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**BOARD OF NURSING**  
**Room 121A, 1400 East Washington Avenue, Madison**  
**Contact: Dan Williams (608) 266-2112**  
**May 10, 2018**

*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 record of the actions of the Board.*

**AGENDA**

**8:30 A.M.**

**OR IMMEDIATELY FOLLOWING THE NURSE PRACTICE ACT (NPA) EDUCATION  
WORKGROUP MEETING**

**OPEN SESSION – CALL TO ORDER – ROLL CALL**

**A. Adoption of Agenda (1-4)**

**B. Approval of Minutes**

1. April 12, 2018 **(5-13)**
2. April 20, 2018 **(14)**

**C. Administrative Matters – Discussion and Consideration**

1. Board Members – Term Expiration Dates:
  - a. Paul Abegglen – 7/1/2019
  - b. Jennifer Eklof – 7/1/2021
  - c. Elizabeth Smith Houskamp – 7/1/2020
  - d. Peter Kallio – 7/1/2018
  - e. Sheryl Krause – 7/1/2018
  - f. Lillian Nolan – 7/1/2019
  - g. Luann Skarlupka – 7/1/2021
  - h. Cheryl Streeter – 7/1/2018
  - i. Pamela White – 7/1/2019
2. Department Updates

**D. APPEARANCE: Department Staff – Prescription Drug Monitoring Program (PDMP) Update  
– Discussion and Consideration (15-16)**

**E. Request from American Association of Critical-Care Nurses (AACN) Certification  
Corporation – Discussion and Consideration (17-19)**

**F. Education and Examination Matters – Discussion and Consideration**

1. Herzing University-Brookfield – Request for Authorization to Admit to LPN School of Nursing  
**(20-353)**

2. Review of 2017 NCLEX Pass Rate Reports **(354)**
  - a. Herzing University-Madison **(355-376)**
  - b. Marian University **(377-386)**
  - c. Rasmussen College-Green Bay **(387-399)**
  - d. University of Wisconsin-Milwaukee **(400-402)**

**G. Legislative/Administrative Rule Matters – Discussion and Consideration (403)**

1. Act 262 Report Relating to Controlled Substances **(404)**
2. Update on Legislation and Pending or Possible Rulemaking Projects

**H. Speaking Engagement(s), Travel, or Public Relation Request(s) – Discussion and Consideration (405)**

1. Speaking Engagement Report – Sheryl Krause – Wisconsin Nursing Association (WNA) 32nd Annual APRN Pharmacology and Clinical Update Conference on April 26, 2018 in Madison, WI
2. 2018 National Council of State Boards of Nursing (NCSBN) Executive Officer Summit on June 19 & 20, 2018 in Kohler, WI **(406-410)**
3. 2018 NCSBN Annual Meeting on August 15-17, 2018 in Minneapolis, MN

**I. NCSBN Items – Discussion and Consideration**

1. Update as to Nurse Compact (NLC) and Enhanced Nurse Compact (eNLC)
2. Update from the NPA Education Workgroup

**J. Board of Nursing Liaison Reports – Discussion and Consideration**

**K. Deliberation on Items Added After Preparation of Agenda:**

1. Introductions, Announcements and Recognition
2. Election of Officers
3. Appointment of Liaison(s)
4. Delegation of Authorities
5. Administrative Matters
6. Education and Examination Matters
7. Credentialing Matters
8. Practice Matters
9. Legislative/Administrative Rule Matters
10. Liaison Reports
11. Board Liaison Training and Appointment of Mentors
12. Informational Items
13. Disciplinary Matters
14. Presentations of Petitions for Summary Suspension
15. Petitions for Designation of Hearing Examiner
16. Presentation of Proposed Stipulations, Final Decisions and Orders
17. Presentation of Proposed Final Decision and Orders
18. Presentation of Interim Orders
19. Petitions for Re-Hearing
20. Petitions for Assessments
21. Petitions to Vacate Orders
22. Requests for Disciplinary Proceeding Presentations
23. Motions

24. Petitions
25. Appearances from Requests Received or Renewed
26. Speaking Engagement(s), Travel, or Public Relation Request(s)

#### L. Public Comments

**CONVENE TO CLOSED SESSION to deliberate on cases following hearing (s. 19.85(1)(a), Stats.); to consider licensure or certification of individuals (s. 19.85(1)(b), Stats.); to consider closing disciplinary investigations with administrative warnings (ss. 19.85 (1)(b), 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.).**

#### M. Deliberation on Division of Legal Services and Compliance (DLSC) Matters

##### 1. *Attorney Alicia Nall*

###### a. Administrative Warnings

1. 17 NUR 630 – J.B.S. **(411-412)**

###### b. Stipulations and Final Decisions and Orders

1. 17 NUR 003 – Stacy R. Hoyt, R.N. **(413-420)**
2. 17 NUR 030 – Gina T. Kent, R.N., A.P.N.P. **(421-427)**
3. 17 NUR 165 – Rescha L. Bloedow, R.N., A.P.N.P. **(428-436)**
4. 17 NUR 242 – Francis Joseph Reyes, R.N. **(437-443)**
5. 17 NUR 347 – Amy L. Morrisey, L.P.N. **(444-455)**
6. 17 NUR 653 – Joliene K. Kues, R.N., A.P.N.P. **(456-462)**
7. 17 NUR 772 – Paula I. McHale, R.N. **(463-469)**
8. 18 NUR 029 – Susan K. Alby, R.N. **(470-476)**

##### 2. Case Closures

##### 3. Monitoring **(477-478)**

###### a. *Department Monitor Jesse Benisch*

1. Karen Costigan, R.N. – Requesting Full Licensure **(479-513)**

###### b. *Department Monitor Zoua Cha*

1. Sue Schindler, R.N. – Requesting Full Licensure **(514-539)**
2. Lindsey Sears, R.N. – Requesting Acceptance of Drug Testing Through HPSP and Termination of Treatment **(540-590)**
3. Anthony Solberg, R.N. – Requesting A Reduction in Screens, Reduction Of AA/NA Meetings, and Access to Controlled Substances **(591-617)**
4. Donna Wiegert, R.N. – Requesting Full Licensure **(618-636)**

###### c. *Department Monitor Erin Graf*

1. Sara Cenicerros, R.N. – Requesting Acceptance of Drug Monitoring Through HPSP **(637-687)**
2. Paula Johnson-Ruffin, R.N. – Requesting Full Licensure **(688-699)**
3. Melissa Kamp, R.N. – Requesting Reduction in Screens, Termination Of AA/NA Meetings and Access to Controlled Substances **(700-723)**
4. Sherri Lara, R.N. – Requesting Full Licensure **(724-738)**
5. Stephanie McMillen, R.N. – Requesting Termination of Treatment **(739-754)**

**N. Deliberation on Proposed Final Decisions and Orders**

1. Donna J. Klimek, R.N., Respondent (DHA Case Number SPS-17-0014/DLSC Case Number 15 NUR 345) **(755-1233)**

**O. Deliberation of Items Added After Preparation of the Agenda**

1. Education and Examination Matters
2. Credentialing Matters
3. Disciplinary Matters
4. Monitoring Matters
5. Professional Assistance Procedure (PAP) Matters
6. Petitions for Summary Suspensions
7. Petitions for Designation of Hearing Examiner
8. Proposed Stipulations, Final Decisions and Order
9. Administrative Warnings
10. Review of Administrative Warnings
11. Proposed Final Decision and Orders
12. Matters Relating to Costs/ Orders Fixing Costs
13. Case Closings
14. Board Liaison Training
15. Proposed Interim Orders
16. Petitions for Assessments and Evaluations
17. Petitions to Vacate Orders
18. Remedial Education Cases
19. Motions
20. Petitions for Re-Hearing
21. Appearances from Requests Received or Renewed

**P. Consulting with Legal Counsel**

**RECONVENE TO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION**

**Q. Vote on Items Considered or Deliberated Upon in Closed Session, if Voting is Appropriate**

**R. Board Meeting Process (Time Allocation, Agenda Items) – Discussion and Consideration**

1. Newsletter Review

**S. Board Strategic Planning and its Mission, Vision and Values – Discussion and Consideration**

**ADJOURNMENT**

**NEXT MEETING DATE: JUNE 14, 2018**

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MEETINGS AND HEARINGS ARE OPEN TO THE PUBLIC, AND MAY BE CANCELLED WITHOUT NOTICE.

Times listed for meeting items are approximate and depend on the length of discussion and voting. All meetings are held at 1400 East Washington Avenue, Madison, Wisconsin, unless otherwise noted. In order to confirm a meeting or to request a complete copy of the board's agenda, please call the listed contact person. The board may also consider materials or items filed after the transmission of this notice. Times listed for the commencement of disciplinary hearings may be changed by the examiner for the convenience of the parties. Interpreters for the hearing impaired provided upon request by contacting the Affirmative Action Officer, 608-266-2112.

**BOARD OF NURSING  
MEETING MINUTES  
April 12, 2018**

**PRESENT:** Paul Abegglen, Sheryl Krause, Lillian Nolan, Luann Skarlupka, Elizabeth Smith-Houskamp, Cheryl Streeter, Pamela White, Peter Kallio

**EXCUSED:** Jennifer Eklof

**STAFF:** Dan Williams, Executive Director; Sharon Henes, Administrative Rules Coordinator; Kimberly Wood, Program Assistant Supervisor-Adv.; Kate Stolarzyk, Bureau Assistant; and other DSPS Staff

**CALL TO ORDER**

Sheryl Krause called the meeting to order at 8:07 a.m. A quorum of eight (8) members was confirmed.

**ADOPTION OF THE AGENDA**

**Amendments to the Agenda**

- Under item “M. Deliberation on Division of Legal Services and Compliance (DLSC) Matters”
  - Under item “1) Attorney Amanda Florek; a. Stipulations and Final Decisions and Orders” **ADD:**
    - “16 NUR 472 – Jessica M. Wolf, R.N.”
    - “14 NUR 383 – Lisa C. Hofschulz, R.N.”
  - After item “3) Attorney Alicia Nall” **ADD:**
    - “Attorney Gretchen Mrozinski; a. 16 NUR 388 – Jamie M. Kebelowsky, R.N.”
- After item “N. Deliberation on Proposed Final Decisions and Orders” **ADD:**
  - “Credentialing Matters; a. David Lenninger – Credentialing Renewal CIB Review”

**MOTION:** Luann Skarlupka moved, seconded by Peter Kallio, to adopt the agenda as amended. Motion carried unanimously.

## APPROVAL OF MINUTES OF MARCH 19, 2018

### Amendments to the Minutes

- All pages of the Minutes: Correct “LuAnn” to “Luann” throughout the minute draft.
- Page 2 of the Minutes: Change the wording after the first motion on the page from “*At this time, all external communication contacts will be terminated for purposes of going into Closed Session.*” to “*(Be advised that any recusals or abstentions reflected in the closed session motions stand for the purposes of the affirmation vote.)*”
- Correct the spelling of the word “against” and remove the apostrophe after the word “unanimously” in the closed session Proposed Stipulation and Interim Order motion for DLCS Case Number 18 NUR 082.

**MOTION:** Luann Skarlupka moved, seconded by Peter Kallio, to approve the minutes of March 19, 2018 as amended. Motion carried unanimously.

### DIVISION OF LEGAL SERVICES AND COMPLIANCE (DLSC) ANNUAL REPORT

#### Board of Nursing Annual Report

**MOTION:** Peter Kallio moved, seconded by Pamela White, that the Board requests a 2019 five-year summary report. Motion carried unanimously.

### EDUCATION AND EXAMINATION MATTERS

#### Herzing University, Brookfield - Request for Authorization to Admit

**MOTION:** Peter Kallio moved, seconded by Cheryl Streeter, to acknowledge and thank Dr. Deborah Ziebarth, Dr. Stephen McEvoy, and Dr. Patricia Edwards from Herzing University, Brookfield for their appearance before the Board. Motion carried unanimously.

**MOTION:** Peter Kallio moved, seconded by Elizabeth Smith-Houskamp, to table the request for authorization to admit students into the Licensed Practical Nursing Program at Herzing University-Brookfield, and to request additional information regarding the memoranda of understanding with clinical partnerships and timeline clarification. Motion carried unanimously.

#### Out-of-State School of Nursing Approval Update

**MOTION:** Luann Skarlupka moved, seconded by Pamela White, to request DSPS staff draft a Scope Statement revising N 1.06, relating to continued approval of out-of-state schools. Motion carried unanimously.

## LEGISLATIVE/ADMINISTRATIVE RULE MATTERS

### N 8, Relating to Collaboration with Dentists

**MOTION:** Luann Skarlupka moved, seconded by Peter Kallio, to approve the emergency rule for N 8, relating to advance practice nurse prescribers' collaboration with dentists, for emergency rule submission to the governor, publication in an official newspaper and for the permanent rule posting of economic impact comments and submission to the Clearinghouse. Motion carried unanimously.

### Possible Scope Amending N 8 to Clarify Advanced Practice Nurse Prescribers May Not Supervise Anesthesiologist Assistants

**MOTION:** Peter Kallio moved, seconded by Luann Skarlupka, to acknowledge and thank Debra Dahlke, CRNA and Jim Albrecht, CRNA for their appearance before the Board. Motion carried unanimously.

### NATIONAL COUNCIL OF STATE BOARDS OF NURSING (NCSBN) ITEMS

#### Update as to Online Nursing Course

**MOTION:** Luann Skarlupka moved, seconded by Elizabeth Smith-Houskamp, to create an Ad Hoc workgroup on the Nurse Practice Act Education consisting of the following members Pamela White, Peter Kallio, Sheryl Krause and Luann Skarlupka. Motion carried unanimously.

### SPEAKING ENGAGEMENTS, TRAVEL, OR PUBLIC RELATIONS REQUESTS

**MOTION:** Peter Kallio moved, seconded by Luann Skarlupka, to authorize Sheryl Krause to speak to the Administrators of Nursing Education of Wisconsin (ANEW) on behalf of the Board. Motion carried unanimously.

### Speaking Engagement Request for Sheryl Krause to Speak at the Wisconsin Nurses Association (WNA) 32nd Annual APRN Pharmacology and Clinical Update Conference – April 26 & 27, 2018 – Madison, WI

**MOTION:** Elizabeth Smith-Houskamp moved, seconded by Peter Kallio, to designate Sheryl Krause to speak on the Board's behalf at the WNA 32nd Annual APRN Pharmacology and Clinical Update Conference on April 26 & 27, 2018 in Madison, WI, and to authorize travel. Motion carried unanimously.

### CLOSED SESSION

**MOTION:** Peter Kallio moved, seconded by Cheryl Streeter, to convene to closed session to deliberate on cases following hearing (s. 19.85(1)(a), Stats.); to consider licensure or certification of individuals (s. 19.85 (1)(b), Stats.); to consider closing disciplinary investigation with administrative warning (ss.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.). Sheryl Krause, Chair, read the language of the motion. The vote of each member was ascertained by voice vote. Roll Call Vote: Paul Abegglen-yes; Peter Kallio-yes; Sheryl Krause-yes; Lillian Nolan-yes; Luann Skarlupka-yes; Elizabeth Smith-Houskamp-yes; Cheryl Streeter-yes; Pamela White-yes. Motion carried unanimously.

The Board convened into Closed Session at 11:04 a.m.

### **RECONVENE TO OPEN SESSION**

**MOTION:** Paul Abegglen moved, seconded by Peter Kallio, to reconvene into Open Session. Motion carried unanimously.

The Board reconvened into Open Session at 3:22 p.m.

### **VOTING ON ITEMS CONSIDERED OR DELIBERATED ON IN CLOSED SESSION**

**MOTION:** Paul Abegglen moved, seconded by Peter Kallio, to affirm all motions made and votes taken in closed session. Motion carried unanimously.

*(Be advised that any recusals or abstentions reflected in the closed session motions stand for the purposes of the affirmation vote.)*

### **DIVISION OF LEGAL SERVICES AND COMPLIANCE (DLSC) MATTERS**

#### **Attorney Amanda Florek**

#### ***Stipulations and Final Decisions and Orders***

##### ***14 NUR 383 – Lisa C. Hofschulz, R.N.***

**MOTION:** Paul Abegglen moved, seconded by Pamela White, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Lisa C. Hofschulz, R.N., DLSC Case Number 14 NUR 383. Motion carried unanimously.

##### ***16 NUR 472 – Jessica M. Wolf, R.N.***

**MOTION:** Paul Abegglen moved, seconded by Pamela White, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Jessica M. Wolf, R.N., DLSC Case Number 16 NUR 472. Motion carried unanimously.

##### ***16 NUR 602 – Barbara M. Carpenter, R.N.***

**MOTION:** Paul Abegglen moved, seconded by Pamela White, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Barbara M. Carpenter, R.N., DLSC Case Number 16 NUR 602. Motion carried unanimously.

***17 NUR 475 – Debra J. Krueger, R.N.***

**MOTION:** Paul Abegglen moved, seconded by Pamela White, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Debra J. Krueger, R.N., DLSC Case Number 17 NUR 475. Motion carried unanimously.

***18 NUR 067 – Jonathan L. Long, R.N.***

**MOTION:** Luann Skarlupka moved, seconded by Cheryl Streeter, to reject the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Jonathan L. Long, R.N., DLSC Case Number 18 NUR 067. Motion carried unanimously.

**Attorney Kim Kluck**

***Administrative Warnings***

***16 NUR 615 – N.M.C.***

**MOTION:** Paul Abegglen moved, seconded by Pamela White, to issue an Administrative Warning in the matter of 16 NUR 615 (N.M.C). Motion carried unanimously.

***Stipulations and Final Decisions and Orders***

***16 NUR 395 – Deborah R. Grossbier, L.P.N.***

**MOTION:** Paul Abegglen moved, seconded by Cheryl Streeter, to reject the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Deborah R. Grossbier, L.P.N., DLSC Case Number 16 NUR 395. Motion carried unanimously.

**Attorney Alicia Nall**

***Stipulations and Final Decisions and Orders***

***17 NUR 309 – Ray D. Summar, R.N.***

**MOTION:** Paul Abegglen moved, seconded by Pamela White, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Ray D. Summar, R.N., DLSC Case Number 17 NUR 309. Motion carried unanimously.

**Attorney Gretchen Mrozinski**

***Stipulations and Final Decisions and Orders***

***16 NUR 388 – Jamie M. Kebelowsky, R.N.***

**MOTION:** Paul Abegglen moved, seconded by Pamela White, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Jamie M. Kebelowsky, R.N., DLSC Case Number 16 NUR 388. Motion carried unanimously.

**Case Closures**

**MOTION:** Paul Abegglen moved, seconded by Pamela White, to close the DLSC cases for the reasons outlined below:

1. 16 NUR 423 – G.B. – Prosecutorial Discretion (P2)
2. 16 NUR 427 – S.N. – Insufficient Evidence
3. 16 NUR 496 – K.S. – Insufficient Evidence
4. 16 NUR 612 – J.S. – Insufficient Evidence
5. 16 NUR 630 – B.W. – Insufficient Evidence
6. 16 NUR 692 – J.H. – Insufficient Evidence
7. 16 NUR 763 – K.D. – Prosecutorial Discretion (P2)
8. 17 NUR 002 – K.B. – Prosecutorial Discretion (P5-Flag)
9. 17 NUR 047 – A.H. – Insufficient Evidence
10. 17 NUR 180 – C.Z. – Prosecutorial Discretion (P5-Flag)
11. 17 NUR 183 – M.M. – No Violation
12. 17 NUR 211 – J.F. – Insufficient Evidence
13. 17 NUR 267 – M.N. – Prosecutorial Discretion (P2)
14. 17 NUR 294 – A.Y. – Prosecutorial Discretion (P2)
15. 17 NUR 345 – L.M. – Insufficient Evidence
16. 17 NUR 349 – D.B. – Insufficient Evidence
17. 17 NUR 372 – A.O. – Insufficient Evidence
18. 17 NUR 379 – D.L. – Prosecutorial Discretion (P6)
19. 17 NUR 416 – J.S. – Insufficient Evidence
20. 17 NUR 464 – T.R. – Insufficient Evidence
21. 17 NUR 492 – S.F. – Prosecutorial Discretion (P7)
22. 17 NUR 513 – P.W. – No Violation
23. 17 NUR 555 – C.L. and M.V. – No Violation
24. 17 NUR 582 – J.J. – No Violation
25. 17 NUR 651 – N.G. – Prosecutorial Discretion (P5-Flag)
26. 17 NUR 672 – S.M. – No Violation
27. 17 NUR 707 – L.T. – No Violation
28. 17 NUR 715 – M.B. – Insufficient Evidence
29. 18 NUR 052 – T.P. – Prosecutorial Discretion (P7)
30. 18 NUR 092 – S.L. – No Violation

Motion carried unanimously.

## **Monitoring**

### ***Department Monitor Jesse Benisch***

#### ***Amanda Addison, R.N., A.P.N.P. – Requesting Full Licensure***

**MOTION:** Peter Kallio moved, seconded by Pamela White, to grant the request of Amanda Addison, R.N., A.P.N.P. for full licensure. Motion carried unanimously.

#### ***Brian Bailey, L.P.N. – Requesting Full Licensure***

**MOTION:** Peter Kallio moved, seconded by Lillian Nolan, to grant the request of Brian Bailey, L.P.N. for full licensure. Motion carried unanimously.

### ***Department Monitor Zoua Cha***

#### ***Corrine Ahrens, R.N. – Requesting Full Licensure***

**MOTION:** Elizabeth Smith-Houskamp moved, seconded by Lillian Nolan, to deny the request of Corrine Ahrens, R.N. for full licensure. **Reason for Denial:** Failure to demonstrate continuous and successful compliance (i.e. missed check-ins and missed tests). Respondent needs to fully comply with the complete terms and conditions of the original Board Order (3/10/2016). The Board recommends Respondent demonstrate 6 months of complete and continuous successful compliance with all of the terms of the Order before considering further petitions for modification or termination. Motion carried unanimously.

#### ***Samantha Schlesner, R.N. – Requesting Full Licensure***

**MOTION:** Peter Kallio moved, seconded by Lillian Nolan, to deny the request of Samantha Schlesner, R.N. for full licensure. Instead, the Board grants a reduction in screens to 20 urine tests and 1 hair test per year. **Reason for Denial:** Respondent needs to practice nursing under the conditions of the modified Board Order before the Board will consider amending other requirements. Motion carried unanimously.

### ***Department Monitor Erin Graf***

#### ***Matthew Elliott, R.N. – Requesting Full Licensure***

**MOTION:** Cheryl Streeter moved, seconded by Peter Kallio, to grant the request of Matthew Elliott, R.N. for full licensure. Motion carried unanimously.

***Matthew Heather, R.N. – Review of AODA Assessment***

**MOTION:** Elizabeth Smith-Houskamp moved, seconded by Pamela White, to acknowledge completion of the terms of the Board Order (12/14/2017) for Matthew Heather, R.N. and to reinstate full licensure. Motion carried unanimously.

**DELIBERATION ON PROPOSED FINAL DECISIONS AND ORDERS**

**James R. Campbell, R.N., Respondent (DHA Case Number SPS-17-0030/DLSC Case Number 16 NUR 363)**

**MOTION:** Paul Abegglen moved, seconded by Elizabeth Smith-Houskamp, to adopt the proposed Findings of Fact and Conclusions of Law and Order in the matter of disciplinary proceedings against James R. Campbell, R.N., Respondent (DHA Case Number SPS-17-0030/DLSC Case Number 16 NUR 363) with the following variance: The Board finds that because respondent's credential expired February 28, 2018, the appropriate discipline is to indefinitely suspend his right to renew. Motion carried.

**MOTION:** Paul Abegglen moved, seconded by Elizabeth Smith-Houskamp, to designate Peter Kallio to review, approve and sign the order with variance in the matter of disciplinary proceedings against James R. Campbell, R.N., Respondent (DHA Case Number SPS-17-0030/DLSC Case Number 16 NUR 363). Motion carried.

*(Sheryl Krause recused herself and left the room for deliberation and voting in the matter concerning James R. Campbell, R.N., Respondent (DHA Case Number SPS-17-0030/DLSC Case Number 16 NUR 363). Peter Kallio chaired the meeting for deliberation and voting in this matter.)*

**Timothy M. Dubois, R.N., Respondent (DHA Case Number SPS-17-0031/DLSC Case Numbers 16 NUR 633 and 17 NUR 435)**

**MOTION:** Paul Abegglen moved, seconded by Elizabeth Smith-Houskamp, to adopt the proposed Findings of Fact and Conclusions of Law and Order in the matter of disciplinary proceedings against Timothy M. Dubois, R.N., Respondent (DHA Case Numbers SPS-17-0031/DLSC Case Number 16 NUR 633 and 17 NUR 435) with the following variance: The Board finds that because respondent's credential expired February 28, 2018, the appropriate discipline is to indefinitely suspend his right to renew. Motion carried.

**MOTION:** Paul Abegglen moved, seconded by Elizabeth Smith-Houskamp, to designate Peter Kallio to review, approve and sign the order with variance in the matter of disciplinary proceedings against Timothy M. Dubois, R.N., Respondent (DHA Case Number SPS-17-0031/DLSC Case Numbers 16 NUR 633 and 17 NUR 435). Motion carried.

*(Sheryl Krause recused herself and left the room for deliberation and voting in the matter concerning Timothy M. Dubois, R.N., Respondent (DHA Case Number SPS-17-0031/DLSC Case Numbers 16 NUR 633 and 17 NUR 435). Peter Kallio chaired the meeting for deliberation and voting in this matter.)*

## **CREDENTIALING MATTERS**

### **David Lenninger – Credentialing Renewal CIB Review**

**MOTION:** Paul Abegglen moved, seconded by Elizabeth Smith-Houskamp, to deny the Registered Nurse renewal application of David Lenninger. **Reason for Denial:** Denial of full licensure per Wis. Stat. §§ 441.07(1g)(b), 441.07(1g)(d) and 440.08(4), and Wis. Admin. Code § N 7.03(2). Motion carried unanimously.

## **ADJOURNMENT**

**MOTION:** Paul Abegglen moved, seconded by Peter Kallio, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 3:39 p.m.

**BOARD OF NURSING  
TELECONFERENCE/VIRTUAL MEETING MINUTES  
April 20, 2018**

**PRESENT:** Paul Abegglen, Jennifer Eklof (*arrived at 8:03 a.m.*), Peter Kallio, Sheryl Krause, Lillian Nolan, Luann Skarlupka, and Pamela White

**EXCUSED:** Elizabeth Smith-Houskamp and Cheryl Streeter

**STAFF:** Dan Williams, Executive Director; Sharon Henes, Administrative Rules Coordinator; Kate Stolarzyk, Bureau Assistant; and other DSPS Staff

**CALL TO ORDER**

Sheryl Krause called the meeting to order at 8:03a.m. A quorum of six (6) members was confirmed.

**ADOPTION OF THE AGENDA**

**Amendments to the Agenda**

- Under item “C. Legislative/Administrative Rule Matters – Discussion and Consideration”  
**ADD:**
  - “Germane Modification to CR 17-095 Relating to Curriculum and Clinicals”

**MOTION:** Luann Skarlupka moved, seconded by Peter Kallio, to adopt the agenda as amended. Motion carried unanimously.

*(Jennifer Eklof arrived at 8:03 a.m.)*

**LEGISLATIVE/ADMINISTRATIVE RULE MATTERS**

**Germane Modification to CR 17-096 Relating to School Approval**

**MOTION:** Luann Skarlupka moved, seconded by Pamela White, to approve the Germane Modification to Clearinghouse Rule 17-096 relating to school approval for submission to the Legislature. Motion carried unanimously.

**MOTION:** Luann Skarlupka moved, seconded by Peter Kallio, to acknowledge the recent conversations Board Chair has had with representatives of Administrators of Nursing Education in Wisconsin (ANEW) regarding their concerns related to requirements in CR 17-096 for faculty teaching graduate level courses. These concerns were not brought to Board's attention during rule development over the past year or at the Public Hearing on N1 on January 11, 2018. Motion carried unanimously.

**ADJOURNMENT**

**MOTION:** Luann Skarlupka moved, seconded by Peter Kallio, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 8:24 a.m.

## AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request:  Andrea Magermans		2) Date When Request Submitted:  04/30/2018 <small>Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting</small>	
3) Name of Board, Committee, Council, Sections: Board of Nursing			
4) Meeting Date: 05/10/18	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page?  Prescription Drug Monitoring Program (PDMP) Update – Discussion and Consideration	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session		8) Is an appearance before the Board being scheduled?  <input checked="" type="checkbox"/> Yes, by PDMP Staff <input type="checkbox"/> No	9) Name of Case Advisor(s), if required:
10) Describe the issue and action that should be addressed:  1. PDMP Update 2. Discussion of criteria for CSB/PDMP Referrals, based on the following motions from 3/9/18 CSB meeting:  <u>Discussion of Disclosures of PDMP Data to Relevant Boards Under CSB 4.15(5)</u> MOTION: Leonardo Huck moved, seconded by Yvonne Bellay, to create a Work Group of Peter Kallio, Timothy Westlake, Doug Englebert, and Philip Trapskin to develop criteria for analyzing prescribing and dispensing practices that should be <b>brought to the Board's attention</b> . Motion carried unanimously.  MOTION: Peter Kallio moved, seconded by Yvonne Bellay, to request that the Department place an appearance by PDMP staff for the following Boards at their next meeting: Board of Nursing, Medical Examining Board, Dentistry Examining Board, Optometry Examining Board, Podiatry Affiliated Credentialing Board and Pharmacy Examining Board. Motion carried unanimously.  CSB 4.15 is attached, for reference.			
11) Signature of person making this request  <u>Andrea Magermans 4/30/18</u> Supervisor (if required)		Authorization  Date  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.			

