM 302 Intercultural Communication	3	
NRS 335 Research in Health Care	3		NRS 365 Health Care Informatics	2	
ART or MUS Elective from approved list	3		Health Care Focused Elective	2-4	
Total =	16		Total =	16-18	

Senior Year

Fall Semester	*Credits*		*Spring Semester*	*Credits*	
NRS 400 Patient Centered Care Across the Lifespan III	6		NRS 450 Patient Centered Care Across the Lifespan IV	4	
NRS 415 Leadership & Health Care Professionals	3		NRS 425 Trends & Issues in Health Care	2	
NRS 430 Public Health	5		NRS 461 Concept Synthesis	1	
Health Care Focused Elective	0-2		NRS 470 Senior Capstone	4	
			Health Care Focused Elective	2-4	
Total =	14-16		Total =	13-15	

Appendix E
Outline of First Semester Nursing Courses in Revised Curriculum

Sophomore Level

During the first semester of the revised curriculum students will take three nursing courses concurrently. The courses, while separate, will be interrelated in the nature of their content. Students will utilize knowledge, skills, and attitudes learned in NRS 215 Pharmacology and NRS 230 Health Assessment while in the clinical setting for NRS 200 Health Promotion, Wellness, and Safety across the Lifespan. Simulation will be used in all clinical courses across the curriculum as a means for students to synthesize knowledge gained during a particular semester.

NRS 200: Health, Wellness, and Safety across the Lifespan
Credits: 6 (4 theory, 2 clinical)

Course Description: This course will introduce foundational concepts and skills in the form of nursing health promotion strategies to facilitate individual and group wellness and safety across the lifespan. The development of disease states and methods to prevent or decrease risk factors will be discussed. Emphasis is on the role of the professional nurse in planning and implementing nursing care, effective teaching, and interventional behaviors for individuals and families. Emphasis will be placed on normal growth and developmental changes across the lifespan addressing health promotion, wellness, and safety concerns in the care of patients.

Course Learning Outcomes:

1. Apply antecedent knowledge gained from study of the liberal arts and sciences to professional practice (Professionalism)
2. Explain historical influences and nursing development on a nurse's approach to practice. (Professionalism, Evidence Based Practice)
3. Recognize the role of the professional nurse, the interaction with other disciplines within healthcare and the growth opportunity of the nursing profession. (Professionalism, Teamwork and Collaboration, Quality Improvement)
4. Define health and wellness concepts as they relate to recommended health practices across all ages for multicultural and ethnic individuals. (Patient Centered Care, Safety, Evidence Based Practice)
5. Discuss the role that caring plays in building a nurse-client relationship. (Patient Centered Care, Safety, Evidence Based Practice, Clinical Nursing Judgment)
6. Explain how the relationship between family structure and patterns of functioning affect the health of individuals within the family and the family as a whole. (Patient Centered Care, Safety, Evidence Based Practice, Clinical Nursing Judgment)
7. Describe the growth and development principles, prevention, early detection of health problems, and strategies to achieve optimal health of individuals, families and communities. (Patient Centered Care, Safety, Evidence Based Practice, Clinical Nursing Judgment)

Outline:

I. Mega Concept – Concept of Concepts: Introduction to Concept Based Curriculum\ Concepts
   a. Safety
      i. Nurse's role
      ii. Professionalism
   b. Health and Wellness
      i. Nutrition
      ii. Reproduction/Sexuality
   c. Basic Care and Comfort
      i. Comfort
      ii. Elimination
      iii. Sleep

Methods of Instruction:

- Lecture
- Discussion
- Case studies
- Demonstration
- Role play
- Patient care
- Simulation

Methods of Evaluation:

- NCLEX style Exams
- Quizzes
- Papers
- Teaching poster project presentation
- iClickers
- Clinical: pass/fail. The student must pass the clinical portion of the course to be eligible for progression in the program. Evidence utilized to determine pass/fail may include
  - Achievement of clinical objectives
  - Samples of written documentation according to Nursing Process Guidelines
  - Self-evaluations
  - Instructor evaluations
  - Peer evaluations

NRS 215: Introduction to Pharmacology
Credits: 2

Course Description: This course focuses on acquiring and expanding knowledge, skills, and attitudes of basic concepts and principles in pharmacology and drug classifications to include metabolism, action, use, adverse effects and treatment implications. Topics include the roles and responsibilities of the health care professional in the legal, ethical, safe, and effective medication administration.

Course Learning Outcomes:

1. Apply antecedent knowledge gained from study of the liberal arts and sciences to professional practice. (Professionalism)

2. Identify the metabolism, action, use, adverse effects and implications of major drug classifications. (Evidence Based Practice, Safety, Clinical Nursing Judgment, Patient Centered Care)
3. Identify basic principles of pharmacology, including pharmacokinetics and pharmacotherapeutics for medication administration. (Evidence Based Practice, Safety, Clinical Nursing Judgment, Patient Centered Care)
4. Use clinical nursing judgment, evidence-based practice, quality improvement and informatics for safe and effective medication administration. (Evidence Based Practice, Safety, Clinical Nursing Judgment, Patient Centered Care, Informatics, Quality Improvement)
5. Examine legal, ethical, and safe delivery of medication administration. (Evidence Based Practice, Safety, Clinical Nursing Judgment, Patient Centered Care)
6. Identify appropriate interdisciplinary resources for safe and effective medication administration. (Teamwork and Collaboration, Safety, Clinical Nursing Judgment, Professionalism)

Outline:

I. Concept -- Pharmacotheraeputics
   a. Medication Classifications
      i. Anti-infective Drugs
      ii. Cardiovascular Drugs
      iii. Respiratory Drugs
      iv. Drugs Affecting the Immune System
      v. Antineoplastic Drugs
      vi. Anti-inflammatory Drugs
      vii. Blood-Forming Drugs
      viii. Dermatologic, Otic, and Ophthalmic Drugs
      ix. Drugs Affecting the Autonomic Nervous System
      x. Endocrine Drugs
      xi. Gastrointestinal Drugs
      xii. Central Nervous System Drugs
   b. Medication Calculations
   c. Interrelated concept -- Safety

Methods of Instruction:

- Lecture
- Case studies
- Demonstration
- Compare/Contrast
- Small group work

Methods of Evaluation:

- NCLEX style Exams
- Quizzes
- Papers
- iClickers
- Teaching poster presentation project

NRS 230: Health Assessment
Credits: 4 (3 theory, 1 lab)

Course Description: This course provides the knowledge of health history taking, physical assessment, and documentation. The student will acquire needed skills to conduct a comprehensive health assessment including the physical, psychological, social, functional and environmental aspects of health. Integrated in this is the collection and analysis of data which are essential in planning safe and effective care. Effective communication, assessment, and documentation will be practiced in the laboratory setting. The student will become familiar with the techniques of physical assessment consisting of inspection, palpation, percussion, and auscultation. Emphasis is placed on health assessment as a systematic and organized examination that will provide accurate data from which to form valid nursing diagnoses and plans of care.

Course Learning Outcomes:

1. Apply antecedent knowledge gained from study of the liberal arts and sciences to professional practice. (Professionalism)
2. Acquire and demonstrate the skills needed to perform a comprehensive health history. (Professionalism, Safety, Evidence Based Practice, Patient Centered Care, Clinical Nursing Judgment)
3. Acquire the ability to establish a rapport with the patient and family to obtain data through effective interviewing techniques. (Patient Centered Care, Clinical Nursing Judgment, Professionalism)
4. Acquire and demonstrate the skills needed to perform a comprehensive physical/health assessment including vital signs. (Patient Centered Care, Safety, Evidence Based Practice, Clinical Nursing Judgment, Professionalism)
5. Analyze and document the subjective and objective data collected including lab values and medications. (Patient Centered Care, Informatics, Safety, Evidence Based Practice, Clinical Nursing Judgment, Professionalism)
6. Describe how culture and ethnicity affects a patient's health habits. (Patient Centered Care, Evidence Based Practice, Professionalism)
7. Differentiate health assessment across the lifespan (newborn to geriatric). (Patient Centered Care, Evidence Based Practice, Clinical Nursing Judgment, Professionalism)
8. Distinguish areas from health history and physical assessments for health promotion and risk reduction. (Patient Centered Care, Safety, Clinical Nursing Judgment)
9. Seek resources to enhance concepts related to obtaining a health history and performing a physical assessment of every individual. (Patient Centered Care, Informatics, Safety, Evidence Based Practice, Teamwork and Collaboration, Clinical Nursing Judgment, Professionalism)

Outline:

I. Mega concept – Health assessment
   Concepts
   a. Communication
      i. Interview techniques
      ii. Documentation
   b. Psychomotor

i. Vital signs
ii. Musculoskeletal Assessment
iii. Neurological Assessment
iv. Dermatological Assessment
v. HEENT Assessment
vi. Respiratory Assessment
vii. Cardiac Assessment
viii. Gastrointestinal Assessment
ix. Genitourinary Assessment

Methods of Instruction:

- Lecture
- Case studies
- Demonstration
- Hands-on practice
- Simulation
- Small group work

Methods of Evaluation

- NCLEX style Exams
- Quizzes
- Papers
- iClickers
- Teaching project
- Return Demonstration

Junior Level

Courses taken at the junior level are based on patient centered care across the lifespan. Using the knowledge, skills, and attitudes gained at the sophomore level the student will be exposed to increasingly complex care and ethical situations. Students will be exposed to the physiological and psychosocial aspects of patients across the lifespan in acute care and community based settings. They will also be introduced to health care systems, the nursing research process, and informatics.

NRS 300: Patient Centered Care across the Lifespan I
Credits: 6 (4 theory, 2 clinical)

Course Description: This course focuses on the conceptual analysis of health problems, diagnoses, and interventions related to the acquisition and expansion of knowledge, skills, and attitudes gained in previous courses related to holistic care of individuals and families affected by selected disorders across the life continuum.

Course Learning Outcomes: The student will demonstrate the knowledge, skills, and attitudes using theory and clinical experiences applicable to concepts of oxygenation, hemostasis, mobility and perfusion to:

1. Apply antecedent knowledge gained from study of the liberal arts and sciences to professional nursing practice. (Professionalism)
2. Partner with the healthcare team and patient to plan coordinated and compassionate holistic care of individuals and families with respect for patient preferences, values, and needs. (Teamwork and Collaboration)
3. Access and utilize information from electronic medical records, peer reviewed web sites, journals, etc. to facilitate patient and family centered care and interact with staff. (Informatics)
4. Examine the quality improvement process to optimize achievement of patient outcomes. (Quality Improvement)
5. Provide safe, patient-centered holistic care through the demonstration of knowledge, skills, and attitudes related to selected concepts and exemplars. (Patient Centered Care, Safety)
6. Analyze current evidence for best practice for the achievement of effective nursing care related to selected concepts and exemplars. (Evidence Based Practice)
7. Practice with the patient, system, and members of the health care team in the delivery of holistic care. (Patient Centered Care)
8. Develop nursing judgment to facilitate timely and appropriate healthcare decisions to address patient, system, and community needs. (Clinical Nursing Judgment)
9. Correlate leadership and system thinking skills in didactic interactions and clinical practice. (Professionalism)
10. Explain the etiology, pathophysiology, signs and symptoms, complications, medications, and treatment modalities for diseases and disorders of selected exemplars. (Patient Centered Care, Safety, Evidence Based Practice, Clinical Nursing Judgment)

Outline:

I. Mega Concept -- Physiological Integrity
   Concept
   i. Oxygenation
   ii. Hemostasis
   iii. Mobility
   iv. Perfusion

Methods of Instruction:

- Lecture
- Discussion
- Case studies
- Demonstration
- Role play
- Patient care
- Decisions - Decisions
- Simulation

Methods of Evaluation:

- NCLEX style Exams
- Quizzes
- Papers
- iClickers
- Teaching poster project presentation
- Return Demonstration

- Clinical: pass/fail. The student must pass the clinical portion of the course to be eligible for progression in the program. Evidence utilized to determine pass/fail may include
    - Achievement of clinical objectives
    - Samples of written documentation according to Nursing Process Guidelines
    - Self-evaluations
    - Instructor evaluations
    - Peer evaluations

NRS 315: Psychosocial Integrity across the Lifespan
Credits: 2

Course Description: This course focuses on the growth of typical and adaptive psychosocial health behaviors across the lifespan and the most common mental health problems associated with children, adolescents, adults, and older adults exploring the mental and emotional difficulties and developmental needs that everyone faces. Specific attention is given to therapeutic communication techniques dealing with individuals and families across the lifespan.

Course Learning Outcomes:

1. Apply antecedent knowledge gained from study of the liberal arts and sciences to professional practice. (Professionalism)
2. Describe normal psychosocial adaptive responses that occur across the lifespan. (Patient Centered Care, Clinical Nursing Judgment)
3. Describe psychosocial issues and needs within the frame of family dynamics. (Patient Centered Care)
4. Explain the etiology, pathophysiology, psychopathology, signs and symptoms, complications, medications, and treatment modalities for psychosocial stressors. (Patient Centered Care, Evidence Based Practice, Clinical Nursing Judgment)
5. Describe the limits and boundaries of therapeutic patient-centered care. (Patient Centered Care)
6. Demonstrate clinical reasoning and use of the nursing process when planning and implementing culturally sensitive and evidence-based patient-centered psychosocial nursing interventions. (Evidence Based Practice, Clinical Nursing Judgment)
7. Identify culturally sensitive teaching strategies and information that assists the client experiencing psychosocial stressors meet their needs for health promotion or restoration. (Patient Centered Care, Safety, Evidence Based Practice, Clinical Nursing Judgment, Professionalism)

Outline:

I. Mega Concept -- Therapeutic Communication
   Concepts
   a. Adaptive Behaviors
      i. Spirituality
      ii. Self-concept
      iii. Abuse and Neglect
      iv. Coping Mechanisms
      v. Crisis Intervention
      vi. Chemical and Other Dependencies

vii. Sensory/Perceptual Alterations

b. Family Dynamics
   i. Grief and Loss
   ii. Stress Management
   iii. Support Systems
   iv. Therapeutic Environment

Methods of Instruction:

- Lecture
- Discussion
- Case studies
- Class Brainstorming
- Thought Experiment
- Demonstration
- Role play

Methods of Evaluation:

- NCLEX style Exams
- Quizzes
- Papers
- iClickers
- Teaching poster project presentation

NRS 325: Health Care Systems
Credits: 2

Course Description: This course explores the structure of health care policy, organization of health care delivery systems, health care financing, and their inter-relationships. Emphasis is placed on nursing's and other selected health professionals' role impact on the health care environment.

Course Learning Outcomes:

1. Apply antecedent knowledge gained from study of the liberal arts and sciences to professional practice. (Professionalism)
2. Describe the formulation, implementation, and evaluation of health care policy as related to safe and effective patient centered care. (Quality Improvement, Evidence Based Practice)
3. Identify the relationships among heath care policy, heath care, the nursing profession, and advanced practice nursing. (Professionalism, Evidence Based Practice)
4. Recognize and describe health care delivery systems. (Professionalism)
5. Identify health care financing and its impact on safe and effective patient centered care. (Patient Centered Care, Evidence Based Practice, Professionalism)
6. Examine the role of leadership in health care policy formulation, organization, and financing. (Professionalism)
7. Identify reliance of quality improvement within health care systems. (Quality Improvement)

Outline:

I. Mega Concept -- Health Care Organizations
II. Mega Concept -- Health Care Policy
III. Mega Concept -- Health Care Economics

Methods of Instruction:

- Lecture
- Discussion
- Case studies
- Class Brainstorming
- Compare Contrast

Methods of Evaluation:

- NCLEX style Exams
- Quizzes
- Papers
- iClickers
- Quality improvement project

NRS 335: Research in Health Care
Credits: 3

Course Description: This interdisciplinary core course focuses on the use of scientific research as a basis for understanding and improving clinical practice. Topics include differentiation between various forms of written communication, utilizing former research to support a position and/or develop new research proposals, organizing and writing research papers, and producing visual aids for oral presentations. Emphasis in this course is on the critical review of research studies and their applications for evidenced-based clinical practice. This is a writing intensive course.

Course Learning Outcomes:

1. Apply antecedent knowledge gained from study of the liberal arts and sciences to professional practice. (Professionalism)
2. Identify the steps of the research process. (Evidence Based Practice)
3. Identify the contribution of research in improving the quality and safety of patient care. (Quality Improvement, Safety, Evidence Based Practice)
4. Identify appropriate health care problems that require investigation and approaches to achieve research-based practice in health care. (Evidence Based Practice, Patient Centered Care, Clinical Nursing Judgment, Professionalism)
5. Communicate nursing research findings to peers, colleagues and other health team members. (Teamwork and Collaboration, Professionalism)
6. Identify the moral, ethical, and legal parameters influencing healthcare research. (Professionalism)
7. Describe how research enhances accountability and responsibility to patients, health care professions, and society. (Professionalism)
8. Recognize the contribution of research to enhancing the theoretical and empirical knowledge base for professional practice. (Evidence Based Practice)

9. Read, interpret, and evaluate research for credibility and applicability to professional practice. (Evidence Based Practice)

Outline:

I. Mega Concept – Evidence Based Practice
   a. Introduction to the research process
   b. Introduction to evidence based practice
   c. Interpreting and reporting research findings
   d. Defining a research problem
   e. Qualitative methodologies
   f. Quantitative methodologies
   g. Data Collection
   h. Dissemination

Methods of Instruction:

- Lecture
- Discussion
- Interrogating the Text
- Teaching by Asking
- Cooperative Learning
- Student Presentations
- Case studies

Methods of Evaluation:

- NCLEX style Exams
- Quizzes
- Research Project
- iClickers

NRS 350 Patient Centered Care Across the Lifespan II
Credits: 6 (4 theory, 2 clinical)

Course Description: This course focuses on the systematic analysis of health problems, diagnoses, and interventions related to the acquisition and expansion of knowledge, skills, and attitudes gained in previous courses related to holistic care of individuals and families affected by selected disorders across the life continuum.

Course Learning Outcomes: The student will demonstrate the knowledge, skills, and attitudes using theory and clinical experiences applicable to the diseases, diagnoses, and treatments related to the concepts of cellular regulation, protection and movement, infection, tissue integrity, fluid and electrolytes, clotting, intracranial regulation, genetics, and immunity to:

1. Apply antecedent knowledge gained from study of the liberal arts and sciences to professional nursing practice. (Professionalism)
2. Partner with the healthcare team and patient to plan coordinated and compassionate holistic care of individuals and families with respect for patient preferences, values, and needs. (Teamwork and Collaboration)
3. Access and utilize information from electronic medical records, peer reviewed web sites, journals, etc. to facilitate patient and family centered care and interact with staff. (Informatics)

4. Examine the quality improvement process to optimize achievement of patient outcomes. (Quality Improvement)
5. Provide safe, patient-centered holistic care through the demonstration of knowledge, skills, and attitudes related to selected concepts and exemplars. (Safety, Patient Centered Care)
6. Analyze current evidence for best practice for the achievement of effective nursing care related to selected concepts and exemplars. (Evidence Based Practice)
7. Practice with the patient, system, and members of the health care team in the delivery of holistic care. (Teamwork and Collaboration)
8. Develop nursing judgment to facilitate timely and appropriate healthcare decisions to address patient, system, and community needs. (Clinical Nursing Judgment)
9. Correlate leadership and system thinking skills in didactic interactions and clinical practice. (Professionalism)
10. Explain the etiology, pathophysiology, signs and symptoms, complications, medications, and treatment modalities for selected exemplars. (Patient Centered Care, Safety, Evidence Based Practice, Clinical Nursing Judgment)

Outline:

I. Mega Concept -- Regulatory Processes
   Concepts
   a. Cellular Regulation
      i. Infection
      ii. Tissue integrity
      iii. Fluid and electrolytes
   b. Protection and Movement
      i. Clotting
      ii. Intracranial regulation
      iii. Genetic influences
      iv. Immunity

Methods of Instruction:

- Lecture
- Discussion
- Case studies
- Demonstration
- Role play
- Patient care
- Teaching by Asking
- Decisions - Decisions
- Simulation

Methods of Evaluation:

- NCLEX style Exams
- Quizzes
- Papers
- iClickers
- Return Demonstration
- Teaching poster project presentation
- Clinical: pass/fail. The student must pass the clinical portion of the course to be eligible for progression in the program. Evidence utilized to determine pass/fail may include
  - Achievement of clinical objectives
  - Samples of written documentation according to Nursing Process Guidelines
  - Self-evaluations
  - Instructor evaluations

- Peer evaluations

NRS 365: Health Care Informatics
Credits: 2

Course Description: This course focuses on core concepts, skills, and tools that define the health care informatics field, including the examination of health information technologies to promote safety, improve quality and foster consumer centered care and efficiency.

Course Learning Outcomes:

1. Apply antecedent knowledge gained from study of the liberal arts and sciences to professional practice. (Professionalism)
2. Identify terminology, concepts, technology and systems in the context of health care informatics. (Informatics)
3. Examine social, ethical, and legal issues involved in computerized procedures related to communication, confidentiality, and safe and effective patient care. (Informatics, Patient Centered Care, Professionalism, Safety)
4. Evaluate data management and computer applications used in clinical practice. (Informatics)
5. Explore the use of health care informatics in the quality improvement process. (Informatics, Quality Improvement)
6. Explore the use of health care informatics related to evidence based practice. (Informatics, Evidence Based Practice)

Outline:

I. Mega Concept –Informatics
   a. Basic building blocks of informatics and the human technology interface
   b. Perspectives on healthcare informatics – overview, standardized terminology
   c. Roles, needs, and legislative aspects of healthcare informatics
   d. Types of information systems in healthcare organizations
   e. Electronic health record
   f. Use of informatics for promoting community and population health

Methods of Instruction:

- Lecture
- Discussion
- Case studies
- Teaching by Asking
- Class Brainstorming

Methods of Evaluation:

- NCLEX style Exams
- Quizzes
- Papers
- iClickers
- Teaching poster project presentation

Senior Level

Courses at the senior level have been designed to afford students the opportunity to synthesize knowledge, skills, and attitudes acquired from previous nursing coursework. The focus at this level is on leadership development in and out of the clinical environment. Students will culminate their senior year with courses designed to prepare the student for both the NCLEX-RN ® examination and practical hands-on experiential learning.

NRS 400: Patient Centered Care across the Lifespan III
Credits: 6 (4 theory, 2 clinical)

Course Description: This course focuses on the systematic analysis of health problems, diagnoses, and interventions related to the acquisition and expansion of knowledge, skills, and attitudes gained in previous courses related to holistic care of individuals and families affected by selected disorders across the life continuum

Course Learning Outcomes: The student will demonstrate the knowledge, skills, and attitudes using theory and clinical experiences applicable to the concepts of homeostasis and regulation, maladaptive behaviors, and mood and affect to:

1. Apply antecedent knowledge gained from study of the liberal arts and sciences to professional nursing practice. (Professionalism)
2. Partner with the healthcare team and patient to plan, provide and evaluate coordinated and compassionate holistic care of individuals and families with respect for patient preferences, values, and needs. (Teamwork and Collaboration)
3. Integrate information from electronic medical records, peer reviewed web sites, journals, etc. to facilitate patient and family centered care and interact with staff. (Informatics, Patient Centered Care, Teamwork and Collaboration)
4. Participate in the quality improvement process to optimize achievement of patient outcomes. (Quality Improvement)
5. Provide and analyze safe, patient-centered holistic care through the demonstration of knowledge, skills, and attitudes related to selected concepts and exemplars. (Patient Centered Care, Clinical Nursing Judgment)
6. Integrate current evidence for best practice for the achievement of effective nursing care related to selected concepts and exemplars. (Evidence Based Practice)
7. Collaborate with the patient, system, and members of the health care team in the delivery of holistic care. (Teamwork and Collaboration)
8. Utilize nursing judgment to facilitate timely and appropriate healthcare decisions to address patient, system, and community needs. (Clinical Nursing Judgment)
9. Demonstrate leadership and system thinking skills in didactic interactions and clinical practice. (Professionalism)
10. Explain the etiology, pathophysiology, signs and symptoms, complications, medications, and treatment modalities for selected exemplars. (Patient Centered Care, Safety, Evidence Based Practice, Clinical Nursing Judgment)

Outline:

I. Mega Concept -- Physiological Adaptation Concepts
   a. Homeostasis and Regulation
      i. Acid-base balance
      ii. Thermoregulation
   b. Maladaptive Behaviors
   c. Mood and Affect
   d. Illness Management
      i. Unexpected responses to therapy
      ii. Informed Consent

Methods of Instruction:

- Lecture
- Teaching by Asking
- Case studies
- Demonstration
- Role play
- Patient care
- Decisions - Decisions
- Simulation

Methods of Evaluation:

- NCLEX style Exams
- Quizzes
- Papers
- iClickers
- Return Demonstration
- Teaching poster project presentation
- Clinical: pass/fail. The student must pass the clinical portion of the course to be eligible for progression in the program. Evidence utilized to determine pass/fail may include
  - Achievement of clinical objectives
  - Samples of written documentation according to Nursing Process Guidelines
  - Self-evaluations
  - Instructor evaluations
  - Peer evaluations

NRS 415: Leadership and Health Care Professionals
Credits: 3

Course Description: This course differentiates leadership and followership and emphasizes major behavior patterns that effective leaders use to influence followers, including various leadership models. Topics include what effective leaders really do and how leaders can diagnose and modify situations to make their leadership a more positive and productive endeavor within the health care field.

Course Learning Outcomes:

The student will demonstrate leadership and system thinking skills within their practice to:

1. Apply antecedent knowledge gained from study of the liberal arts and sciences to professional practice. (Professionalism)
2. Collaborate with other members of the health care team to provide holistic care. (Teamwork and Collaboration)
3. Identify best current evidence within healthcare disciplines for achievement of optimal outcomes. (Evidence Based Practice)
4. Integrate information and technology to enhance communication and clinical decision support among disciplines. (Informatics)
5. Collaborate with healthcare disciplines to provide safe patient care and decrease risk potential. (Teamwork and Collaboration, Safety)
6. Evaluate the leadership process within the healthcare team and the role within the management of patient care. (Clinical Nursing Judgment)
7. Analyze quality assurance measures. (Quality Improvement)

Outline:

I. Mega Concept -- Leadership
   a. Styles, theories, and models
   b. Team Development
   c. Assessment of leadership
   d. Leadership within healthcare organizations
   e. Leadership and impact on quality improvement.
   f. Ethics of health leadership

II. Mega Concept – Followership
   a. Leadership-Followership Paradigm
   b. Defining Followership
   c. Difference between Followership and Teamwork
   d. Empowering the Leader

Methods of Instruction:

- Lecture
- Teaching by Asking
- Interrogating the Text
- Thought Experiment
- Case studies
- Compare and Contrast
- Role play

Methods of Evaluation:

- NCLEX style Exams
- Quizzes
- Papers
- Teaching poster project presentation

NRS 425: Trends and Issues in Health Care
Credits: 2

Course Description: This course explores the impact of numerous professional and societal forces on health care policy and practice. Content includes an analysis of current studies, health care policy and position statements; political, environmental, and cultural issues; and changing

roles of health professionals. The study of these issues examines the impact on health care delivery systems in society.

Course Learning Outcomes:

1. Apply antecedent knowledge gained from study of the liberal arts and sciences to professional practice. (Professionalism)
2. Examine issues that influence the integrity of professional practice. (Professionalism)
3. Communicate the role of ethical and professional standards of practice in relation to interdisciplinary collaboration and safe, quality patient care. (Patient Centered Care, Safety, Evidence Based Practice, Teamwork and Collaboration, Professionalism)
4. Analyze key issues impacting health care today and how they affect quality patient care. (Quality Improvement)

Outline:

The content for this course will evolve as health care evolves to ensure timeliness of content, and may include:

I. Mega Concept – Bioethics
   a. Professionalism
   b. Related Concept – Evidence Based Practice
   c. Related Concept -- Professionalism

II. Mega Concept – Health Policy
   a. Legal Issues

Methods of Instruction:

- Lecture
- Teaching by Asking
- Case studies
- Class Brainstorming
- Interrogating the Text
- Thought Experiment
- Compare and Contrast

Methods of Evaluation:

- NCLEX style Exams
- Quizzes
- Papers
- Teaching poster project presentation

NRS 430: Public Health
Credits: 5 (3 theory, 2 clinical)

Course Description: This course focuses on acquiring knowledge, skills, and attitudes related to population focused care. Concepts of population based health promotion and disease prevention will be explored. Through the use of community needs assessments and National Health Care Objectives (Healthy People 2020), patient centered care is applied to aggregates established by geopolitical boundaries.

Course Learning Outcomes:

1. Acquire knowledge about concepts of public health nursing, biostatistics, and epidemiology, which can influence the health of groups, aggregates, and communities. (Professionalism)
2. Act consistently in developing the maturing role of the professional nurse as evidenced by clinical decision-making skills in applying public health, biostatistics, and epidemiology concepts to the nursing process. (Professionalism, Clinical Nursing Judgment)
3. Analyze groups/aggregates throughout the life cycle in assisting to meet desired health and health care needs. (Patient Centered Care)
4. Evaluate components of the teaching/learning process in assisting the groups and aggregates in the community with health planning and health education programs. (Patient Centered Care, Teamwork and Collaboration)
5. Analyze nursing research related to public health nursing. (Evidence Based Practice)
6. Evaluate the leadership role as nurse/political leader to influence and collaborate with community members and leaders to assist groups and aggregates to reach desired health potential. (Professionalism, Teamwork and Collaboration)
7. Evaluate measures in promoting health in multi-cultural populations. (Patient Centered Care, Evidence Based Practice)
8. Relate policies and political strategies related to public health to groups/aggregates in the community. (Professionalism)

Outline:

I. Mega Concept -- Population Health Promotion
   a. Health Screening
   b. Cultural Influences on Health
   c. Home Safety
   d. Advocacy

II. Mega Concept -- Population Disease Prevention
   a. Epidemiology
   b. Communicable Disease
   c. Disaster Planning

Methods of Instruction:

- Lecture
- Teaching by Asking
- Case studies
- Role play
- Community Assessment
- Class Brainstorming
- Cooperative Learning
- Peer Explaining
- Simulation

Methods of Evaluation:

- NCLEX style Exams
- Quizzes
- Papers
- iClickers
- Teaching poster project presentation

- Clinical: pass/fail. The student must pass the clinical portion of the course to be eligible for progression in the program. Evidence utilized to determine pass/fail may include
    - Achievement of clinical objectives
    - Samples of written documentation according to Nursing Process Guidelines
    - Self-evaluations
    - Instructor evaluations
    - Peer evaluations

NRS 450: Patient Centered Care across the Lifespan IV
Credits: 4 (3 theory, 1 simulation)

Course Description: This course focuses on the systematic analysis of health problems, diagnoses, and interventions related to the acquisition and expansion of knowledge, skills, and attitudes gained in previous courses related to holistic care of individuals and families affected by critical illness across the life continuum.