**CSB 4.15 Disclosure of suspicious or critically dangerous conduct or practices.**

- (1) The board may review dispensing data, monitored prescription drug history reports, PDMP data, and data compiled pursuant to s. CSB 4.12 to determine whether circumstances indicate suspicious or critically dangerous conduct or practices of a pharmacist, pharmacy, practitioner, or patient.
- (2) The board may include any of the following factors when determining whether circumstances indicate suspicious or critically dangerous conduct or practices of a pharmacist or pharmacy:
  - (a) The pharmacist or pharmacy's monitored prescription drug dispensing practices deviate from accepted pharmacist or pharmacy practices.
  - (b) There are unusual patterns in the payment methodology used by patients to whom monitored prescription drugs are dispensed by the pharmacist or pharmacy.
  - (c) The history of actions taken against the pharmacist or pharmacy by other state agencies, agencies of another state, or law enforcement.
  - (d) The type and number of monitored prescription drugs dispensed by the pharmacist or at the pharmacy.
  - (e) The pharmacist or pharmacy has dispensed forged prescription orders for a monitored prescription drug.
  - (f) The distance patients travel to have monitored prescription drugs dispensed at the pharmacy.
  - (g) The number of patients dispensed monitored prescription drugs at the pharmacy or by the pharmacist who satisfy any of the criteria identified in sub. (4).
- (3) The board may include any of the following factors when determining whether circumstances indicate suspicious or critically dangerous conduct or practices of a practitioner:
  - (a) The practitioner's monitored prescription drug prescribing practices deviate from accepted prescribing practices.
  - (b) The practitioner prescribes potentially dangerous combinations of monitored prescription drugs to the same patient.
  - (c) The type and number of monitored prescription drugs prescribed by the practitioner.
  - (d) The history of actions taken against the practitioner by other state agencies, agencies of another state, or law enforcement.
  - (e) The distance patients travel to obtain monitored prescription drug prescriptions from the practitioner.
  - (f) The number of patients to whom the practitioner prescribed a monitored prescription who satisfy any of the criteria identified in sub. (4).
- (4) The board may include any of the following factors when determining whether circumstances indicate suspicious or critically dangerous conduct or practices of a patient:
  - (a) The number of practitioners from whom the patient has obtained a prescription for a monitored prescription drug.
  - (b) The number of pharmacies from where the patient was dispensed a monitored prescription drug.
  - (c) The number of prescriptions for a monitored prescription drug obtained by the patient.
  - (d) The number of monitored prescription drug doses dispensed to the patient.
  - (e) Whether the monitored prescription drugs dispensed to the patient include dangerous levels of any drug.
  - (f) The number of times the patient is prescribed or dispensed a monitored prescription drug before the previously dispensed amount of the same or a similar monitored prescription drug would be expected to end.
  - (g) The payment methodology used by the patient to obtain controlled substances at a pharmacy.
- (5) Upon determining that circumstances indicate suspicious or critically dangerous conduct or practices of a pharmacy, practitioner, or patient, the Board may disclose monitored prescription drug history reports, audit trails, and PDMP data to any of the following:
  - (a) A relevant patient.
  - (b) A relevant pharmacist or practitioner.
  - (c) A relevant state board or agency.
  - (d) A relevant agency of another state.
  - (e) A relevant law enforcement agency.
- (6) Upon determining that a criminal violation may have occurred, the board may refer a pharmacist, pharmacy, or practitioner to the appropriate law enforcement agency for investigation and possible prosecution. The board may disclose monitored prescription drug history reports, audit trails, and PDMP data to the law enforcement agency as part of the referral.

**State of Wisconsin  
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request:  Dan Williams		2) Date When Request Submitted:  Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting	
3) Name of Board, Committee, Council, Sections: Board of Nursing			
4) Meeting Date: May 10, 2018	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page?  Request from AACN Certification Corporation – Discussion and Consideration	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled?  <input type="checkbox"/> Yes ( <u>Fill out Board Appearance Request</u> ) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed:  <p>My name is JoAnne Konick-McMahan and I am a Certification Practice Specialist for AACN Certification Corporation. I am writing to request changes to the attached list of accepted exams for APRN certification. I have attached the 2014 list of certification exams for APRNs from the National Council of State Boards of Nursing (NCSBN) for the Board’s use. Specifically, AACN Certification Corporation requests the inclusion of the following current Consensus model exams:</p> <p>Adult-Gerontology Acute Care Nurse Practitioner (ACNPC-AG);            Adult-Gerontology Clinical Nurse Specialist, wellness through acute care (ACCNS-AG);            Pediatric Clinical Nurse Specialist, wellness through acute care (ACCNS-P);            Neonatal Clinical Nurse Specialist, wellness through acute care (ACCNS-N).</p> <p>Information about each of these accredited certifications may be found at the following link:  <a href="https://www.aacn.org/certification/advanced-practice">https://www.aacn.org/certification/advanced-practice</a></p> <p>Please note that the ACNPC and CCNS adult gerontology, pediatric and neonatal are renewal only currently. We suggest that they stay on your list as renewal only. We await your response and understand that the process of changing this may be a lengthy process.</p> <p>JoAnne Konick-McMahan, MSN, RN, PCCN            Certification Practice Specialist            AACN Certification Corporation            101 Columbia, Aliso Viejo, CA 92656  <b>PHONE: 1-800-394-5995 x 303</b>  <a href="mailto:Joanne.konick-mcmahan@aacn.org">Joanne.konick-mcmahan@aacn.org</a></p>			

# Wisconsin Department of Safety and Professional Services

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Madison, WI 53708-8935

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Madison, WI 53703

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**Website:** <http://dps.wi.gov>

## BOARD OF NURSING

### CERTIFICATION FOR ADVANCED PRACTICE NURSE PRESCRIBERS

The following certifying bodies have been approved by the Wisconsin Board of Nursing for its certification of advanced practice nurse prescribers:

American Academy of Nurse Practitioners, (512) 442-4262, [www.aanp.org](http://www.aanp.org), Family Nurse Practitioner, Adult Nurse Practitioner

American Association of Critical Care Nurses Certification Corporation, (949) 362-2050, [www.aacn.org](http://www.aacn.org), Clinical Nurse Specialist (Acute and Critical Care), Adult Acute Care Nurse Practitioner

American College of Nurse Midwives, (202) 728-9860, [www.acnm.org](http://www.acnm.org), Certified Nurse-Midwives

American Nurses Credentialing Center, (202) 554-4444, [www.nursecredentialing.org](http://www.nursecredentialing.org), Family Nurse Practitioner, Adult Nurse Practitioner, School Nurse Practitioner, Gerontological Nurse Practitioner, Pediatric Nurse Practitioner, Acute Care Nurse Practitioner, Clinical Nurse Specialist (Community Health, Home Health, Gerontology, Medical/Surgical, Adult Psychiatric and Mental Health, Child & Adolescent Psychiatric & Mental Health)

National Board on Certification & Recertification of Nurse Anesthetists, (866) 894-3908, [www.nbcna.com](http://www.nbcna.com), Certified Registered Nurse Anesthetists

National Certification Corporation for Obstetric, Gynecologic & Neonatal Nursing Specialties, (312) 951-0207, [www.nccwebsite.org](http://www.nccwebsite.org), Ob/Gyn Nurse Practitioner (Women's Health Care Nurse Practitioner), Neonatal Nurse Practitioner

Pediatric Nursing Certification Board, (888) 641-2727, [www.pncb.org](http://www.pncb.org), Pediatric Nurse Practitioner

**Approved APRN Licensure Certification Organizations and Exams**

**Green = Exam focus population aligns with APRN Consensus Model**

**Purple = Exam population is Pre-alignment**

APRNs certified using "Pre-alignment" exams shall maintain practice aligning with that exam; they may maintain certification for licensure by endorsement/renewal. All certification programs offer a renewal option for exams that retired or that will retire.\*

APRN Role	AANP-CP American Academy of Nurse Practitioners – Certification Program	AACN American Association of Critical-Care Nurses	AMCB American Midwifery Certification Board	ANCC American Nurses Credentialing Center	NBCRNA National Board of Certification & Recertification for Nurse Anesthetists	NCC National Certification Corporation	PNCB Pediatric Nursing Certification Board
CNM Certified Nurse Midwife			CNM- Women's Health / Gender Specific				
CNP Certified Nurse Practitioner	FNP-Family Across the Lifespan, Primary Care	CNP-Adult-Gerontology Acute Care		CNP-Adult-Gerontology Acute Care		CNP-Women's Health /Gender Specific	CNP-Pediatric Primary Care
	CNP-Adult-Gerontology Primary Care			CNP-Adult-Gerontology Primary Care		NNP-Neonatal	CNP-Pediatric Acute Care
	CNP-Adult (Project retirement late 2015*)	CNP-Adult Acute Care (Retires 12/31/14*)		FNP-Family Across the Lifespan, Primary Care		PNP-Pediatric Primary Care	
	CNP-Gerontology (Retired 12/28/12*)			CNP-Psychiatric-Mental Health Across the Lifespan (Formerly known as Family Psychiatric-Mental Health)		CNP-Acute Care	New applicant deadline 12/31/15; last day to test 12/31/16.*
						CNP-Adult	
						CNP-Gerontology	
						CNP-Adult Psychiatric-Mental Health	
CRNA Certified Registered Nurse Anesthetist					CRNA-Family Across the Lifespan		
CNS Clinical Nurse Specialist		CNS-Adult-Gerontology		CNS-Adult-Gerontology			
		CNS-Neonatal		CNS-Pediatric [this test will retire, see new applicant deadline below]			
		CNS-Pediatric		CNS-Gerontology (Retires 7/31/14*)			
		CCNS - Critical Care (Retires 12/31/14*)		CNS-Adult Health			
		CNS-Adult Psych-Mental Health					
		CNS-Child/Adolescent Psych-Mental Health					

Certification exam not yet available for CNS focus area: Women's Health/Gender Specific.

12/17/2014\* new information for ANCC retiring exams

**State of Wisconsin  
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request:  Dan Williams		2) Date When Request Submitted:  Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting	
3) Name of Board, Committee, Council, Sections: Board of Nursing			
4) Meeting Date: May 10, 2018	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Herzing-Brookfield_Request for Authorization to Admit to LPN school of Nursing – Discussion and Consideration	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled?  <input type="checkbox"/> Yes <input type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed:  <b>Review application materials and consider granting authorization to admit to the Practical Nursing program of Herzing Brookfield</b>			
11) Signature of person making this request		Authorization	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.			

Good afternoon,

Please find attached the revised submission of Herzing University's Brookfield campus's *Request for Authorization to Admit Students to a Nursing School*. The revised submission is in response to the Board of Nursing's questions and comments during the April 12 board meeting.

In the revised submission you will find on page 1, a chart indicating where there are revisions and clarifications to the *Request for Authorization to Admit Students to a Nursing School* based on the Wisconsin Board of Nursing's feedback; specifically sections 2, 6, and 7.

Section 2 (page 6) Revisions and clarifications include faculty credentials as well as the following information:

- Faculty load policy: delineates the number of instructional hours and work hours for full and part-time faculty (18 to 24 Instructional hours for full-time faculty per 40 hour work week and a 29 hour per work week limit for part-time faculty)
- Faculty Retention and Attrition Rates: denotes that for 2017, the nursing faculty attrition rate was 8% with a corresponding retention rate of 92%
- Start date: a proposed start date, pending Nursing Board approval, of September 2018
- Use of Bachelor of Science Nursing Faculty in the Licensed Practical Nursing (PN) program: notes that faculty members teaching in the PN program will adhere to the Herzing University Faculty Load Policy, referenced above, and will have a credit/course reduction in the BSN program for credits/courses taught in the PN program.

Section 6 (page 31) Revisions and clarifications include:

- A schematic of the program approval process
- Clarifying language concerning the admission process
- References to specific pages in the submission regarding a student's matriculation
- The per-credit cost of the program (\$480.00) and student financial aid eligibility.

Section 7 (page 32) Revisions and clarifications provides a chart (Table 4) of clinical partners including:

- The number of students per eight week term that a site can accommodate
- The type of care units at each site (e.g. Life Care Hospital; "A specialty hospital built specifically to treat medically complex and critically ill patients requiring extended, **acute care** hospitalization" which can host up to 32 students covering weekends and evenings (emphasis for clarity added))

Please note, in the submission, we have highlighted revisions and clarifications in yellow for ease of finding.

On behalf of the University, as well as myself, thank you for your generous assistance and valuable feedback as we work through the submission process.

## Table of Contents

<u>Content</u>	<u>Page</u>
Revisions and Clarification to Submission	1
Request to Admit Students to PN Program Letter	2
Section 1	5
Section 2	6
Section 3	7
Section 4	12
Section 5	
Section 6	31
Section 7	32
Appendix 1-A Dr. Deborah Ziebarth's Form #1114 and CV	34
Dr. Deborah Ziebarth Form #1114	35
Dr. Deborah Ziebarth CV	37
Appendix 2-A Faculty Form #1114 and CVs	41
Dulin, Karen	42
Huggins, Rebecka	45
McFarland, Rosalyn	51
Phillips, Linda	56
Winters, Paula	64
Appendix 4-A Course Syllabi	68
NP 100 Growth and Development	69
NP 110 Pharmacology for Nursing with Lab	76
NP 120 Fundamentals of Nursing with Lab and Clinical	84
NP 125 Medical Surgical Nursing for LPNs I	99
NP 235 Medical Surgical Nursing for LPNs II	116
NP 230 Nursing Specialties	131
NP 275 LPN Practical Experience	145
NP 280 Preparation for NCLEX-PN	157
Appendix 4-B Program Evaluation Plan	162
Appendix 4-C Course Content	167

Appendix 7 Form 1004 and Clinical Contracts	173
Lifecare Hospital	174
Ovation Jewish Home	191
Luther Manor	199
Rogers Memorial Hospital- West Allis	209
Rogers Memorial Hospital- Oconomowoc	224
Rogers Memorial Hospital- Brown Deer	239
Villa Healthcare at Bradley Estates	254
Brookfield Rehabilitation and Specialty Care	260
Madison Medical Affiliates	283
Franciscan Villa	304
Franciscan Place	314
Royal Family Kids Camp	318
Milwaukee Teen Reach Camp	327



### Revisions and Clarification to Submission

Additions	Information	Page number
Updated section 2	<ul style="list-style-type: none"> <li>• Faculty plan</li> <li>• FT faculty load policy</li> <li>• Retention and attrition rates</li> <li>• Start date</li> </ul>	Page 6
Updated section 6	Time line	Page 31
Updated section 7  Total of 5 additional sites making <b>13</b> clinical partnerships	Added five sites:  <ol style="list-style-type: none"> <li>1. <b>LifeCare hospital – (62 beds)</b> <ol style="list-style-type: none"> <li>a. <b>“A specialty hospital built specifically to treat medically complex and critically ill patients requiring extended, acute care hospitalization”.</b></li> </ol> </li> <li>2. <b>Milwaukee Teen Reach Camp</b> <ol style="list-style-type: none"> <li>a. <b>Community based care</b></li> </ol> </li> <li>3. <b>Villa at Bradley Estates</b> <ol style="list-style-type: none"> <li>a. <b>Skilled nursing, rehab, and memory care</b></li> </ol> </li> <li>4. <b>Ascension Living- Franciscan Place</b> <ol style="list-style-type: none"> <li>a. <b>Skilled nursing, rehab, and memory care</b></li> </ol> </li> <li>5. <b>Ovation Jewish Homes and Community</b> <ol style="list-style-type: none"> <li>a. <b>Skilled nursing, rehab, memory care, and hospice</b></li> </ol> </li> </ol>	Pages 32-33



April 20, 2018

Wisconsin Department of Safety and Professional Services  
P.O. Box 8366  
Madison, WI 53708-8366  
[dspsexaminationsoffice@wisconsin.gov](mailto:dspsexaminationsoffice@wisconsin.gov)

Re: Request to Admit Students to LPN Program

This letter, combined with attached Form #3027 Request for Authorization to Admit Students to a Nursing School, serves as the formal request to admit students into the Licensed Practical Nursing Program (LPN) at Herzing University-Brookfield.

The following information is included in this request for authorization:

- Verification of employment of an education administrator meeting the qualifications in N 1.08 (2). (Section 1)
- Evidence of faculty meeting the qualification in N 1.08 (3). (Section 2)
- School's philosophy and objectives. (Section 3)
- Overview of curriculum. (Section 4)
- Verification of establishment of student policies for admission, progression, retention and graduation. (Section 5)
- Updated timeline for implementing the program and intended date for entry of the first class. (Section 6)
- Verification of students' ability to acquire clinical skills. (Section 7)

Respectfully,

Dr. Deborah Ziebarth, PhD, MSN-Ed, RN-BC  
Nursing Educational Administrator  
Herzing University  
Brookfield Campus

# Wisconsin Department of Safety and Professional Services

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**Website:** <http://7ldsp.wi.gov>

## BOARD OF NURSING

### REQUEST FOR AUTHORIZATION TO ADMIT STUDENTS TO A NURSING SCHOOL

After authorization to plan a nursing school is granted by the Board of Nursing to an institution, the institution must submit a request to the Board for authorization to admit students to the nursing school; the application must include all of the following:

- (1) Verification of employment of an educational administrator meeting the qualifications in N 1.08 (2) including the following:
  - Current, active registered nurse license or privilege to practice in Wisconsin that is not encumbered
  - Graduate degree with a major in nursing
  - Knowledge of learning principles for adult education, including nursing curriculum development, administration and evaluation and either educational preparation or 2 years experience as an instructor in a nursing education program within the last 5 years
  - Current knowledge of nursing practice
- (2) Evidence of faculty meeting the qualifications in N 1.08(3) including the following:
  - A) For Professional Nursing Faculty:
    - Current, active registered nurse license or privilege to practice in Wisconsin that is not encumbered
    - Graduate degree with a major in nursing; interprofessional faculty teaching non-clinical nursing courses must have advanced preparation appropriate for the content being taught.
  - B) For Practical Nursing Faculty:
    - Current, active registered nurse license or privilege to practice in Wisconsin that is not encumbered.
    - Baccalaureate degree with a major in nursing.
- (3) School's philosophy and objectives
- (4) Overview of curriculum including all of the following:
  - Content
  - Course sequence
  - Course descriptions
  - Program evaluation plan
  - Course syllabi for the first year and plan for subsequent years
- (5) Verification of establishment of student policies for admission, progression, retention and graduation
- (6) Updated timeline for implementing the program and intended date for entry of the first class

#3027 (Rev. 10/14)

Ch. N 1.04 Wis. Admin. Code

Committed to Equal Opportunity in Employment and Licensing

(7) Verification of a students' ability to acquire clinical skills by providing all of the following:

- Letter of intent or contracts from clinical facilities securing clinical opportunities and documentation of the faculty type, size, number of beds, and type of patients,
- Documentation of simulation equipment and exercises

The Board will make a decision on the application to admit students within two months of receipt of the completed application and notify the institution of the action taken on the application. Once a school receives authorization to admit, the school may begin admitting students while seeking to obtain program approval.

Withdrawal of authorization may occur if the school fails to meeting and maintain standards in N 1.08

**To apply for authorization to admit students, submit the following required items to [dspsexaminationsoffice@wisconsin.gov](mailto:dspsexaminationsoffice@wisconsin.gov):**

- (1) Form #1114 for each faulty member and the program educational administrator
- (2) A written proposal addressing items three (3), four (4), five (5), six (6), and seven (7) above.
- (3) Form #1004 for each clinical facility

**Institution applying for authorization to admit students:**

Name of School: Herzing University-Brookfield

Address: 555 South Executive Dr.

Brookfield, Wi 53005

Nursing Program(s) (ADN, BSN, Other): PN

Deborah Ziebarth  
Nursing Educational Administrator

  
Signature

(262) 649-1710, ext. 61647  
Telephone number

Nursing Department Chair  
Title

April 13, 2018  
Date

dziebarth@herzing.edu  
Email Address

## SECTION 1

---

Dr. Deborah Ziebarth is the Nursing Department Chair for Herzing University-Brookfield, meeting the qualifications in N 1.08

(2) which include the following:

- Current, active registered nurse license or privilege to practice in Wisconsin that is not encumbered.
- Graduate degree with major in nursing.
- Knowledge of learning principles for adult education, including nursing curriculum development, administration and evaluation and either educational preparation or 2 years' experience as an instructor in a nursing education program within the last 5 years.
- Current knowledge of nursing practice.

Dr. Ziebarth's Form #1114 and Curriculum Vitae can be found in Appendix 1-A.

## SECTION 2

---

**Program and Start Date:** The Herzing University Brookfield Practical Nursing Program (HUB PN) will begin as an evening program. The start date of the HUB PN, pending Board of Nursing approval, is September 2018.

**Faculty Plan:** The faculty staffing plan for the HUB PN utilizes current BSN faculty members, as well as appropriately credentialed new full and part-time recruits to the faculty to teach PN courses in the HUB-PN.

**Workload:** All faculty members will teach within the prescribed Herzing University faculty teaching load policies.

- *The Full-Time Faculty Load Policy* limits full-time faculty members teaching load to a maximum of 24 instructional hours per 40 hour work week.
- *The Part-Time Faculty Load Policy* limits part-time faculty to 29 hours per week

**Faculty Recruitment:** In anticipation of the launch of HUB-PN, and to support the achievement of student outcomes, the Brookfield campus budgeted for 1 additional nursing position in 2018. This addition to full-time faculty will offset potential increases to faculty instructional hours due to the HUB-PN program.

Any opened faculty positions in the HUB-PN program will be filled by either new faculty hires and/or current BSN faculty. PN faculty will be hired or transitioned based on their content expertise, previous professional experiences and workload. Currently, there are twelve full-time faculty members and four part-time faculty members qualified to teach in both the BSN and HUB PN program.

**Attrition/Retention:** The Brookfield campus nursing faculty attrition rate for 2017 was 8% (which equates to a 92% retention rate of nursing faculty for the Brookfield campus.)

**First Semester Faculty and Credentials:** Associate Professor Paula Winters, who is experienced in teaching in a PN program, will teach NP 100, Growth and Development. Associate Professor Winters, as a mentor, will co-teach NP 120, Fundamentals of Nursing with Dr. Rosalyn McFarland. Associate Professor Linda Phillips, who teaches the BSN Pharmacology course, will teach the NP 110, Pharmacology course. Assistant Professor Karen Dulin is qualified to teach Medical Surgery NP 125 and NP 235. The nursing specialty course NP 230 offers the students content knowledge and clinical experiences in Mental Health, OB, and Pediatrics. Associate Professor Winters, content expert, will teach OB and Dr. McFarland will teach mental health and pediatrics. Assistant Professor Rebecka Huggins, who also has experience teaching in a PN program and NCLEX preparation, will teach the NCLEX preparation course. Appendix 2-A contains Form #1114 and Curriculum Vitae for each faculty member listed. All faculty teaching in the HUB PN program will adhere to the University Faculty Load policies described above.

## SECTION 3

---

### **Herzing University Vision, Mission, Guiding Principles and PRICE for Success:**

#### ***VISION***

The vision of Herzing University is to be the lifelong learning partner for its students, employers, and communities in optimizing their economic and human potential.

#### ***MISSION***

It is the mission of Herzing University to provide high-quality undergraduate and graduate degrees and diploma programs to prepare a diverse and geographically distributed student population to meet the needs of employers in technology, business, healthcare, design, and public safety. Career-oriented degree programs include a complementary and integrated general education curriculum established to stimulate students' intellectual growth, to contribute to their personal development, and to enhance their potential for career advancement.

#### ***GUIDING PRINCIPLES***

The following principles guide the University in fulfilling our mission.

1. **Foster Our Core Values** – Promote an educational and workplace culture that fosters professionalism, respect for others, personal responsibility and integrity, caring, and civic and community engagement among our students and employees.
2. **Optimize Human Potential** – Sustain a positive and effective educational environment which optimizes the personal and professional potential of our students and employees, and which respects individual contributions and perspectives.
3. **Improve the Value Equation for Students** – Continually improve the University's high-quality educational programs to increase their value to students. Innovate to optimize students' educational journeys and align learning outcomes with lifelong learning and workforce needs.
4. **Engage Students** -- Provide instructional and student-support services that create an engaging, caring, student-centered environment to facilitate student achievement of the defined learning outcomes, their educational goals, and their personal development
5. **Create Access for Diverse Group of Students** – Provide access to our programs and services to qualified students of diverse age, interests, abilities, and cultures. Respond to the dynamic needs of our diverse and geographically distributed students through face-to-face and distance education delivery modalities.
6. **Embrace Innovation for Student Success** – Provide a high-performance learning environment that utilizes new technologies, methodologies, and best practices to serve the dynamic lifelong learning needs of our students.
7. **Demonstrate Effectiveness** – Continually assess student learning outcomes as well as educational and institutional effectiveness to drive continuous improvement in the value we provide to our students, employers, and society at large.
8. **Pursue Collaboration and Partnerships** – Pursue cooperation and alliances with educational institutions, organizations and associations on a local, regional, national and international basis to fulfill our mission and public educational purpose.

9. Ensure Sustainability – Ensure effective and efficient use of our human, physical, technology, and financial resources. Utilize data and analysis to inform planning, budgeting, and decision-making processes to ensure continued improvement of our educational offerings, fulfillment of our mission, and sustained future development.

#### *P.R.I.C.E. of Success*

Herzing University's educational and organizational philosophy was founded on core values that constitute the Herzing culture. These values are essential not only for personal development, but are also the foundation for a successful, meaningful career. These core values; professionalism, respect, integrity, caring, and engagement are encompassed in a framework called "P.R.I.C.E. of Success." In order to help each student develop and strengthen these qualities, they have been incorporated into the learning environment. Students are expected to exhibit these behaviors and attributes in all interactions, inside and outside of the classroom. Students who apply themselves and embody the P.R.I.C.E. of Success characteristics will more likely reach their full human potential. These behaviors and attributes are also the foundation of our internal culture. Employees are expected to exhibit these qualities in their service to students and other daily functions. In doing so, we are building a culture that nurtures personal growth and potential. We lead by example for our students, enabling us to coach, and mentor students in their own development of these behaviors and attributes.

#### **LPN program Mission, Vision, and Program Outcomes:**

##### *Vision*

Herzing University Nursing Programs will partner with students, employers and their communities of interest to advance the health of the populations they serve.

##### *Mission*

In accordance with the Mission Statement of Herzing University, the LPN program's mission is to provide high quality nursing education to a geographically diverse student population. Students will be educated in applying nursing judgement to deliver safe and effective nursing care across the life span.

##### **LPN Program Outcomes**

1. Practice quality, safe, and relationship-centered care as guided by practical nurse scope of practice. (Apply Level)
2. Using a systems approach, ensure nursing judgement and collaboration in caring for diverse patients and families. (Analyze Level)
3. Employ a spirit of inquiry and integrity in providing care consistent with legal and professional standards of the practical nurse. (Apply Level)
4. As a coordinator of care, generate system and professional resources for health and wellness which facilitate patient, family, personal, and professional growth. (Creating Level)

Herzing University PN program is using the NLN Curriculum LPN Framework for the development of the curriculum to ensure a systems-based approach is used. The NLN believes that four core values are critical to a transformed LPN curriculum and are closely aligned with current workforce trends. The framework acknowledges the six integrating concepts as equally important.

<p><b>Four Core Values NLN PN:</b></p> <ul style="list-style-type: none"> <li>• Caring</li> <li>• Integrity</li> <li>• Diversity</li> <li>• Excellence</li> </ul> <p>*Mapped in rationale</p>	<p><b>Six Concepts NLN PN:</b></p> <ul style="list-style-type: none"> <li>• Safety</li> <li>• Quality</li> <li>• Team/Collaboration</li> <li>• Relationship-Centered Care</li> <li>• Systems-Based Care</li> <li>• Personal/Professional Development</li> </ul> <p>*Mapped in rationale</p>
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### **Curriculum Framework:**

The practical nurse education prepares the student to practice in a variety of healthcare settings. Consistent with the NLN Practical/Vocational Nursing Curriculum Framework (2014a) faculty believe the following competencies (Human Flourishing, Nursing Judgment, Professional Identity, Spirit of Inquiry), core values (Caring, Integrity, Diversity, Excellence), and integrating concepts (Safety, Quality, Team/Collaboration, Relationship-Centered Care, Systems-Based Care, Personal/Professional Development) are relevant for the practical nurse:

- *Human Flourishing:* "Is defined as an effort to achieve self-actualization and fulfillment within the context of a larger community of individuals, each with the right to pursue his or her own such efforts. It encompasses the uniqueness, dignity, diversity, freedom, happiness, and holistic well-being of the individual within the larger family, community, and population. Achieving human flourishing is a life-long existential journey of hopes, achievements, regrets, losses, illness, suffering, and coping (NLN, 2014b, paragraph 1)."
- *Nursing Judgment:* "Clinical judgment refers to ways nurses come to understand the problems, issues, or concerns of clients/patients, to attend to salient information, and to respond in concerned and involved ways (Benner, 2010). Nurses employ clinical judgment in complex patient care situations, working with interprofessional teams to ensure health care quality and safety. Critical components include: changes in patient status, uncertainty about the most appropriate course of action, accounting for context, and the nurse's practical experience. Making clinical decisions is rooted in the nurse's theoretical knowledge; ethical perspectives; relationships with patients, the patient's caregivers, and the community; and understanding of the influence of systems on health care outcomes (NLN, 2014c, paragraph 1)."
- *Professional Identity:* "Professional identity is defined as including both personal and professional development. It involves the internalization of core values and perspectives recognized as integral to the art and science of nursing. These core values become self-evident as the nurse learns, gains experience, reflects, and grows in the profession. Internalization of ethical codes of conduct is imperative. The nurse embraces these fundamental values in every aspect of practice while working to improve patient outcomes and promote the ideals of the nursing profession. Integral to this outcome is the nurse's commitment to advocacy for improved health care access and service delivery for vulnerable populations and to the growth and sustainability of the nursing profession (NLN, 2014d, paragraph 1)."
- *Spirit of Inquiry:* "Spirit of inquiry is a persistent sense of curiosity that informs both learning and practice. A nurse infused by a spirit of inquiry will raise questions, challenge traditional and existing practices, and seek creative approaches to problem-solving. A

spirit of inquiry suggests, to some degree, a childlike sense of wonder. A spirit of inquiry in nursing engenders innovative thinking and extends possibilities for discovering novel solutions in both predictable and unpredictable situations (NLN, 2014e, paragraph 1).”

#### **LPN Program Outcomes Rationale**

1. *Human Flourishing*: Practice quality, safe, and relationship-centered care as guided by practical nurse scope of practice.  
*Core Values*: caring-care  
*Concepts*: quality, safety, relationship centered care
2. *Nursing Judgement*: Using a systems approach, ensure nursing judgement and collaboration in caring for diverse patients and families.  
*Core Values*: caring, diverse  
*Concepts*: team/collaboration, systems based care
3. *Spirit of Inquiry*: Employ a spirit of inquiry and integrity in providing care consistent with legal and professional standards of the practical nurse.  
*Core Values*: integrity, caring-care  
*Concepts*: safety (standards)
4. *Professional Identity*: As a coordinator of care, identify system and professional resources for health and wellness which facilitates patient, family, personal, and professional growth. (Synthesis Level)  
*Core Values*: excellence (growth)  
*Concepts*: personal/professional development, systems based care

**Licensed Practical Nurse Program Philosophy** is a continuing reflection of the mission of the University. 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 positive health outcomes in a culturally diverse society. They believe nursing is a practice discipline based on caring, that is both an art and science, in which theories and knowledge from nursing and other disciplines are used to educate clients toward maximum health and wellness.

#### **References**

- Benner, P., Sutphen, M., Leonard, V., Day, L. (2010). *Educating Nurses: A Call for Radical Transformation*. San Francisco: Jossey-Bass
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## SECTION 4

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### **LPN Program and course description**

#### ***Program Description:***

The HUB-PN program provides academic, theoretical, and clinical instruction in geriatric, medical, surgical, obstetric, pediatric, and mental health nursing. The program will familiarize students with the foundations of the healthcare delivery system, nursing as a profession, and interdisciplinary collaboration in caring for multicultural populations across the lifespan. Wellness, disease, legal, and ethical issues, confidentiality, and effective communication skills are emphasized. The student will acquire skills in asepsis, measurement of vital signs, CPR, and basic first aid and will understand medical asepsis, infection control, and universal precautions applicable to all areas of healthcare. The importance of safe practice and the use of proper body mechanics are stressed. The administration of medications, body structure and function, nutrition, and personal, family, and community concepts are studied. Clinical, lab, and simulation experiences are an integral part of the program. Graduates will be eligible to take the National Council Licensing Examination for Practical Nurses (NCLEX-PN).

#### *Course descriptions*

##### **NP100 Growth and Development**

This course is a survey of normative human life span development. Emphasis is on major theories and perspectives as they relate to the physical, cognitive, and psychosocial aspects of development from conception to death. Significant milestones, and developmental tasks will be discussed. 1 credits.

##### **NP110 Pharmacology for Nursing with Lab**

The basic concepts of pharmacology will be taught related to actions, therapeutic effects, and adverse effects of traditional and nontraditional medications. Students will demonstrate collection of data, clinical judgment, and integration of knowledge to administer medication safely. The student will use the knowledge gained from this course for safe pharmacological interventions, dosage calculation, medication administration techniques, and documentation.

2 credits.

##### **NP120 Fundamentals of Nursing with Lab and Clinical**

This course introduces the role of the practical nurse as a member of the interprofessional health care team, basic nursing concepts, and psychomotor nursing skills. Students learn skills necessary for maintaining patient safety and strategies for therapeutic communication. At the conclusion of this course, the student will demonstrate competency in performing basic nursing skills across the lifespan. 5 credits

##### **NP125 Medical-Surgical Nursing I for LPNs**

This course explores the care of adults using a body systems approach. Focus is placed on nursing interventions and developing knowledge required to provide quality nursing care in a safe manner. Content areas include musculoskeletal, urinary, respiratory, integumentary, neurologic, gastrointestinal, reproductive, and sensory systems. Furthermore, nutrition, communication, fluids & electrolytes, end of life, cultural diversity, and legal/ethical issues are integrated throughout the systems. The clinical component of this course allows the student a hands-on experience in providing relationship-centered care for patients with different disease processes in the health care system. Microbiology concepts related to safety and infection control are emphasized. 5 credits

##### **NP235 Medical-Surgical Nursing II for LPNs**

This course explores the care of adults using a body systems approach. Focus is placed on nursing interventions and developing knowledge required to provide quality nursing care in a safe manner. Content areas include cardiovascular, hematologic, endocrine, and lymphatic systems. Furthermore acid base balance, cancer, bioterrorism, disaster, and trauma are integrated throughout the course. The clinical component of this course allows the student a hands-on experience in providing relationship-centered care for patients with different disease processes in the health care system.

5 credits

#### NP230 Nursing Specialties for LPNs

This course prepares the practical nursing student with entry level knowledge and skills needed to care for obstetric, neonatal, pediatric, and mental health patient. Learning experiences focus on the normal growth and development of the specialty patients and commonly encountered disorders. Coordination of care, documentation, medication administration, and legal and ethical issues, historical perspectives and emerging trends within the specialties will be emphasized. 4 credits.

#### NP275 LPN Clinical Experience

This is the final clinical course, where the student will utilize nursing skills and nursing judgement to perform safe, moral, quality, and prudent patient care in the health care system. The role of the practical nurse is stressed in physiology, pathophysiology, and psychosocial context as it relates to the care of patients. The course will assist in the personal and professional development needed to transition from student to practical nurse. 3 credits.

#### NP280 Preparation for NCLEX-PN®

This course is designed to assist the student to prepare for the practical nursing licensure exam (NCLEX-PN) and entry into practice. Students will have the opportunity to develop and improve their test-taking skills through computer simulations and practice tests. The NCLEX PN test plan assessment of knowledge deficits and development of individual study plans based on results of weekly assessments will be utilized. In addition, a NCLEX review course will be provided.

3 credits.

Course syllabi is found in Appendix 4-A, the program evaluation plan can be located in Appendix 4-B and the course content can be located in Appendix 4-C. Table 3 describes sequentially how courses will be administered by the program.

**Table 3: Curriculum and Sequential Flow of Courses**

Semester	Term	Course Code	Course Title	Lecture Credit hrs	Lab Credit hrs	Clinical Credit hrs	Total Credit Hrs	Pre-reqs	Co-reqs
1	A	SC 144	Intro to Anatomy and Physiology with Lab	3	1		4	None	None
	A	NP 110	Pharmacology for Nurses with lab	1.5	0.5		2	None	None
	B	HC 101	Medical Terminology	1			1	None	None
	B	NP 120	Fundamentals of Nursing with Lab and Clinical	3	1.5	0.5	5	None	None
				8.5	3		12		
2	A	NP 100	Growth and Development	1			1	None	None

	A	NP 125	Medical-Surgical Nursing I for LPNs	3		2	5	NP110, NP120	None
	B	EN 104	English Composition I	3			3	None	None
	B	NP 230	Nursing Specialty	3		1	4	NP125	None
				10		3	13		
<b>3</b>	A	NP 235	Medical Surgical Nursing II for LPNs	3		2	5	NP125	None
	A	PD 202	Professional Development II	1			1	None	None
	B	NP 280	Preparation for NCLEX-PN	3			3	All PN program courses	NP275
	B	NP 275	LPN Practical Experience			3	3	All PN program courses	NP280
				7		5	12		
				<b>25.5</b>	<b>3</b>	<b>8.5</b>		Total Credits	<b>37</b>
				<b>382.5</b>	<b>90</b>	<b>382.5</b>		Total Contact	<b>855</b>

## SECTION 5

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Student policies for admission, progression, retention, and graduation can be found in the Herzing University Undergraduate Catalog and in the Brookfield Campus Nursing Student Handbook located at <http://catalog.herzing.edu/>. Excerpts are included in this section to address the specific areas required by the WBON in developing a new program.

### **UNCONDITIONAL ADMISSION TO UNDERGRADUATE PRE-LICENSURE NURSING PROGRAMS**

Nursing students admitted unconditionally to Herzing University's pre-licensure nursing programs must meet the criteria as defined below in addition to the university-wide "Undergraduate Admissions Criteria." International applicants also must comply with all "International Undergraduate Student Admission" application requirements.

#### **Practical Nursing (PN) Program Admission Option:**

Applicants must meet all of the following criteria:

- Is 18 years or older (Wisconsin standard)
- A high school or college grade point average of at least \*2.0 or higher
- Achieve a minimum composite score of 48 on the most current version of the Test of Essential Academic Skills (TEAS); TEAS score must be from within one year of anticipated date of matriculation.

### **ADDITIONAL ADMISSION REQUIREMENTS FOR NURSING, DENTAL, AND OTHER HEALTHCARE PROGRAMS**

**Applicable Programs.** These additional admissions requirements apply to all programs with direct patient contact in clinical or internship settings. This includes, but may not be limited to, the following programs.

- Dental Assisting
- Dental Hygiene
- Emergency Medical Technician
- Insurance Billing and Coding Specialist
- Medical Assisting Services
- Medical Laboratory Technician
- Nursing
- Occupational Therapy Assistant
- Physical Therapist Assistant
- Radiologic Technology
- Surgical Technology
- Therapeutic Massage

**Drug Testing.** Students in the above-listed programs may be required to pass a drug test prior to entering the first clinical or internship course that includes direct patient contact. For specific requirements for students enrolled in nursing programs, please check with the Nursing Program Director.

**Immunizations and Health Checks.** Verification of immunization history is required for all students admitted to the above-listed programs no later than 45 days after the first day of class or as indicated by the specific program. Students in some programs may be required to have the Hepatitis B immunization series. Students in healthcare programs may be exposed to blood borne infectious diseases. Also,

additional verification of the status of a student's health may be required during the program if deemed necessary to meet safety requirements. For specific requirements for students enrolled in nursing programs, please check with the Nursing Program Director.

**Vaccination Policy.** Herzing University does not generally require any specific immunizations beyond those requirements that may be imposed by state or federal law. However, if it is determined that a public health situation arises that warrants implementation of a vaccination requirement, such requirements will be communicated out to students as soon as possible. Some healthcare programs at Herzing University that include a clinical site or internship/externship component may require proof of vaccination against certain diseases prior to participation in the clinical or internship/externship courses. Individual program requirements are communicated at the time of enrollment and in advance of attendance in the relevant course. If you have any questions regarding our vaccination policy, please email [consumerinfo@herzing.edu](mailto:consumerinfo@herzing.edu).

**Healthcare Policy Acknowledgement.** These professions and the educational processes that lead to entry into those professions have a number of unique requirements and standards. All nursing, dental, and other healthcare students must accept and acknowledge the following statements of policy to enter or continue in any of these programs. For specific requirements for students enrolled in nursing programs, please check with the Nursing Program Director.

1. A student convicted of a felony or a misdemeanor other than a minor traffic violation for which a pardon has not been granted:
  - a. May not be able to work in clinical sites required in the program (and thus would not be able to complete the program).
  - b. May not be able to obtain a license from the state, even if the program is completed.
  - c. May not be able to secure a job, even if licensed.
2. A student may be required to pass a criminal background check and substance abuse test to the satisfaction of the clinical site prior to each scheduled clinical course.
3. A student may be subject to drug and/or alcohol screening in conjunction with clinical classes, and a positive result from a screening could result in dismissal from the clinical and from the program.
4. Clinical hours may be scheduled at any time-of-day or day-of-the-week—day, night, late night, weekends, or holidays—and the student must be available to attend clinical sites at any time the student is assigned. Clinical sites will require the student to have his/her immunizations up to date prior to the start of the clinical.
5. A student may be required to complete a physical exam showing that the student is free of disease that may be transmitted to patients, families, or employees and includes:
  - a. Proof of TB skin testing and follow-up.
  - b. Proof of Hepatitis B vaccination series or proof of immunity.
  - c. Proof of MMR and Chickenpox vaccinations or proof of immunity.
6. Some clinical sites may require that a student be covered by his or her own personal or family health insurance.
7. Successful completion of clinical classes may require that the student be able to perform common physical tasks related to his/her duties to the satisfaction of each clinical site.
8. Patient privacy and the privacy of patient records must be protected, and failure on the part of the

student to protect patient privacy or patient records could result in dismissal from the clinical site and/or from the program.

9. Missing clinical site assignments can be a basis for dismissal from the program unless the student has well-documented mitigating circumstances that are acceptable to the University.
10. Although initial class hours are established for the first semester, class hours after that period of time can change due to availability of facilities, faculty, or other factors, and classes may be scheduled mornings, afternoons, evenings, weekends, or holidays.
11. Students in the following courses must achieve at least a grade of 76% in each core course to make satisfactory academic progress, in addition to any other satisfactory academic progress criteria of the University: dental hygiene (DH), dietetics and nutrition (DN), dental science (DS), emergency medical technician (EM), medical laboratory (MT), nursing (NA, NB, NF, NM, NO, NU, NW and PN), occupational therapy assistant (OT), physical therapist assistant (PT), radiologic technology (RT), and surgical technology (ST). A grade of less than C is equivalent to failing the course, and the course must be repeated at the student's cost. There is only one repeat allowed, and there may not be an immediate opportunity to repeat a course, depending on when it is next offered.
12. The cost of tuition and fees at Herzing University includes:
  - a. The cost of instruction and the use of the University facilities, library, employment assistance, other normal services provided by the University to students, and supplies that are the normal part of lab courses (does not include personal writing instruments or stationery).
  - b. Two nursing uniforms (not to include shoes or stockings).
  - c. Students will be provided an eBook/electronic material for any course in which the University has adopted an eBook/electronic material; however, if an eBook/electronic material is not available, students will be loaned or provided a physical textbook. Students who participate, when applicable, in a campus textbook loaner program, are accountable for returning the textbook and/or software in a condition as describe in the *Herzing University Textbook Loan Program Policy*. Fees may be assessed based on the condition of the textbook and/ or software upon return to include non-return by the due date described within the Policy. If an eBook/ electronic material is available for a course in which the University has adopted the eBook/electronic material, but a student prefers the physical textbook, the student will have the option to purchase (at their cost) the physical textbook for the difference in price between the cost of the eBook and the cost of the physical textbook, including shipping.
13. The student further understands that the cost of tuition and fees at Herzing University does not include the following:
  - a. The cost of any required immunizations.
  - b. The cost of personal health insurance that may be required to work at a clinical site.
  - c. The cost of transportation to and from school or clinical sites, including parking.
  - d. The cost of additional uniforms and apparel other than the two issued uniforms.
  - e. The cost of criminal background checks or substance abuse tests.
  - f. Any other cost that is not specifically identified above as being part of Herzing University tuition and fees.
14. A student in this program is a potential representative of the healthcare profession, and the student's actions and inactions may reflect on Herzing University and the clinical sites to which the student is assigned. Therefore, the student must conduct himself or herself in a professional manner, with integrity and responsibility. Failure to behave professionally can be a basis for dismissal from the program.

**Background Checks:** Students planning a program of study leading to employment in some disciplines (including, but not limited to: healthcare, nursing, law enforcement, and public safety) may be required to undergo a background check before working in that discipline. If this process results in an adverse finding, the student may not be able to complete the internship course, complete the program, sit for certification examinations, or be employed in that discipline. A student may be required to pass a criminal background check and substance abuse test to the satisfaction of the clinical site prior to each scheduled clinical course. For specific requirements for students enrolled in nursing programs, please check with the Nursing Program Director.

#### **GENERAL POLICIES AND GUIDELINES**

The Nursing Student Handbook is supplemental to the Herzing University Undergraduate Catalog and Herzing University Undergraduate Student Handbook. The student should review and adhere to the Herzing University Undergraduate Catalog, Herzing University Undergraduate Student Handbook, and Herzing University-Brookfield Nursing Student Handbook policies and guidelines.

#### **UNDERGRADUATE NURSING ADMISSION REQUIREMENTS**

See the Herzing University Undergraduate Catalog for admission details. See also, "Unconditional Admission to Undergraduate Pre-Licensure Nursing Programs" in the Herzing University Undergraduate Catalog.

#### **CRIMINAL BACKGROUND CHECK, DRUG SCREENING, AND MEDICAL REQUIREMENTS CRIMINAL BACKGROUND CHECKS**

Caregiver Background checks are required for all persons working or training in facilities that provide care for others or who have access to people who receive care (per 1997 Wisconsin Act 27). Nursing students are required to meet this requirement. Additionally, students must meet the requirements of the individual clinical facilities that are our education sites. Background checks for Herzing University-Brookfield are obtained through a vendor organization called Castle Branch®.

Students are asked to complete the Wisconsin Background Information Disclosure (BID) form (F-82064A), which is used to begin the credentialing process. If a student has lived outside the State of Wisconsin within the past three years, additional state background checks may be required. All students must also clear the Federal Watch list of Medicare and Medicaid fraud. Please note that the disclosure form must be accurately completed. For example, if you respond "No" to question 1 on the form and a past conviction or pending charge comes back as part of the background report, you are considered to have falsified the records. Falsified or missing information on the BID is grounds for an agency to bar you from clinical practice and dismissal from the Nursing Program (see details in Appendix A). Herzing University students must comply with State and Federal laws as well as the requirements of the clinical facilities with which we work. Students are responsible for the cost of the background check.

A complete background check as proscribed under Wisconsin law includes:

- The completed Background Information Disclosure form (BID);
- An electronic status check of professional licenses and credentials through the Department of Regulation and Licensing;
- An electronic criminal history search from the Department of Justice; and
- An electronic review of records kept by the Department of Health and Family Services for any substantiated findings of abuse and/or neglect and license restrictions or denials.

Based on the information obtained, additional research may include an out-of-state criminal history search, tribal courts criminal history search, a check of relevant military records, and a check of county or other

local records. If a criminal background is verified, this could prevent a student from completing clinical and course requirements and affect their eligibility to take the NCLEX-PN exam for licensure. We are obligated to release all background information concerning students to all clinical facilities as well as to the State Board of Nursing. Clinical facilities, as well as the State Board of Nursing, have the right to reject any student who fails to meet the required standards.

If a clinical facility will not accept a student based on his/her criminal background check, the student will not be able to successfully complete the Nursing Program at Herzing University-Brookfield. If a student determines that the background report is incorrect, or wishes to take legal action regarding past criminal activity, he/she must do so independently, and must obtain and pay for any legal or other assistance required independently. A student is ineligible for placement at a clinical facility until a corrected or revised background check is available. A student (or a representative of the student) **may not** contact the facility or its liaison to debate or challenge the facility's decision to deny clinical opportunities.

The purpose of these requirements is to:

- Comply with Federal and State law.
- Comply with clinical affiliates who require a student background check as a condition of their contract.
- Provide early identification of students who may have difficulty meeting eligibility for NCLEX licensure requirements.
- Promote and protect patient/client safety.

If there is a break in a student's enrollment the Background Check and BID form must be repeated. Background checks and BIDs must be repeated every two years.

### **DRUG SCREENING**

The following recommendation was agreed upon by the Southeastern Wisconsin Nursing Alliance (SEWNA) of which Herzing University-Brookfield is a member:

- All nursing students will undergo a 10-panel urine drug screen prior to clinical start; a negative result will require no further screens unless indications of impairment are present, in which case, additional screens may be requested. If there is a break in a student's enrollment the 10-panel urine drug screen will need to be repeated.
- Any student may be subject to periodic drug screening when there is suspected impairment or drug use.
- Positive drug tests will result in the student being suspended for a minimum of one (1) semester. The student will not be able to participate in a clinical placement and will be withdrawn from all nursing courses. It is recommended that the student receive drug counseling.
- Students will be required to pay for the drug screen (this is part of the Castle Branch© plan) and any subsequent testing.
- The student will also be required to complete the drug screen before being considered for re-entry to the program.
- Students who are readmitted following a positive drug screen are subject to drug testing(s) at any point during the program.
- A second occurrence of a positive drug screen will result in permanent suspension from the nursing program.

### **MEDICAL REQUIREMENTS**

See "Additional Admission Requirements for Nursing, Dental, and Other Healthcare Programs" in the Herzing University Undergraduate Catalog.

In order to enroll in, and attend clinical courses, documentation of the following requirements must be

provided to the Nursing Department at Herzing University-Brookfield:

- Health history and examination by a physician, nurse practitioner, or physician assistant, completed within one year from the start date of the first clinical course. Reasonable accommodations will be made for students whose health examination indicate the need. If there are any physical restrictions, a request for participation in clinical must be submitted and approved by the Clinical Coordinator for Herzing University-Brookfield and the clinical site.
- After a clinical absence due to illness, the student may be required to submit to the Clinical Coordinator a return to clinical without restrictions form from his/her healthcare provider, and the statement must be on letterhead from the provider. The student may not return to clinical until cleared.
- If a student is pregnant, the student must notify the Clinical Coordinator and submit a medical clearance form to continue in clinical. The student is also required to submit a medical clearance form and notify the Clinical Coordinator when returning after delivery.
- Proof of vaccination or lab report of titer as follows:
  - Measles (Rubeola): two doses of a live measles vaccine given after the first birthday or evidence of measles immunity. A blood titer is required to prove immunity.
  - Mumps: two doses of a live mumps vaccination given after the first birthday or evidence of mumps immunity.  
A blood titer is required to prove immunity.
  - German measles (Rubella): two doses of a live German measles vaccination given after the first birthday or evidence of German measles immunity. A blood titer is required to prove immunity.
  - Tetanus, Diphtheria, and Pertussis (Tdap): Tetanus, Diphtheria, and Pertussis booster within the last ten years.
  - Hepatitis B: documentation of three immunizations or start of immunization series or a student may sign a Release of Responsibility form or provide a titer showing immunity. A blood titer is required to prove immunity.
  - Varicella: two doses of a Chickenpox vaccine given after the first birthday or evidence of
    - Varicella immunity. A blood titer is required to prove immunity.
    - Seasonal Flu Vaccine: Proof of vaccination for the annual flu vaccine. Annual date of vaccination cannot expire during the enrolled semester.
- Results of the Tuberculin (TB) Skin Test within past year and every year thereafter (chest x-ray and physician documentation of freedom from TB are required if skin test results are positive), or the Tuberculosis QuantiFERON blood test is required by some agencies in the State of Wisconsin. Results must be valid through the end of the clinical semester.
- Evidence of the American Heart Association health Care Provider CPR (cardiopulmonary resuscitation) certification valid through the end of the clinical semester.
- Current health care insurance coverage.
  - If a clinical agency requires repeat or additional drug screening or other tests, the student is responsible for meeting those requirements.
  - On an ongoing basis throughout the Nursing Program at Herzing University-Brookfield, students must meet these additional requirements:
- Annual health status documentation (See Appendix F)
- Annual documentation of freedom from Tuberculosis
- Negative drug screen at any time a screen is required. Any student who tests positive on a drug screen may be dismissed from the Nursing Program and/or clinical classes.
- Continued certification in CPR.

**It is the student's responsibility to ensure that all documentation meets the above requirements and remains current throughout their program. In addition, clinical requirements cannot expire prior to the end of the academic semester. All health and Castle Branch© forms are submitted four weeks prior to the beginning of the semester to our clinical facilities. Failure to meet submission deadlines**

for these requirements results in the inability to attend clinical for the semester. Students will NOT be allowed to submit health or required documentation after the deadline date. The final recommendation is made by the Nursing Program Director in collaboration with the Clinical Coordinator.

Students who do not meet the submission deadline will not be allowed to participate until the following semester, if all requirements are fulfilled at that time.

The Nursing Program and its contracted agencies reserve the right to request repeat background checks or drug screens at any time during enrollment. Failure to comply with this request may result in dismissal from the program.

#### **CLASSROOM AND ONLINE ATTENDANCE POLICIES GRADING**

See "Courses with Separate Lab or Clinical Components" in the Herzing University Undergraduate Catalog.

#### **METHODS OF EVALUATION FOR NURSING COURSES**

Any or all measures of student learning may be administered in the classroom, on a computer, in clinical nursing lab, or in the clinical setting at faculty discretion. All required course work as outlined in the syllabus is considered in the calculation of the final grade. There will be no rounding up of exam or final course grades. No extra credit assignments may be used.

#### **GRADING POLICIES**

See "Minimum Passing Grade" and "Grade Scale" in the Herzing University Undergraduate Catalog.

#### **CLASSROOM ATTENDANCE POLICY**

See "Attendance Policy and Procedures" in the Herzing University Undergraduate Catalog.

The Nursing Department at Brookfield requires class attendance. Students are expected to inform faculty when they will miss a class. Students returning to class from an absence are expected to address missed materials with the instructor outside of the scheduled class; therefore, the student must schedule an appointment with the faculty member. Missed assignments fall under the "Late Assignment Submission Policy" and points may be lost for missed assignments or tests. Please see the "Clinical Policies: Absences and Tardiness" policy for important notes.

#### **LATE ASSIGNMENT SUBMISSION GUIDELINES**

All assignments must be submitted using the course drop box in Blackboard®. All assignments are to be submitted at the designated time. Assignments submitted after the time due will be subject to the following reduction:

Papers: Students are expected to submit required work on time. Make-up work will not be given. The late penalty is as follows and the percentage represents a reduction in the total grade available for an assignment. Sundays and school holidays do not count as late days as the university is not open.

- 20% for up to one school day late
- 40% for up to two school days late
- 60% for up to three school days late
- 80% for up to four school days late
- No late work will be accepted five (5) school days after the due date for either theory or clinical and the grade for the assignment will be "0" points (or "F").

#### **EXAM AND MAKE-UP POLICY**

- Students are expected to take exams on the scheduled date and time for the class in which they are

officially registered.

- Examinations will be timed.
- Students will not be allowed to leave the test area once the exam has started.
- The student will earn ZERO points on the exam if absent on the day and time of the exam. If an extenuating circumstance that *could not have been prevented, anticipated, and/or planned for* is the cause of missing an exam, the student must contact the instructor.
- If scratch paper is needed during the exam, it will be provided. It will be collected at the end of the exam.
- The classroom door will be closed at the start of the exam. The clock on the instructor's computer in the front of the classroom will be used to determine the starting and ending time of exams. If a student is late to class, they will be granted only the remaining time for the exam.
- The final exam may be cumulative at the discretion of the course lead instructor.
- Exam grades will be provided to students within five school days following the exam.
- Students are encouraged to review the results of their exams throughout the course. If time constraints do not allow for an exam to be reviewed during class, the instructor will work with the student to schedule an alternate time for reviewing the student's exam(s).
- At no time may students reproduce the test questions in any format, including, but not limited to, screenshots and photos.

#### **STUDENT CHAIN OF COMMAND**

For issues related to the classroom, clinical, and/or lab component of a NP nursing course:

1. Communicate and resolve the issue with the assigned classroom, clinical, and/or lab instructor.
2. If the issue cannot be resolved, the instructor and student will include the Course Lead in the resolution.
3. If the issue is still unresolved, the Dean of the Nursing Program, the Associate Director of the Nursing Program, and/or the Clinical Coordinator of the Nursing Program will be consulted.
4. If the issue remains unresolved, the "last step" is to consult with the Academic Dean.

#### **PROGRESSION POLICIES**

##### **SPECIAL STANDARDS FOR CLINIC BASED HEALTHCARE PROGRAM**

See "Licensed Practical Nursing (LPN)" in the Herzing University Undergraduate Catalog.

For students enrolled in the nursing program, the progression standards mean the following:

1. Any general education course may be repeated.
2. Any course with the prefix SC or HC required for nursing may be repeated two times.
3. The second failure of a nursing course (prefix NP) will result in dismissal from the nursing program.
4. Students must maintain a 76% or above average in all science, math, and nursing courses in order to progress.
5. Nursing grades are not rounded.

#### **ACADEMIC WARNING**

See "Academic Warning and Probation" in the Herzing University Undergraduate Catalog.

#### **DISMISSAL FROM THE UNIVERSITY FOR LACK OF SATISFACTORY ACADEMIC PROGRESS**

See "Undergraduate Standards of Satisfactory Academic Progress" in the Herzing University Undergraduate Catalog.

#### **NURSING DEPARTMENT GRADE APPEAL PROCEDURE**

Any student who contests a course grade shall first attempt to resolve the matter within the Department of Nursing. A grade appeal must be submitted in writing within one week of an exam and within 5 days of grade issuance for a nursing course. Additional time is allocated should the appeal need to proceed to the

University "Grade Appeals" procedure found in the Herzing University Undergraduate Catalog.