Course Learning Outcomes: The student will demonstrate the knowledge, skills, and attitudes using theory and clinical experiences applicable to critical illness concepts to:

1. Apply antecedent knowledge gained from study of the liberal arts and sciences to professional nursing practice. (Professionalism)
2. Partner with the healthcare team and patient to plan, provide and evaluate coordinated and compassionate holistic care of individuals and families with respect for patient preferences, values, and needs. (Teamwork and Collaboration)
3. Integrate information from electronic medical records, peer reviewed web sites, journals, etc. to facilitate patient and family centered care and interact with staff. (Informatics)
4. Participate in the quality improvement process to optimize achievement of patient outcomes. (Quality Improvement)
5. Provide and analyze safe, patient-centered holistic care through the demonstration of knowledge, skills, and attitudes related to selected concepts and exemplars. (Safety, Patient Centered Care)
6. Integrate current evidence for best practice for the achievement of effective nursing care related to selected concepts and exemplars. (Evidence Based Practice)
7. Collaborate with the patient, system, and members of the health care team in the delivery of holistic care. (Teamwork and Collaboration, Patient Centered Care)
8. Utilize nursing judgment to facilitate timely and appropriate healthcare decisions to address patient, system, and community needs. (Clinical Nursing Judgment)
9. Demonstrate leadership and system thinking skills in didactic interactions and clinical practice. (Professionalism)
10. Explain the etiology, pathophysiology, signs and symptoms, complications, medications, and treatment modalities for selected exemplars.

Outline:

I. Mega Concept – Concept Integration
   a. Multisystem Failure: integration of previously taught concepts as applied to
      i. Trauma
      ii. Shock
      iii. Burns
      iv. End of Life Care

Methods of Instruction:

- Lecture
- Teaching by Asking
- Case studies
- Peer Explaining
- Cooperative Learning
- Thought Experiment
- Simulation

Methods of Evaluation:

- NCLEX style Exams
- Quizzes
- iClickers
- Simulation: pass/fail. The student must pass the simulation portion of the course to be eligible for progression in the program. Evidence utilized to determine pass/fail may include
  - Achievement of clinical objectives
  - Samples of written documentation according to Nursing Process Guidelines
  - Self-evaluations
  - Instructor evaluations
  - Peer evaluations

NRS 461: Concept Synthesis
Credits: 1

Course Description: This course is a focused review of content pertinent to the NCLEX-RN ® test plan based on group performance on a standardized comprehensive predictor exam. Emphasis is also place on student progress on the individualized focused review.

Course Learning Outcome

1. Apply antecedent knowledge gained from study of the liberal arts and sciences to professional nursing practice. (Professionalism)
2. Evaluate individual results of the standardized comprehensive predictor exam. (Professionalism, Informatics)
3. Design an individualized NCLEX-RN ® focused review. (Professionalism, Evidence Based Practice)
4. Integrate best current evidence based practice to answer review questions. (Evidence Based Practice)
5. Collaborate with peers and instructors during group review. (Teamwork and Collaboration)
6. Utilize the critical thinking process to make decisions regarding safe and effective care, health promotion and maintenance, psychosocial integrity, and physiological integrity.

(Professionalism, Clinical Nursing Judgment)

Outline:

I. Mega Concept -- Safe and effective care environment
   a. Management of care
   b. Safety and infection control
II. Mega Concept -- Health promotion and maintenance
III. Mega Concept -- Psychosocial integrity
IV. Mega Concept -- Physiological integrity
   a. Basic care and comfort
   b. Pharmacological and parenteral therapies
   c. Reduction of risk potential
   d. Physiological adaptation

Methods of Instruction:

- Teaching by Asking
- Peer Explaining
- Case studies
- Independent Learning

Methods of Evaluation:

- NCLEX style Exams
- Standardized Assessments

NRS 470: Senior Capstone
Credits: 4 (1 seminar, 3 clinical)

Course Description: This course focuses on integration and application of the knowledge, skills and attitudes gained throughout the curriculum. The emphasis is on clinical competency and demonstration of the graduate learning outcomes in an area of student interest.

Course Learning Outcome

1. Apply antecedent knowledge gained from study of the liberal arts and sciences to professional nursing practice. (Professionalism)
2. Plan and provide patient-centered care for individuals or aggregates in an area of student interest. (Patient Centered Care)
3. Integrate technology during provision of care. (Informatics)
4. Participate in a Quality Improvement project at the assigned clinical agency. (Quality Improvement)
5. Analyze actual or potential patient safety concerns at the assigned clinical agency. (Safety)
6. Employ evidence based practice in nursing care. (Evidence Based Practice)
7. Collaborate with the interdisciplinary team to provide safe and effective care. (Teamwork and Collaboration)
8. Utilize the critical thinking process while planning and providing patient-centered care. (Clinical Nursing Judgment)
9. Demonstrate leadership abilities during clinical and seminar. (Professionalism)
10. Evaluate health care system effectiveness in caring for acutely ill and/or injured clients.

(Patient Centered Care, Quality Improvement, Evidence Based Practice, Clinical Nursing Judgment, Professionalism)

Outline:

I. Seminar discussion in a small group setting where students bring practice issues for discussion that relate to the eight graduate learning outcomes.

II. Clinical intensive where students apply knowledge, skills, and attitudes of the concepts presented in the curriculum that reflect achievement of graduate learning outcomes.

Methods of Instruction:

- Explaining Exemplars
- Peer Explaining
- Cooperative Learning
- Class Brainstorming
- Case studies
- Role play

Methods of Evaluation:

- Clinical: pass/fail. The student must pass the clinical portion of the course to be eligible for completion of the program. Evidence utilized to determine pass/fail may include
  - Achievement of clinical objectives
  - Samples of written documentation according to Nursing Process Guidelines
  - Self-evaluations
  - Instructor evaluations
  - Preceptor evaluations

References

American Association of Colleges of Nursing. (2008). *The essentials of baccalaureate education for professional nursing practice.* Washington, DC

Giddens, J. F. (2013). *Concepts for nursing practice*. St. Louis, MO: Mosby

Giddens, J. F. and Brady, D. P. (2007). Rescuing nursing education from content saturation: The case for a concept-based curriculum. *Journal of Nursing Education, 46*(2), 65-69

QSEN Institute. (nd). Pre-licensure KSAS. Retrieved from http://qsen.org/competencies/pre-licensure-ksas/

State of Wisconsin
Department of Regulation and Licensing

AGENDA REQUEST FORM

Name and Title of Person Submitting the Request: Jill M. Remy, Program Manager	Date When Request Submitted: 2/18/2013 Items will be considered late if submitted after 5 p.m. and less than: ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before meeting for all other boards

Name of Board, Committee, Council:
Board of Nursing

Board Meeting Date:	Attachments:	How should the item be titled on the agenda page?
3/14/2013	☒ Yes ☐ No	Quarter 4 2012 NCLEX Pass Rate Data

Place Item in:	Is an appearance before the Board being scheduled? If yes, by whom?	Name of Case Advisor(s), if required:
☒ Open Session ☐ Closed Session ☐ Both	☐ Yes by _____ (name) ☒ No	

Describe the issue and action the Board should address:
Review of Quarter 4 2012 NCLEX pass rate data; consider action for nursing programs with pass rates below the national average.

If this is a "Late Add" provide a justification utilizing the Agenda Request Policy:

Directions for including supporting documents:
1. This form should be attached to any documents submitted to the agenda.
2. Documents submitted to the agenda must be single-sided.
3. Only copies of the original document will be accepted.
4. Provide original documents needing Board Chairperson signature to the Bureau Director or Program Assistant prior to the start of a meeting.

Authorization:

Jill M. Remy Signature of person making this request	2/18/2013 Date
Supervisor signature (if required)	Date
Bureau Director signature (indicates approval to add late items to agenda)	Date

Revised Form 3/31/10 Division of Board Services/DRL

RN Degree Analysis

School	degree		1st Quarter 2011	2nd Quarter 2011	3rd Quarter 2011	4th Quarter 2011	1st Quarter 2012	2nd Quarter 2012	3rd Quarter 2012	4th Quarter 2012	Total	% passed
First time test takers												
all RN degrees												
national average		# Passed	31469	41161	44487	9966	34079	45870	45265	10493	262790	
		#Cand	35230	45016	52297	12040	37353	49462	50978	12426	294802	**0.89**
Alverno College	RN BS	# Passed	68	22	55	2	82	36	31	2	298	
50-591	RN BS	# Cand	69	23	59	4	84	44	38	5	326	**0.91**
Bellin College	RN BS	# Passed	2	67	15	13	3	59	9	21	189	
50-522	RN BS	# Cand	3	69	19	16	3	63	9	24	206	**0.92**
Blackhawk Tech College	RN Assoc	# Passed	9	26	2	2	24	11	4	0	78	
50-477	RN Assoc	# Cand	12	28	2	2	24	11	4	0	83	**0.94**
Bryant and Stratton College	RN Asso	#Passed	40	41	46	10	43	49	39	21	289	
50-402	RN Asso	#Cand	42	42	48	13	47	54	44	26	316	**0.91**
Cardinal Stritch University	RN Assoc	# Passed	30	26	3	1	38	15	16	1	130	
50-483	RN Assoc	# Cand	37	28	5	2	41	17	23	1	154	**0.84**
Carroll University	RN BS	# Passed	4	34	1	0	7	26	7	0	79	
50-500	RN BS	# Cand	4	34	1	0	7	27	7	0	80	**0.99**
Chippewa Valley Tech College	RN Assoc	# Passed	64	51	28	3	66	52	32	1	297	
50-481	RN Assoc	# Cand	74	56	30	4	73	57	37	1	332	**0.89**
College of Menominee Nation	RN Asso	# passed	4	3	6	2	3	3	4	4	29	
50-425	RN Asso	# cand	4	4	9	2	5	3	4	4	35	**0.83**
Columbia-Mt. Mary	RN BS	# Passed	8	8	31	0	35	7	23	1	113	
50-520	RN BS	# Cand	11	12	37	0	38	10	27	1	136	**0.83**
Concordia University	RN BS	# Passed	0	10	25	0	0	17	13	0	65	
50-594	RN BS	# Cand	0	10	26	0	0	17	14	0	67	**0.97**
Edgewood College	RN BS	# Passed	28	7	37	6	35	6	39	10	168	
50-575	RN BS	# Cand	35	7	41	7	39	7	40	10	186	**0.90**
Fox Valley Technical College	RN Assoc	# Passed	37	6	17	2	29	27	19	0	137	
50-470	RN Assoc	# Cand	39	6	17	2	29	27	19	0	139	**0.99**

School	degree		1st Quarter 2011	2nd Quarter 2011	3rd Quarter 2011	4th Quarter 2011	1st Quarter 2012	2nd Quarter 2012	3rd Quarter 2012	4th Quarter 2012	Total	% passed
Gateway Technical College	RN Assoc	# Passed	50	48	30	2	48	35	19	8	240	
50-478	RN Assoc	# Cand	53	50	36	4	60	42	23	10	278	**0.86**
Herzing University - Madison	RN Asso	#Passed	0	29	4	0	18	35	2	0	88	
50-455	RN Asso	#Cand	0	30	4	0	20	39	3	0	96	**0.92**
Lakeshore Technical College	RN Assoc	# Passed	22	12	7	0	18	13	13	1	86	
50-476	RN Assoc	# Cand	23	13	7	0	18	13	15	1	90	**0.96**
Madison Area Tech College	RN Assoc	# Passed	50	26	33	1	48	7	71	1	237	
50-479	RN Assoc	# Cand	55	30	42	2	49	8	76	2	264	**0.90**
Maranatha Baptist Bible Col.	RN BS	#Passed	0	11	2	1	0	16	0	0	30	
50-501	RN BS	# Cand	0	11	3	1	0	17	0	0	32	**0.94**
Marian University	RN BS	# Passed	7	16	56	2	12	24	49	8	174	
50-539	RN BS	# Cand	10	17	68	3	12	25	56	8	199	**0.87**
Marquette University	RN BS	# Passed	5	16	84	3	9	34	74	8	233	
50-590	RN BS	# Cand	6	18	101	4	10	38	80	9	266	**0.88**
Mid State Technical College	RN Assoc	# Passed	30	8	23	3	26	12	21	0	123	
50-400	RN Assoc	# Cand	33	9	26	3	30	13	23	0	137	**0.90**
Milwaukee Area Tech College	RN Assoc	# Passed	57	30	36	4	53	7	47	1	235	
50-480	RN Assoc	# Cand	61	30	40	4	53	7	47	1	243	**0.97**
Milw School of Engineering	RN BS	# Passed	7	5	20	7	7	4	12	3	65	
50-544	RN BS	# Cand	9	6	25	7	8	4	12	3	74	**0.88**
Moraine Park Tech College	RN Assoc	# Passed	33	13	30	0	34	22	12	2	146	
50-482	RN Assoc	# Cand	38	14	31	0	35	23	14	2	157	**0.93**
Nicolet Area Technical College	RN Assoc	# Passed	0	3	9	1	0	15	13	0	41	
50-401	RN Assoc	# Cand	2	3	10	1	0	15	14	0	45	**0.91**
North Central Tech. College	RN Assoc	# Passed	39	15	36	0	38	22	22	2	174	
50-475	RN Assoc	# Cand	48	18	45	1	39	24	27	3	205	**0.85**
Northeast WI Tech College	RN Assoc	# Passed	74	26	39	4	74	38	28	1	284	
50-473	RN Assoc	# Cand	87	29	46	4	79	40	30	2	317	**0.90**
Rasmussen - Green Bay	RN Assoc	# Passed								5	5	
50-485	RN Assoc	# Cand								8	8	**0.63**

RN Degree Analysis

School	degree		1st Quarter 2011	2nd Quarter 2011	3rd Quarter 2011	4th Quarter 2011	1st Quarter 2012	2nd Quarter 2012	3rd Quarter 2012	4th Quarter 2012	Total	% passed
Southwest WI Technical College	RN Assoc	# Passed	0	19	15	0	2	10	30	0	76	
50-471	RN Assoc	# Cand	0	19	15	0	2	10	30	0	76	**1.00**
UW-Eau Claire	RN BS	# Passed	43	14	51	0	48	19	55	0	230	
50-584	RN BS	# Cand	53	15	62	1	50	21	57	0	259	**0.89**
UW-Milwaukee	RN BS	# Passed	79	33	59	3	82	56	30	0	342	
50-583	RN BS	# Cand	97	36	66	3	95	63	39	1	400	**0.86**
UW-Madison	RN BS	# Passed	1	15	126	3	0	26	115	5	291	
50-595	RN BS	# Cand	2	15	136	3	1	26	128	7	318	**0.92**
UW-Oshkosh	RN BS	# Passed	71	38	54	28	64	41	59	25	380	
50-581	RN BS	# Cand	75	38	58	30	64	41	63	26	395	**0.96**
Viterbo College	RN BS	# Passed	0	61	8	0	2	61	7	0	139	
50-582	RN BS	# Cand	0	63	9	0	3	65	8	0	148	**0.94**
Waukesha County Technical	RN Assoc	# Passed	29	5	17	2	30	9	17	1	110	
50-474	RN Assoc	# Cand	29	5	18	2	30	10	17	1	112	**0.98**
Western Technical College	RN Assoc	# Passed	41	30	19	1	29	31	15	0	166	
50-484	RN Assoc	# Cand	44	31	21	1	30	33	17	0	177	**0.94**
WI Indianhead Tech College	RN Assoc	# Passed	36	10	40	1	39	7	45	0	178	
50-472	RN Assoc	# Cand	43	11	43	1	40	11	47	0	196	**0.91**
WI Lutheran College	RN BS	# Passed						0	6	0	6	
50-505	RN BS	# Cand						1	9	0	10	**0.60**