1. The student shall present the appeal in writing to the Course Instructor. The written statement shall limit itself to citations of evidence pertaining to the valid grounds for the appeal.
2. If resolution is not achieved, the Nursing Program Director will review the appeal. If the Nursing Program Director affirms the Instructor's decision, the Director will notify, in writing, the faculty member and the student, as appropriate. If the Nursing Program Director supports the student's appeal, it shall prescribe the method by which the student will be reevaluated. If it is a final grade, the faculty of record shall submit the corrected grade to the Registrar.
3. Should the student still contest the grade, then the student may proceed to the University "Grade Appeals Procedure" outlined in the University Undergraduate Catalog. The Nursing Program Director will provide the Nursing Department's documentation to the Academic Dean.

#### **PROCEDURES FOR APPEAL OF DISMISSAL FROM THE UNIVERSITY AND/OR TERMINATION OF FINANCIAL AID ELIGIBILITY**

See "Appeal, Grievance, and Arbitration Procedures" in the Herzing University Undergraduate Catalog.

#### **READMISSION/REENTRY**

See "Re-Admission/Re-Entry" in the Herzing University Undergraduate Catalog.

#### **CLINICAL POLICIES CLINICAL PLACEMENTS**

Clinical placements are designed to meet psychomotor use of the nursing process and critical thinking required as course outcomes. Clinical placements are typically within a 75-mile radius of the student's home campus and are determined by best opportunity for learning success and clinical site availability. Students are not placed for assignment on clinical units on which they are employed, and, where possible, in facilities where employed. The student may not have worked another job eight (8) hours prior to the start of an academic clinical experience as the sum total for hours for safe practice may be exceeded.

#### **STUDENT RESPONSIBILITY IN THE LAB**

##### **Lab Preparation**

The nursing lab has a lab coordinator on each campus. Faculty teaching courses with a lab component plan lab experiences and are assisted by the lab coordinator.

- **Lab Instruction:** The course instructor will collaborate with the lab coordinator to develop a schedule of open lab hours in addition to scheduled lab classes to allow for student practice time. All faculty will have expectations that students will complete 2 practice checks with an instructor/lab coordinator prior to the final skills check-off. The course instructors monitor for completion of skills check-offs. The lab coordinator will assist with skills check-offs. The lab coordinator will assist with skills check-offs as time permits.
- **Lab Cleaning and Maintenance:** Students have the responsibility to help maintain the labs as a safe and clean environment. Assistance with lab clean up after use is expected.
- **Ordering of Supplies:** Faculty request supplies. If there are items student(s) feel are needed, he/she should share with the instructor. Our goal is to assure students have what is needed to meet the course objectives.
- **Simulation Lab:** The course instructor, in collaboration with the lab coordinator, will plan and set up the simulations for their classes and participate with the running and debriefing of the simulation. Students are evaluated on the announced objectives for the experience. Preparation is essential. Faculty will assist with the evaluation of students in collaboration with the lab coordinator. All simulations have a debriefing experience. Students are encouraged to form small groups and do

practice simulations also. These times should be scheduled with the laboratory coordinator.

### **Lab Hours**

Lab hours are reviewed each semester and scheduled to meet the needs of the students. The laboratory schedule is posted for student convenience. Students may also check with the lab coordinator for additional lab time.

### **DRESS CODE**

The Nursing Program at Herzing University-Brookfield has an official uniform that is worn at all clinical facilities as required. Uniforms are expected to be kept clean, in good repair, and pressed for the clinical experience. Substitution of other clothing or uniform types is permitted when requested by the clinical site and/or agency. Students must present a professional appearance whenever they are in the skills lab and/or clinical facilities; therefore, uniforms are to be worn to class in the nursing lab and at the clinical sites. The required uniform consists of:

- Two official Herzing scrub sets with the embroidered Herzing logo and one lab jacket. Uniforms are provided by Herzing and will be issued to all students at the time of the first lab. Student are responsible for providing stockings or socks, and shoes. Students are able to wear a long sleeve white shirt under their scrub top.
- White shoes with closed heels and toes, and rubberized soles.
- White or dark socks.
- Name badges (student ID), which will be worn in all clinical settings.
- Lab coat, which will be worn on clinical units to do preparation prior to clinical experiences.
- Alternate uniforms (as defined by the agency) generally require the following:
  - Business casual dress clothing
  - Closed toed shoes
  - No visible cleavage
  - If wearing dresses, no shorter than just above knee level
  - Name badge worn in clinical setting
  - Lab coat may be optional

### **EQUIPMENT REQUIREMENTS**

For both classroom practice and clinical experiences use each nursing student is expected to have the following:

- Watch with a second hand
- Stethoscope with bell and diaphragm capabilities
- Black ink pen

### **PROFESSIONAL APPEARANCE**

In order to comply with infection control policies and enhance the comfort of patients/clients, the student must be clean, neat, and in compliance with the Nursing Program at Brookfield and agency dress code when reporting for clinical experiences.

Non-compliance with the professional appearance practices may result in dismissal from the clinical setting for the day.

- **Jewelry:** Wedding or engagement rings and a maximum of two stud earrings per ear are allowed. No dangling earrings, hoops, necklaces, facial piercings, or tongue piercings are allowed to be worn. The student should bring a large safety pin for pinning jewelry to clothing when rings must be taken off for certain clinical areas (i.e. surgery, OB delivery, nursery, etc.).
- **Hair:** Hair is to be clean, neat, pulled back and secured so that hair does not come in contact with the patient/client or the sterile field. Men must be shaven or have neatly trimmed beards and/or mustaches.
- **Nails:** Nails are to be kept short, clean, and in good repair without polish. No artificial nails or nail

enhancements are permitted (this includes artificial nail tips, appliques, acrylic gels, and any additional items applied to nail surface).

- **Body Art:** Any tattoos or other form of body art should be covered by the uniform.

All students in clinical settings must wear their Herzing University student ID and whatever other identification the facility may require at all times. If a student arrives without the appropriate name/ID badge, they will not be allowed to participate in clinical or to provide patient/client care. This will count as a clinical absence and hours must be made up. See below for clinical absence policy.

### **ABSENCES AND TARDINESS**

Students are expected to be at clinical on time according to their schedule. However, emergencies do happen. The following policy is in effect:

**First occurrence:** If 15 minutes or less from stated clinical start time—written warning. If greater than 15 minutes from stated clinical start time—student will not be allowed to participate in clinical or to provide patient/client care; counts as a clinical absence—**hours must be made up and paper required. See No Call/No Show policy below for instructor notification requirements.**

**Second occurrence:** Any tardiness after first occurrence—student will not be allowed to participate in clinical or to provide patient/client care; counts as a clinical absence—**hours must be made up and completion of an instructor specified activity will be required.**

There are no clinical absences permitted. This means that any missed time must be made up either at the clinical site or in the lab. This time is made up at the discretion of the instructor. The student who misses clinical jeopardizes achievement of the course objectives and may receive an unsatisfactory clinical grade. An unsatisfactory clinical grade results in failure of the course. Should an emergency arise, the student is expected to contact the professor immediately.

Herzing University-Brookfield does not provide make-up opportunities for students who take elective vacations or time off during the semester. These absences may result in failure of the course.

### **NO CALL/NO SHOW**

Any student who does not show up for clinical and who does not call the instructor within 15 minutes after the stated start time of clinical will be automatically failed from clinical. No call/no show is an automatic clinical failure. Extenuating circumstances will be reviewed and considered by the instructor and the Program Director.

### **DISMISSAL FROM CLINICAL**

Students will be dismissed from clinical if any of the following occur:

- Being unprepared for the clinical experience
- Being inappropriately dressed for the clinical experience
- Demonstrating unsafe behaviors
- Delivering unsafe care to assigned patient(s)/client(s)
- Exhibiting inappropriate professional behaviors
- Violations of the facility or Herzing University-Brookfield policies, expectations, or standards

### **REQUIRED NURSING ABILITIES**

Students accepted into the nursing program will need the cognitive ability, emotional stability, physical ability, and endurance to complete the nursing program and practice professional nursing. The nursing student cannot pose a significant risk or direct threat to the health or safety of themselves or others. The

nursing student must be able to: exercise safe judgments based on assessment data, remain visibly calm in emergency situations, effectively respond to the evaluation process, be flexible, and demonstrate honesty and integrity.

Specific functions, abilities, and physical requirements for the nursing student are:

- Delivers nursing care that may involve standing, sitting, kneeling, bending, pushing and pulling, carrying, lifting, walking, reaching, and twisting. The ability to lift at least 50 pounds is essential to assist clients with ambulation, transfers, position changes, and to transport clients within the health care setting. Students with injuries may be required to submit a health care provider's statement regarding their ability to perform the above duties. Manual dexterity is essential in the performance of many nursing tasks (i.e. preparation of certain medications, administration of treatments such as dressing changes and intravenous fluids, obtaining vital signs, etc.) and CPR certification without restrictions is required.
- Follows written and verbal directions.
- Communicates knowledge both verbally and in writing (electronically or hand-written). This includes the ability to read, write, hear, and see. Students must be able to speak clearly enough to participate in individual and group discussions in a variety of settings. They must be able to use the computer without restrictions.
- Observes and interprets client data and incorporates that data into the plan of care. This includes assessment and analysis of the physiological, psychosocial, spiritual, and cultural needs of the client. The ability to see, hear, feel, and smell is essential to the collection of data.
- Implements and evaluates nursing care based on the plan of care for a group of clients in all settings in which nursing care is provided. This includes the ability to utilize standard nursing equipment.
- Provides education for clients and their families, including discharge planning. There are additional educational tasks the nursing student performs which involve teaching peers and others.

This description of the essential abilities of the nursing student is meant to include the major areas of responsibility and is not intended to be limited to the above information. If a student believes he/she needs a reasonable accommodation to be able to perform these essential functions, please contact the Nursing Program Clinical Coordinator.

Please note that although we consider pregnancy to be a normal event, for the student's safety, the Nursing Department requires a statement from the student's healthcare provider providing permission to continue the clinical experience or delineate any special needs or restrictions.

Students who need other assistance for test taking, class work and/or clinical work accommodations should follow the procedures outlined in the Herzing University Undergraduate Catalog. Any illness, injury, or condition in which physician or practitioner intervention was sought requires a signed release statement with limitations or restrictions listed before attendance at clinical.

#### **TRANSPORTATION TO CLINICAL SITES**

The Nursing Program at Herzing University-Brookfield uses a variety of clinical facilities for student learning experiences. The facilities are located in various areas of the community and require students to provide transportation to/from the facility. Students are responsible for their transportation to/from health care agencies for clinical experiences. Under no circumstances are students allowed to transport patients/clients in their private vehicles.

#### **SAFE PRACTICE GUIDELINES SUPERVISION OF A STUDENT IN CLINICAL**

A faculty member, clinical lab personnel, or preceptor will be available to a nursing student at all times to provide guidance and evaluation of student's performance. Preceptors are used for specialized clinical

experiences and are selected according to University policy to meet particular course objectives and enhance the variety of clinical experiences for the student.

#### **SAFE NURSING PRACTICE DEFINITION**

Safe nursing practice is essential to all clinical courses. Safe nursing practice is defined as the application of scientific principles and nursing theory in performing nursing care. Care is provided in a reasonable and prudent manner providing for the welfare and protecting the well-being of the patient/client. Safe practices imply that the student can demonstrate awareness of the potential effect of actions and decisions. Such actions and decisions shall not endanger the integrity of the patient/client.

#### **UNSAFE NURSING PRACTICE**

- An act or behavior of the type which puts the patient/client or staff at risk for injury or harm.
- An act or behavior which violates the Code for Nurses of the American Nurses' Association ([www.nursingworld.org](http://www.nursingworld.org)).
- An act or behavior which threatens or has the potential to threaten the physical, emotional, mental, or environmental safety of the patient/client, a family member or substitute familial person, another student, a faculty member, or other health care provider.
- An act or behavior which constitutes nursing practice for which a student is not authorized or educated at the time of the incident.

#### **UNSAFE PRACTICE PROCEDURES**

Safe practice is an essential requirement for progression to the next course and will be judged by the clinical support personnel. A student who engages in unsafe practices will receive an unsatisfactory grade for the clinical portion of the course, resulting in a grade of "F" for the course. Documentation of unsafe practices will be formulated by faculty and discussed with, and signed by, the student(s). Faculty will determine if the student is to be dismissed for the day or the remaining portion of the course. In addition, unsafe practices may result in release of the student from the Nursing Program at Herzing University-Brookfield.

#### **PROFESSIONAL STUDENT CONDUCT**

The Nursing Educational Administrator and faculty will implement policies related to student conduct that incorporates the standards for safe nursing care, including, but not limited to the following:

- A student shall, in a complete, accurate, and timely manner, report and document nursing assessments or observations, the care provided by the student for the patient/client, and the patient's/client's response to that care.
- A student shall, in an accurate and timely manner, report to the appropriate practitioner errors in or deviations from the current valid order.
- A student shall not falsify any patient/client record or any other document prepared or utilized in the course of, or in conjunction with, nursing practice. This includes, but is not limited to, case management documents or reports, time records or reports, and other documents related to billing for nursing services.
- A student shall implement measure to promote a safe environment for each patient/client.
- A student shall delineate, establish, and maintain professional boundaries with each patient/client.
- At all times when a student is providing direct nursing care to a patient/client the student shall:
  - Provide privacy during examination or treatment and in the care of personal or bodily needs; and
  - Treat each patient/client with courtesy, respect, and with full recognition of dignity and individuality.
- A student shall practice within the appropriate scope of practice as set forth in the Board of Nursing standards for the registered nurse (or practical nurse).
- A student shall use universal blood and bodily fluid precautions.
- A student shall not:

- Engage in behavior that causes or may cause physical, verbal, mental, or emotional abuse to a patient/client; or
- Engage in behavior toward a patient/client that may reasonably be interpreted as physical, verbal, mental, or emotional abuse.
- A student shall not misappropriate a patient's/client's property or:
  - Engage in behavior to seek or obtain personal gain at the patient's/client's expense;
  - Engage in behavior that may reasonably be interpreted as behavior to seek or obtain personal gain at the patient's/client's expense;
  - Engage in behavior that constitutes inappropriate involvement in the patient's/client's personal relationships; or
  - Engage in behavior that may reasonably be interpreted as inappropriate involvement in the patient/client personal relationships.
- A student shall not:
  - Engage in sexual conduct with a patient/client;
  - Engage in conduct in the course of practice that may reasonably be interpreted as sexual;
  - Engage in any verbal behavior that is seductive or sexually demeaning to a patient/client;
  - Engage in verbal behavior that may reasonably be interpreted as seductive, or sexually demeaning to a patient/client.
- A student shall not self-administer or otherwise take into the body any dangerous drug in any way not in accordance with a legal, valid prescription issued for the student, or self-administer or otherwise take into the body any drug that is a Schedule I controlled substance.
- A student shall not habitually or excessively use controlled substances, other habit-forming drugs, alcohol, or other chemical substances to an extent that ability to practice is impaired.
- A student shall not have impairment of the ability to practice according to acceptable and prevailing standards of safe nursing care because of habitual or excessive use of drugs, alcohol, or other chemical substances that impair the ability to practice.
- A student shall not have impairment of the ability to practice according to acceptable and prevailing standards of safe nursing care because of the use of drugs, alcohol, or other chemical substances.
- A student shall not have impairment of the ability to practice according to acceptable and prevailing standards of safe nursing care because of the use of drugs, alcohol, or other chemical substances.
- A student shall not have impairment of the ability to practice according to acceptable and prevailing standards of safe nursing care because of a physical or mental disability. (As required by Federal and State law, appropriate and reasonable accommodations will be made to students with qualifying disabilities if requested according to procedures set forth in the Herzing Undergraduate Student Handbook).
- A student shall not assault or cause harm to a patient/client or deprive a patient/client of the means to summon assistance.
- A student shall not misappropriate or attempt to misappropriate money or anything of value by intentional misrepresentation or material deception in the course of practice.
- A student shall not obtain or attempt to obtain money or anything of value from a patient.
- A student shall not have been adjudicated by a probate court of being mentally ill or mentally incompetent, unless restored to competency by the court.
- A student shall not aid and abet a person in that person's practice of nursing without a license, practice as a dialysis technician without a certificate issued by the Board, or administration of medications as a medication aide without a certificate issued by the Board.
- A student shall not prescribe any drug or device to perform or induce an abortion, or otherwise perform or induce an abortion.
- A student shall not assist suicide.
- A student shall not submit or cause to be submitted, any false, misleading, or deceptive statements, information, or document to Herzing University-Brookfield, its administrators, faculty or preceptors, or to the board.

- A student shall maintain the confidentiality of patient information. The student shall communicate patient/client information with other members of the health care team for health care purposes only, shall access patient/client information only for purposes of patient/client care or for otherwise fulfilling the student's assigned clinical responsibilities, and shall not disseminate patient/client information for purposes other than patient/client care or for otherwise fulfilling the student's assigned clinical responsibilities through social media, texting, emailing, or any other form of communication.
- To maximum extent feasible, identifiable patient health care information shall not be disclosed by a student unless the patient/client has consented to the disclosure of identifiable patient health care information. A student shall report individually identifiable patient/client information without written consent in limited circumstances only and in accordance with an authorized law, rule, or other recognized legal authority.
- For the purposes of professional boundaries; provision of direct patient/client care; physical, verbal, mental, or emotional abuse; misappropriation of the patient's/client's property; engage in sexual misconduct; or consent to sexual activity, a student shall not use social media, texting, emailing, or other forms of communications with, or about a patient, for non-health care purposes or for purposes other than fulfilling the student's assigned clinical responsibilities.
- A student shall not violate the policies and guidelines of the clinical agency to which they are assigned.

#### **SUBSTANCE ABUSE**

Herzing University-Brookfield requires that nursing students at all times be capable of providing safe and effective patient care. To that end, the University is committed to a substance-free workplace and environment. This means that nursing students must not be impaired by any substances during any part of the Nursing Program, including classroom work, lab assignments, and clinical settings in which the nursing students participate. See "Drug and Alcohol Policy" in the Herzing University Undergraduate Student Handbook for additional information. Therefore, any situation where a student's ability or performance is impaired by drugs or alcohol will be dealt with in the following manner within the Nursing Department:

- The student will be removed from the clinical site, lab, or classroom.
- The student will be required to obtain drug testing at the testing facility identified by the Nursing Department.
- If the results are positive, the student will be released from the nursing program for at least 1 semester to allow time for treatment and reflection.
- The student may apply to return to the program after 1 semester's absence. A statement for the health care provider stating that the student is without mental or physical impairment that would inhibit safe nursing care is required.
- If allowed to return, the student will be placed based on space available and repeat the drug screen.
- A second repeat of the substance abuse policy will result in permanent release from the Nursing Program at Herzing University-Brookfield.
- The student is afforded the right of challenge under the procedure set forth in the Herzing University Undergraduate Catalog. Student conduct hearings at Herzing University are bound by the published guidelines in the Herzing University Undergraduate Catalog.

#### ***Reasons to suspect impairment include, but are not limited to the following:***

- Alcohol on the breath or odor of alcohol
- Flushed face and/or bloodshot eyes
- Tremors of the hands
- Unsteady gait
- Patterned absenteeism
- Frequent breaks or disappearance during clinical day
- Repeated tardiness

- Memory lapses, difficulty concentrating, confusion
- Lack of coordination/dexterity
- Slurred or incoherent speech
- Deterioration of appearance
- Dilation or constricted pupils
- Anger, hostility, irritability, mood swings, agitation
- Presence of drug paraphernalia
- Drowsiness and sleepiness

### **STUDENT ORGANIZATIONS AND DEPARTMENT COMMITTEES DEPARTMENT OF NURSING COMMITTEES**

Student representation is expected on committees within the Nursing Program. These include:

- Curriculum Committee
- Evaluation Committee
- Faculty Retention & Recruitment Committee
- Faculty Student Awareness Committee
- Nursing Department Advisory Board

### **STUDENT NURSES ASSOCIATION (SNA)**

The Herzing University-Brookfield Chapter of the Wisconsin Student Nursing Association (WSNA) is an officially recognized organization of Herzing University and the Nursing Program. The SNA is the official representative of the nursing student body and coordinates, within the policies of Herzing University, events and activities. Members function under the charter of the organization and the leadership of elected officers. Advisors are elected/appointed from the Nursing Program faculty. The faculty advisors are expected to be in attendance at the meetings of the organization.

The advisor's role is to provide clarity, to interpret Nursing Program and University policies/procedures, and to provide general consultation. The purpose of SNA is to provide networking and mentoring opportunities for the nursing student to foster their developing professional role. The organization promotes active engagement at the local, state, and national levels to contribute to advances in nursing education, promote advocacy for health care, and provide service opportunities.

### **CONFIDENTIALITY STATEMENT: STATEMENT OF CONFIDENTIALITY**

All information that a student learns about a client/patient while providing care is private and confidential. This information is not to be shared with anyone except an instructor and those members of the health team directly involved with the care of the client/patient. The right of privacy is paramount; therefore, confidential information about the client acquired from any source is to be safeguarded. With the nurse-client relationship based on trust, the client's welfare and the reputation can be jeopardized by inappropriate disclosure and the nurse-client relationship destroyed. Students are expected, without exception, to observe the patient's/client's right to privacy. Serious consequences such as release from the Nursing Program may result if the student fails to maintain this privacy. Students are reminded that confidentiality has legal and ethical implications and that an inappropriate break of confidentiality may expose the student and University to liability.

The Herzing University Undergraduate Catalog can be found at <http://catalog.herzing.edu/>

## SECTION 6

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The Herzing University Brookfield Practical Nursing Program (HUB PN) will begin as an evening program. The start date of the HUB PN, pending Board of Nursing approval, is September 2018. The per-credit cost of the HUB PN is \$480 and, as a non-profit, regionally-accredited university, students may apply for federal and state grants and loans.

Applicants must meet all of the following criteria:

- Is 18 years or older (Wisconsin standard)
- A high school or college grade point average of at least 2.0 or higher
- Achieve a minimum passing score of 48 on the most current version of the Test of Essential Academic Skills (TEAS); TEAS score must be from within one year of anticipated date of matriculation

The admission process which requires meeting with an admissions advisor, an educational funding advisor, and TEAS testing typically takes 10-14 days to complete. See also [Sec. 3; pages 15-21](#) of this submission which details the matriculation requirements for the HUB PN

### Step 1

- Upon receipt of Authorization to Admit, Students approval for WBON, enrollment can begin (Anticipated September, 2018)

### Step 2

- Apply for Candidacy Status Fall 2019
- Submit application for initial approval from WBON after graduation of first class (anticipated Fall 2019)

### Step 3

- Anticipate site visit (Summer 2020)

## SECTION 7

The curriculum includes clinical experiences in a variety of care settings to ensure that the student demonstrates competencies in the role of the practical nurse upon graduation from the PN program. The current curriculum plan utilizes 13 affiliations which the clinical experience focus varies. The 13 clinical settings for the HUB-PN program are listed in Table 4 along with alignment to courses and partnership agreements. Copies of Form # 1004, clinical contracts, LPN job descriptions, and Memoranda of Understanding (MOU) forms for each clinical site is located in Appendix 1-D. There are also email communications between HUB-PN program and each clinical site verifying each clinical site's commitment to the PN program.

**Table 4: Clinical Sites, Course Alignment, Student Numbers, Agreements**

Number of students per 8 week term	Clinical Courses	Organization	Facilities	Address	MOU or email as evidence of commitment	Job description	Affiliation agreement
Up to 32 students covering all shifts and weekends	NP225 Medical Surgical Nursing I NP235 Medical Surgical Nursing II NP270 Clinical Experience	<b>LifeCare Hospital-62 beds</b>	<b>“A specialty hospital built specifically to treat medically complex and critically ill patients requiring extended, acute care hospitalization”.</b>	2400 Golf Rd Pewaukee, WI 53072	x	x	x
8	NP225 Medical Surgical Nursing I NP235 Medical Surgical Nursing II	<b>Ovation Jewish Homes and Community</b>	Skilled Nursing, Acute Rehab, Assisted Living Mental Health (memory care) Hospice	1414 north Prospect Milwaukee, WI 53202	x	x	x
8	NP120 Fundamentals of Nursing NP225 Medical Surgical Nursing I	<b>Luther Manor</b>	Skilled Nursing, Acute Rehab, Assisted Living Mental Health (memory care)	4545 N 92nd St. Milwaukee, WI 53225	x	x	x
8	NP230 Nursing Specialty	<b>Rogers Memorial Behavior Health Systems - West Allis</b>	Mental Health (child-adolescent and adult)	11101 W Lincoln Ave. West Allis, WI 53227	x	x	x
8	NP230 Nursing Specialty	<b>Rogers Memorial Behavior Health Systems - Oconomowoc</b>	Mental Health (child-adolescent and adult)	34700 Valley Rd. Oconomowoc, WI 53066	x	x	x
8	NP230 Nursing Specialty	<b>Rogers Memorial Behavior Health Systems - Brown Deer</b>	Mental Health (child-adolescent and adult)	4600 W Schroeder Dr. Brown Deer, WI 53223	x	x	x

8	NP120 Fundamentals of Nursing NP225 Medical Surgical Nursing I	<b>Villa at Bradley Estates</b>	Skilled Nursing, Subacute Rehab Mental Health (Memory care unit)	6735 W. Bradley Rd. Milwaukee, WI 53223	x	x	x
8	NP120 Fundamentals of Nursing NP225 Medical Surgical Nursing I	<b>Brookfield Rehab</b>	Skilled Nursing, Acute Rehab	18740 W Bluemound Rd. Brookfield WI 53045	x	x	x
4	NP120 Fundamentals of Nursing NP230 Nursing Specialty	<b>Ascension Madison Medical Affiliates</b>	Medical Clinic	788 N Jefferson St. STE 400. Milwaukee, WI 53202	x	x	x
8	NP225 Medical Surgical Nursing I NP235 Medical Surgical Nursing II NP270 Clinical Experience	<b>Franciscan Villa</b>	Skilled Nursing, Acute Rehab, Assisted Living, Memory Care	3601 S Chicago Ave South Milwaukee, WI 53172	x	x	
8	NP120 Fundamentals of Nursing	<b>Ascension Living- Franciscan Place</b>	Skilled Nursing Subacute rehab	19525 W. North Ave Brookfield, WI 53045	x	x	x
8	NP230 Nursing Specialty	<b>Royal Family Kids Camp</b>	Community Based Care	4970 S Swift Ave. Cudahy, WI 53110	x	x	x
4	NP230 Nursing Specialty	<b>Milwaukee Teen Reach Camp</b>	Community Based Care	4970 S Swift Ave. Cudahy, WI 53110	x	x	x

# **Appendix 1-A**

**Dr. Deborah Ziebarth's  
Form #1114 and CV**

# Wisconsin Department of Safety and Professional Services

**Mail To:** P.O. Box 8366  
 Madison, WI 53708-8366  
**FAX #:** (608) 266-2602  
**Phone #:** (608) 266-2112

1400 E. Washington Avenue  
 Madison, WI 53703  
 E-Mail: dsps@wisconsin.gov  
 Website: dsps.wisconsin.gov

## BOARD OF NURSING

### FACULTY / EDUCATIONAL ADMINISTRATOR QUALIFICATION RECORD

**New nursing school seeking authorization to admit students:** Completion of this form is required for each faculty member and the educational administrator. This form must be submitted to the Board of Nursing along with the request for authorization to admit students.

**Nursing school approved by the Board of Nursing:** Completion of this form is required for each faculty member and the educational administrator. The form must be kept on file in the school of nursing office and made available to the Board upon request for all faculty members and educational administrators hired by the nursing school.

**Change in educational administrator:** Institutions are required to notify the Board of Nursing within 48 hours of the termination, resignation or retirement of an educational administrator and designate an interim educational administrator (EA) within five (5) business days. Completion and submission of this form is required as part of the notification process.

Faculty/EA Name (*Last, First*): Ziebarth, Deborah WIRN License #: 80495-30

School of Nursing Employed By: Herzing University

Type of Nursing Program(s) (ADN, PN, BSN, etc.): PN

Position  Educational Administrator  Faculty

Appointment Effective Date: 6/22/2016

### **FACULTY APPOINTMENTS** (complete Section A below).

Fully-qualified faculty must have a current, active Registered Nurse license or privilege to practice in Wisconsin that is not encumbered and a graduate degree with a major in nursing.

#### **A. EDUCATIONAL PREPARATION**

Name of Institution	Location City/State	Graduation Date	Degree Earned or # of Credits	Major	Minor

#1114 (Rev. 12/14)  
 Ch. N 1.08 Wis. Admin. Code

Committed to Equal Opportunity in Employment and Licensing

# Wisconsin Department of Safety and Professional Services

## EDUCATIONAL ADMINISTRATOR APPOINTMENTS

Fully-qualified educational administrator must have current, active Registered Nurse license or privilege to practice in Wisconsin that is not encumbered, a graduate degree with a major in nursing, knowledge of learning principles for adult education, including nursing curriculum development, administration and evaluation, current knowledge of nursing practice, and **either** educational preparation (master's degree in nurse education or doctorate degree in nurse education) or at least two (2) years experience as an instructor in a nursing education program within the last five (5) years.

**NOTE:** Applicant must complete Section A below; complete Section B below only if teaching experience is being applied toward the requirements in lieu of an earned master's or doctorate degree in nurse education.

List most recent education preparation and teaching experience first. Attach additional pages as necessary.

### A. EDUCATIONAL PREPARATION

Name of Institution	Location City/State	Graduation Date	Degree Earned or # of Credits	Major	M i
UW-Milwaukee	Milwaukee, WI	5/2016	PhD	Nursing	
Cardinal Stritch	Milwaukee, WI	5/2008	MSN	Nursing	
Cardinal Stritch	Milwaukee, WI	5/2001	BSN	Nursing	
MATC	Milwaukee, WI	5/1981	ADN	Nursing	

### B. NURSING INSTRUCTION EXPERIENCE\*

**\*Complete this section only if a master's or doctorate degree in nurse education has not been earned and teaching experience is being applied in lieu of a master's or doctorate degree in nursing.**

From Month/Year	To Month/Year	Part-time or Full-Time	Employer/School	Location City/State	Position/Job Title

Stephen McEvoy  
 \_\_\_\_\_  
 Educational Administrator

*Stephen P. McEvoy*

\_\_\_\_\_  
 Signature

262-649-1710 x61667  
 \_\_\_\_\_

Telephone Number

Academic Dean  
 \_\_\_\_\_  
 Title

12/19/2017  
 \_\_\_\_\_

Date

SMcEvoy@herzing.edu  
 \_\_\_\_\_

Email Address

## Curriculum Vitae

### Licensures, Certifications, Training

- Registered Nurse in State of Wisconsin - Current
- Board Certified FCN through ANCC (2014- 2018)
- FCN Foundations Faculty Course Training (2013)
- Work Force Analytics Leadership Training (2010)
- "Just Culture" for Leaders Training (2010)

### Awards

- 2013 Received Herzing University (Brookfield Campus) 2013 Academic Scholarship Award for Excellence in Academia
- 2012 Received Herzing University 2012 National Academic Scholarship Award for Excellence in Academia
- 2012 Received Herzing University (Brookfield Campus) 2012 Academic Scholarship Award for Excellence in Academia
- 2011 Received Herzing University (Brookfield Campus) 2011 Academic Scholarship Award for Excellence in Academia
- 2010 Received Wisconsin Nursing Association (WNA) 2010 "100 Faces of Nursing over 100 years" Award
- 2008 Received Volunteer Hospital Association (VHA) 2008 "Best in Class" Award for Community Health Programming
- 2006 Received the American Hospital Association (AHA) 2006 "Nova Award" for Community Health Programming

### Professional Memberships and Board Positions

- Wisconsin Nurse Association (WNA ) since 1999
  - Wisconsin FCN Coalition (WNA MIG)
    - Education Chair since 2003-2014
- ANCC FCN CEP 2013 -2017
- Saint Joseph's Free Clinic, Waukesha Foundation Board (Coordinator of Fund Development) – 2011-2013
- Susan G. Komen Foundation Board (Grant's Committee) - Southeastern Wisconsin Affiliate 2009-2011
- Medical College of Wisconsin Academic/Community Advisory Board and Translational Research Committee (2005-2011)
- National Children Study Advisory Board Member (2008-2011)
- Healthiest Wisconsin 2020 Implementation Board Member- Madison, Wisconsin (2010-2011)
- Federal Funded Health Clinic Project Development and Implementation Committee (2008-2011)
- American Hospital Association (AHA) Association of Community Health Initiatives (ACHI) 1999 - 2011
- Wisconsin Public Health Association (WPHA) 2009- 2013
- Westberg Institute
  - Content Expert Curriculum Reviewer 2013
  - Continuing Education Module Development Chair 2007
  - HMA/ANA Task Force Member to update Faith Community Nurse Scope and Standards of Practice 2010-2011
- Carroll University Hispanic Nursing Project Board Member (2005-2009)
- WCTC Adult Education Board Member (2006-2010)
- Waukesha Hispanic Collaborative Network (Chair from 2004-2008)

### Published Works

## Research

- Ziebarth, D. (2017) Exploring Standardized Nursing Languages. *International Journal of Faith Community Nursing*. In Press.
- Ziebarth, D. (2017) Exploring Termination in Faith Community Nursing. *International Journal of Faith Community Nursing*. In Press.
- Ziebarth, D. (2016). Altruistic and economic measurements used for prevention health services: Faith community nursing program. *Journal of Evaluation and Program Planning*, 57, 72-79.
- Ziebarth, D., & Hunter, C. (2016). Moving Toward a Virtual Knowledge Platform for Faith Community Nurses. *CIN: Computers, Informatics, Nursing*, 34(11), 503-512.
- Ziebarth, D., & Campbell, K. P. (2016). A Transitional Care Model Using Faith Community Nurses. *JCN*, 33(2), 112-118.
- Ziebarth, D. J. (2016). Wholistic Health Care: Evolutionary Conceptual Analysis. *Journal of religion and health*, 55(5), 1800-1823. DOI 10.1007/s10943-016-0199-6
- Ziebarth, D. (2015) "Demonstration: Development of a Minimum Set of Parish Nurse Educational Outcomes and Behavioral Objectives," *International Journal of Faith Community Nursing*; Vol. 1: Iss. 3, Article 4. Available at: <http://digitalcommons.wku.edu/ijfcn/vol1/iss3/4>
- Ziebarth, D. (2015) "Factors That Lead To Hospital Readmissions and Interventions that Reduce Them," *International Journal of Faith Community Nursing*; Vol. 1: Iss. 1, Article 1. Available at: <http://digitalcommons.wku.edu/ijfcn/vol1/iss1/1>.
- Ziebarth, D. (2015). Why a Faith Community Nurse Program: A five finger response. *JCN*. 32 (2), 88-93.
- Ziebarth, D. (2014). Evolutionary Conceptual Analysis: Faith Community Nursing. *Journal of Religion and Health*, 53(6), 1817-1835.
- Ziebarth, D. J. (2014). Discovering Determinants Influencing Faith Community Nursing Practice. *JCN*. 31(4), 235-239.
- Ziebarth, D., Healy-Haney, N., Gnad, B., Cronin, L., Jones, B., Jensen, E., & Viscuso, M. (2012). A community-based family intervention program to improve obesity in Hispanic families. *Wisconsin Medical Journal*, 111(6), 261-266.
- Ziebarth, D. and Miller, C. (2010, May). Exploring Parish Nurses' Perceptions of Parish Nurse Training. *Journal of Continuing Education in Nursing*, 41(6), 273-280.
- Ziebarth, D. (2006, June). Innovation Betters Community Health. *Creative Nursing Management Journal*, 12(2), 6-7.

## Articles

- Ziebarth, D. (2016). Research and its importance to FCN; FCN research Gaps; Increases in FCN research; Reviewing FCN research. *Perspectives*. 15(3).P 1; 3; 6; 8-9.
- Ziebarth, D. (2014). Evidence-Based Practice: Faith Community Nurse Transitional Care Program. *Perspectives*. 13 (3), 6-9.
- Ziebarth, D. (2014) Summer Safety: Simple Ways of Minimizing Dangers of Summer Fun. *Nanny Magazine*. Pp 22-28
- Ziebarth, D. (2013) Continuing Education of Rural Nursing. Letter to the editor. *Journal of Continuing Education in Nursing*. Vol. 44 Issue 1, p3.
- Ziebarth, D. (2011, April). Hospital Transportation Program: Changing a Culture and Reducing Cost. *Article Base*. Retrieved at <http://www.articlebase.com>, 1-8.
- Ziebarth, D. (2011, March). Transitional Nursing Care. *Wisconsin STAT*, 6-7.
- Ziebarth, D. (2010, August). Community Health Workers Help Hospital Reach Hispanics. Milwaukee Area Health Education Center E-Newsletter. Retrieved at <http://www.milwaha.org/component/content/article/138-community-health-worker-help-h>, 1-4
- Ziebarth, D. (2010, February). Wisconsin Parish Nurse Education Standards. *Wisconsin STAT*. 7, 5-6.
- Ziebarth, D. (2008, February). Quality Education Provided. *Wisconsin STAT*. 7(1), 3-4.
- Ziebarth, D. (2007, January). Specialty Celebrates 10 Years of Caring. *Nursing Matters*, 18(1), 4, 21.

- Ziebarth, D. (2004, February). Exceptional Community Care as Evidenced by Clinical Outcomes. *Wisconsin STAT*, 3(1), 5-6.
- Ziebarth, D. (2005, December). Introduction to Shared Governance. *Wisconsin STAT*, 4(4), 5-6.
- Ziebarth, D. (2005, August). Community Automatic External Defibrillator Policy. *Wisconsin STAT*, 4(3), 5.
- Ziebarth, D. (2005, May). Developing a Blood Pressure Policy. *Wisconsin STAT*, 4(2), 4-5.
- Ziebarth, D. (2002, July). Blood Pressure: Part II [I]. *Wisconsin STAT*, 1(3), 5-7.
- Ziebarth, D. (2002, April). Six-Month Blood Pressure Outcomes. *Wisconsin STAT*, 1(2), 4-5.

#### **State Nursing Education Standards**

- Ziebarth, D. (2010). Wisconsin Minimum Set of Basic Parish Nurse Education Outcomes and Behavioral Objectives. (pp. 1-69). Madison, Wisconsin. Wisconsin Nursing Association.

#### **Nursing Textbook Chapter**

- Ziebarth, D. (2005). Policies and Procedures for the Parish Nursing Practice. In P. Solari-Twadell & M. McDermott (Eds.), *Parish Nursing: Development, Education, and Administration* (pp. 257-282). St. Louis, MO: Elsevier Mosby.

#### **Published Papers/Presentations**

- Ziebarth, (2017, August) FCN Transitional Care. Saint Cloud, Minnesota
- Ziebarth (2017, March) FCN Transitional Care. Sioux fall, South Dakota and Fargo, North Dakota.
- Ziebarth (2016, April) FCN Transitional Care. Westberg Symposium, Skokie, Ill.
- Ziebarth (2015, April). FCN Transitional Care. Westberg Symposium. Memphis, Tenn.
- Ziebarth (2015, April). Evolutionary Conceptual Analysis: Faith Community Nursing. Westberg Symposium.
- Ziebarth (2014, Dec). Transitional Care. IHI Conference, Orlando, Fl.
- Ziebarth, D. (4-25-2014) Helen Westberg Memorial Lecture Panel Session: Transitional Care Models. Presented at the Westberg Symposium, Olive Branch, Mississippi.
- Healy-Haney, N. & Ziebarth, D. (2011, September). Reducing Cardiac Risk in Hispanic Families: A Collaborative Approach. Presented at the Public Health Conference. Stevens Point, Wisconsin.
- Healy-Haney, N. & Ziebarth, D. (2011, February). Reducing Cardiac Risk in Hispanic Families: A Collaborative Approach. Presented to Southern Wisconsin LEAP Professionals at quarterly meeting. Waukesha, Wisconsin.
- Ziebarth, D. (2010, Oct.). Wisconsin Minimum Set of Basic Parish Nurse Education Outcomes and Behavioral Objectives. Wisconsin Nursing Association Conference.
- Ziebarth, D. (2009, Sept). Research: Exploring Parish Nurses' Perceptions of Parish Nurse Training. Paper presented at the 23rd Annual Westberg Symposium. Saint Louis, Missouri.
- Ziebarth, D. (2005, Sept. 30-Oct. 2). Promoting Leadership and Professionalism through the Implementation of a Shared Governance Model. Paper presented at the 19th Annual Westberg Symposium, (pp. 115-128). St. Louis, Missouri.

#### **Abstracts/Posters**

- Ziebarth (2017, November). FCN Transitional Care. APHA International Conference, Atlanta, Georgia.
- Ziebarth (2015, April). Transitional Care Model. Westberg Symposium. Memphis, Tenn.
- Ziebarth (2014, Dec). Transitional Care Model. IHI Conference, Orlando, Fl.
- Ziebarth, D. (2010, Oct). Research: Exploring Parish Nurses' Perceptions of Parish Nurse Training. Poster presented at the 100th Anniversary of the Wisconsin Nursing Association Annual Convention. Madison, Wisconsin.
- Ziebarth, D. (2010, Oct). Project: Wisconsin Minimum Set of Basic Parish Nurse Education Outcomes and Behavioral Objectives. Poster presented at the 100th Wisconsin Nursing Association Annual Convention. Madison, Wisconsin.
- Ziebarth, D. (2004, Sept. 29-Oct. 1). Hypertension Identification with Blood Pressure Control & Heart Disease risk Identification and Lifestyle Change. Poster presented at the 18th Annual Westberg Symposium, (p. 279). St. Louis, Missouri.
- Ziebarth, D. & Wisnepske, K. (2005, Sept. 30-Oct. 2). A Strategy to Promote Leadership, Professionalism and Scholarship through a Partnership with a State Nursing Association. Poster presented at the 19th Annual Westberg Symposium, (p. 214). St. Louis, Missouri.

#### **Curriculum (Published/Unpublished)**

- Ziebarth, D. & Campbell, K. (2014) Faith Community Nurse Transitional Care Curriculum. Church Health Center. Memphis, Tenn.
- Ziebarth, D. (1998; 2013). Health Ministry Mentoring Curriculum (p.1-360).

**Published Booklets**

- **Volunteer Program Development: For Faith Communities (2017).**  
[https://www.amazon.com/Volunteer-Program-Development-Faith-Communities/dp/1973994925/ref=sr\\_1\\_fkmr1\\_1?s=books&ie=UTF8&qid=1510854806&sr=1-1-fkmr1&keywords=Developing+a+Volunteer+program+for+a+faith+community](https://www.amazon.com/Volunteer-Program-Development-Faith-Communities/dp/1973994925/ref=sr_1_fkmr1_1?s=books&ie=UTF8&qid=1510854806&sr=1-1-fkmr1&keywords=Developing+a+Volunteer+program+for+a+faith+community)
- **Faith Community Nurse Visitation Guidelines. (2017).** <https://www.amazon.com/Visitation-Guidelines-Faith-Community-Nurses/dp/1546311459>
- **Community Nurse Visitation Guidelines. (2017).**  
[https://www.amazon.com/s/ref=nb\\_sb\\_noss?url=search-alias%3Dstripbooks&field-keywords=Community+Nurse+Visitation+Guidelines](https://www.amazon.com/s/ref=nb_sb_noss?url=search-alias%3Dstripbooks&field-keywords=Community+Nurse+Visitation+Guidelines)

# **Appendix 2-A**

**Faculty Form #1114 and CVs**



# Wisconsin Department of Safety and Professional Services

## EDUCATIONAL ADMINISTRATOR APPOINTMENTS

Fully-qualified educational administrator must have current, active Registered Nurse license or privilege to practice in Wisconsin that is not encumbered, a graduate degree with a major in nursing, knowledge of learning principles for adult education, including nursing curriculum development, administration and evaluation, current knowledge of nursing practice, and **either** educational preparation (master's degree in nurse education or doctorate degree in nurse education) or at least two (2) years experience as an instructor in a nursing education program within the last five (5) years.

**NOTE:** Applicant must complete Section A below; complete Section B below only if teaching experience is being applied toward the requirements in lieu of an earned master's or doctorate degree in nurse education.

List most recent education preparation and teaching experience first. Attach additional pages as necessary.

### E. EDUCATIONAL PREPARATION

Name of Institution	Location City/State	Graduation Date	Degree Earned or # of Credits	Major	M i

### F. NURSING INSTRUCTION EXPERIENCE\*

**\*Complete this section only if a master's or doctorate degree in nurse education has not been earned and teaching experience is being applied in lieu of a master's or doctorate degree in nursing.**

From Month/Year	To Month/Year	Part-time or Full-Time	Employer/School	Location City/State	Position/Job Title

Deborah Ziebarth

\_\_\_\_\_  
Educational Administrator

*Dr. Deborah Ziebarth*

\_\_\_\_\_  
Signature

262-649-1710 x61647

\_\_\_\_\_  
Telephone Number

Nursing Department Chair

\_\_\_\_\_  
Title

12/15/2017

\_\_\_\_\_  
Date

DZiebarth@herzing.edu

\_\_\_\_\_  
Email Address

**Karen L. Dulin**

2121 N. North Drive  
Oconomowoc, WI 53066  
(262) 646-2216 Home  
(262) 391-5844 Cell  
Kdulin666@wi.rr.com

## **OBJECTIVE**

I am a dedicated RN with over 15 years of experience in critical care within Columbia-St. Mary's Regional Burn Center seeking transition into a faculty/clinical teaching position within a nursing school. I offer a solid foundation in critical care, research methodologies, and current health care advancements.

Special experience in conducting clinical improvement projects within the critical care environment of burn specialization. Strong background as a department unit educator developing orientation programs to new nurses as well as continuing education to established staff. Community educator for the American Burn Association for Advanced Burn Life Support programs aimed at emergency medical technicians in the field and hospital support staff at state and local emergency departments.

## **WORK EXPERIENCE**

### **11/20/99-Present, Columbia-St. Mary's Regional Burn Center, Milwaukee, WI (Ascension)**

Staff RN in an acuity adaptable critical care unit caring for patients undergoing grafting and surgical interventions. Assisting surgeons and surgical teams with operative procedures performed at the bedside as well as daily wound cares for a highly specialized patient population.

### **Highlights of Contributions**

- Eden's Grant recipient for a clinical improvement project for teaching "Preoperative and Postoperative Skin Grafting" to patients who are undergoing a grafting procedure.
- Ascension Grant for developing a discharge video of patient's personalized burn therapies for them to take with them after discharge to rehabilitation centers.
- Nursing team lead on International research study for "Nexabrid". Nexabrid is a chemical debridement product (Mediterranean pineapple) project that is undergoing extensive study on burn patients in the United States seeking FDA approval.
- One of two national American Burn Association Instructors at Columbia-St. Mary's Regional Burn Center.
- Annual instructor as nursing skills fair for Ascension.
- Community educator for annual EMT conference.
- Unit based Quality Improvement Representative for 5+ years.
- Department Unit Educator for 7+ years until the hospital based position was eliminated by Ascension.

## **EDUCATION**

2001 Carroll University-BS Nursing

2010 AACN-CCRN Certification

2013 University of Phoenix-MSN Nursing Education

## **ADDITIONAL INFORMATION**

Reputation as a loyal team player with an unwavering commitment to providing quality care and evidenced based practices.



# Wisconsin Department of Safety and Professional Services

## EDUCATIONAL ADMINISTRATOR APPOINTMENTS

Fully-qualified educational administrator must have current, active Registered Nurse license or privilege to practice in Wisconsin that is not encumbered, a graduate degree with a major in nursing, knowledge of learning principles for adult education, including nursing curriculum development, administration and evaluation, current knowledge of nursing practice, and **either** educational preparation (master's degree in nurse education or doctorate degree in nurse education) or at least two (2) years experience as an instructor in a nursing education program within the last five (5) years.

**NOTE:** Applicant must complete Section A below; complete Section B below only if teaching experience is being applied toward the requirements in lieu of an earned master's or doctorate degree in nurse education.

List most recent education preparation and teaching experience first. Attach additional pages as necessary.

### G. EDUCATIONAL PREPARATION

Name of Institution	Location City/State	Graduation Date	Degree Earned or # of Credits	Major	M i

### H. NURSING INSTRUCTION EXPERIENCE\*

\*Complete this section only if a master's or doctorate degree in nurse education has not been earned and teaching experience is being applied in lieu of a master's or doctorate degree in nursing.

From Month/Year	To Month/Year	Part-time or Full-Time	Employer/School	Location City/State	Position/Job Title

Deborah Ziebarth

Nursing Department Chair

\_\_\_\_\_  
Educational Administrator

\_\_\_\_\_  
Title

*Dr. Deborah Ziebarth*

12/15/2017

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

262-649-1710 x61647

DZiebarth@herzing.edu

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Email Address

# REBECKA J HUGGINS, RN

---

64 Torrey St. Clintonville, WI 54929  
(h)715-460-3389 • (c) 715-460-4656  
rhugsrn@gmail.com

## PROFESSIONAL OBJECTIVE

To be an active faculty member participating in role of educating nursing students.

## PROFESSIONAL EXPERIENCE

HERZING UNIVERSITY, BROOKFIELD, WI  
ASSISTANT PROFESSOR OF NURSING

12/17-CURRENT

Through subject matter expertise, effective communication, pedagogical knowledge, operational excellence, appreciation and promotion of diversity, assessment of student learning, and utilization of technology to enhance teaching and learning I assist each student in navigating the learning process through each course I teach in the nursing program and preparation for the RN-NCLEX. I have taught courses from Introduction to Clinical up to Research. My current courses include Evidence Based Nursing Research, Nursing Informatics and Preparation for RN-NCLEX in which I start working with student when they enter the nursing program in semester three until they have passed their examination, including after graduation.

ASCEND LEARNING, LEAWOOD, KS  
ATI VIRTUAL COACH AND NCLEX SPECIALIST

08/16-01/17

As a nurse educator, I provide guidance and coaching to nursing graduates, in both practical nurse and registered nurse programs, to help prepare them for their National Council Licensure Examination. Practice questions, focused remediation, case studies, content specific activities are all included in providing the student with additional help to increase their knowledge base and help to improve their confidence along with positive reinforcement from ATI coach. The ATI coach and student work exclusively until the student has the green light or student wishes to take their NCLEX examination.

UNIVERSITY OF WISCONSIN- OSHKOSH, OSHKOSH, WI  
INSTRUCTIONAL ACADEMIC STAFF

01/15-04/15

As a collegiate faculty member, I worked in two different nursing programs within the college of nursing, the traditional undergraduate and the accelerated online nursing program. In the traditional program, I taught two different clinicals, one on a medical-surgical floor and one split between an assisted living facility and a rehabilitation floor in a hospital. Responsibilities for those clinicals included facilitating and monitoring of students with nursing skills, medication monitoring, assessments, care planning, documentation, nursing cares, therapeutic communication, and reporting off to the next nurse and charge nurse. In addition, to working with the students at the facility, I also was responsible for all the grading of assignments and having availability for them to ask/answer questions. In the accelerated online option, I was assigned to a community health clinical. My responsibilities were to meet with the preceptor and student at the beginning of the clinical and the end of the clinical. During

the clinical experience, I would have weekly, and more often if needed, communication with both the preceptor and student. During the clinical time, there were chats the students needed to attend that I was responsible to facilitate in which students from the clinical would gather and discuss a variety of topics related to the clinical. In addition, I was responsible for grading all assignments and having communication often with the student.

SHAWANO COUNTY, SHAWANO, WI  
**MENTAL HEALTH REGISTERED NURSE**

08/15-10/15

I worked as a mental health registered nurse with clients living in the community. I collaborated daily with the psychiatrist, social workers, and deputy director. I was responsible for medication administration for those who needed monitoring, court ordered medications, obtaining of laboratory results, monitoring of laboratory schedules of medications, creation of policies regarding medications, laboratory medication levels and monitoring of those levels. I also helped out with any nursing care that was needed with clients in our service.

COLLEGE OF MENOMINEE NATION, KESHENA, WI  
**NURSING FACULTY**

8/10-5/15

As a collegiate faculty member, I was responsible for the management and operation of the Associate Degree Nursing Program curricula. I taught and evaluated didactic content, instructed and evaluated basic nursing skills, and taught and evaluated nursing students in the clinical area. Faculty rank was assigned by the Dean of Nursing based on policy. Each faculty member was expected to abide by and promote the mission, philosophy, framework, and policies of the College of Menominee Nation and the Nursing and Health Careers Program. In addition to the curricula that was taught, I was the chair of the Nursing Program Evaluation committee and co-chair of Nursing Curriculum committee.

PINE MANOR HEALTHCARE CENTER, CLINTONVILLE, WI  
**REGISTERED NURSE**

12/09-12/10

This is a long-term care facility that houses residents that need a variety of care needs. At this facility, care is provided following the facilities policies and protocols. Administration of medications, application of treatments, monitoring of blood glucose levels, proper documentation, and guidance of ancillary nursing staff are some of the responsibilities of the registered nurse. Collaboration of care includes the resident, resident's family, nursing staff, social services, and therapy departments.

NORTHEASTERN WISCONSIN TECHNICAL COLLEGE, GREEN BAY, WI  
**NURSING INSTRUCTOR**

06/09-04/10

As an adjunct instructor, I have taught the nursing assistant classes; didactic and skills, including the clinical component and introduction to practical nursing clinical.

ST. JOSEPHS RESIDENCE, NEW LONDON, WI  
**REGISTERED NURSE**

09/08-12/09

This is a long-term care facility that houses residents that need a variety of care needs. At this facility, care is provided following the facilities policies and protocols. Administration of

medications, application of treatments, monitoring of blood glucose levels, proper documentation, and guidance of ancillary nursing staff are some of the responsibilities of the registered nurse. Collaboration of care includes the resident, resident's family, nursing staff, social services, and therapy departments.

NURSES PRN, KIMBERLY, WI  
**REGISTERED NURSE**

03/08-10/10, 11/15-12/15

Most recently, I worked in a psychiatric setting, mostly working with patients detoxing from alcohol and substance abuse. Responsibilities included following established protocols for the detoxing patient and assessments, medication administration, documentation, admissions, discharges, and providing emergency management if indicated. As the unit had been newly re-opened, I helped to create checklists for admissions and discharges for other agency nurses. I work at various long-term care facilities and have worked within the insurance industry. My service is to provide care to the residents/patients at the facilities per standards and protocols, including but not limited to medication administration, application of treatments, blood glucose monitoring, head-to-toe assessments, admissions, discharges, and care planning. I complete charting and paperwork in a timely manner including minimum data sets, temporary care plans, and care plans. I work many evening and night shifts, in which management is only available by phone. I supervise the ancillary nursing staff, communicate with physicians when needed when resident safety is the primary concern. Within the insurance industry, I would approve or reject procedures based on the policy type the insured would have.

CRASSOCIATES, INC., NEWINGTON, VA  
**RN ADMINISTRATOR**

04/07-09/07

I served as the administrator at the Veteran's Outpatient Clinic in Wausau, Wisconsin, serving over 4000 veterans receiving medical care and an additional 300 veterans receiving mental health services. I oversaw the day-to-day operations of the clinic. Operations included supervising physicians, nurse practitioners, nursing support staff and clerical staff, maintaining enrollment status with the veterans, veteran complaints, billing, budgeting, weekly and monthly reports to corporate office, QI/QA initiatives, performance improvement projects, performance appraisals for employees, action plans for deficits, hiring of new personnel, disciplinary actions, and maintaining contact with Outpatient Coordinator. During my short tenure, I managed to double the patient satisfaction scores of the veteran's receiving care at this facility.

WINNEBAGO MENTAL HEALTH INSTITUTE, WINNEBAGO, WI.  
**NURSE CLINICIAN 2**

07/00-06/06

I provided skilled nursing care to mental health and dual diagnosis inmates/patients; provided assessment and treatment; managed medications; assisted physicians in providing medical services; provide emergency care and maintenance of treatment records.

- I created a power point program for the patients teaching them the different types of medications that are used to treat the different types of mental illness
- The program consists of the presentation for the patients, instructor notes, quizzes, and a final examination

## **EDUCATIONAL BACKGROUND**

**Doctorate of Philosophy in Nursing, PhD-** currently working on  
UNIVERSITY OF WISCONSIN- MILWAUKEE- Milwaukee, Wisconsin

**Master's of Science in Nursing, MSN-** (2008)

**Master's of Science in Healthcare Administration, MHA-**(2008)  
UNIVERSITY OF PHOENIX- Phoenix, Arizona

**Bachelor of Science in Nursing, BSN** (2000)

UNIVERSITY OF WISCONSIN OSHKOSH – Oshkosh, Wisconsin

## **LICENSURE**

Registered Nurse (RN), State of Wisconsin (exp. 2018)

American Heart Association CPR (exp. 2019)



## Wisconsin Department of Safety and Professional Services

### EDUCATIONAL ADMINISTRATOR APPOINTMENTS

Fully-qualified educational administrator must have current, active Registered Nurse license or privilege to practice in Wisconsin that is not encumbered, a graduate degree with a major in nursing, knowledge of learning principles for adult education, including nursing curriculum development, administration and evaluation, current knowledge of nursing practice, and **either** educational preparation (master's degree in nurse education or doctorate degree in nurse education) or at least two (2) years experience as an instructor in a nursing education program within the last five (5) years.

**NOTE:** Applicant must complete Section A below; complete Section B below only if teaching experience is being applied toward the requirements in lieu of an earned master's or doctorate degree in nurse education.

List most recent education preparation and teaching experience first. Attach additional pages as necessary.

#### O. EDUCATIONAL PREPARATION

Name of Institution	Location City/State	Graduation Date	Degree Earned or # of Credits	Major	M i

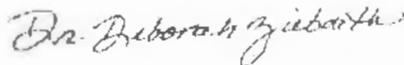
#### P. NURSING INSTRUCTION EXPERIENCE\*

**\*Complete this section only if a master's or doctorate degree in nurse education has not been earned and teaching experience is being applied in lieu of a master's or doctorate degree in nursing.**

From Month/Year	To Month/Year	Part-time or Full-Time	Employer/School	Location City/State	Position/Job Title

Deborah Ziebarth

Educational Administrator



Signature

262-649-1710 x61647

Telephone Number

Nursing Department Chair

Title

12/15/2017

Date

DZiebarth@herzing.edu

Email Address

**Dr. Rosalyn McFarland DNP, RN, APNP, FNP-BC**  
11214 West Peregrine Way  
Greenfield, Wisconsin 53228



- Ordering referrals, consultations, laboratory tests, preventive screening tests, and other diagnostic testing as appropriate.