LPN Degree Analysis

Degree Analysis												
School	degree		1 st Quarter 2011	2nd Quarter 2011	3rd Quarter 2011	4th Quarter 2011	1st Quarter 2012	2nd Quarter 2012	3rd Quarter 2012	4th Quarter 2012	Total	Percent Passed
LPN Degree												
National pass rates		# Passed	14469	10770	19394	10792	12998	11010	19082	10263	**108778**	
first time candidates		# Cand	16521	13121	22291	13401	15530	13339	21883	12592	**128678**	**0.85**
LPN Program												
Blackhawk Tech College	LPN	# Passed	20	3	8	3	11	2	10	2	**59**	
50-100	LPN	# Cand	20	3	8	3	11	2	10	2	**59**	**1.00**
Chippewa Valley Tech College	LPN	# Passed	21	18	25	5	24	7	18	4	**122**	
50-197	LPN	# Cand	21	19	26	5	25	7	18	4	**125**	**0.98**
College of Menominee Nation	LPN	# Passed	8	5	7	0	2	3	4	3	**32**	
50-125	LPN	# Cand	8	5	8	0	2	3	5	3	**34**	**0.94**
Fox Valley Tech College	LPN	# Passed	12	24	46	4	31	21	28	6	**172**	
50-157	LPN	# Cand	12	25	49	4	32	21	31	6	**180**	**0.96**
Gateway Technical College	LPN	# Passed	37	32	26	11	27	28	32	5	**198**	
50-159	LPN	# Cand	37	33	30	14	27	30	35	5	**211**	**0.94**
Herzing University - Madison	LPN	#Passed	3	8	10	3	0	1	1	8	**34**	
50-120	LPN	#Cand	3	9	11	3	0	1	1	8	**36**	**0.94**
Lakeshore Technical College	LPN	#Passed	17	14	12	3	16	6	6	3	**77**	
50-198	LPN	#Cand	17	14	13	3	16	6	7	3	**79**	**0.97**
Madison Area Tech College	LPN	# Passed	10	4	26	4	16	5	14	5	**84**	
50-156	LPN	# Cand	10	4	30	4	16	5	15	5	**89**	**0.94**
MATC-Mdsn Stand Alone	LPN	#Passed	22	7	6	0	27	6	32	3	**103**	
50-113	LPN	# Cand	25	7	6	0	27	6	32	3	**106**	**0.97**
Mid State Technical Col	LPN	#Passed	10	8	5	2	8	10	14	3	**60**	
50-110	LPN	#Cand	10	8	5	3	8	10	15	3	**62**	**0.97**
MATC-Mlw Stand Alone	LPN	#Passed	5	1	9	0	15	3	13	0	**46**	
50-114	LPN	#Cand	5	2	9	0	15	3	13	0	**47**	**0.98**
Milwaukee Area Tech College	LPN	# Passed	14	15	20	5	13	9	17	4	**97**	
50-158	LPN	# Cand	15	16	23	5	14	9	17	5	**104**	**0.93**
Moraine Park Tech College	LPN	# Passed	30	6	28	6	23	10	23	3	**129**	
50-153	LPN	# Cand	31	6	29	6	23	10	23	3	**131**	**0.98**
Nicolet Area Technical Col	LPN	#Passed	1	1	12	0	6	5	3	4	**32**	
50-101		#Cand	1	1	12	1	6	5	3	4	**33**	**0.97**
North Central Technical Col	LPN	#Passed	17	6	14	4	22	14	18	4	**99**	

LPN Degree Analysis

School	degree		1 st Quarter 2011	2nd Quarter 2011	3rd Quarter 2011	4th Quarter 2011	1st Quarter 2012	2nd Quarter 2012	3rd Quarter 2012	4th Quarter 2012	Total	Percent Passed
50-105		#Cand	17	6	14	4	22	14	18	4	**99**	**1.00**
Northeast Wi Tech-Stand alone	LPN	#Passed		3	5	1	1	3	6	0	**19**	
50-106	LPN	#Cand		3	7	1	1	5	6	0	**23**	**0.83**
Northeast Wisconsin Tech College	LPN	# Passed	33	32	59	11	17	39	39	12	**242**	
50-152	LPN	# Cand	36	35	67	11	18	41	44	13	**265**	**0.91**
Southwest Wisconsin Tech	LPN	# Passed	1	17	21	1	2	5	21	1	**69**	
50-196	LPN	# Cand	1	17	21	1	2	5	21	1	**69**	**1.00**
Waukesha County Tech College	LPN	# Passed	9	11	18	4	15	5	24	4	**90**	
50-199	LPN	# Cand	9	11	18	4	15	5	24	4	**90**	**1.00**
Western Technical College	LPN	#Passed	15	10	15	7	16	13	16	3	**95**	
50-195		#Cand	15	11	17	8	16	15	16	3	**101**	**0.94**
Wisconsin Indianhead Tech.Coll	LPN	#Passed	7	15	39	5	22	12	35	4	**139**	
50-103		#Cand	8	16	40	5	22	13	36	4	**144**	**0.97**

State of Wisconsin
Department of Safety & Professional Services

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request:	2) Date When Request Submitted: **3/1/13**
Dan Williams	Items will be considered late if submitted after 4:30 p.m. and less than: ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others

3) Name of Board, Committee, Council, Sections:

WI Board of Nursing

4) Meeting Date:	5) Attachments:	6) How should the item be titled on the agenda page?
3/14/13	☒ Yes ☐ No	**Update to the Guidelines for Nursing Program approval – Discussion and Consideration**

7) Place Item in:	8) Is an appearance before the Board being scheduled? If yes, who is appearing?	9) Name of Case Advisor(s), if required:
☒ Open Session ☐ Closed Session ☐ Both	☐ Yes by ☒ No	N/A

10) Describe the issue and action that should be addressed:

Same as title

11) Authorization

Signature of person making this request Date

Supervisor (if required) Date

Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date

Directions for including supporting documents:
1. This form should be attached to any documents submitted to the agenda.
2. Post Agenda Deadline items must be authorized by a Supervisor and the Board Services Bureau Director.
3. If necessary, Provide original documents needing Board Chairperson signature to the Executive Assistant prior to the start of a meeting.

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PRACTICE COMMITTEE
BOARD OF NURSING
MEETING MINUTES
FEBRUARY 14, 2013

PRESENT: Julie Ellis, Julia Nelson, Lillian Nolan, Maria Joseph, Jeffrey Miller

STAFF: Dan Williams, Executive Director; Pamela Stach, Legal Counsel; Matthew C. Niehaus, Bureau Assistant and other Department Staff

CALL TO ORDER

Julie Ellis, Chair, called the meeting to order at 8:06 a.m. A quorum of five (5) members was present.

ADOPTION OF AGENDA

Amendments to the Agenda

MOTION: Jeffrey Miller moved, seconded by Lillian Nolan, to adopt the agenda as published. Motion carried unanimously.

APPROVAL OF MINUTES OF JANUARY 10, 2013

Amendments to the Minutes

MOTION: Julia Nelson moved, seconded by Jeffrey Miller, to approve the minutes of January 10, 2013 as published. Motion carried unanimously.

DISCUSSION AND REVIEW OF BON POSITION PAPERS

Delegation

MOTION: Julia Nelson moved, seconded by Julie Ellis, to pull the Delegation position paper from the DSPS website. Motion carried unanimously.

Pain Management

MOTION: Julia Nelson moved, seconded by Maria Joseph, to keep the position paper on Pain Management on the DSPS website. Motion carried unanimously.

MOTION: Julie Ellis moved, seconded by Jeffrey Miller, to pursue working with the Medical Examining Board, Pharmacy Examining Board, and Dentistry Examining Board to create a joint position statement on pain management. Motion carried unanimously.

Military Nurse School

MOTION: Lillian Nolan moved, seconded by Maria Joseph, to pull the Military Nurse School position paper from the DSPS website. Motion carried unanimously.

ADJOURNMENT

MOTION: Jeffrey Miller moved, seconded by Maria Joseph, to adjourn the Practice Committee meeting. Motion carried unanimously.

The meeting adjourned at 8:39 a.m.

State of Wisconsin
Department of Safety & Professional Services

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request:	2) Date When Request Submitted: **3/1/13**
Dan Williams	Items will be considered late if submitted after 4:30 p.m. and less than: ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others

3) Name of Board, Committee, Council, Sections:

WI Board of Nursing

4) Meeting Date:	5) Attachments:	6) How should the item be titled on the agenda page?
3/14/13	☒ Yes ☐ No	**Board position statements - Discussion and Consideration**

7) Place Item in:	8) Is an appearance before the Board being scheduled? If yes, who is appearing?	9) Name of Case Advisor(s), if required:
☒ Open Session ☐ Closed Session ☐ Both	☐ Yes by ☒ No	N/A

10) Describe the issue and action that should be addressed:

Discuss whether to place on the following language:

Position Statements and/or FAQ's do not have the force of law, but are a means of providing direction for nurses on issues of concern to the Board relevant to protection of the public. Board position statements are reviewed annually for relevance and accuracy to current practice, the Nursing Practice Act, and Board rules.

Positions statements for review:

a) **Patient Abandonment**
b) **Performance of IV Therapy for LPN's**
c) **Social Media Use**

11) Authorization

Signature of person making this request — Date

Supervisor (if required) — Date

Executive Director signature (indicates approval to add post agenda deadline item to agenda) — Date

Directions for including supporting documents:
1. This form should be attached to any documents submitted to the agenda.
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3. If necessary, Provide original documents needing Board Chairperson signature to the Executive Assistant prior to the start of a meeting.

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PATIENT ABANDONMENT

The Wisconsin Administrative Code and the Rules and Regulations that govern the practice of nursing do not specifically define the term "abandonment". Abandonment falls under the general category of misconduct or unprofessional conduct. Misconduct or unprofessional conduct is defined in N7.04 of the Rules and Regulations. It states, "misconduct or unprofessional conduct" means any practice or behavior which violates the minimum standards of the profession necessary for the protection of the health, safety, or welfare of a patient or the public."

The Board of Nursing (BON) has been asked to describe the circumstances where a nurse's actions would be considered misconduct or unprofessional with regard to abandonment and thereby subject to discipline. The BON considers each complaint individually, examining the circumstances and facts of the situation as it pertains to the involved licensees, including the nurse who is assigned to provide care and the nurses who supervise or manage the staff.

When reaching a decision on whether misconduct has occurred, the BON will consider, but is not limited to the following:

1) Was sufficient notice given to a manager or other responsible individual, including client in a home care setting, of the nurse's intent to cease providing nursing care such that arrangements could be made to assure continuity of nursing service?
2) Did the nurse report essential patient information to an appropriate person?
3) What were the issues or reasons that the nurse would not accept or continue an assignment?

The BON has determined that it will not consider personnel issues over which the BON has no jurisdiction. Examples may be:

1) A nurse refusing to remain on duty for an extra shift or partial shift beyond his/her established schedule.
2) Refusal to float to an unfamiliar unit.

The primary responsibility of the BON, relative to the licensees who practice nursing, is public safety. All investigations of complaints focus on patient safety. The actions and conduct of licensees are determined to be or not to be negligent or unprofessional based on what actions a reasonable and prudent nurse would take in the same or similar circumstances.

Revised 04-07-04
Board Reviewed/Approved 04-22-04

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POSITION OF THE BOARD OF NURSING ON PERFORMANCE OF IV THERAPY BY LICENSED PRACTICAL NURSES

The Board of Nursing has responded to numerous inquiries regarding the role of the LPN related to IV therapy. The following information should be of assistance in determining the extent of involvement by LPNs in initiating, maintaining, monitoring and discontinuing IV's in specific practice settings.

It is not within the scope of practice of the LPN in Wisconsin to independently perform IV therapy. However, acts involving IV therapy may be delegated by the RN to the LPN and to other nursing assistive personnel under section N6.03(3), Wis. Adm. Code. These acts include starting peripheral IV lines, adding medication to the intravenous fluids, monitoring of intravenous fluids which carry medication, and monitoring intravenous fluids for hydration purposes. Since these acts are all within the scope of practice of the professional nurse, they may be delegated by the RN to the LPN. There must be willingness on the part of the RN to delegate and on the LPN to accept such delegated acts.

It is the opinion of the Practice Committee of the Board of Nursing that such delegated nursing acts beyond basic nursing care require direct supervision. The Board of Nursing has interpreted direct supervision, defined in section N6.02(6), Wis. Adm. Code, as necessitating on-site supervision. Therefore, the RN supervising the LPN in the performance of IV therapy must be physically present in the facility and immediately available.

While the Board of Nursing position statement on the performance of IV therapy by LPNs includes monitoring of IV fluids as an act requiring direct supervision, it is not the board's intent that observation of IV infusions on controlled infusion pumps by the LPN requires direct supervision. If the RN pre-programs the IV infusion on a controlled pump and performs the client assessment, then the LPN may monitor the infusion under general supervision of the RN and report any concerns or problems with the infusion to the RN. If there is a need for a medication change, for additional medication, or for correction of a problem with the infusion, then the LPN performing these procedures must do so under direct supervision. Monitoring by LPN’s of IV infusions that are not pump-controlled does require direct supervision.

Furthermore, the LPN must be competent to perform the delegated acts associated with IV therapy. Competence is based upon appropriate education, training or experience. It is essential that there be documentation of the education, training, or experience attesting to the competence of the LPN to perform the delegated acts. In section N7.03(1)(g) Wis. Adm. Code, the Board of Nursing cites as negligence, "offering or performing services as a licensed practical nurse or registered nurse for which the licensee or registrant is not qualified by education, training or experience."

Revised 11-07-03
Board Reviewed/Approved 01-15-04

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USE OF SOCIAL MEDIA BY NURSES

The Board of Nursing recognizes the increasing prevalence and use of social media and other electronic social networking (Facebook/Twitter/LinkedIn/You Tube) by nurses. Social media and networking can be a positive professional communication tool for nurses and can enhance the provision of nursing services. These online networks facilitate the rapid exchange and dissemination of information in a public or semi-public forum. However, the use of social media may also have unintended negative impacts in the health care context involving patient privacy and confidentiality of patient-related health care information.

Any patient information learned by the nurse during the course of treatment must be safeguarded by that nurse and may only be disclosed to other members of the health care team for health care purposes. Confidential information may only be shared with the patient's informed consent, when legally required or where failure to disclose the information could result in significant harm. Nurses are also required to observe the professional boundaries of the patient-nurse relationship. The ethical standards of professionalism apply equally to online contact and in the online network environment as to face-to- face contact.

Federal law reinforces and further defines patient privacy through the Health Insurance Portability and Accountability Act (HIPAA). The federal law defines individually identifiable information and establishes how this information may be used, by whom and under what circumstances. Breaches of patient confidentiality or privacy can be intentional or inadvertent and can occur in a variety of ways. Common situations involved the use of computers, cell phones, cameras and other electronic devices for on-line posting or dissemination through social media. Nurses have violated the standards of professional conduct by taking photos or videos of patients or making disparaging remarks about patients, employers or co-workers even if they are not identified.

The Wisconsin Administrative Code, Chapter N7.04(10) defines the breach of patient privacy and confidentiality in the following manner:

> ***"revealing to other personnel not engaged in the care of the patient or to members of the public information which concerns a patient's medical condition unless release of the information is authorized by the patient or required or authorized by law."***

The Wisconsin Administrative Code, Chapter N7.04 (1), also defines unprofessional conduct as including the violating, aiding or abetting a violation of any law substantially related to the practice of professional nursing. This would apply in situations which involve violations of health care laws such as HIPAA. Thus, a nurse in Wisconsin may be subject to disciplinary action by the Board of Nursing for transmitting or discussing online

individually identifiable patient information, including posting or sending photos or videos or other health care records of the patient, unless authorized by law. In addition, a nurse may be found to violate professional nurse-patient boundaries through online contact with patients.

The American Nurses Association (ANA) and the National Council of State Board of Nursing (NCSBN) have recently published materials which address the pitfalls and potential negative consequences of the use of social media in the nursing profession. The ANA has an e-publication *"ANA Principles for Social Networking and the Nurse"* http://www.nursingworld.org/FunctionalMenuCategories/AboutANA/Social-Media/Social-Networking-Principles-Toolkit.aspx which provides guidance to registered nurses on using social networking media in a manner that protects the patient's privacy, confidentiality and inherent dignity.

The NCSBN has published a white paper "*A Nurse's Guide to the Use of Social Media*" https://www.ncsbn.org/Social_Media.pdf which contains examples of illustrative cases depicting inappropriate uses of social and electronic media. These publications are accessible free of charge through the ANA and NCSBN internet websites. The members of the nursing profession are encouraged to review these useful materials for further guidance.

Adopted 7/19/2012

BOARD OF NURSING
MEETING MINUTES
FEBRUARY 14, 2013

PRESENT: Rachelle Lancaster, Julie Ellis, Maria Joseph, Julia Nelson, Lillian Nolan, Carol Ott, Jeffrey Miller, Gretchen Lowe

ABSENT: Kay Coppens

STAFF: Dan Williams, Executive Director; Pamela Stach, Legal Counsel; Matthew Niehaus, Bureau Assistant; Sharon Henes, Paralegal; and other Department Staff

CALL TO ORDER

Julia Nelson, Chair, called the meeting to order at 9:18 a.m. A quorum of eight (8) members was present.

ADOPTION OF AGENDA

Amendments to the Agenda

- Item "W-1" (closed session) **ADD** the agenda item titled "Voll"
- Item "O-2" (closed session) **REMOVE** the agenda item titled "Patrick M. Lavoie, R.N. – Requesting Reinstatement of Full License"

MOTION: Jeffrey Miller moved, seconded by Carol Ott, to adopt the agenda as amended. Motion carried unanimously.

APPROVAL OF MINUTES OF JANUARY 10, 2013

- Under Election of Officers **CHANGE** the "Secretary: Maria Joseph" to "Secretary: Lillian Nolan"

MOTION: Julie Ellis moved, seconded by Jeffrey Miller, to approve the minutes of January 10, 2013 as amended. Motion carried unanimously.

ADMINISTRATIVE MATTERS

Endorsements/Examinations/Credentialing Liaison(s)

APPOINTMENT: Julia Nelson appointed Rachelle Lancaster to the position of Endorsements/Examinations/Credentialing Liaison.

MOTION: Carol Ott moved, seconded by Gretchen Lowe, that future endorsement, examination, and credentialing cases be summarized, sorted, and reference the applicable rule for the applicant's situation prior to being sent to the liaison. Motion carried unanimously.

MOTION: Rachelle Lancaster moved, seconded by Jeffrey Miller, to place, on the March agenda, an item for Board discussion of whether or not military candidates should be required to take the L.P.N. NCLEX examination. Motion carried unanimously.

Legislative Committee

MOTION: Gretchen Lowe moved, seconded by Jeffrey Miller, to create a legislative committee composed of Jeffrey Miller (Chair), Rachelle Lancaster, and Lillian Nolan to have a position on the agenda. Motion carried unanimously.

Practice/Discipline Committee:

MOTION: Rachelle Lancaster moved, seconded by Jeffrey Miller, that Julia Nelson withdraws from the Practice/Discipline Committee. Motion carried unanimously.

DLSC Monitoring Liaisons

APPOINTMENT: Julia Nelson appointed Kay Coppens and Jeffrey Miller to the position of DLSC Monitoring Liaisons.

MOTION: Rachelle Lancaster moved, seconded by Jeffrey Miller, that DLSC Monitor contact the DLSC Monitoring Liaison when there is an appearance scheduled. Motion carried unanimously.

REPORT OF PRACTICE COMMITTEE

BOARD MOTION: Julie Ellis moved for the adoption of the Committee's recommendations. The Board adopts by unanimous consent.

Discussion and Review of BON Position Papers currently on the DSPS website

Delegation

***COMMITTEE MOTION*:** Julia Nelson moved, seconded by Julie Ellis, to pull the Delegation position paper from the DSPS website. Motion carried unanimously.

Pain Management

***COMMITTEE MOTION*:** Julia Nelson moved, seconded by Maria Joseph, to keep the position paper on Pain Management on the DSPS website with a new revision date of 2/14/2013. Motion carried unanimously.

***COMMITTEE MOTION*:** Julie Ellis moved, seconded by Jeffrey Miller, to pursue working with the Medical Examining Board, Pharmacy Examining Board,

and Dentistry Examining Board to create a joint position statement on pain management. Motion carried unanimously.

Military Nurse School

***COMMITTEE MOTION*:** Lillian Nolan moved, seconded by Maria Joseph, to pull the Military Nurse School position paper from the DSPS website. Motion carried unanimously.

REPORT OF EDUCATION AND LICENSURE COMMITTEE

BOARD MOTION: Carol Ott moved for the adoption of the Committee's recommendations. The Board adopts by unanimous consent.

Board of Nursing Position Statement on Appealing Academic Decisions

***COMMITTEE MOTION*:** Rachelle Lancaster moved, seconded by Gretchen Lowe, to approve the position statement on appealing academic decisions as amended. Motion carried unanimously.

NLNAC Report of Initial Accreditation Site Visit to Lac Courte Oreilles Ojibwe Community College

***COMMITTEE MOTION*:** Rachelle Lancaster moved, seconded by Gretchen Lowe, that La Courte Oreilles Ojibwe Community College send an updated NLNAC accreditation report to the Board of Nursing. Motion carried unanimously.

***COMMITTEE MOTION*:** Gretchen Lowe moved, seconded by Rachelle Lancaster, that DSPS staff send a letter to La Courte Oreilles Ojibwe Community College indicating that they need to change their documents to reflect that they are not a Board-approved school. Motion carried unanimously.

***COMMITTEE MOTION*:** Gretchen Lowe moved, seconded by Rachelle Lancaster, that a Board of Nursing and a DSPS staff member be assigned to accompany the NLNAC site visitors on their visit for purposes of granting initial Board of Nursing approval. In the event the NLNAC visit does not occur within six months of the date of this meeting, the Board of Nursing will send a delegate and DSPS staff member to complete a site visit. Motion carried unanimously.

Request for Approval of Educational Administrator at Wisconsin Indianhead Technical College

***COMMITTEE MOTION*:** Rachelle Lancaster moved, seconded by Gretchen Lowe, to approve Chaudette Miller as the educational administrator at

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Wisconsin Indianhead Technical College. Motion carried unanimously.

LEGISLATIVE/ADMINISTRATIVE RULE MATTERS

MOTION: Rachelle Lancaster moved, seconded by Carol Ott, to approve the rules related to N9 Nurse Licensure Compact. Motion carried unanimously.

MOTION: Rachelle Lancaster moved, seconded by Gretchen Lowe, to accept the Scope Statement to look at N2 and N3 relating to licensure. Motion carried unanimously.

DELEGATION OF DSPS STAFF TO ATTEND THE NCSBN IT CONFERENCE

MOTION: Rachelle Lancaster moved, seconded by Maria Joseph, to designate Matthew C. Niehaus as the Board's representative to attend the NCSBN IT Conference in Atlantic Beach, FL. Motion carried unanimously.

WNA REQUEST FOR BOARD MEMBER PRESENTATION AT NURSES DAY AT THE CAPITOL, MARCH 5, 2013

MOTION: Rachelle Lancaster moved, seconded by Jeffrey Miller, to designate Rachelle Lancaster, Maria Joseph, Dan Williams, and Gretchen Lowe as the Board's representatives to attend Nurses Day at the Capitol on Tuesday March 5, 2013 at the Monona Terrace. Motion carried unanimously.

CLOSED SESSION

MOTION: Lillian Nolan moved, seconded by Carol Ott, to convene to closed session pursuant to Wisconsin State statutes 19.85(1)(a)(b)(f) and (g) for the purpose of conducting appearances, reviewing monitoring requests, requests for licensure, deliberate on stipulations, administrative warnings, proposed decisions and orders, consulting with Legal Counsel and Division of Legal Services and Compliance case status reports. Roll Call Vote: Julie Ellis-yes; Rachelle Lancaster-yes; Gretchen Lowe-yes; Julia Nelson-yes; Lillian Nolan-yes; Jeffrey Miller-yes; Maria Joseph-yes; and Carol Ott-yes. Motion carried unanimously.

The Board convened into Closed Session at 12:10 p.m.

Jeffrey Miller and Lillian Nolan left the room at 12:20 p.m.

RECONVENE TO OPEN SESSION

MOTION: Jeffrey Miller moved, seconded by Maria Joseph, to reconvene into open session. Motion carried unanimously.

The Board reconvened into Open Session at 4:00 p.m.

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DISCUSSION OF BOARD MEETING PROCESS (TIME ALLOCATION, AGENDA ITEMS)

MOTION: Julie Ellis moved, seconded by Rachelle Lancaster, to hold a meeting on April 11, 2013. Motion carried unanimously.

VOTING ON ITEMS CONSIDERED OR DELIBERATED ON IN CLOSED SESSION

MOTION: Gretchen Lowe moved, seconded by Carol Ott, to affirm all motions made in closed session. Motion carried unanimously.

APPLICATION REVIEW

Joy Amundson - A.P.N.P. Application Review

MOTION: Gretchen Lowe moved, seconded by Maria Joseph, to grant Joy Amundson's application for licensure. Motion carried.

Rachelle Lancaster abstained from voting in the matter of Joy Amundson.

Tiffany Leavitt – L.P.N. Examination Review

MOTION: Gretchen Lowe moved, seconded by Maria Joseph, to grant Tiffany Leavitt's request to sit for the examination. Motion carried.

Rachelle Lancaster abstained from voting in the matter of Tiffany Leavitt.

Linde Vogel – R.N. Examination Review

MOTION: Julie Ellis moved, seconded by Carol Ott, to issue an intent to deny Linde Vogel's application. **Reason for Denial:** Applicant has prior convictions that may be substantially related to the practice of nursing. The Board requests that Applicant receive a psychological evaluation from a Board-approved forensic psychologist. Motion carried unanimously.

Rachelle Lancaster abstained from voting in the matter of Linde Vogel.

ADMINISTRATIVE WARNINGS

MOTION: Rachelle Lancaster moved, seconded by Carol Ott, to issue an administrative warning in the matter of case number 12 NUR 424, 12 NUR 427, 12 NUR 457, and 12 NUR 511. Motion carried unanimously.

MONITORING

Wendy Aguirre, R.N. – Requesting Reinstatement of Full Licensure

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MOTION: Gretchen Lowe moved, seconded by Julie Ellis, to deny Wendy Aguirre's request for full licensure once all requirements are met. **REASON FOR DENIAL::** There have not been any submitted work reports since the date of the original order. The original order requires work reports for *at least* two years from the date of the order. The order dated June 21, 2012 remains in full force and effect. Motion carried unanimously.

Jennifer Flynn, R.N. – Requesting Modification of Order

MOTION: Rachelle Lancaster moved, seconded by Carol Ott, to approve Jennifer Flynn's request for modification of order with regard to supervision as long as licensee is employed by Midwest Dialysis or Fresenius at her current facility. The Board denies Jennifer Flynn's request for reduction in screens. **REASON FOR DENIAL:** Insufficient time under order. Motion carried unanimously.

Angela M. Leonard, R.N. – Requesting Modification of Order

MOTION: Rachelle Lancaster moved, seconded by Julie Ellis, to deny Angela M. Leonard's request for modification of order. **REASON FOR DENIAL:** Insufficient continuous time under order and failure to attend AA/NA meetings twice a week, as required under section C7 of the order. Motion carried unanimously.

Amanda R. Luedtke, L.P.N. – Reinstatement of Full Licensure

MOTION: Julie Ellis moved, seconded by Rachelle Lancaster, to approve Amanda R. Luedtke's request for full licensure once all requirements are met. Motion carried unanimously.

Sue R. Schindler, R.N. – Requesting Stay of Suspension

MOTION: Gretchen Lowe moved, seconded by Rachelle Lancaster, to approve Sue R. Schindler's request for stay of suspension. Motion carried unanimously.

Regina Young, R.N. – Requesting Stay of Suspension

MOTION: Gretchen Lowe moved, seconded by Rachelle Lancaster, to deny Regina Young's request for stay of suspension. **REASON FOR DENIAL:** Insufficient time under Board order. Motion carried unanimously.

PROPOSED STIPULATIONS, FINAL DECISIONS AND ORDERS

MOTION: Rachelle Lancaster moved, seconded by Carol Ott, to adopt the Findings of Fact, Conclusions of Law, Final Decisions and Orders in the disciplinary proceedings against Tammy S. Fleming-Markart, L.P.N. (12 NUR 080). Motion carried unanimously.

MOTION: Rachelle Lancaster moved, seconded by Carol Ott, to adopt the Findings of Fact, Conclusions of Law, Final Decisions and Orders in the disciplinary proceedings against Jennifer A. Howard, R.N. (12 NUR 156). Motion carried unanimously.

CASE CLOSINGS

MOTION: Rachelle Lancaster moved, seconded by Maria Joseph, to close the case #12 NUR 604 for No Violation (NV). Motion carried.

MOTION: Rachelle Lancaster moved, seconded by Maria Joseph, to close the case #12 NUR 485 for Prosecutorial Discretion (P5 with a flag). Motion carried.

Lillian Nolan returned to the meeting at 3:10 P.M. and abstained from voting in the matter of 12 NUR 485 and 12 NUR 604.

MOTION: Rachelle Lancaster moved, seconded by Maria Joseph, to close the case #12 NUR 515 for Insufficient Evidence (IE). Motion carried.

MOTION: Rachelle Lancaster moved, seconded by Maria Joseph, to close the case #12 NUR 580 for No Violation (NV). Motion carried.

MOTION: Rachelle Lancaster moved, seconded by Maria Joseph, to close the case #12 NUR 507 for Insufficient Evidence (IE). Motion carried.

Jeffrey Miller returned to the meeting at 3:16 P.M. and abstained from voting in the matter of 12 NUR 485, 12 NUR 604, 12 NUR 515, 12 NUR 580, and 12 NUR 507.

MOTION: Rachelle Lancaster moved, seconded by Maria Joseph, to close the case #12 NUR 442 for No Violation (NV). Motion carried unanimously.

MOTION: Rachelle Lancaster moved, seconded by Jeffrey Miller, to reject the recommended closure and refer case #12 NUR 462 to DLSC. Motion carried unanimously.

APPLICATION ISSUES AND/OR REVIEWS

MOTION: Julie Ellis moved, seconded by Jeffrey Miller, to grant a limited license for the sole purpose of taking a nurse refresher course for Beth Richards within 12 months of the date of this meeting. Motion carried unanimously.

Brandon Voll

MOTION: Carol Ott moved, seconded by Gretchen Lowe, to rescind the prior denial in the matter of Brandon Voll. Motion carried unanimously.

DELIBERATION OF PROPOSED FINAL DECISION AND ORDER IN THE MATTER OF THE DISCIPLINARY PROCEEDINGS AGAINST LINDA A. REDDISH, R.N.

DRAFT

MOTION: Jeffrey Miller moved, seconded by Lillian Nolan, to indefinitely suspend the Respondent's license in the matter of disciplinary proceedings against Linda A. Reddish, R.N., Respondent – DHA Case # SPS-11-0087/DLSC Case # 11 NUR 289. If Respondent petitions for removal of the suspension, the Board requires a full psychiatric evaluation and a fitness to practice evaluation from both a Board-approved psychiatrist and a Board-approved forensic psychologist. The Respondent must also provide the Board with documentation establishing that she has an unencumbered license in Minnesota. The Board may request an appearance depending upon the results of these evaluations. **REASON FOR VARIANCE:** To be consistent with the Minnesota Board order who initially evaluated and determined appropriate discipline to be an indefinite suspension, as well as the report of the psychiatrist that has clear evidence of a psychiatric disorder. Motion carried unanimously.

MOTION: Gretchen Lowe moved, seconded by Carol Ott, to designate Jeffrey Miller to review, approve, and authorize signature of the final decision and order. Motion carried unanimously.

ADJOURNMENT

MOTION: Jeffrey Miller moved, seconded by Carol Ott, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 4:37 p.m.