#### **PUBLICATIONS**

CME Article on Pancreatic Cancer in Primary Care 2012  
Clinician Reviews/ Peer-Reviewed Journal

#### **Awards and Honors**

**Milwaukee Journal Sentinel 40 Under 40 Award-** Awarded 01/2016  
**American Association of Nurse Practitioners-State Award of Excellence-** Award 06/2016

#### **Research Experience**

**SAMHSA Grant- Awarded 08/2015 Integrating Primary and Behavioral Healthcare(PBHCI)-**  
Project Primary Care Lead

#### **PRESENTATIONS**

Speaker Presentation  
Approved CNE through the Wisconsin Nurses Association for Nurses of MCFI  
January 23<sup>rd</sup>, 2014-Milwaukee, WI.  
The Role of the Registered Nurse in delegating tasks to unlicensed professionals

Speaker Presentation  
American Association of Medical Assistants  
The Greater Milwaukee Medical Assistant Group  
October 17<sup>th</sup>, 2013-Milwaukee, WI.  
Pharmacology and the Medical Assistant

Speaker Presentation  
American Association of Medical Assistants  
The Greater Milwaukee Medical Assistant Group  
March 21<sup>st</sup>, 2013- Milwaukee, WI.  
Infection Control and Prevention

Speaker Presentation  
Batzner Pest Control 3<sup>rd</sup> Annual Bed Bug Seminar  
July 18<sup>th</sup>, 2013-Brookfield, WI.  
Speaker on Bed Bugs and Social Service Agencies

Professional Panel Speaker  
MCFI Conference Center  
The Marquette University Educational Opportunity Program (EOP) Upward Bound Students  
July 1<sup>st</sup>, 2013-Milwaukee, WI.  
Professional panel speaker

Primary Presenter  
Poster presentation at the American Academy Nurse Practitioners National Conference  
June 2010-Phoenix, AZ  
Childhood Obesity

Primary Presenter  
6-Minute Lecture at the American Academy Nurse Practitioners National Conference  
June 2010-Phoenix, AZ  
Childhood Obesity

Primary Presenter  
Poster Presentation at the American Academy of Nurse Practitioners National Conference  
June 2012-Orlando, FL  
Collaborative Interprofessional Education Model: Applying an Interprofessional Model of Health Care Delivery to Improving  
Primary Care Health Outcomes

**Primary Presenter**

6-minute lecture at the American Academy of Nurse Practitioners National Conference

June 2012-Orlando, FL.

Collaborative Interprofessional Education Model: Applying an Interprofessional Model of Health Care Delivery to Improving Primary Care Health Out

BOARD CERTIFICATIONS/LICENSING

**Wisconsin Department of Regulation and Licensing**

- Wisconsin Board of Nursing  
Registered Nurse  
Licensed: July 15th, 2003-February 28th, 2018 Registered Nurse  
144841-030
- Wisconsin Board of Nursing Advanced  
Practice Nurse Prescriber  
Licensed: August 28th, 2008-September 30th, 2018 Advanced  
Practice Nurse Prescriber #3483-33

**DEA License**

Licensed: September 2008-January 2020

License number available upon request

**American Nurse Credentialing Center Family Nurse Practitioner**

Certified: August 16, 2008-August 15, 2018

National Certification: 2008005619

CERTIFICATIONS

**Basic Life Support for Healthcare Professional**

November 2012-October 2018

**Basic EKG**

May 2002-ongoing

Certified in EKG interpretations

HOSPITAL AFFILIATIONS/PRIVILEGES

**Aurora St. Luke's Medical Center- Hospital Privileges 04/2014 with sponsor Dr. Ibsa Aurora Sinai Medical Center**

**-Hospital Privileges 04/2014 with sponsor Dr. Ibsa**

MEMBERSHIPS AND ASSOCIATIONS

- Wisconsin Nurses Association/American Nurses Association-January 2006-  
January 2018
- Metro Milwaukee Nurse Practitioner -June  
2008-June 2018
- American Association of Nurse Practitioners-December  
2008-January 2018
- Doctor of Nursing Practice -May  
2011-Ongoing



# Wisconsin Department of Safety and Professional Services

## EDUCATIONAL ADMINISTRATOR APPOINTMENTS

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**NOTE:** Applicant must complete Section A below; complete Section B below only if teaching experience is being applied toward the requirements in lieu of an earned master's or doctorate degree in nurse education.

List most recent education preparation and teaching experience first. Attach additional pages as necessary.

### W. EDUCATIONAL PREPARATION

Name of Institution	Location City/State	Graduation Date	Degree Earned or # of Credits	Major	M i

### X. NURSING INSTRUCTION EXPERIENCE\*

\*Complete this section only if a master's or doctorate degree in nurse education has not been earned and teaching experience is being applied in lieu of a master's or doctorate degree in nursing.

From Month/Year	To Month/Year	Part-time or Full-Time	Employer/School	Location City/State	Position/Job Title

Deborah Ziebarth  
 \_\_\_\_\_  
 Educational Administrator

*Dr. Deborah Ziebarth*  
 \_\_\_\_\_  
 Signature

262-649-1710 x61647  
 \_\_\_\_\_  
 Telephone Number

Nursing Department Chair  
 \_\_\_\_\_  
 Title

12/15/2017  
 \_\_\_\_\_  
 Date

DZiebarth@herzing.edu  
 \_\_\_\_\_  
 Email Address

### Curriculum Vitae

Linda M. Phillips, FNP-C  
12023 W. Cleveland Ave. West Allis, WI 53227  
Home Phone: 414-455-3255  
Office Phone: 262-650-4931  
[lphillip@carrollu.edu](mailto:lphillip@carrollu.edu)

### PROFESSIONAL EXPERIENCE

**9/2005 – Present Carroll University; 100 N. East Ave., Waukesha, Wisconsin 53186**

**Position: Clinical Assistant Professor of Nursing**

*Teaching responsibilities:*

Pathophysiology (9/05-present) and Pharmacology (9/07-present). Created numerous case studies and exercises to assist with student learning for nursing and health science students. Have consistently had student evaluation scores for both courses above average. Many students have commented about their appreciation of the multi-faceted support and materials to help them succeed at two very difficult courses. Please see publications regarding materials developed for the Pharmacology and Pathophysiology course.

Served on the University's General Education and Cross Cultural Committee, as well as the Cross Cultural Experiences and Cross Cultural Seminar subcommittees, helping to develop the cross cultural curriculum for the University. Also served on the pilot group for the development of the Cross Cultural Seminar courses.

Sophomore level clinical 0/05-1/08. Developed several assignments to help students' better grasp fundamental concepts including navigating patient information and care plan construction.

September, 2008 initiated a First Year Studies This course was converted to a "Cross Cultural Seminar" in the Fall of 2011 in alignment with the new International Curriculum. This is an essentially new course on immigration with an emphasis on health issues such as medical care for refugees and other immigrants.

January, 2009 began co-teaching Family-centered Mental Health nursing course. Assisted with lab portion Fall, 2009. Faculty with this specialty were hired by the end of the semester so I am no longer involved with these.

Spring, 2010 developed an International Health Care Course. This was approved and offered Spring Semester, 2012, and was also a pilot course. May, 2012 traveled to Guatemala where 10 students delivered teaching-intervention projects to 3 villages, and did an extensive village assessments. Have travelled to Guatemala seven times with groups of students. Developed a course that helps students understand the challenges of providing health care

to underserved populations as well as providing education and sustainable aid. Am the Faculty Advisor for the Sigma Theta Tau local chapter.

**5/13-8/14 Interra Health**

Position: Float Pool NP at various clinics in their small network of clinics that provide Urgent Care and Primary Care for County and City employees with which they have contracts. Worked 30 hours per week the summer of 2013 and during the winter break; they had little need for extra help the past year.

**10/13-present Spaulding Clinical**

Position: Conduct physical exams on those enrolled in research studies. Am able to schedule as hours as desired.

**5/10-present Medical Resources**

Position: locum tenem positions in quick care clinics. Worked independently as a nurse practitioner, also did patient registration, basic nursing care and extensive patient education as time permitted. Have not had any hours with this organization since 2010 due to a decrease in demand and full-time teaching position.

**9/09-12/09 Blue Cross Blue Shield**

Position: Did in home visits to obtain medical history for those on Medicare applying for supplemental insurance coverage.

**5/2006 – 1/12 Pro-Health Care Medical Associates**

Position: Family Nurse Practitioner

*Responsibilities:*

Providing Occupational health services and urgent care for several clinics.

Work full-time as an FNP during breaks from school, part-time for the remainder of the year. Consulted with patients that were traveling to or relocating overseas regarding health requirements and concerns. Also have provided care for uninsured and underinsured clients that do not qualify for care through area free clinics.

Spring, 2008 supervised an FNP student from Concordia University in her 1<sup>st</sup> semester of clinical and shared such with other FNPs periodically. Department restructured 10/11 with resulting layoff of most of staff including me.

**10/2010-10/2011 Bellin Health**

Position: Family Nurse Practitioner

*Responsibilities:*

Was hired by them after working several months for them through Medical Resources, at various quick care clinics. Worked independently as a nurse practitioner, also did patient registration, basic nursing care and extensive patient education as time permitted. Left this organization due to extensive travel and approaching winter weather.

**9/2003 – 5/2005 North Central Technical College; Wausau, WI 54403**

Position: Adjunct instructor.

Teaching responsibilities: Medical Terminology, 1-2 classes per semester

**9/2000 – 5/2006 Memorial Health Center; 135 S. Gibson; Medford, WI 54451**

Position: FNP in Urgent Care/ER

*Responsibilities:*

A 2004 patient satisfaction survey by an independent organization reported 9.4% of our patients felt the care given in Urgent Care met or exceeded their expectations, and 99.7% said they would recommend our services to others. Member of the Emergency Department Committee. Developed patient education materials.

**6/2001 – 10/2005 Aspirus Hospital and Clinics; 425 Pine Ridge Boulevard; Wausau, WI**

Position: FNP as needed

*Responsibilities:*

Provided coverage for area Physicians during their vacations or while they attended conferences. Provided care for a variety of patients with chronic illnesses and acute injuries and illnesses, plus preventative serves such as Well Child check-ups. This averaged one day a week.

Worked with 2 nursing pools while in graduate school but both are no longer operating.

**11/1997 – 5/1999 American Red Cross; Deckner Ave.; Green Bay, Wisconsin, 54301**

Position: RN in screening and blood donations collection

**1/1990 – 11/1997 Wisconsin Evangelical Lutheran Synod; 2929 N. Mayfair Rd.**

Milwaukee, Wisconsin

Position: Director of The WELS medical mission in Bulgaria, Eastern Europe

*Responsibilities:*

From Dec., 1993 until Nov., 1997. Developed Medical Mission Program there which was, in 1997 turned over to Bulgarian management. Did an assessment of resources and research before developing the programs. Also procured medical equipment and supplies to area clinics and hospitals. Also developed a series of lectures which were recorded and distributed throughout western Bulgaria. Wrote monthly health newsletters covering topics such as nutrition, common medications and significant side effects, common illnesses and treatment of them. After the program for families was started, wrote monthly newsletters on topics of concern to them including childhood vaccines and illnesses, and common problems such as nightmares and how to manage them. Also gave lectures on health topics. Went into the area Gypsy camps periodically, providing basic health care, checking blood pressures and giving talks on hygiene, nutrition and illness prevention. Ten years ago started a non-profit organization to continue aid and staffing to some of these

organizations; this project is still running. The largest of these projects employs older women to work one-on-one with developmentally disabled children in an orphanage. This has resulted in the children developmentally meeting more milestones and becoming eligible for adoption.

From Jan. 1990 until Dec. 1993 worked at a rural clinic in Zambia, Africa. Developed an extensive village health care and midwifery program and village health program.

### **EDUCATIONAL BACKGROUND**

**May, 2000** Concordia University, Mequon, WI

Degree: MSN as Family Nurse Practitioner, cumulative GPA 3.9

**May, 1990** Seneca College; Toronto; Ontario, Canada,

Certificate in International Health, six month program in international health.

**December 1982** University of Wisconsin – Milwaukee, WI

Degree: BSN, cumulative GPA 3.7

### **PUBLICATIONS**

**Winter, 2001** The Journal of Christian Nursing. "Listening and Learning." Article on developing medical mission projects in Eastern Europe. This was my graduate school project.

**June, 2007** Pro- Health monthly magazine. Wrote article on the need for travel medicine consultations.

Have had two case studies published; more were to be published but the publisher has had to put this project on hold due to economic limitations.

#### **Publications:**

Materials for a pathophysiology workbook currently being reviewed by Elsevier and have been hired by them as a content expert and developer for a pathophysiology project. This is an animation project of major pathological processes and I've been assigned seventy-five of the animation scripts.

Mastering Pharmacology text accepted by Pearson Prentice- Hall: Includes: medication review sheets, exercises, and medication study guides, to help students test their understanding of drug mechanism of action and interactions, and assist with learning drug names.

Contracted to write a chapter for a Pathophysiology Textbook for Pearson Prentice-Hall on thyroid and parathyroid disorders.

Served as a reviewer for Lippincott for RN to BSN pathophysiology text.

Wrote discussion questions for the above text December, 2014.

### **GRANTS**

#### **March 2011 Pioneer Scholars Grant**

Awarded to develop and carry out research on the causes and possible interventions of the high maternal mortality rate in Guatemala. Worked with a student on this and have given many presentations on it.

### **PRESENTATIONS**

**May, 2013** Poster presentation on the contribution of an international health care experience to professional nurse development.

Have done numerous presentations on medical mission work, cross cultural education and on international education for nursing.

### **CONTINUING EDUCATION**

**7/21-22/2008** ATI Test Item Writing Conference. Kansas City, KS

Have attended numerous continuing education lectures, seminars and conferences for Nurse Practitioners.

**2005, '06, '07. 09** WNA Pharmacology Yearly Update

**January, 2007** Mosby Faculty Development Institute –San Diego, California.

Attended several continuing education programs on various topics including updates on emerging infections, international education, nursing education, and many pediatric conferences sponsored by Children's Hospitals in the Milwaukee area during the last 2 years.

Numerous continuing education credits beyond those required for certification, last one attended was March, 2015 Children's Hospital "Best Practices" Pediatric conference.

### **PROFESSIONAL LICENSES**

Registered Nurse - Wisconsin

Advanced Practice Nurse Prescriber – Wisconsin

ANCC – Board Certification as Family Nurse Practitioner

CPR current



# Wisconsin Department of Safety and Professional Services

## EDUCATIONAL ADMINISTRATOR APPOINTMENTS

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### EE. EDUCATIONAL PREPARATION

Name of Institution	Location City/State	Graduation Date	Degree Earned or # of Credits	Major	M i

### EE. NURSING INSTRUCTION EXPERIENCE\*

\*Complete this section only if a master's or doctorate degree in nurse education has not been earned and teaching experience is being applied in lieu of a master's or doctorate degree in nursing.

From Month/Year	To Month/Year	Part-time or Full-Time	Employer/School	Location City/State	Position/Job Title

Deborah Ziebarth  
 \_\_\_\_\_  
 Educational Administrator

Nursing Department Chair  
 \_\_\_\_\_  
 Title

*Dr. Deborah Ziebarth*  
 \_\_\_\_\_  
 Signature

12/15/2017  
 \_\_\_\_\_  
 Date

262-649-1710 x61647  
 \_\_\_\_\_  
 Telephone Number

DZiebarth@herzing.edu  
 \_\_\_\_\_  
 Email Address

Paula Winters  
6520 W Girard Ave  
Milwaukee, WI 53210  
414-731-3563  
Sagefemme58@att.net

**TITLE:** RN, BSN, MSN, CNM, CPT (ret) US Army

**EDUCATIONAL DEGREES with AREA OF SPECIALIZATION**

Bachelor of Science in Nursing (1980) - University of Wisconsin, Madison WI

Masters of Science in Nursing, Specialty of Midwifery (1999) Marquette University, Milwaukee WI

**CURRENT EDUCATIONAL STUDY (in progress)**

Masters of Science in Oriental Medicine / Bachelors of Science in Nutrition

Midwest College of Oriental Medicine, Racine WI

**RELEVANT WORK EXPERIENCE**

Labor & Delivery Nurse - St Joseph's Hospital, Milwaukee, WI (1986-1999)

Certified Nurse-Midwife - Central OB/GYN, Milwaukee, WI (1999-2003)

- Shafi Medical Center, Milwaukee, WI (2003-2008)

- William Beaumont Army Medical Center, El Paso, TX (2008-2012)

-Nursing faculty Herzing University (2012-present)

**TEACHING EXPERIENCE**

Assistant Professor- Herzing University

Clinical instructor – Marquette University , Milwaukee WI

Instructor- US Army Practical Nurse Course, Ft Bliss, El Paso, TX

**TEACHING RESPONSIBILITIES WHILE AT HERZING UNIVERSITY- BROOKFIELD/KENOSHA**

**Lead instructor:**

NB 100 Growth and Development

NB 400 Family Nursing

NB 210 Introduction to Clinical Nursing

NB 335 Legal and Ethical Issues in Nursing

NB 010 NCLEX Preparation

**Clinical Instructor**

NB 210 Introduction to Clinical Nursing( Lab and Clinical Component)

NB 215 Adult Health I ( Lab Component)

NB 400 Family Nursing (Obstetrical Component)

NB 209 Health Assessment

**PROFESSIONAL ORGANIZATIONS**

American College of Nurse –Midwives

Midwives Association of North America  
American Society of Clinical Hypnosis

**CERTIFICATIONS**

Nurse- Midwifery  
Basic Life Support  
Neonatal Resuscitation

# Appendix 4-A

## Course Syllabi

# HERZING<sup>®</sup>

— UNIVERSITY —

## COURSE SYLLABUS

FACULTY CONTACT INFORMATION	
<b>INSTRUCTOR</b>	Click here to enter text.
<b>PHONE NUMBER</b>	Click here to enter text.
<b>HERZING E-MAIL</b>	Click here to enter text.

DAY	OFFICE HOURS (CENTRAL TIME)
	00:00 am – 00:00 am

<b>Instructional Delivery Method</b>	On Campus		
<b>Class Location</b>			
<b>Semester</b>			
<b>Course Code</b>	NP 100		
<b>Course Title:</b>	Growth and Development		
<b>Course Description</b>	This course is a survey of normative human life span development. Emphasis is on selected theorist and perspectives as they relate to the physical, cognitive, and psychosocial aspects of development from conception to death. Significant milestones, and developmental tasks will be emphasized.		
<b>Credit Hours Contact Hours</b>	<b>1 Semester Credit Hours</b>		
	<b>Lecture Hours</b>	<b>Laboratory Hours</b>	<b>Clinical Hours</b>
	<b>15</b>	<b>0</b>	<b>0</b>
	<b>Total Contact Hours</b>		
	<b>15</b>		
<b>Study Time</b>	<p>Lecture, Lab, or Internship/Externship/Clinical/Practicum hours as indicated on the syllabus represent scheduled hours spent engaged in learning activities. Students should expect to spend a minimum of two additional hours engaged in learning activities outside of class for each one hour identified as lecture; students should expect to spend one hour engaged in learning activities outside of class for each two hours of scheduled laboratory time. Learning activities outside of class support the achievement of one or more course learning objectives and may be spent reading textbook material, completing homework assignments, preparing for lab assignments, engaged in drill and practice exercises, working on case studies, completing workbook activities, or conducting library research. Additional study time outside of scheduled Internship/Externship/Clinical hours is typically not expected.</p> <p>The total amount of time that students spend engaged in learning activities is consistent, regardless of instructional delivery method. For example, students enrolled a three credit lecture course should expect to spend 45 hours in scheduled class time and an additional 90 hours engaged in learning activities outside of the classroom. Online or blended students should expect to spend the equivalent total of 135 hours engaged in learning activities if they are enrolled in the same course.</p> <p>Determination of the amount of time that a student should expect to spend engaged in learning activities is based upon faculty judgment regarding the average student. The amount of time spent engaged in learning activities is expected to vary among students, based upon previous knowledge of the content, learning style, learning ability, difficulty of the course, and student motivation.</p>		

	<i>The timeframes provided below are estimates based upon the average student.</i>	
Guide to Student Engagement in Learning Activities	Lower level reading (10-20 pages) 1 hour Higher level reading (10-20 pages) 2 hours Construction of 1 page paper (250 words) 2 hours Development of 10 minute speech 2 hours Watch video lecture 1 hour Read, research and respond to discussion board posting 1 hour Preparation for unit examination 2 hours	
Course Length	8 Weeks	
Prerequisites	None	
Co-requisites	None	
Course Learning Objectives	Upon successful completion of this course, students should be able to: 1) Explain physical, cognitive, and psychosocial changes of a diverse population that occur across the lifespan. 2) Apply selected developmental theories to the population across the lifespan. 3) Distinguish between normal and abnormal patterns of development.	
Program Learning Outcomes Supported	Program Learning Outcome	Course Learning Objective Supported
	1. Practice quality, safe, and relationship-centered care as guided by practical nurse scope of practice. 2. Using a systems approach, ensure nursing judgement and collaboration in caring for diverse patients and families. 3. Employ a spirit of inquiry and integrity in providing care consistent with legal and professional standards of the practical nurse. 4. As a coordinator of care, generate system and professional resources for health and wellness which facilitate patient, family, personal, and professional growth.	2 1 3 2
Required Textbook(s)	Leifer, G. & Fleck, E. (2013). Growth and development across the lifespan: A health promotion focus (2nd ed.). St. Louis, MO: Elsevier.	
Optional Textbook(s)	NONE	
Additional Learning Material(s)	Evolve: <a href="https://evolve.elsevier.com">https://evolve.elsevier.com</a> Resources for your e-book can be found here. Simulation will be included as permitted by the respective Board of Nursing. E-book page numbers subject to change based upon publisher updates. Please check with instructor for updated page numbers as needed.	

TOPICS AND LEARNING ACTIVITIES			Course Learning Objective Supported	Points Possible	DUE DATE
Unit 1	[class date]	<p><b>Topic(s): Healthy People 2020:</b> What healthy people 2020 is, leading health indicators, determinants of health, health status, progress and goals yet to be achieved, leading causes of death by age group, life expectancy at birth by country, issues and goals related to phases of the life cycle, prenatal and infant health, childhood health, adolescent and young adult health, older adult health, geriatric adult health, role of the health-care worker in achieving healthy people 2020 goals, world health</p> <p><b>Government Influences on Health Care:</b> Health-care legislation, hospitals and nursing schools, the multidisciplinary health-care team, nurse practice acts, patient's bill of rights, the patient care partnership: understanding expectations, rights, and responsibilities, the government's role in health care, united states department of health and human services, direct services, financing, medicare and medicaid, policy setting, the rising costs of health care, health care delivery systems, private health insurance, health promotion, health-care reform, resurgence of self-care, the future of health care.</p> <p><b>Reading:</b> Chapters 1 &amp; 2 Textbook/E-Book: p. 1-12, 13-26</p>	1		
Unit 2	[class date]	<p><b>Topic(s): Cultural Considerations Across the Lifespan &amp; in Health &amp; Illness:</b> Definition, variations of selected cultural groups, culture and pregnancy, culture and the child, culture and the adolescent, culture and the adult, culture and the older adult, culture and health beliefs, culture and illness, culture and death, culture and teaching, culture and food, complementary and alternative therapies and culture.</p> <p><b>The Influence of Family on Developing a Lifestyle:</b> Definition, family structure, effect of family on growth and development of the child, ten potential challenges in dual-career families, various types of family structures, size of family, spacing of siblings, divorce, responses to divorce by age group, stepchildren and foster children, chronic illness, use of child-care services, understanding chronic illness at various ages, understanding families through theories, family systems theory, the family appgar, developmental theories, growth and development of the family, developmental tasks of the family life cycle, the growth and development of a parent, role of the health-care worker, growth and development of the family, childrearing styles, effect of culture on the family, influence of electronic media and technology, teaching parents how to manage media, the growth of social networking sites, resources for internet safety, effects of a disaster on family and development, support systems, role of the health-care team, effect of community on family and development, healthy lifestyle habits, family-centered health care</p> <p><b>Reading:</b> Chapters 3 &amp; 4 Textbook/E-Book: p. 27-36, 37-56</p>	1,3		

TOPICS AND LEARNING ACTIVITIES		Course Learning Objective Supported	Points Possible	DUE DATE
		<b>Assessment(s): Quiz #1</b>	<b>1,3</b>	<b>20</b>
		<b>Assessment(s): Exam #1</b>	<b>1,3</b>	<b>80</b>
<b>Unit 3</b>	[class date]	<p><b>Topic(s): Theories of Development:</b> Definition, importance of understanding developmental theories, lifespan considerations, psychoanalytic theory (Freud), defense mechanisms for coping, Freud's stages of psychosexual development, psychodynamic theory (Jung), stages of the life cycle: a psychosocial theory (Erikson), Erikson's stages of the life cycle, stages of parenting behaviors, cognitive theory (Piaget), Piaget's four stages of development, hierarchy of needs (Maslow), behaviorist theory (Watson), behaviorist theory of personality (Pavlov and Skinner), social-learning theories of personality (Bandura and Mischel), theory of moral development (Kohlberg), Kohlberg's stages of moral development, development of self-image (Cooley and Mead), developmental tasks of the older adult (Peck), developmental stages of retirement (Atchley), additional influences on growth and development.</p> <p><b>Prenatal Influences of Health Development:</b> The human genome project, heredity, genetic counseling, gene therapy, screening procedures and therapies, fetal development, embryonic and fetal development, twins, the prenatal phase, critical periods, exercise during pregnancy, health promotion, toxins, maternal adaptations during the prenatal phase, the birth process, the newborn infant, the transition to motherhood, postnatal exercise, fathers or significant others, siblings, grandparents, the influence of culture, developmental tasks and responses of the neonate, parent teaching, development of intelligence, neurological reflexes of infancy, play activities and neonatal development.</p> <p><b>Reading:</b> Chapters 5 &amp; 6 Textbook/E-Book: p. 57-71, 72-93</p> <p><b>Assessment(s): Quiz #2</b></p> <p><b>Assessment(s): Exam #2</b></p>	<b>1,3</b>	<b>20</b>
<b>Unit 4</b>	[class date]	<p><b>Topic(s): The Infant:</b> Definition, cultural considerations, developmental tasks, trust versus mistrust, intelligence, understanding cause and effect, memory, emotional development, attachment, temperament, language development, motor development, physical activity, autonomy, the development of locomotion, prehension, and perception, physical activity guidelines for infants, sleep patterns, health promotion, role of play in fostering growth and development, health maintenance, nutrition, cultural considerations breastfeeding, teeth, immunizations, parent teaching, accident prevention, safety alert.</p> <p><b>Early Childhood:</b> Definition, developmental tasks, physiological changes, nutrition, psychosocial development, language development and communication skills the toddler, the preschooler, cognitive development, literacy milestones, when a child with a communication disorder needs help, moral development, discipline, the</p>	<b>1,3</b>	<b>80</b>

TOPICS AND LEARNING ACTIVITIES			Course Learning Objective Supported	Points Possible	DUE DATE
		<p>operant theory of effective discipline techniques, sexuality, sexual behavior in early childhood, physical activity, play, day care, teaching techniques, safety and accident prevention, how to prevent hazards caused by the behavioral characteristics of toddlers, immunizations, health promotion.</p> <p><b>Child Immunizations:</b> Schedule of immunizations  <b>Reading:</b> Chapters 7, 8, &amp; Appendix A  Textbook/E-Book: p. 94-110, 111-130, 257-261  <b>Assessment(s):</b> Quiz #3  <b>Assessment(s):</b> Exam #3</p>	<p>1,3 1,3</p>	<p>20 80</p>	
Unit 5	[class date]	<p><b>Topic(s): Middle Childhood:</b> Definition, physiological changes, exercise and play, health promotion, summary of growth and development and health maintenance of school-age children, cognitive development, mastery of tasks necessary for school success, cognitive deficits and their effect on school performance, moral behavior includes three phases, cognitive styles, communication skills, cultural considerations, intelligence tests, psychosocial development, task of industry, peer relationships, latchkey children, guidance for latchkey families, sexuality, sex education of the school-age child, teaching techniques, discipline,</p> <p><b>Adolescence:</b> Definition, health promotion, developmental tasks, physiological changes, physical activity, three phases in the growth and development of the adolescent, puberty, boys, girls, birth control options, teen pregnancy, patient teaching, cognitive development, psychosocial development, teen violence, development of responsibility, culture and the adolescent, peer relationships, sexuality, teaching techniques, patient teaching, health promotion.</p> <p><b>Adolescent Immunizations:</b> Schedule of immunizations  <b>Reading:</b> Chapters 9, 10, Appendix A  Textbook/E-Book: p. 131-150, 151-165, 257-261  <b>Assessment(s):</b> Quiz #4  <b>Assessment(s):</b> Exam #4</p>	<p>1,3 1,3</p>	<p>20 80</p>	
Unit 6	[class date]	<p><b>Topic(s): Young Adulthood:</b> Definition, developmental tasks, physiological changes, health promotion, physical activity, health promotion, women's health, breast self-examination, stress/coping/domestic violence, men's health, psychosocial development, intimacy, cognitive ability, moral reasoning, sexuality, marriage, parenting, teaching techniques.</p> <p><b>Middle Adulthood:</b> Definition, developmental tasks, challenges, midlife crisis, sandwich generation, sexuality, reproductive health, women's health, men's health, Box 12-2 essential health screenings, physical activity, teaching techniques.</p> <p><b>Late Adulthood:</b> Definition, challenges and problems, psychosocial development, psychosocial issues, grandparenting, postmenopause, driving safety, health screenings, sexuality, memory loss, emotional health, clinical disease, physical activity, teaching techniques .</p> <p><b>Adult Immunizations:</b> Schedule of Immunizations</p>	<p>1,3</p>		

TOPICS AND LEARNING ACTIVITIES		Course Learning Objective Supported	Points Possible	DUE DATE
		<p><b>Reading:</b> Chapters 11, 12, 13, &amp; Appendix A Textbook/E-Book: p. 166-182, 183-194, 195-211, 257-261</p> <p><b>Assignment:</b> <i>Development Project Due</i></p> <p><b>Assessment(s):</b> Quiz #5</p> <p><b>Assessment(s):</b> Exam #5</p>	<p>1,2,3</p> <p>1,3</p> <p>1,3</p>	<p>200</p> <p>20</p> <p>80</p>
Unit 7	[class date]	<p><b>Topic(s): Advance Old Age &amp; Geriatrics:</b> Definition, theories of the aging process, physiological changes: bones and cartilage, blood vessels, lungs, kidneys and bladder, metabolism, digestion, teeth, skin, eyes, ears, nervous system; sexuality, factors that influence sexuality, the impact of illness on sexuality, psychological changes, developmental tasks, lifespan considerations, role of the health care worker.</p> <p><b>Planning for the End of Life:</b> Death as part of the life cycle, cultural considerations, lifespan considerations, signs and symptoms of death, the process of dying, psychological responses of the dying patient, behaviors and stages of dying, family behaviors related to the dying process, therapeutic communication, dying rituals of various cultures, options for end of life care, acute care of dying patient, hospice care, ethical and legal issues, advance directives, assisted suicide and euthanasia, role of the health care worker in end of life, death of a child, developmental concepts of death and dying, table 15-4, physical care after death.</p> <p><b>Loss Grief &amp; Bereavement:</b> Normal losses during the life cycle, responses to loss, tasks associated with death, grief, grief process, culture, religion and death, normal grief responses, common death rituals of selected cultures, common religious practices related to death, dysfunctional grieving, role of the health care worker, communicating with the bereaved, tasks of the family, grief early in the life cycle: pregnant women, infants, children, adolescents, young adults; the healing process, reintegration and adjustment, mastering tasks leading towards grief healing, helping grieving survivors, condolence.</p> <p><b>Reading:</b> Chapters 14, 15, &amp; 16 Textbook/E-Book: p. 212-226, 227-241, 242-256</p> <p><b>Assessment(s):</b> Quiz #6</p> <p><b>Assessment(s):</b> Exam #6</p>	<p>1,3</p> <p>1,3</p> <p>1,3</p>	<p>20</p> <p>80</p>
Unit 8	[class date]	<p><b>Assessment(s):</b> Final Exam</p>	<p>1,3</p>	<p>200</p>

Grade Summary	Points
Assignment Development Project	200
6 Quizzes (20 pointsX6)	120
6 Exams (80 points eachX6)	480
Final Exam	200
<b>Totals</b>	<b>1000</b>

Grade Scale		Quality Points
A	90.00% - 100.00%	4.0
B	80.00% - 89.99%	3.0
C	76.00% - 79.99%	2.0
F	0.00% - 75.99%	0.0
I	Incomplete	

## **POLICIES**

UNIVERSITY POLICIES, SUCH AS ATTENDANCE PHILOSOPHY, NOTIFICATION OF ABSENCES, EXTENUATING CIRCUMSTANCES, ACCOMMODATION REQUESTS, ACADEMIC DISHONESTY, GRADING AND GRADING SYMBOLS, AND STUDENT CONDUCT ARE INCLUDED IN THE UNIVERSITY CATALOG. STUDENTS SHOULD REFERENCE THE CATALOG FOR THE COMPLETE LISTING OF POLICIES.