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State of Wisconsin
Department of Safety & Professional Services

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request:	2) Date When Request Submitted:
Dan Williams	Items will be considered late if submitted after 4:30 p.m. and less than: ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others

3) Name of Board, Committee, Council, Sections:

WI BOARD OF NURSING

4) Meeting Date:	5) Attachments:	6) How should the item be titled on the agenda page?
	☐ Yes ☐ No	**Administrative Matters- Discussion and Consideration**

7) Place Item in:	8) Is an appearance before the Board being scheduled? If yes, who is appearing?	9) Name of Case Advisor(s), if required:
☒ Open Session ☐ Closed Session ☐ Both	☐ Yes by ☐ No	N/A

10) Describe the issue and action that should be addressed:

1) Paperless Initiative
2) Status Update as to Board of Nursing Newsletter
3) Staff Updates

11) Authorization

Signature of person making this request Date

Supervisor (if required) Date

Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date

Directions for including supporting documents:
1. This form should be attached to any documents submitted to the agenda.
2. Post Agenda Deadline items must be authorized by a Supervisor and the Board Services Bureau Director.
3. If necessary, Provide original documents needing Board Chairperson signature to the Executive Assistant prior to the start of a meeting.

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State of Wisconsin
Department of Safety & Professional Services

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request:	2) Date When Request Submitted:
Matthew C. Niehaus, Bureau Assistant	**3/12/2013**
	Items will be considered late if submitted after 4:30 p.m. and less than: ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others

3) Name of Board, Committee, Council, Sections:
Board of Nursing

4) Meeting Date:	5) Attachments:	6) How should the item be titled on the agenda page?
2/14/2012	☒ Yes ☐ No	**Paperless Initiative**

7) Place Item in:	8) Is an appearance before the Board being scheduled?	9) Name of Case Advisor(s), if required:
☒ Open Session ☐ Closed Session ☐ Both	☐ Yes (Fill out Board Appearance Request) ☒ No	

10) Describe the issue and action that should be addressed:

Brief presentation of how Board Members can sign up for SharePoint access as a part of the paperless initiative, as well as instructions for using DSPS laptops.

11) Authorization

Matthew C. Niehaus

Signature of person making this request — Date

Supervisor (if required) — Date

Executive Director signature (indicates approval to add post agenda deadline item to agenda) — Date

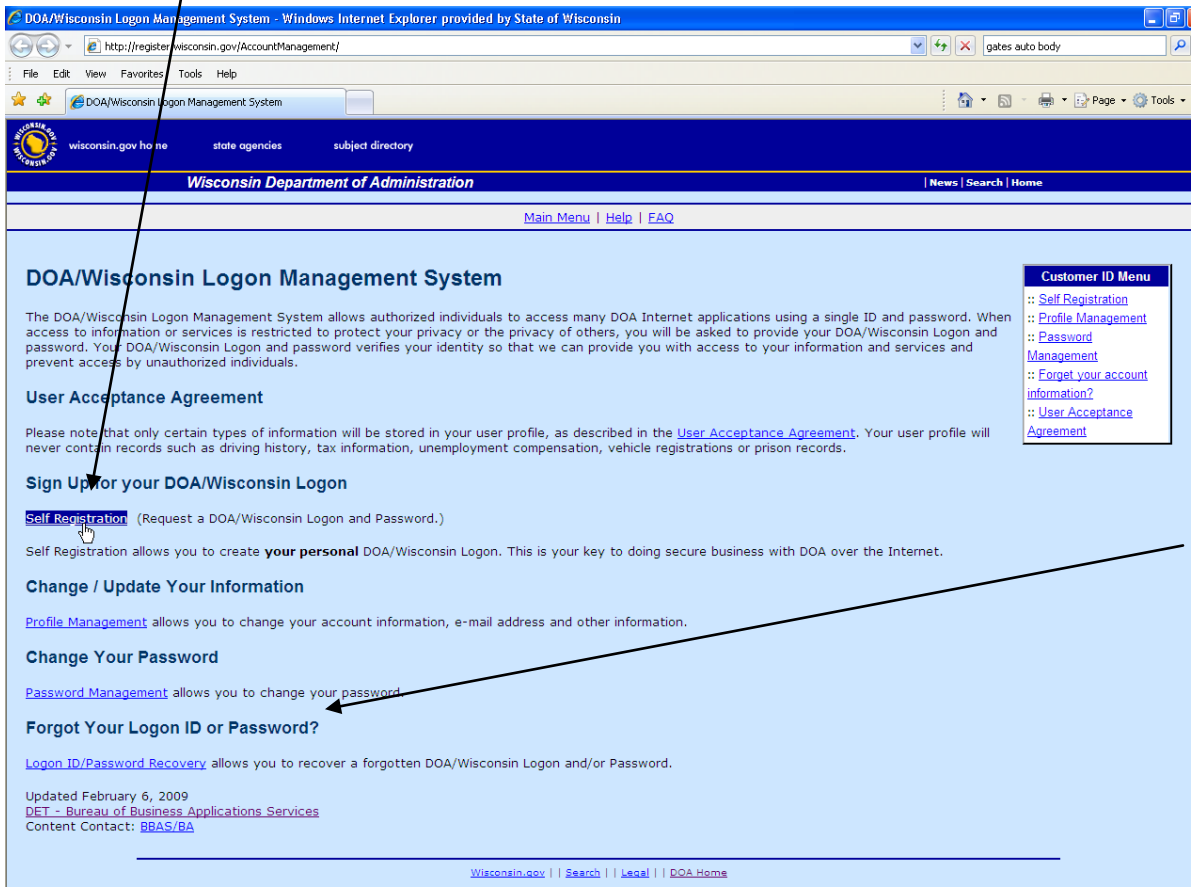
Directions for including supporting documents:
1. This form should be attached to any documents submitted to the agenda.
2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director.
3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.

Revised 10/12

How to register for a username/password on http://register.wisconsin.gov .

In order to access the Board SharePoint site, Board Members must obtain a State of WI/DOA username/password from this site http://register.wisconsin.gov . Once registered, Board Members will be provided a DOA credential under the Wisconsin External (wiext) domain. This account is intended to provide users with access to multiple State of Wisconsin web applications, including the DSPS SharePoint site.

To Begin, use the 'Self Registration' link



Not sure if you already have DOA/State of WI account?

Use the 'Forgot Your Logon ID or Password' link to check

After accepting the user agreement, complete the 'Account Creation' form.

Indicate 'SharePoint' under the section entitled, 'Systems You Will Access'

Account Creation

* Indicates Required Field

Profile Information

First Name: Barbara *
Middle Initial: H
Last Name: Cumberdale *
Suffix:
E-Mail: Barbara.Cumberdale@salad.net *
Phone: Use this format 6085551234 — 4311074393 ext.
Mailing Address
Street Address: 182 Fingers Lane
City: Big Patch
State/Province: Wisconsin
Zip Code: 53818 -

Systems You Will Access

Use your mouse to highlight the system that you want to access.

Systems: DHS Vital Records / SharePoint / IWEBSS *

Account Information

Your Logon ID must be between 5-20 characters and **CAN** be a combination of letters and numbers. Your Logon ID must not contain spaces or special characters.

Logon ID: bhcumberdale *

Your Password must be 7-20 characters long and **MUST** contain a combination of letters and either numbers or special characters (except the @ ? / signs). Passwords are case sensitive. Your Password cannot contain the Logon ID.

Password Tips

Password: •••••••••••• *
Re-enter Password: •••••••••••• *

Logon ID/Password Recovery

Enter a question and answer for use if you forget your DOA/Wisconsin Logon ID or Password. Your Secret Question and Secret Answer cannot contain your password.

Secret Question and Answer Tips

Secret Question: What was your mother's maiden name? *
Secret Answer: Logan-Price *

Verification

This step helps prevent automated registrations.

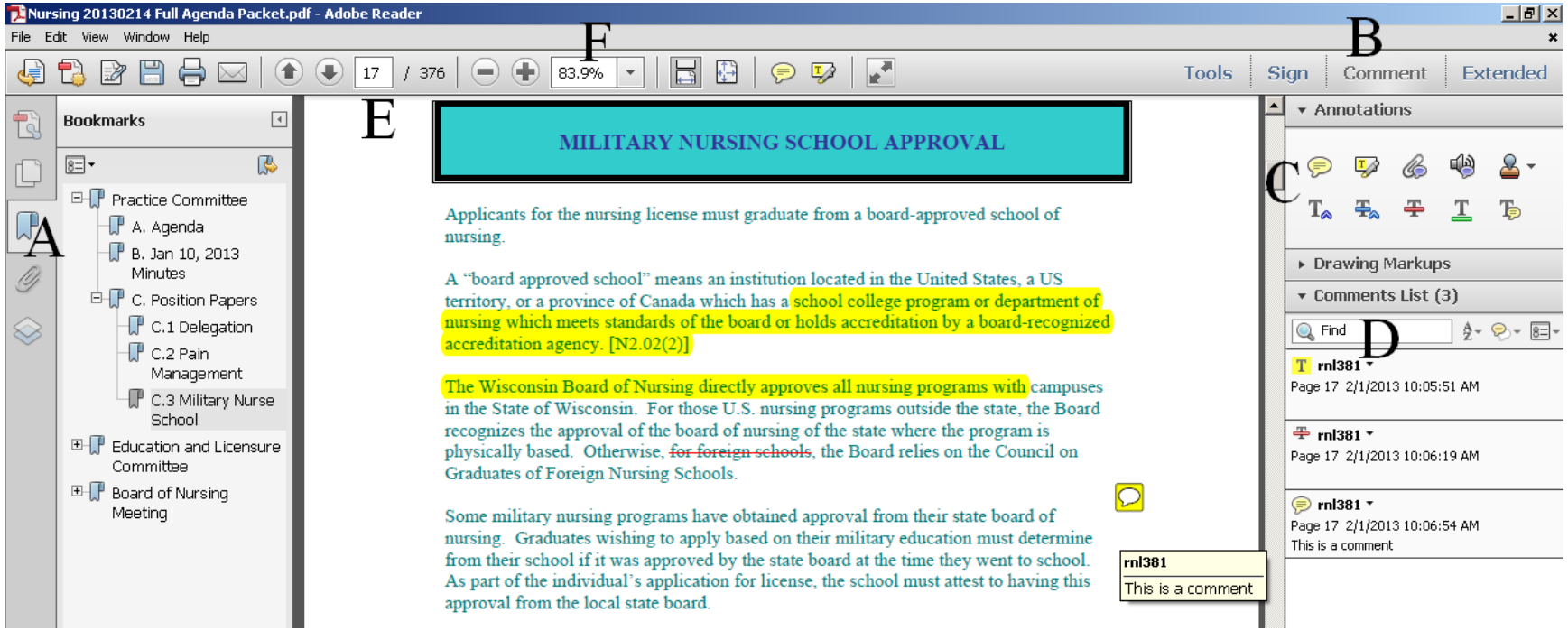
If you cannot see the number below click here.

80542 — Please enter the number as it is shown in the box to the left. 80542 *

Please use a login ID of your first initial followed by your middle initial followed by your last name, as in the example to the left.

Remember your logon ID, as you will need to provide that to DSPS staff in order for you to receive proper access rights.

Once you have been granted permission to access the Board's website, you should receive an automated 'Welcome to SharePoint' email with a link to the site.



Above is an example of an agenda packet page, with some features you can access through Adobe Reader.

A: Bookmarks – When the Bureau Assistant creates the Agenda Packet, it is possible to place in bookmarks for quick reference during meetings. You can expand and minimize categories to better enable you to jump from section to section of your agenda here.

B: Comment – On specially designated .pdf files, it is possible for Adobe Reader to be given comment privileges. This allows a Board member to make comments on documents, as well as edit, highlight, or insert text in suitable files. Please note, if the file is a scanned copy, it is likely that the highlight and text editing features will not be usable. The comment feature will still work in such an issue.

C: Annotations & Drawing Markups – These are the different options you can use to mark up your document for your reference. If you mouse over an option, it will give a brief description of what it can do for you. Feel free to experiment and find out what works best for you!

D: Comments List – Quickly jump between your comments by selecting them in this list. Never again will you miss out on a note during a discussion with this handy tool.

E: Page List – No more rifling through papers in order to track down that page someone mentioned! With this handy bar, you can simply type in the page you are looking for, hit enter, and Adobe Reader will take you directly to the page.

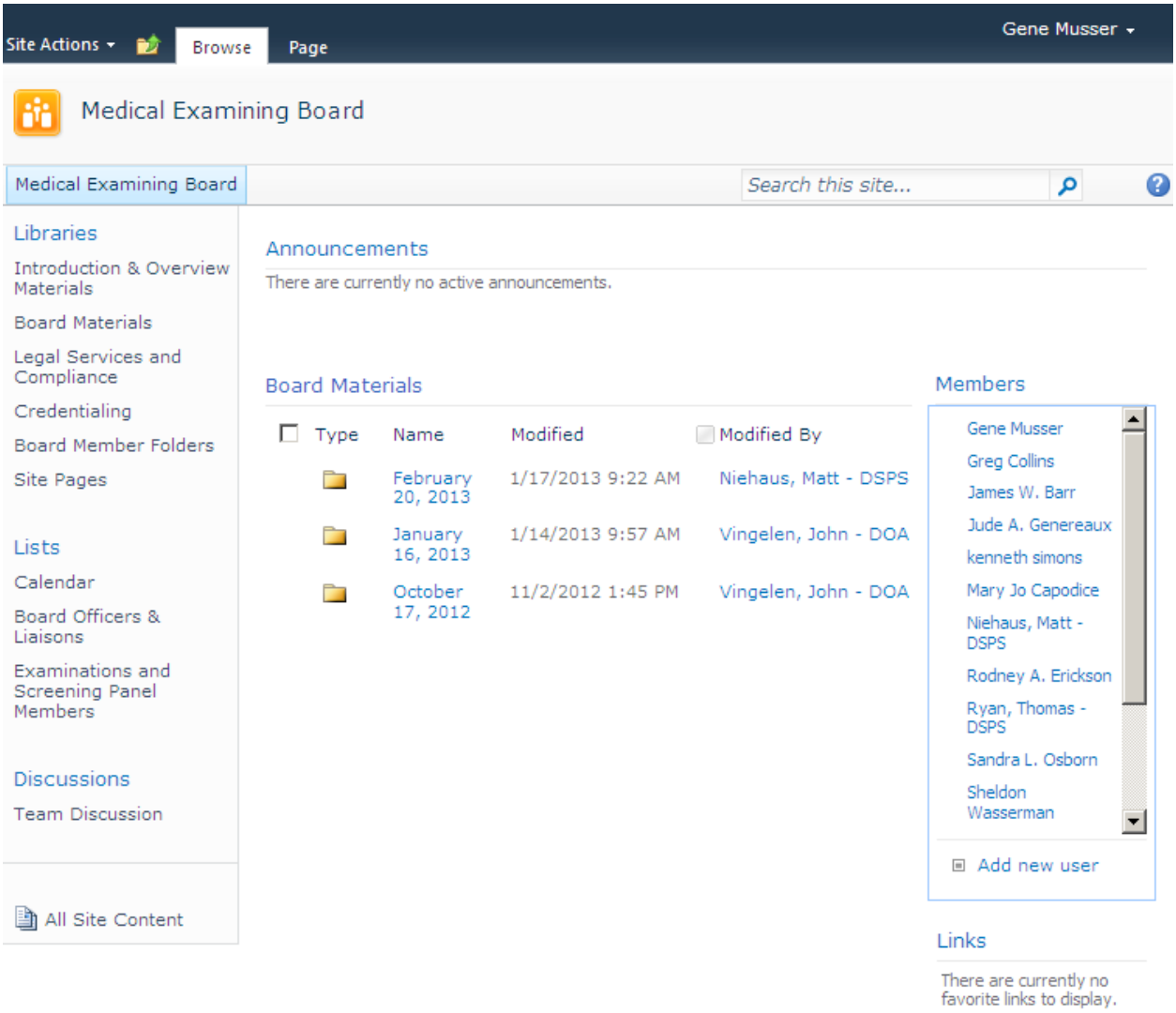
F: Zoom – Having trouble reading something? You can zoom in and out on a document with this bar. The plus and minus signs to the left can be used to make quick adjustments as well.

In order to log into the SharePoint site, you will need to go to
https://webapps.wi.gov/sites/dsps/boards/

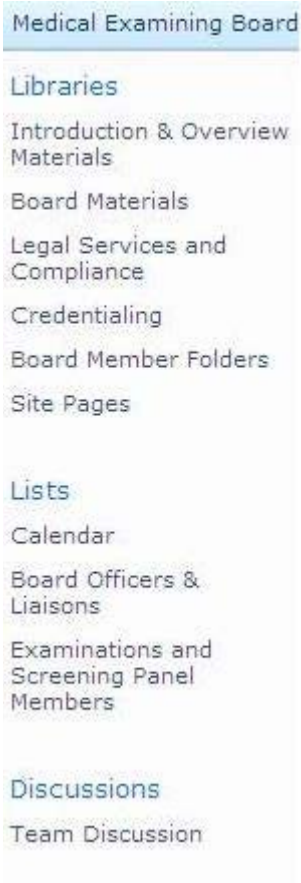
When you load this page, you should receive a prompt to enter your User name and password. Your User name is the Logon ID from when you created your Wisconsin Extension account. In order to tell SharePoint where to find your account, you will need to place wiext\ in front of your username at this login prompt. If you are logging in from a secure location, you can check the box to allow SharePoint to remember your username and password.

If you have forgotten your login information or password, there is a link at the bottom of http://register.wisconsin.gov that can be used to recover your Login ID and Password.

Once you enter your information successfully, you will be taken to the SharePoint launch page. From this site, you can select your Board and then you will be taken to the Board site.



There are several sections of this site that will be of interest to Board members. If you examine the left hand side of the screen, you will see a navigation panel that lists every library and list you have permission to access. Please take a moment to familiarize yourself with the look of the site.



The bar to the side of the left side of the page has several options on it that should be of interest to Board members. Many areas of the site are currently in development.

Introduction & Overview Materials: This library contains several documents detailing duties of Board members, as well as overviews of Board procedures.

Board Materials: This library contains agenda items, as well as a copy of the completed agenda. The library is divided into subfolders by meeting.

Legal Services and Compliance/Credentialing: These libraries will be used by DLSC and Credentialing personnel to provide documents relevant to the respective areas. These sections of the site are currently in development.

Board Member Folders: This library contains a folder for each Board member. These folders are only visible to the Board member who they correspond to and are configured to allow Board members to upload any documents they wish. This folder will also contain a copy of the meeting agenda which Board members will be able to make comments in.

Site Pages: This section is currently in development

Calendar: A calendar of Board events. It currently only reflects the Board meeting schedule.

Board Officers & Liaisons: This list contains a directory of Board officers and liaisons. This directory will be used to grant access for positions to view appropriate information on the site.

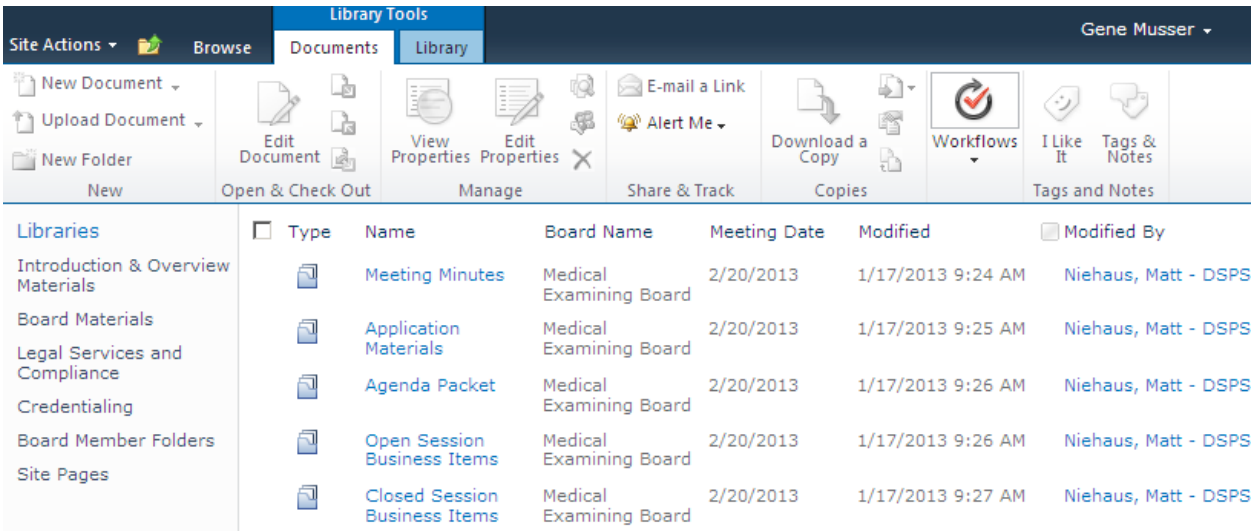
Examinations and Screening Panel Members: This list contains a directory of screening and examination panel members which will be used to automatically grant access to screening panel and examination materials for applicable months.

Discussions: This section is currently in development.

Board Materials

Type	Name	Modified	Modified By
	February 20, 2013	1/17/2013 9:22 AM	Niehaus, Matt - DSPS
	January 16, 2013	1/14/2013 9:57 AM	Vingelen, John - DOA
	October 17, 2012	11/2/2012 1:45 PM	Vingelen, John - DOA

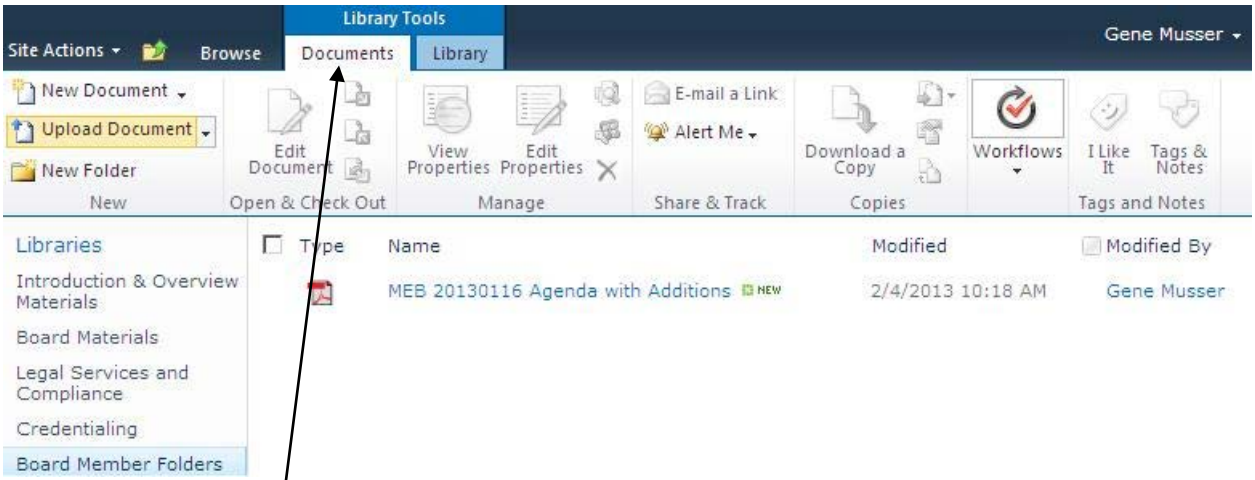
Selecting Board Materials will give you access to a list of meetings by date. Selecting the meeting date (under the "name" category) from this list will bring you to the items for that meeting date.



Inside of a meeting date folder, you can view several subfolders, each of which will hold individual agenda items. These items will be uploaded over the course of the month for Board members to review.

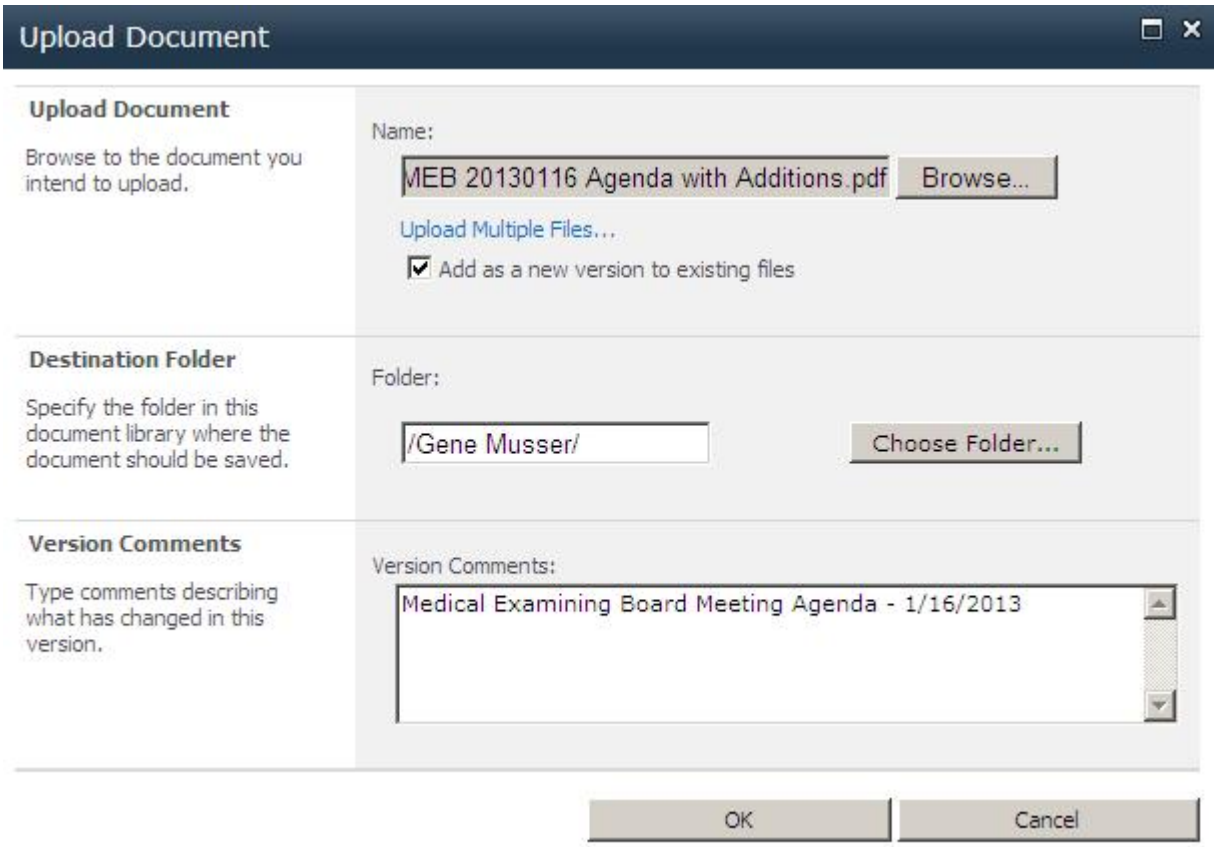
8 business days before the meeting date, the Board's Bureau Assistant will prepare an agenda packet, which will be placed in the Agenda Packet folder, as well as each individual user's folder in Board Member Folders. This document will be opened to comments by Board members. Any items added after the agenda deadline will also have comment-enabled copies added to individual Board member folders.

When you select Board Member Folders, you will be brought to a page with a a folder with your name on it. If you open this folder, you will be taken into your folder. You have elevated permissions inside of your folder, which will give you the ability to create, upload, edit, and save files.

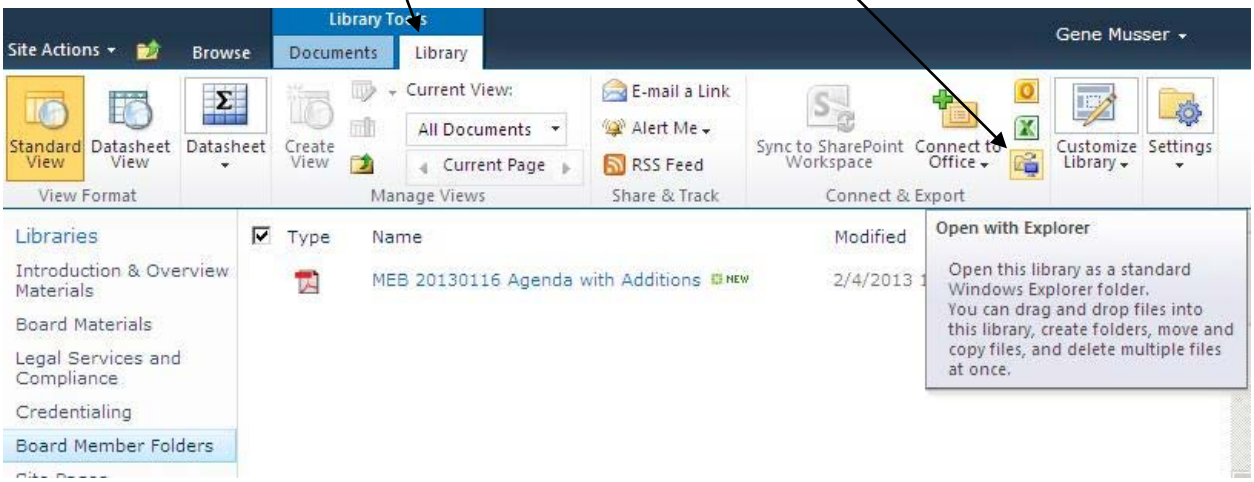


If you click on the documents link at the top of the page, you will be able to view a new set of options. Of particular interest are New Document and Upload Document. If you create a new document, SharePoint will create a new word file. Upload Document can be used to upload your own files, such as a copy of the agenda you have made comments in.

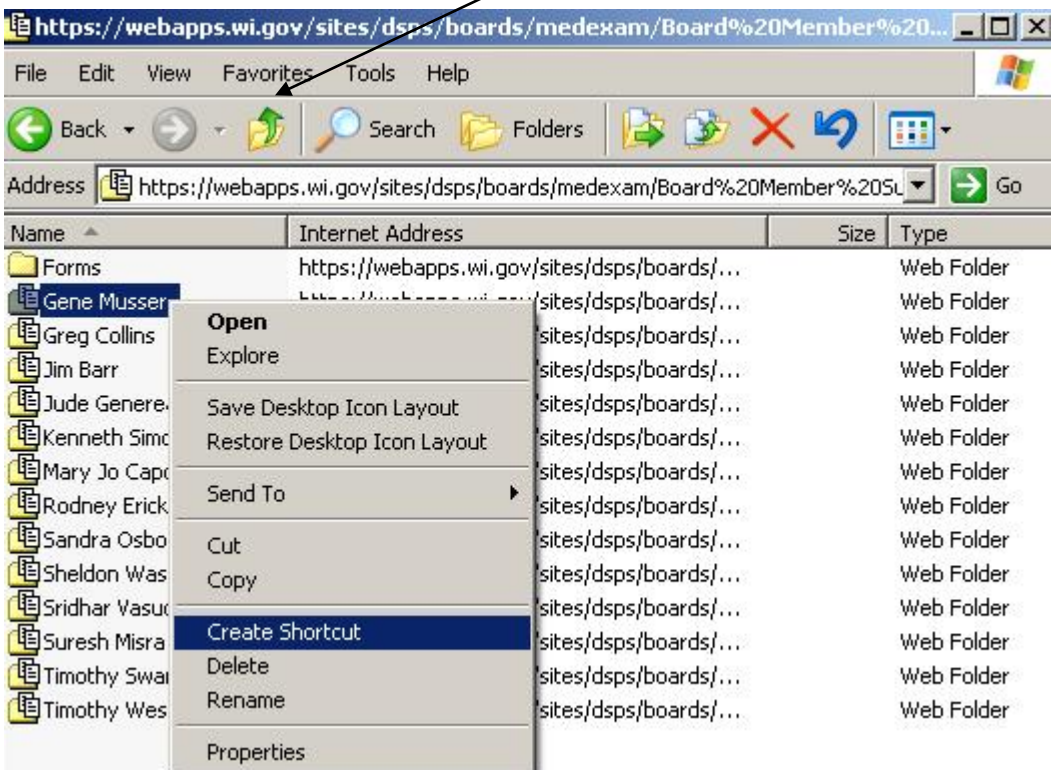
When you upload a document, you will be prompted with the following window. Clicking Browse will let you navigate to a location on your computer to upload the file. The destination folder option should automatically fill in with your folder's name. You will not want to change this. You can enter versioning comments if you desire to track any changes you made between different copies of files that you upload.