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## COURSE SYLLABUS

FACULTY CONTACT INFORMATION	
INSTRUCTOR	Click here to enter text.
PHONE NUMBER	Click here to enter text.
HERZING E-MAIL	Click here to enter text.

DAY	OFFICE HOURS (CENTRAL TIME)
	00:00 am – 00:00 am

Instructional Delivery Method	On Campus		
Class Location			
Semester			
Course Code	NP 110		
Course Title:	Pharmacology for Nursing with Lab		
Course Description	The basic concepts of pharmacology will be taught related to actions, therapeutic effects, and adverse effects of traditional and nontraditional medications. Students will demonstrate collection of data, clinical judgment, and integration of knowledge to administer medication safely. The student will use the knowledge gained from this course for safe pharmacological interventions, dosage calculation, medication administration techniques, and documentation.		
Credit Hours Contact Hours	<b>2 Semester Credit Hours</b>		
	<b>Lecture Hours</b>	<b>Laboratory Hours</b>	<b>Clinical Hours</b>
	<b>22.5</b>	<b>15</b>	<b>0</b>
Study Time	<p>Lecture, Lab, or Internship/Externship/Clinical/Practicum hours as indicated on the syllabus represent scheduled hours spent engaged in learning activities. Students should expect to spend a minimum of two additional hours engaged in learning activities outside of class for each one hour identified as lecture; students should expect to spend one hour engaged in learning activities outside of class for each two hours of scheduled laboratory time. Learning activities outside of class support the achievement of one or more course learning objectives and may be spent reading textbook material, completing homework assignments, preparing for lab assignments, engaged in drill and practice exercises, working on case studies, completing workbook activities, or conducting library research. Additional study time outside of scheduled Internship/Externship/Clinical hours is typically not expected.</p> <p>The total amount of time that students spend engaged in learning activities is consistent, regardless of instructional delivery method. For example, students enrolled a three credit lecture course should expect to spend 45 hours in scheduled class time and an additional 90 hours engaged in learning activities outside of the classroom. Online or blended students should expect to spend the equivalent total of 135 hours engaged in learning activities if they are enrolled in the same course.</p> <p>Determination of the amount of time that a student should expect to spend engaged in learning activities is based upon faculty judgment regarding the average student. The amount of time spent engaged in learning activities is expected to vary among students, based upon previous knowledge of the content, learning style, learning ability, difficulty of the course, and student motivation.</p>		

<b>Guide to Student Engagement In Learning Activities</b>	<i>The timeframes provided below are estimates based upon the average student.</i>	
	Lower level reading (10-20 pages)	1 hour
	Higher level reading (10-20 pages)	2 hours
	Construction of 1 page paper (250 words)	2 hours
	Development of 10 minute speech	2 hours
	Watch video lecture	1 hour
	Read, research and respond to discussion board posting	1 hour
	Preparation for unit examination	2 hours
<b>Course Length</b>	<b>8 Weeks</b>	
<b>Prerequisites</b>	<b>None</b>	
<b>Co-requisites</b>	<b>None</b>	
<b>Course Learning Objectives</b>	<p><b>Upon successful completion of this course, students should be able to:</b></p> <ol style="list-style-type: none"> <li>1) Discuss basic pharmacokinetics and pharmacodynamics for clients across the lifespan.</li> <li>2) Document appropriate collection of data for safe administration of pharmaceutical agents.</li> <li>3) Apply math principles to calculate medication dosages across the lifespan.</li> <li>4) Demonstrate appropriate techniques for medication administration to include oral, rectal, parenteral, topical, and injectable medications.</li> </ol>	
<b>Program Learning Outcomes Supported</b>	<b>Program Learning Outcome</b>	<b>Course Learning Objective Supported</b>
	<ol style="list-style-type: none"> <li>1. Practice quality, safe, and relationship-centered care as guided by practical nurse scope of practice.</li> <li>2. Using a systems approach, ensure nursing judgement and collaboration in caring for diverse patients and families.</li> <li>3. Employ a spirit of inquiry and integrity in providing care consistent with legal and professional standards of the practical nurse.</li> <li>4. As a coordinator of care, generate system and professional resources for health and wellness which facilitate patient, family, personal, and professional growth.</li> </ol>	<p><b>2,3,4</b></p> <p><b>2</b></p> <p><b>2,4</b></p> <p><b>1</b></p>
<b>Required Textbook(s)</b>	Morris, D. (2018). Calculate with confidence (7th ed.). St. Louis, MO: Elsevier Workman, M & LaCharity, L. (2016). Understanding pharmacology: Essentials for medication safety (2nd ed.). St. Louis, MO: Elsevier Skidmore, L. (2017). Mosby's drug guide for nursing students (12th ed.). St. Louis, MO: Elsevier Clinical Skills Essentials Package Evolve	
<b>Optional Textbook(s)</b>	<b>NONE</b>	
<b>Additional Learning Material(s)</b>	<p><b>Evolve:</b> <a href="https://evolve.elsevier.com">https://evolve.elsevier.com</a> Resources for your e-book can be found here.</p> <p>Simulation will be included as permitted by the respective Board of Nursing.</p> <p>E-book page numbers subject to change based upon publisher updates. Please check with instructor for updated page numbers as needed.</p>	





TOPICS AND LEARNING ACTIVITIES			Course Learning Objective Supported	Points Possible	DUE DATE
		<p>effects, clinical pitfall, do not confuse.</p> <p><b>Drug Therapy for Hypertension:</b> Arteriosclerosis and atherosclerosis review of related physiology and pathophysiology, general issues for antihypertensive therapy, types of antihypertensive drugs, memory jogger, clinical pitfalls, drug alert, do not confuse, common side effects.</p> <p><b>Drug Therapy for Heart Failure:</b> Heart failure review of related physiology and pathophysiology, treatment for heart failure, general issues for heart failure therapy, types of drugs used to treat heart failure, memory jogger, do not confuse, common side effects, drug alert, clinical pitfalls.</p> <p><b>Drug Therapy for Dysrhythmias:</b> Dysrhythmia related physiology and pathophysiology, general issues related to antidysrhythmic therapy, types of antidysrhythmic drugs, drugs for tachydysrhythmias, unclassified antidysrhythmic drugs, memory jogger, clinical pitfalls, drug alert, common side effects, do not confuse.</p> <p><b>Reading:</b> Workman Chapters 15, 16, 17, &amp; 18; Morris Chapters 10 &amp; 11 Textbook/E-Book: Workman p. 239-251, 253-269, 272-289, 291-309; Morris p. 126-158</p> <p><b>Assessment(s):</b> Quiz #3 <b>Assessment(s):</b> Exam #3</p> <p><b>Lab:</b> Intradermal, subcutaneous, &amp; intramuscular medication administration sites, types of syringes, insulin syringes, insulin pen, and document</p> <p><b>Math in Lab:</b> Medication administration, understanding &amp; interpreting medication orders</p> <p><b>Assessment(s):</b> Math Exam #3</p>	<p>1</p> <p>1</p> <p>2,4</p> <p>3</p> <p>3</p>	<p>20</p> <p>80</p> <p>25</p>	
Unit 5	[class date]	<p><b>Topic(s): Drug Therapy for High Blood Lipids:</b> Overview, review of related physiology and pathophysiology, coronary artery disease, familial hyperlipidemia, general issues for antihyperlipidemic therapy, types of lipid-lowering drugs, statins, bile acid sequestrants, cholesterol absorption inhibitors, fibrates, nicotinic acid agents, memory jogger, drug alert, do not confuse, common side effects clinical pitfalls.</p> <p><b>Drugs That Affect Blood Clotting:</b> Overview, review of related physiology and pathophysiology, clot formation, thrombosis, embolus, general issues for anticoagulant therapy, types of drugs that affect blood clotting, anticoagulant drugs, drugs that improve blood clotting, memory jogger, drug alert, clinical pitfalls, common side effects, do not confuse.</p> <p><b>Drug Therapy for Gastrointestinal Problems:</b> Overview, nausea and vomiting, review of related physiology and pathophysiology, types of drugs for nausea and vomiting, antiemetic drugs, constipation, review of related physiology and pathophysiology, types of drugs for constipation, laxatives, lubricants, and stool softeners, diarrhea, review of related physiology and pathophysiology, types of drugs for diarrhea, antimotility, adsorbent/absorbent, and antisecretory drugs, memory jogger, drug alert, clinical pitfalls, do not confuse, common side effects.</p> <p><b>Drug Therapy for Gastric Ulcers and Reflux:</b> Overview, review of related physiology and pathophysiology,</p>	<p>1</p>		

TOPICS AND LEARNING ACTIVITIES		Course Learning Objective Supported	Points Possible	DUE DATE
	<p>gastrointestinal ulcers, gastroesophageal reflux disease, general issues for drugs for PUD and GERD, Types of drugs for PUD and GERD, histamine H2 blockers, proton pump inhibitors, antacids, cytoprotective drugs, promotility drugs, other drugs used to treat ulcers, antibiotics for H. pylori infection, memory jogger, clinical pitfalls, drug alert, do not confuse, common side effects.</p> <p><b>Reading:</b> Workman Chapters 19, 20, 22, &amp; 23; Morris 13, 16, &amp; 17</p> <p>Textbook/E-Book: Workman p. 311-320, 324-335, 356-371, 373-386; Morris p.179-193, 270-275, 292-317</p> <p><b>Assessment(s):</b> Quiz #4</p> <p><b>Assessment(s):</b> Exam #4</p> <p><b>Lab:</b> Intradermal, subcutaneous, &amp; intramuscular medication administration techniques, ampule, vials, mixing medications in same syringe, mixing insuling, types of insulin, and document.</p> <p>Review Skills</p> <p><b>Math in Lab:</b> Reading medication labels, dosage calculation, oral medications</p> <p><b>Assessment(s):</b> Math Exam #4</p>	<p>1</p> <p>1</p> <p>2,4</p> <p>3</p> <p>3</p>	<p>20</p> <p>80</p> <p>25</p>	
Unit 6	[class date]	<p><b>Topic(s): Drug Therapy with Nutritional Supplements:</b> Review of related physiology and pathophysiology, vitamins, minerals, types of nutritional supplements, enteral nutritional supplements, memory jogger, common side effects, drug alert.</p> <p><b>Drug Therapy for Seizure:</b> Review of related physiology and pathophysiology, causes of seizures, types of seizures, treatment of seizures, types of antiseizure drugs, general issues related to drug therapy for seizures, first-line drugs for partial and generalized seizures, first-line drugs for absence seizures, second-line, alternative drugs for seizures, drug alert, memory jogger, clinical pitfalls, do not confuse, common side effects.</p> <p><b>Drug Therapy for Alzheimer's and Parkinson's Diseases:</b> Alzheimer's disease, review of related physiology and pathophysiology, types of drugs for Alzheimer's disease, cholinesterase/acetylcholinesterase and memantine, Parkinson's disease, review of related physiology and pathophysiology, types of drugs for Parkinson's disease, dopaminergic/dopamine agonists, COMT inhibitors, MAO-B inhibitors, anticholinergics, memory jogger, do not confuse, common side effects, drug alerts.</p> <p><b>Drug Therapy for Psychiatric Problems:</b> General issues related to drug therapy for psychiatric problems, depression, review of related physiology and pathophysiology, types of drugs for depression, antidepressants, anxiety, review of related physiology and pathophysiology, types of drugs for anxiety, antianxiety drugs, psychosis, review of related physiology and pathophysiology, types of drugs for psychosis, antipsychotics, clinical pitfalls, drug alert, memory jogger, do not confuse, common side effects.</p> <p><b>Reading:</b> Workman Chapters 24, 25, 26, &amp; 27; Morris 18, 19, 20, &amp; 21</p>	1	

TOPICS AND LEARNING ACTIVITIES			Course Learning Objective Supported	Points Possible	DUE DATE
		Textbook/E-Book: Workman p. 389-396,401-415, 416-427, 430-447; Morris p. 359-386, 428-445, 483-498, 515-521 <b>Assignment(s):</b> Assignment Due <b>Assessment(s):</b> Quiz #5 <b>Assessment(s):</b> Exam #5 <b>Lab:</b> Rectal suppository, vaginal suppository/foam, and document, Reconstitution of Powder <b>Math in Lab:</b> Parenteral medications, reconstitution of solutions, insulin, intravenous solutions & equipment <b>Assessment(s):</b> Math Exam #5	1 1 1 2,4 3 3	50 20 80   25	
<b>Unit 7</b>	[class date]	<b>Topic(s): Drug Therapy for Insomnia:</b> Insomnia, review of related physiology and pathophysiology, drugs for insomnia, clinical pitfall, common side effects, drug alert. <b>Drug Therapy for Eye Problems:</b> Review of related physiology and pathophysiology, physiology, pathophysiology, general issues for local eye drug, types of drugs for glaucoma, memory jogger, clinical pitfall, drug alert, common side effects, do not confuse. <b>Drug Therapy for Male Reproductive Problems:</b> Benign prostatic hyperplasia, review of related physiology and pathophysiology, types of drugs for benign prostatic hyperplasia, male hormone replacement therapy, review of related physiology and pathophysiology, erectile dysfunction, review of related physiology and pathophysiology, memory jogger, common side effects, drug alert, do not confuse, clinical pitfall. <b>Drug Therapy for Female Reproductive Issues:</b> Review of related physiology and pathophysiology, menopause, types of premenopausal hormone replacement drugs, conjugated estrogens, contraception, types of drugs, memory jogger, do not confuse, common side effects, clinical pitfall, drug alert. <b>Reading:</b> Workman Chapters 28, 29, 31, & 32; Morris Chapters 22, 23, 24, & 25 Textbook/E-Book: Workman p. 450-454, 456-467, 481-490, 492- 499; Morris: 536-576, 603-609, 630-636, 684-689 <b>Assessment(s):</b> Quiz #6 <b>Assessment(s):</b> Exam #6 <b>Lab:</b> Administering medications through NG & PEG tube, and document <b>Math in Lab:</b> Intravenous calculations, heparin calculations, pediatric & adult based on weight. <b>Assessment(s):</b> Math Exam #6	1      1 1 2,4 3 3	20 80    25	
<b>Unit 8</b>	[class date]	<b>Assessment(s):</b> Final exam class	1	200	

Grade Summary	Points
Assignment	50
6 Quizzes (20 pointsX6)	120
6 Exams (80 points eachX6)	480
6 Math Exams (25 points X6)	150
Final Exam	200
<b>Totals</b>	<b>1000</b>

Grade Scale		Quality Points
<b>A</b>	90.00% - 100.00%	4.0
<b>B</b>	80.00% - 89.99%	3.0
<b>C</b>	76.00% - 79.99%	2.0
<b>F</b>	0.00% - 75.99%	0.0
<b>I</b>	Incomplete	

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## COURSE SYLLABUS

FACULTY CONTACT INFORMATION	
INSTRUCTOR	Click here to enter text.
PHONE NUMBER	Click here to enter text.
HERZING E-MAIL	Click here to enter text.

DAY	OFFICE HOURS (CENTRAL TIME)
	00:00 am – 00:00 am

Instructional Delivery Method	On Campus			
Class Location				
Semester				
Course Code	NP 120			
Course Title:	Fundamentals of Nursing with Lab and Clinical			
Course Description	This course introduces the role of the practical nurse as a member of the interprofessional health care team, basic nursing concepts, and psychomotor nursing skills. Students learn skills necessary for maintaining patient safety and strategies for therapeutic communication. At the conclusion of this course, the student will demonstrate competency in performing basic nursing skills across the lifespan.			
Credit Hours Contact Hours	<b>5 Semester Credit Hours</b>			
	<b>Lecture Hours</b>	<b>Laboratory Hours</b>	<b>Clinical Hours</b>	<b>Total Contact Hours</b>
	<b>45</b>	<b>45</b>	<b>22.5</b>	<b>112.5</b>
Study Time	<p>Lecture, Lab, or Internship/Externship/Clinical/Practicum hours as indicated on the syllabus represent scheduled hours spent engaged in learning activities. Students should expect to spend a minimum of two additional hours engaged in learning activities outside of class for each one hour identified as lecture; students should expect to spend one hour engaged in learning activities outside of class for each two hours of scheduled laboratory time. Learning activities outside of class support the achievement of one or more course learning objectives and may be spent reading textbook material, completing homework assignments, preparing for lab assignments, engaged in drill and practice exercises, working on case studies, completing workbook activities, or conducting library research. Additional study time outside of scheduled Internship/Externship/Clinical hours is typically not expected.</p> <p>The total amount of time that students spend engaged in learning activities is consistent, regardless of instructional delivery method. For example, students enrolled a three credit lecture course should expect to spend 45 hours in scheduled class time and an additional 90 hours engaged in learning activities outside of the classroom. Online or blended students should expect to spend the equivalent total of 135 hours engaged in learning activities if they are enrolled in the same course.</p> <p>Determination of the amount of time that a student should expect to spend engaged in learning activities is based upon faculty judgment regarding the average student. The amount of time spent engaged in learning activities is expected to vary among students, based upon previous knowledge of the content, learning style, learning ability, difficulty of the course, and student motivation.</p>			

	<i>The timeframes provided below are estimates based upon the average student.</i>	
<b>Guide to Student Engagement in Learning Activities</b>	Lower level reading (10-20 pages)	1 hour
	Higher level reading (10-20 pages)	2 hours
	Construction of 1 page paper (250 words)	2 hours
	Development of 10 minute speech	2 hours
	Watch video lecture	1 hour
	Read, research and respond to discussion board posting	1 hour
	Preparation for unit examination	2 hours
<b>Course Length</b>	<b>8 Weeks</b>	
<b>Prerequisites</b>	<b>None</b>	
<b>Co-requisites</b>	<b>None</b>	
<b>Course Learning Objectives</b>	<p><b>Upon successful completion of this course, students should be able to:</b></p> <ol style="list-style-type: none"> <li>1) Practice safe, moral, relationship-centered care that promotes optimal patient and family health outcomes.</li> <li>2) Examine the role of the practical nurse in relation to the scope of practice.</li> <li>3) Demonstrate safe and appropriate basic nursing care.</li> <li>4) Document subjective and objective data appropriately and accurately.</li> </ol>	
<b>Program Learning Outcomes Supported</b>	<b>Program Learning Outcome</b>	<b>Course Learning Objective Supported</b>
	<ol style="list-style-type: none"> <li>1. Practice quality, safe, and relationship-centered care as guided by practical nurse scope of practice.</li> <li>2. Using a systems approach, ensure nursing judgement and collaboration in caring for diverse patients and families.</li> <li>3. Employ a spirit of inquiry and integrity in providing care consistent with legal and professional standards of the practical nurse.</li> <li>4. As a coordinator of care, generate system and professional resources for health and wellness which facilitate patient, family, personal, and professional growth.</li> </ol>	<p>1,2,3,4</p> <p>1</p> <p>2,3</p> <p>2</p>
<b>Required Textbook(s)</b>	<p>Silvestri, L. &amp; Silvestri, A. (2018). Saunders 2018-2019 strategies for test success (5<sup>th</sup> ed.). St. Louis, MO: Elsevier ISBN: 9780323479578</p> <p>Williams, P. (2018). DeWit's fundamental concepts and skills for nursing (5th ed.). St. Louis, MO: Elsevier.</p> <p>Williams, P. (2016). <i>Basic Geriatric Nursing</i> (6th ed.). St. Louis, MO: Elsevier ISBN: 9780323239691</p> <p>Clinical Skills Essentials Package Evolve</p>	

Optional Textbook(s)	None
Additional Learning Material(s)	<b>Evolve:</b> <a href="https://evolve.elsevier.com">https://evolve.elsevier.com</a> Resources for your e-book can be found here. Simulation will be included as permitted by the respective Board of Nursing. E-book page numbers subject to change based upon publisher updates. Please check with instructor for updated page numbers as needed.

TOPICS AND LEARNING ACTIVITIES		Course Learning Objective Supported	Points Possible	DUE DATE	
Unit 1	[class date]	<p><b>Topic(s): Infection Prevention &amp; Control: Protective Mechanisms &amp; Asepsis:</b> Infectious Agents, Chain of Infection, Body Defenses Against Infections, Asepsis and Control of Microorganisms, Surgical/Medical Asepsis, Sepsis in the Home Environment, Infection Control Surveillance. <b>Infection Prevention &amp; Control in the Hospital &amp; Home:</b> Stages of Infection, Health Care Associated Infections, Infection Prevention and Control, Standard Precautions, Transmission-Based Precautions, PPE, Needlestick Injuries, Specimen Prep and Transport, Soiled Linens, Tash/Biohazard, Sharps, Other Equipment, Patient Room Placement, Transporting the Patient, Infection Prevention in the Home, Protective Environment, Psychological Aspects of Isolation, Infection Prevention and Control for the Nurse, Surgical Asepsis, Sterile Packs, Sterile Fields, Sterile Gloving, Correcting Breaks in Asepsis. <b>Safely Lifting, Moving, &amp; Positioning Patients:</b> Review Structure &amp; Function of Musculoskeletal System, Bones, Age Related Changes, Principles of Body Movement for Nurses, Principles of Body Movement for Patients, Common Positions, Positioning Devices, Moving Patients up in Bed, Logrolling, Therapeutic Exercises, Lifting and Transferring. <b>Assisting with Hygiene, Personal Care, Skin Care, and Prevention of Pressure Injuries:</b> Review of Structure &amp; Function of Skin, Factors that Affect Hygiene, Skin and Pressure Injuries, Risk Factors for Pressure Injuries, Data Collection for Skin, Staging, Older Adult, Prevention of Pressure Injuries, Treatment of Pressure Injuries, Bathing, Shower, Bath, Sitz Bath, Back Massage, Perineal Care, Mouth Care Conscious/Unconscious Patient, Denture Care, Hair Care, Brushing, Shampooing, Shaving, Nail Care, Eye Care, Glasses, Contacts, Artificial Eye, Ear Care, Hearing Aid Care. <b>Communication and the Nurse-Patient Relationship:</b> The Communication Process, Therapeutic Communication Techniques, Blocks to Effective Communication, Interviewing Skills, The Nurse Patient Relationship, Nurse Patient Communication, Communication with the Health Care Team, Communication in the Home and Community. Confidentiality, HIPAA, Information Technology &amp; Security.</p> <p><b>Reading:</b> Williams Chapters 16, 17, 18, 19, 8 Textbook/E-Book: Williams p. 216-237, 242-264, 268-294, 296-320, 101-119</p>	1		
		1,3			

TOPICS AND LEARNING ACTIVITIES		Course Learning Objective Supported	Points Possible	DUE DATE	
		<b>Lab:</b> Handwashing, PPE, Sterile/Clean Gloves On/Off, Bed Bath, Bed Making (Occupied/Unoccupied), Ted Hose, Body Mechanics, Rolling, Body Positioning Bed/Chair			
<b>Unit 2</b>	[class date]	<p><b>Topic(s): Patient Environment &amp; Safety:</b> Factors Affecting the Environment, Patient Unit, Safety, Hospital, Home, Burns, Fire, Hazardous Materials, Smoking, Lifespan Considerations, Bioterrorism, Decontamination, Triage, Treatment, Poison Prevention, Protective Devices, Legal Implications, Alternatives to Protective Devices, Documentation of Protective Devices. <b>Measuring Vital Signs:</b> Overview of Structure and Function Related to the Regulation of Vital Signs, Pulse Sites, Measuring Body Temperature, Temperature Sites, Factors that Affect Body Temperature, Hyperthermia, Hypothermia, Types of Thermometers, Measuring the Pulse, Common Pulse Points, Pulse Rate, Radial, Apical, Factors Affecting Pulse, Pulse Characteristics, Measuring Respirations, Respiratory Patterns, Lung Sounds, Measuring Oxygen Saturation of the Blood, Measuring Blood Pressure, Korotkoff Sounds, Hypertension, Hypotension, Orthostatic Hypotension, Factors that Affect Blood Pressure, Equipment used for Measuring Blood Pressure, Pain, Automated Vital Signs, Pain, Documenting Vital Signs. <b>Assessing Health Status:</b> Data Collection, Psychosocial/Cultural Data Collection, Review of Systems, Touching &amp; Cultural Considerations, Physical Examination Techniques, Inspection, Palpation, Percussion, Auscultation, Olfaction, Basic Physical Examination, Height &amp; Weight, Eye Examination, Chest/Heart/Lungs, Abnormal Lung Sounds, Skin/Extremities, Skin Lesions, Abdomen, Genitalia/Anus/Rectum, Older Adult Considerations, Warning Signs of Cancer, Body Positioning for Examinations &amp; Procedures, Equipment and Supplies for Physical Examination, Special Focused Examination, Glasgow Coma Scale, Mobilization Devices.</p> <p><b>Reading:</b> Williams Chapters 20, 21, 22 Textbook/E-Book: Williams p. 321-342, 344-371, 375-397, 806, 810-812</p> <p><b>Assessment(s):</b> Quiz #1 <b>Assessment(s):</b> Exam #1</p> <p><b>Lab:</b> Gait Belt, Restraints, Transfers, Mechanical Lift, Fall, Assistive and Mobility Devices, Vital Signs, Blood Glucose, Data Collection with Documentation, Height &amp; Weight, Data Collection Equipment</p> <p><b>Simulation: Hip Fracture</b></p>	<p>1</p> <p>1,3 1,3 1,3,4</p>	<p>20 80</p>	
<b>Unit 3</b>	[class date]	<p><b>Topic(s): Promoting Urinary Elimination:</b> Review of Structure &amp; Function of Urinary System, Changes with Aging, Normal Urinary Elimination, Alterations in Urinary Elimination, Complementary and Alternative Therapies, Urine Specimen Collections, Abnormalities in Urinalysis, Clean Catch Specimen, Specimen from Inwelling Catheter, Sterile Catheterized Specimen, 24 Hour Urine, Urinary Collection Bag, Strained Specimen, Older Adult</p>	1		