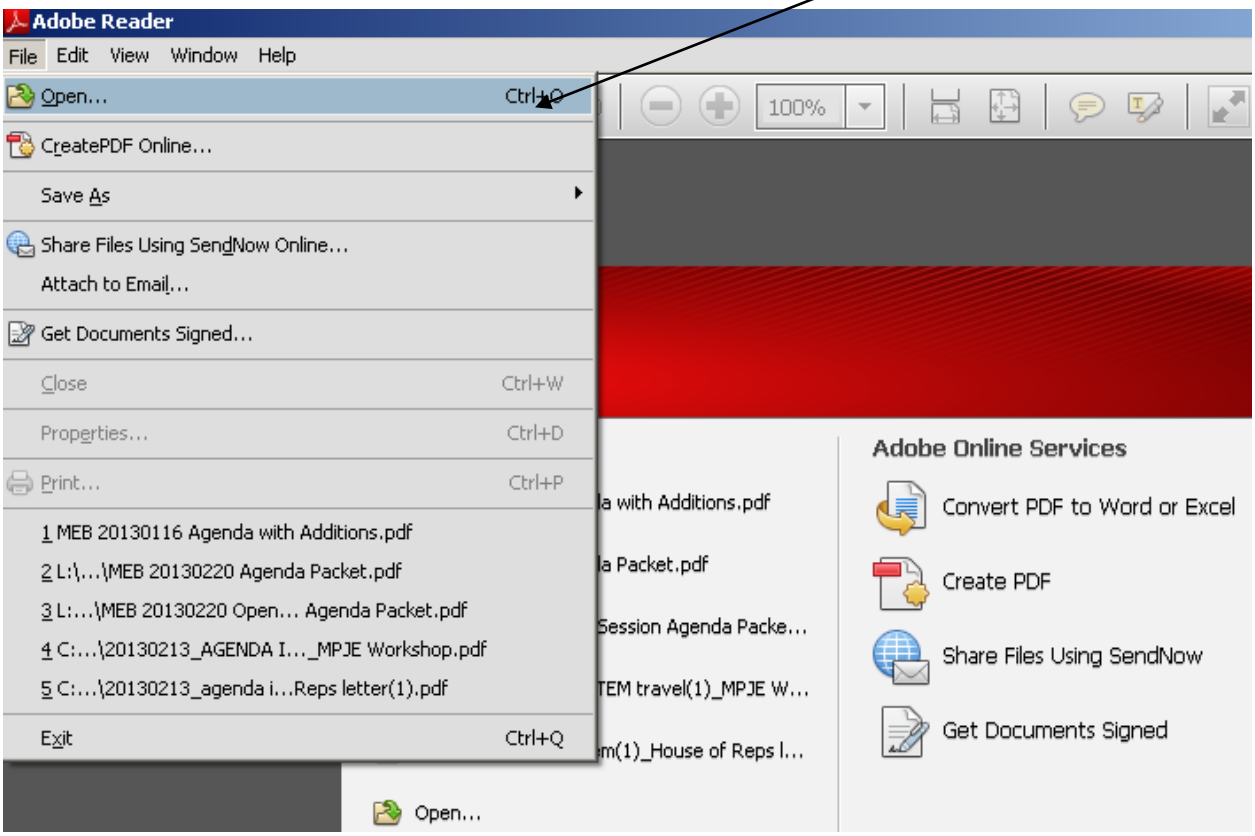
Another useful feature you can get out of SharePoint is the ability to browse the site as an Explorer window. If you go into the Library tab and select Open with Explorer, you can open up a regular Windows Explorer window, through which you can edit files without needing to interface directly with the site.



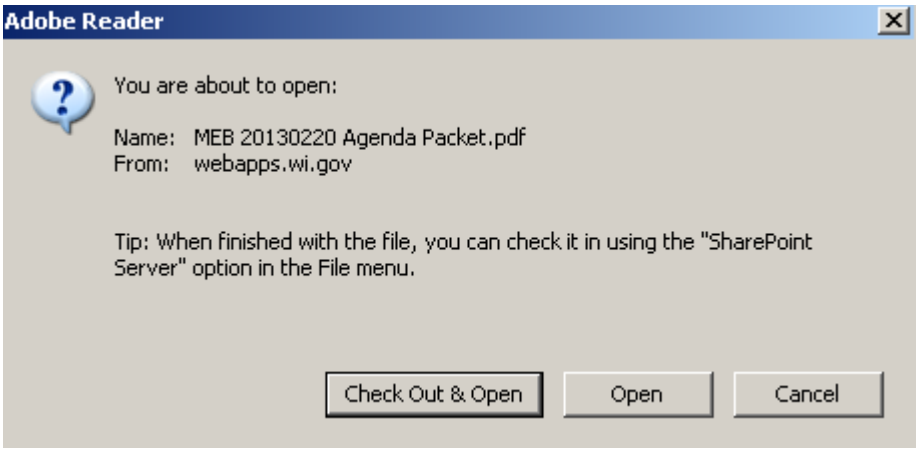
You can take this a step further and create a desktop shortcut to access your Board Member folder, should you so desire. In an open Explorer window, if you click the "Up" button, you can go back to the root folder for the Board Member Submissions, where you can then right click on your folder and create a shortcut (which will be sent to your desktop.) You can do this with other libraries in SharePoint as well, should you so desire.



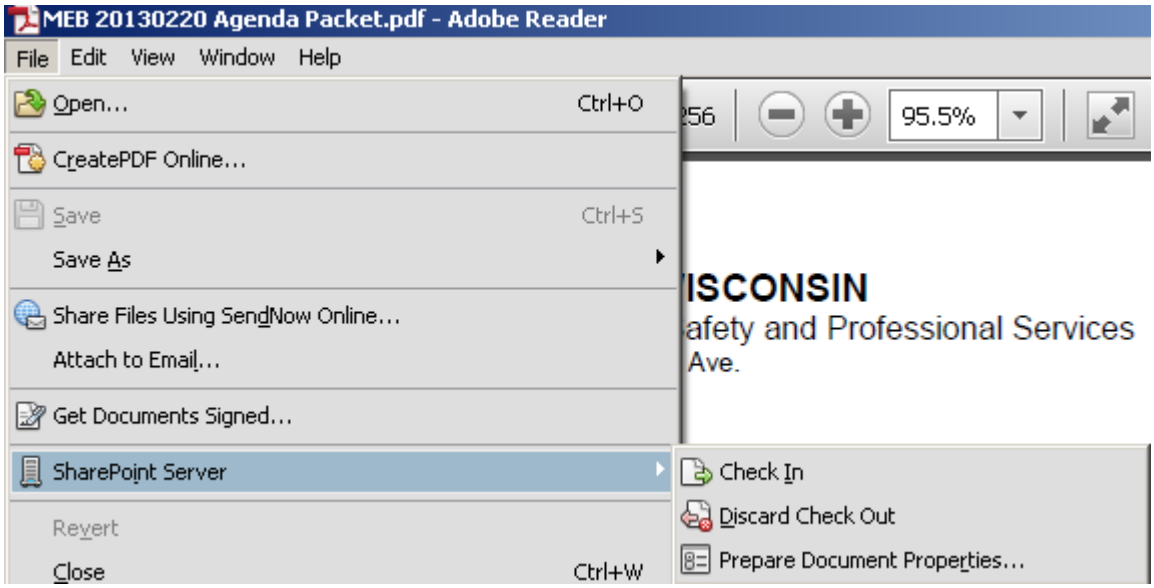
If you create a shortcut to your desktop, you can easily access and edit your agenda. If you open Adobe Reader, and navigate to the shortcut you created on your desktop, you will be able to open your folder. You may be prompted to enter your password again.



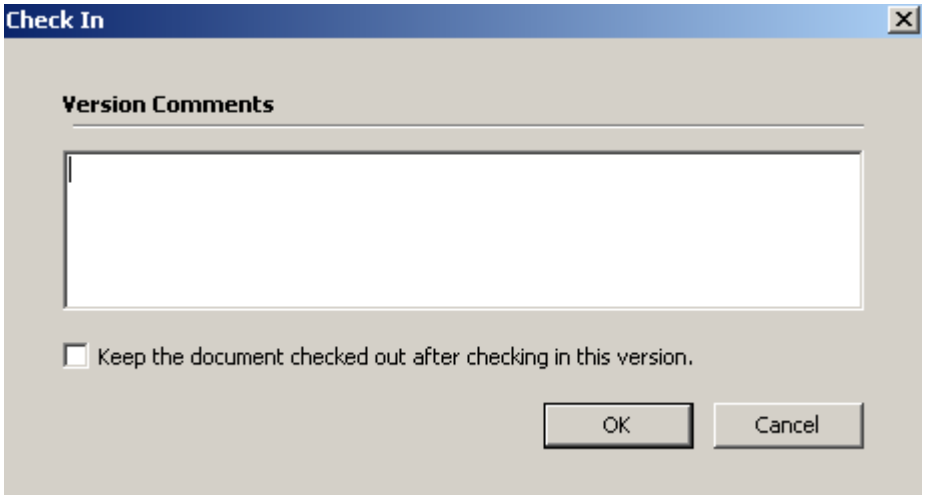
Once you open the file, you will receive a prompt about checking the file out. Through SharePoint, you will need to check out a file in order to make changes to it. Click on Check Out & Open and you will be able to insert whatever comments you desire into the document.



When you have made your comments to your document, you will need to check it back in so your comments will save. If you open the file menu and select SharePoint Server, you will be able to check the agenda packet back in, saving your changes to the document back to the SharePoint site.



When you click on Check In, you will get the following window. You can enter version comments to track what changes you made in this version, should you so desire. Once you hit OK, the file will be saved back on SharePoint. If you check the Keep the document checked out after checking in this version, you will be able to continue making changes to the document after checking it in.



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State of Wisconsin
Department of Safety & Professional Services

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request:	2) Date When Request Submitted: **3/1/13**
Dan Williams	Items will be considered late if submitted after 4:30 p.m. and less than: ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others

3) Name of Board, Committee, Council, Sections:

WI Board of Nursing

4) Meeting Date:	5) Attachments:	6) How should the item be titled on the agenda page?
3/14/13	☒ Yes ☐ No	**Military candidates should they be required to take the LPN NCLEX examination – Discussion and Consideration.**

7) Place Item in:	8) Is an appearance before the Board being scheduled? If yes, who is appearing?	9) Name of Case Advisor(s), if required:
☒ Open Session ☐ Closed Session ☐ Both	☐ Yes by ☒ No	N/A

10) Describe the issue and action that should be addressed:

At the February meeting, Rachelle Lancaster moved, seconded by Jeffrey Miller, to place, on the March agenda, an item for Board discussion of whether or not military candidates should be required to take the LPN (NCLEX) examination.

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State of Wisconsin
Department of Safety & Professional Services

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request:	2) Date When Request Submitted: **3/1/13**
Dan Williams	Items will be considered late if submitted after 4:30 p.m. and less than: ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others

3) Name of Board, Committee, Council, Sections:

WI Board of Nursing

4) Meeting Date:	5) Attachments:	6) How should the item be titled on the agenda page?
3/14/13	☒ Yes ☐ No	**NCSBN 2013 Executive Officer Summit**

7) Place Item in:	8) Is an appearance before the Board being scheduled? If yes, who is appearing?	9) Name of Case Advisor(s), if required:
☒ Open Session ☐ Closed Session ☐ Both	☐ Yes by ☒ No	N/A

10) Describe the issue and action that should be addressed:

Good Afternoon:

Attached is the 'meeting invitation" for the 2013 EO Summit. Details about the location, hotel , flight arrangements, and *process to RSVP* is *all* in the letter.

We are planning a two day summit which will include presentations on the Affordable Care Act (ACA) and educational options in nursing for military veterans (Day 1) and a networking roundtable (Day 2).

Reminder: To RSVP for this meeting, please do not respond to this email but use the RSVP link: meetingsregistration@ncsbn.org

We hope you will be able to attend!!

Alicia Byrd
Director, Member Relations
National Council of State Boards of Nursing (NCSBN)
111 E. Wacker Drive, Suite 2900
Chicago, IL 60601-4277
312.525.3666 Direct phone
312.525.3600 NCSBN main phone
abyrd@ncsbn.org
www.ncsbn.org
NCSBN
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NCSBN
National Council of State Boards of Nursing

111 E. Wacker Drive, Suite 2900
Chicago, IL 60601-4277

312.525.3600
www.ncsbn.org

Executive Officer Summit

March 6, 2013

TO: NCSBN Member Board Executive Officers

FR: Alicia Byrd, Director Member Relations

Re: Executive Officer Leadership Seminar

You are invited to attend the **2013 Executive Officer Summit scheduled for Tuesday, June 18 from 9:00 am – 3:00 pm to Wednesday, June 19 from 9:00 am – 3:00 pm.** The summit is complimentary and includes round-trip airfare and hotel. Expenses should be submitted to NCSBN in keeping with the attached policy.

Please note: To confirm your attendance, you must RSVP via email to the NCSBN Meetings Department at meetingsregistration@ncsbn.org no **later than Friday, April 5, 2013.** Invitations to this event are non-transferable. Travelers are approved for arrival Monday, June 17. Approved departure date is Wednesday, June 19.

Dates: Tuesday, June 18, 2013 9:00 am – 3:00 pm
Wednesday, June 19, 2013 9:00 am – 3:00 pm

Location: Grand Geneva Resort
7020 Grand Geneva Way
Lake Geneva, WI 53147

Hotel Reservations
The NCSBN Meetings Department will secure your hotel room at the Grand Geneva Resort upon acceptance of this offer and will email you a hotel confirmation number. Note that check-in time is 4:00 pm and check-out is 12:00 pm.

The approved travel days are check in on Monday, June 17 and check out on Wednesday, June 19. If you plan on staying more than the approved days, please indicate that in the RSVP email. Do not contact the Hotel to make reservations for the extra days. You will be charged for the extra days on your credit card upon check out. If you want to extend your stay at your own expense, you may be able to receive the room rate of $199 + tax three days prior to Monday, June 17, 2013 and three days after Wednesday, June 19, 2013. Rooms are subject to availability at the hotel. Any room nights before those dates will be charged at the prevailing hotel rate.

Flight Reservations
Your airfare is being funded by NCSBN. Please contact our corporate travel agent, MacNair Travel for flight reservations at 855.845.8635 or DDifrischia@macnairtravel.com**.** You must book your flight through MacNair Travel or your airfare will not be reimbursed. MacNair Travel will send you an itinerary confirming your flight reservations. You must make your flight reservation by **Friday, May 17,2013 .** If you need to change or cancel flight reservations, call MacNair Travel directly at 855.845.8635.

State of Wisconsin
Department of Safety & Professional Services

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3/14/13	☐ Yes ☐ No	**Report from the WNA 3/5/13 meeting date**

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☒ Open Session ☐ Closed Session ☐ Both	☐ Yes by ☒ No	N/A

10) Describe the issue and action that should be addressed:

Same as title.

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