TOPICS AND LEARNING ACTIVITIES		Course Learning Objective Supported	Points Possible	DUE DATE	
		<p>Mobility/Toileting/Safety, Preventing Urinary Infections, Assisting with Urinal/Bedpan, Helping with Urination, Catheterization, Condom Catheter, Performing Urinary Catheterization, Types of Urinary Catheters, Documentation, Home Care Catheterization, Older Adult Considerations with Catheterizations, Preventing Catheter Related Urinary Tract Infections, Care of Indwelling Catheter, Suprapubic Catheter, Self Catheterization, Bladder Irrigation, Types of Incontinence, Continence Training, Kegel Exercises, Urinary Diversions Care, Documentation. <b>Promoting Bowel Elimination:</b> Review of Structure &amp; Function of Gastrointestinal System, Normal/Abnormal Characteristics of Stool, Hypoactive Bowel/Constipation, Promoting Bowel Elimination, Medications cause Constipation, Life Span Considerations, Hyperactive Bowel/ Diarrhea, Fecal Incontinence, Ambulation/Privacy/Toileting Practices Affecting Bowels, Rectal Suppositories, Enemas, Fecal Management Systems, Fecal Impaction, Bowel Training fro Incontinence, Digital Removal of Stool, Ostomy Types, Continent Ostomy, Ostomy Care, Education on Ostomy Care/Diet, Skin Care, Stoma Color, Applying Ostomy Device, Irrigating Colostomy.</p> <p><b>Reading:</b> Williams Chapters 29, 30 Textbook/E-Book: Williams p. 542-571, 572-592</p> <p><b>Assessment(s):</b> Quiz #2 <b>Assessment(s):</b> Exam #2</p> <p><b>Lab:</b> Urine Specimens, Timed Urine, Urine Dipsticks, Cath Irrigation, Condom Cath, Suprapubic Catheter, Bedpan/Fracture/Urinal/Briefs, Insert/Remove Inwelling, Straight Cath, Cath Care, Stool Specimen, Enema, Colostomy, Occult Blood, Documentation</p>	<p>1,3 1,3 1,3,4</p>	<p>20 80</p>	
Unit 4	[class date]	<p><b>Topic(s): Diagnostic Tests &amp; Specimen Collection:</b> Patient Education Diagnostic Test, Hematology, Phlebotomy, Urinalysis, Biopsy, Ultraonography, Radiology, Urine Dipstick, Radionuclide Scans, Parasites/Ova Stool, Nuclear Scans and Pregnancy, Computed Tomography, Magnetic Resonance Imaging, Electrocardiogram, Cardiac Catheterization, Treadmill Stress Test, Angiography, Arteriography, Pulmonary Function Tests, Bronchoscopy, Gastroscopy, Proctosigmoidoscopy, Colonoscopy, Cystocopy, ERCP, Aspirations, EEG, Other Tests, PAP. <b>Concepts of Basic Nutrition &amp; Cultural Considerations:</b> Dietary Guidelines, My Plate, Protein, Vegetarian Diets, Carbohydrats, Fats, Vitamins, Minerals, Water, Factors that Influence Nutrition, Cultural Influences on Nutrition, Nutritional Needs throughout the Life Span, BMI, Signs of Malnutrtn, Assigning of Feedng Responsibilities, Patient and Family Education. <b>Nutritional Therapy &amp; Assisted Feeding:</b> Goals of Nutritional Therapy, Postoperative Patient, Health Issues Related to Nutrition, Full Liquid, Clear Liquid, Anorexia Nervosa, Bulimia Nervosa, Obesity, Pregnancy, Substance Related, Disease Processes that Benefit from Nutritional Therapy, Cardiovascular Disease,</p>	1		

TOPICS AND LEARNING ACTIVITIES		Course Learning Objective Supported	Points Possible	DUE DATE
		Diabetes Mellitus, Dysphagia, Nasogastric/Enteral Tubes, PEG/J-Tube, HIV/AIDS, Assisted Feeding, Feeding Tubes & Pumps, TPN/PPN. <b>Reading:</b> Williams Chapters 24, 26, 27 Textbook/E-Book: Williams p. 408-433, 459-483, 484-507 <b>Assessment(s):</b> Quiz #3 <b>Assessment(s):</b> Exam #3 <b>Lab:</b> Throat Culture, Assisting a Patient with Feeding, Inserting/Removing NG Tube, Feeding Pump, Administering Nasogastric or Percutaneous Endoscopic Gastrostomy Tube Feeding, Nasogastric Irrigation, Reading Nutritional Label, Oral Hydration, Calculating Intake and Output, Documentation	1,3 1,3 1,3,4	20 80
Unit 5	[class date]	<b>Topic(s): Providing Wound Care &amp; Treating Pressure Injuries:</b> Types of Wounds and the Healing Process, Phases of Wound Healing, Factors Affecting Wound Healing (Age, Nutrition, Lifestyle, Medications, Infection, Chronic Illnesses) , Complications of Wound Healing (Hemorrhage, Infection, Dehiscence, Evisceration), Treatment of Wounds, Wound Closure, Drains, Drainage Devices, Debridement, Dressings, Binders, Negative Pressure Wound Therapy, Treatment of Pressure Injuries or Vascular Ulcers, Wound Cleansing, Irrigation, Packing, Home Care Considerations, Patient Education Wound Care, Older Adult Considerations, Suture/Staple Removal, Ear, Eye, Vaginal Irrigations, Heat/Cold Therapy. <b>Promoting Musculoskeletal Function:</b> Systemic Effect of Immobilization, Psychosocial Effects of Immobilization, Types of Immobilization, Splint, Traction, Casts, External Fixators, Devices used to Prevent Problems of Immobility, Specialty Beds, Pressure Relief Devices, Continuous Passive Motion Machine, Fracture/Cast Care, Neurovascular Assessment, Bandage Techniques, Paraplegic, Quadriplegic, Braces/Splints/Prostheses. <b>Reading:</b> Williams Chapters 38, 39 Textbook/E-Book: Williams p. 760-788, 789-812 <b>Assignment(s):</b> Assignment Due <b>Assessment(s):</b> Quiz #4 <b>Assessment(s):</b> Exam #4 <b>Lab:</b> Sterile Field, Sterile Dressing Change, Wound Irrigation, Wet to Dry Dressing, Closed Wound Drainage, Hydrocolloid Dressing, Removing Sutures or Staples, Irrigating the Eye/Ear Cast Care, Care of Traction, Continuous Passive Motion Machine, Elastic Bandage, Steri-Strips, Drains, Documentation	1      1,3 1,3 1,3 1,3,4	200 20 80
Unit 6	[class date]	<b>Topic(s): Assisting with Respiration &amp; Oxygen Delivery:</b> Review Structure & Function of Respiratory System, Hypoxemia, Airway Obstruction & Respiratory Arrest, Clearing Respiratory Secretions, The Effective Cough, Deep Breathing and Coughing, Sputum Sample, Postural Drainage, Oxygen Administration, Safety Alerts, Teaching, Humidifier, Flowmeter, Concentrator, Nasal Cannula, Masks, Venturi Mask, Artificial Airways, Nasopharyngeal Suctioning, Tracheobronchial Suctioning, Tracheostomy, Tracheostomy Care, Nebulizer	1	



TOPICS AND LEARNING ACTIVITIES		Course Learning Objective Supported	Points Possible	DUE DATE
		Lab: Starting an IV, Starting the Primary Intravenous Infusion, Hanging a New Solution using an Existing Piggy-Back Tubing, Saline Flush, Changing Intravenous Tubing, Adding Medication to an Intravenous Solution, Discontinuing an Intravenous Infusion or PRN Lock, Documentation, Blood Draw, Blood and Blood Products, Central Venous Access Devices, Total Parenteral Nutrition		
<b>Unit 8</b>	[class date]	<b>Assessment(s): Final Exam</b>	1,2,3	200

Grade Summary	Points
Assignment	200
6 Quizzes (20 pointsX6)	120
6 Exams (80 points eachX6)	480
Final Exam	200
Lab	P/F
Clinical	P/F
<b>Totals</b>	<b>1000</b>

Grade Scale		Quality Points
<b>A</b>	90.00% - 100.00%	4.0
<b>B</b>	80.00% - 89.99%	3.0
<b>C</b>	76.00% - 79.99%	2.0
<b>F</b>	0.00% - 75.99%	0.0
<b>I</b>	Incomplete	

## **POLICIES**

UNIVERSITY POLICIES, SUCH AS ATTENDANCE PHILOSOPHY, NOTIFICATION OF ABSENCES, EXTENUATING CIRCUMSTANCES, ACCOMMODATION REQUESTS, ACADEMIC DISHONESTY, GRADING AND GRADING SYMBOLS, AND STUDENT CONDUCT ARE INCLUDED IN THE UNIVERSITY CATALOG. STUDENTS SHOULD REFERENCE THE CATALOG FOR THE COMPLETE LISTING OF POLICIES.

**NOTE: IN SOME CASES, PROGRAM AND/OR COURSE SPECIFIC INFORMATION MAY BE APPENDED TO THE SYLLABUS. IN THESE INSTANCES, STUDENTS MUST CONSIDER THE SYLLABUS TO BE INCLUSIVE OF ANY APPENDED INFORMATION, AND AS SUCH, STUDENTS MUST ADHERE TO ALL COURSE REQUIREMENTS AS DESCRIBED IN THE DOCUMENT IN ITS ENTIRETY.**



# HERZING UNIVERSITY

## LPN PROGRAM

### Clinical Performance Evaluation Tool NP 120 Fundamentals of Nursing with Lab and Clinical

**Grading Scale:**  
 5 = Independent (pass)  
 4 = Supervised (pass)  
 3 = Assisted (pass)  
 2 = Marginal (fail)  
 1 = Dependent (fail)  
 X = Unable to Evaluate

See detailed explanation  
of grading scale at the end.

Student Name \_\_\_\_\_ Instructor Name \_\_\_\_\_  
 Term \_\_\_\_\_ Cohort \_\_\_\_\_

**Clinical Objectives:** There are specific clinical learning objectives that must be met to successfully pass this course. These are part of the broader expected universal expected behaviors listed on the last pages, which must be met to signify the student has mastered the program outcomes. A passing grade must be received in all objectives and outcomes by final evaluation in order to pass the course.

This clinical evaluation tool is designed based upon program outcomes, NLN Core Competencies, and six Integrating Concepts. <b>Program Outcomes</b> 1. Practice quality, safe, and relationship-centered care as guided by practical nurse scope of practice. 2. Using a systems approach, ensure nursing judgement and collaboration in caring for diverse patients and families. 3. Employ a spirit of inquiry and integrity in providing care consistent with legal and professional standards of the practical nurse. 4. As a coordinator of care, generate system and professional resources for health and wellness which facilitate patient, family, personal, and professional growth. <b>NLN PN Core Competencies:</b> Spirit of Inquiry, Professional Identity, Nursing Judgement, Human Flourishing <b>NLN PN Integrating Concepts:</b> Safety, Quality, Teamwork/Collaboration, Relationship-Centered Care, Systems-Based Care, Personal/Professional Development	Midterm		Final	
	S	F	S	F
<b>Course Description:</b> This course introduces the role of the practical nurse as a member of the interprofessional health care team, basic nursing concepts, and psychomotor nursing skills. Students learn skills necessary for maintaining patient safety and strategies for therapeutic communication. At the conclusion of this course, the student will demonstrate competency in performing basic nursing skills across the lifespan. <b>Upon completion of this course, the PN student will be able to:</b> <b>Safety</b> <b>Program Outcomes 1,2,3; Course Learning Objectives 1,2,3</b> Demonstrate safe medication administration.				

Explain principles of safety, including safe use of equipment, safe environment, recognizing patient safety needs, and reducing safety risks.				
Utilize information management as it pertains to health records, nursing science, and evidence-based practice.				
Practice clinical skills and procedures correctly.				
Give examples of coordinating care.				
Communicate using SBAR with the interdisciplinary team.				
Identify the scope of practice that governs LPN practice.				
Recall microbiology concepts related to infection control.				
<b>Quality</b>				
<b>Program Outcomes 1,2,3; Course Learning Objectives 1,3,4</b>				
Recognize concepts of teaching and learning to improve quality of health care.				
Identify relevant health care data that needs collected and organized.				
Assists in the identification of health needs and problems.				
Explain basic nursing care concepts while maintaining integrity in addressing the physiological, psychological, cultural and spiritual needs of patients.				
Discuss the importance of communication with patients, families and significant individuals.				
Give examples of when to document nursing care within health information system.				
Recall examples of health promotion and maintenance.				
Recognizes personal capabilities and knowledge base when making decisions about safe care delivery.				
Recognize a clinical example of nursing judgement.				
Translate the importance of patient/family satisfaction as a key determinant of quality into practice.				
Recognize evidenced-based care.				
<b>Teamwork/Collaboration</b>				
<b>Program Outcomes 1,2; Course Learning Objectives 1,2</b>				
Select appropriate team members to notify of changes in patient status.				
Collaborate with patients, families, other members of the health care team, and other individuals significant to the patient.				
Identify clinical experts when situations are beyond expertise and scope of practice.				
Make use of data collection and care planning to collaborate with the health care team.				
Recognize members of the health care team in meeting the needs of patients and their families.				
Compare health care team members for expert knowledge about patient care needs.				
<b>Relationship-Centered Care</b>				
<b>Program Outcomes 1,2,4; Course Learning Objectives 1,2,3</b>				
Define verbal and non-verbal communication principles to improve relationship-centered interactions.				
Implement and contribute to the plan of care for a patient with multiple medical conditions.				
Identify pharmacological interventions related to patient diagnosis and condition.				
Relate healing, health maintenance, health promotion, disease prevention, and rehabilitation to clients across the lifespan and the continuum of health care environments.				
Define the LPN role in encouraging patient self-advocacy.				
Provide caring, compassionate, culturally competent, and evidence-based care while using the nursing process in the health care setting.				
<b>Systems-Based Care</b>				
<b>Program Outcomes 1,2,3; Course Learning Objectives 2,3</b>				
Recognize the patient's right to minimal exposure to risk through systems thinking.				
Contributes to the interdisciplinary health care team in addressing the patients physiological, psychological, cultural, and spiritual needs.				
Report data to assist in the formulation of health care goals/outcomes, in collaboration with patients, their families, and health care team members.				
Practices collaboratively as a member of the interprofessional health care team to support the unique contributions of the LPN to a robust nursing workforce.				

Interpret the Nursing Code of Ethics, Standards of Practice, and policies and procedures of the clinical agency and Herzing University.				
Recognizes that both individuals and systems are responsible for patient safety.				
Demonstrates competencies with emerging clinical technologies.				
<b><i>Personal/Professional Development</i></b>				
<b>Program Outcomes 2,3,4; Course Learning Objectives 3</b>				
List personal beliefs, values, and biases in regard to respect for human dignity, equality, and justice.				
Interpret self-reflection to assess personal level of competence, adequacy of knowledge base, and areas needing improvement to grow professionally.				
Recognize responsibility for own learning and accept constructive guidance.				
Demonstrates a persistent sense of curiosity to think creatively.				
Interact with team members, faculty, and fellow students in a positive, professional manner.				
Attend clinical on time, dressed professionally, prepared, and ready to work.				
Demonstrate respectful appropriate behavior.				
<b>Additional experiences not expected but available: (eg. IV)</b>				

**Midterm Comments (Strengths and Weaknesses)**

Instructor:

Student:

**Remediation strategy for any unsatisfactory areas:**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_  
Instructor Signature \_\_\_\_\_ Date \_\_\_\_\_

**Final Comments:**

Instructor:

Student:

Student Signature \_\_\_\_\_ Date \_\_\_\_\_  
Instructor Signature \_\_\_\_\_ Date \_\_\_\_\_

### Grading Scale Explanation

Scale Label	Quality Of Performance	Assistance
<b>Independent 5</b>	Safe at all times Proficient Coordinated Confident Competent Occasional expenditure of excess energy within realistic time frame Consistently demonstrates synthesis of theory	Functions with occasional rare supporting cues
<b>Supervised 4</b>	Safe at all times Efficient Coordinated Confident Competent Functions with some expenditure of excess energy within a reasonable time period Relates theory to practice with occasional direction	Functions with occasional supportive cues
<b>Assisted 3</b>	Safe with occasional guidance required Sometimes inefficiency Sometimes uncoordinated Occasionally confident Skillful in most behaviors but does expend excessive energy Functions within delayed time period Recognizes theory to practice with frequent direction	Occasional physical and supportive ones
<b>Marginal 2</b>	Requires constant supervision for safe performance Unskilled Inefficient Lacks confidence Expend considerable expenditure of excessive energy Functions only in prolonged time period Occasionally recognizes the relationship of theory to practice with constant direction	Continuous verbal and physical cues required
<b>Dependent 1</b>	Unsafe even with close supervision Unskilled Inefficient Lacks confidence, coordination Constantly expends excessive energy Unable to function within a prolonged time period Unable to relate theory to practice	Continuous verbal and physical cues

### Universal Expected Behaviors

1.	<ul style="list-style-type: none"> <li>○ Implements patient care within a timely manner.</li> <li>○ Organizes time, resources, and self in the delivery of care.</li> <li>○ Maintains safe client environment.</li> <li>○ Is cost conscious while delivering care.</li> <li>○ Uses nursing and other appropriate theories.</li> </ul>
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	<ul style="list-style-type: none"> <li>○ Apply comprehensive knowledge of health problems and cultural diversity in performing nursing interventions.</li> <li>○ Uses nursing judgment and decision-making skills to solve problems.</li> <li>○ Engages in self-reflection and collegial dialogue with instructors and others about practice.</li> <li>○ Conforms with Patient's Bill of Rights</li> <li>○ Follows the Code of Conduct.</li> </ul>
2.	<ul style="list-style-type: none"> <li>○ Collects comprehensive data appropriate to the patient (individual, family, group, or population).</li> <li>○ Conducts thorough data collection techniques in a organized and timely manner.</li> <li>○ Analyzes all data collected to contribute to the plan of care.</li> <li>○ Prioritizes nursing diagnoses.</li> <li>○ Incorporates nursing knowledge and standards of care in the collection of data.</li> <li>○ Uses principles, established protocols, and practice standards to implement nursing care.</li> </ul>
3.	<ul style="list-style-type: none"> <li>○ Implements interventions based on data collection and nursing diagnoses from the plan of care.</li> <li>○ Understands outcome criteria that are measurable.</li> <li>○ Discusses the plan of care with the RN.</li> <li>○ Communicates care, consideration, and privacy to the client at all times.</li> <li>○ Uses language expected of a practical nurse when communicating with other professionals.</li> <li>○ Uses therapeutic communication strategies when communicating with patients.</li> </ul>
4.	<ul style="list-style-type: none"> <li>○ Prepares for clinical experience by acquiring the knowledge, skills, and equipment needed for patient care.</li> <li>○ Uses medical equipment according to policy and procedures.</li> <li>○ Respects equipment.</li> <li>○ Cleans equipment appropriately.</li> <li>○ Maintains proper storage of equipment.</li> <li>○ Understands the relationship of the data collected from technological equipment in relation to the patient's condition.</li> <li>○ Uses technology to obtain and share data.</li> </ul>
5.	<ul style="list-style-type: none"> <li>○ Maintains confidentiality.</li> <li>○ Adheres to HIPAA standards.</li> <li>○ Allows for patient privacy.</li> <li>○ Treats patients in a dignified and respectful manner.</li> <li>○ Maintains professional boundaries.</li> <li>○ Practices standard safety precautions.</li> <li>○ Communicates appropriate and critical information to faculty and staff in a timely manner.</li> <li>○ Documents data collected, interventions, and response to interventions in a thorough and accurate manner.</li> </ul>
6.	<ul style="list-style-type: none"> <li>○ Assumes the functions of a patient advocate.</li> <li>○ Is honest and demonstrates personal integrity.</li> <li>○ Behaves and dresses professionally.</li> <li>○ Arrives in the clinical area on time and prepared for the day's assignment.</li> <li>○ Demonstrates self-motivation for learning.</li> </ul>
7.	<ul style="list-style-type: none"> <li>○ Considers developmental, physical, psychological, sociocultural and spiritual needs of the patient in nursing care.</li> <li>○ Provides relevant and sensitive health education.</li> </ul>

	<ul style="list-style-type: none"><li>○ Integrating traditional and complementary health care practices per the plan of care.</li><li>○ Communication shows sensitivity to sociocultural needs of client.</li><li>○ Elicits and clarifies patient preferences and values.</li></ul>
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# HERZING<sup>®</sup>

— UNIVERSITY —

## COURSE SYLLABUS

FACULTY CONTACT INFORMATION	
INSTRUCTOR	Click here to enter text.
PHONE NUMBER	Click here to enter text.
HERZING E-MAIL	Click here to enter text.

DAY	OFFICE HOURS (CENTRAL TIME)
	00:00 am – 00:00 am

Instructional Delivery Method	On Campus			
Class Location				
Semester				
Course Code	NP 125			
Course Title:	Medical-Surgical Nursing I for LPNs			
Course Description	This course explores the care of adults using a body systems approach. Focus is placed on nursing interventions and developing knowledge required to provide quality nursing care in a safe manner. Content areas include musculoskeletal, urinary, respiratory, integumentary, neurologic, gastrointestinal, reproductive, and sensory systems. Furthermore, nutrition, communication, fluids & electrolytes, end of life, cultural diversity, and legal/ethical issues are integrated throughout the systems. The clinical component of this course allows the student a hands-on experience in providing relationship-centered care for patients with different disease processes in the health care system. Microbiology concepts related to safety and infection control are emphasized.			
Credit Hours Contact Hours	5 Semester Credit Hours			
	Lecture Hours	Laboratory Hours	Clinical Hours	Total Contact Hours
	45	0	90	135
Study Time	<p>Lecture, Lab, or Internship/Externship/Clinical/Practicum hours as indicated on the syllabus represent scheduled hours spent engaged in learning activities. Students should expect to spend a minimum of two additional hours engaged in learning activities outside of class for each one hour identified as lecture; students should expect to spend one hour engaged in learning activities outside of class for each two hours of scheduled laboratory time. Learning activities outside of class support the achievement of one or more course learning objectives and may be spent reading textbook material, completing homework assignments, preparing for lab assignments, engaged in drill and practice exercises, working on case studies, completing workbook activities, or conducting library research. Additional study time outside of scheduled Internship/Externship/Clinical hours is typically not expected.</p> <p>The total amount of time that students spend engaged in learning activities is consistent, regardless of instructional delivery method. For example, students enrolled a three credit lecture course should expect to spend 45 hours in scheduled class time and an additional 90 hours engaged in learning activities outside of the classroom. Online or blended students should expect to spend the equivalent total of 135 hours engaged in learning activities if they are enrolled in the same course.</p>			

	Determination of the amount of time that a student should expect to spend engaged in learning activities is based upon faculty judgment regarding the average student. The amount of time spent engaged in learning activities is expected to vary among students, based upon previous knowledge of the content, learning style, learning ability, difficulty of the course, and student motivation.	
<b>Guide to Student Engagement in Learning Activities</b>	<i>The timeframes provided below are estimates based upon the average student.</i>	
	Lower level reading (10-20 pages)	1 hour
	Higher level reading (10-20 pages)	2 hours
	Construction of 1 page paper (250 words)	2 hours
	Development of 10 minute speech	2 hours
	Watch video lecture	1 hour
	Read, research and respond to discussion board posting	1 hour
	Preparation for unit examination	2 hours
<b>Course Length</b>	<b>8 Weeks</b>	
<b>Prerequisites</b>	<b>NP110: Pharmacology for Nurses with Lab</b> <b>NP120: Fundamentals of Nursing with Lab</b>	
<b>Co-requisites</b>	<b>N/A</b>	
<b>Course Learning Objectives</b>	<p><b>Upon successful completion of this course, students should be able to:</b></p> <ol style="list-style-type: none"> <li>1) Apply the practical nurse scope of practice to the care of the adult patient.</li> <li>2) Determine important concepts including nutrition, communication, and cultural diversity for patients with different medical disorders.</li> <li>3) Demonstrate microbiology principles that affect infection control.</li> <li>4) Identify elements in a systems based environment appropriate in caring for the adult population during wellness, acute, and chronic illnesses.</li> <li>5) Verify pharmacologic therapy for clients based on an understanding of expected pharmacologic actions, safe administration methods, and data collection for patients.</li> </ol>	
<b>Program Learning Outcomes Supported</b>	<b>Program Learning Outcome</b>	<b>Course Learning Objective Supported</b>
	1. Practice quality, safe, and relationship-centered care as guided by practical nurse scope of practice.	<b>1,3,5</b>
	2. Using a systems approach, ensure nursing judgement and collaboration in caring for diverse patients and families.	<b>2</b>
	3. Employ a spirit of inquiry and integrity in providing care consistent with legal and professional standards of the practical nurse.	<b>1</b>
	4. As a coordinator of care, generate system and professional resources for health and wellness which facilitate patient, family, personal, and professional growth.	<b>4</b>
<b>Required Textbook(s)</b>	<p>Ackley, B., Ladwig, G. &amp; Makic, M. (2017). Nursing diagnosis handbook: An evidence- based guide to planning care (11 ed.). St. Louis, MO: Elsevier.</p> <p>deWit, S., Stromberg, H., &amp; Dallred, C. (2017). Medical-surgical nursing: Concepts and practice (3rd ed.). St. Louis, MO: Elsevier.</p> <p>Pagana, K., &amp; Pagana, T. (2018). Mosby's manual of diagnostic and laboratory tests (6th ed.). St Louis, MO: Elsevier</p>	
<b>Optional Textbook(s)</b>	<b>NONE</b>	

Additional Learning Material(s)

**Evolve:** <https://evolve.elsevier.com> **Resources for your e-book can be found here.** Simulation will be included as permitted by the respective Board of Nursing. E-book page numbers subject to change based upon publisher updates. Please check with instructor for updated page numbers as needed.

TOPICS AND LEARNING ACTIVITIES			Course Learning Objective Supported	Points Possible	DUE DATE
Unit 1	[class date]	<p><b>Topic(s): The Musculoskeletal System:</b> A/P review, musculoskeletal disorders, age related changes, nursing process, diagnostic tests and procedures, laboratory tests for musculoskeletal disorders, consequences of immobility, teaching ambulation with assistive devices, common problems related to the musculoskeletal system, common therapeutic measures, health promotion, older adult care, safety alert, clinical cues.</p> <p><b>Care of patients with Musculoskeletal &amp; Connective Tissue Disorders:</b> Sprains/strains, bunion, carpal tunnel, dislocation, rotator cuff tear, fractures, traction, fixation, casts, complications of fractures, inflammatory disorders, osteoarthritis, RA, nursing care, hip/knee replacement, gout, osteoporosis, surgical intervention amputation, management of knee replacement, health promotion, older adult care, safety alert, clinical cues.</p> <p><b>Topic(s): Care of Preoperative &amp; Intraoperative:</b> Surgery introduction, categories of surgical procedures, terminology, technology advances, transfusion for procedures and cultural considerations, preoperative assessment (data collection), commonly ordered preoperative lab tests, surgical risk factors, complications, patient and family teaching, preoperative considerations and teaching, checklist, the surgical team and suite, nursing roles in the OR, anesthesia, intraoperative complications, cultural considerations, older adult care, safety alert, clinical cues, legal and ethical considerations.</p> <p><b>Care of Postoperative Surgical Patients:</b> Post anesthesia care unit (PACU), postoperative patient assessment, postoperative nursing interventions and care (health promotion), wound healing and care, prevent postoperative complications, teaching and discharge instructions and teaching, assignment considerations, home care considerations, clinical cues cultural considerations, older adult care, safety alert.</p> <p><b>Reading:</b> deWit Chapters 31, 32, 4, 5 Textbook/E-Book: deWit p. 719-721, 721-734, 736-747, 747-763, 60-77, 80-92, 94-96</p>	1,2,4		
Unit 2	[class date]	<p><b>Topic(s): Care of Patients with Pain:</b> Pain theories, classification of pain, sources and processes of pain, pain perception, acute vs. chronic pain, assessment pain, pain scales, focused assessment questions, documentation for pain, management of pain, commonly used pain medications, nursing responsibilities for administering medications for pain, nonpharmacologic pain treatment approaches, community care options for pain treatment, older adult care point, safety alert, cultural considerations, clinical cues, legal &amp; ethical</p>	1,2,4,5		

TOPICS AND LEARNING ACTIVITIES		Course Learning Objective Supported	Points Possible	DUE DATE
		<p>considerations.</p> <p><b>Chronic Illness/Rehabilitation:</b> Overview of chronic illness &amp; immobility, prevention of the common hazards of immobility, rehabilitation programs, rehabilitation team/role of LPN in rehabilitation team, functional independence measure scoring, categories home care, the LPN role in home care, nursing care plan for an immobilized resident, assignment considerations, The Joint Commission's National Patient Safety Goals, problems and disorders that increase the risk of falls, Fall Risk Assessment, interventions to help prevent falls, measures helpful to prevent the need for security devices, principles related to use of security and safety devices, use of common assistive-adaptive devices, restraints, Functional Independence Measure scoring categories, older adult care point, safety alert, clinical cues, legal &amp; ethical considerations.</p> <p><b>Topic(s): The Urinary System:</b> Disorders of the urologic system, causes, prevention, and diagnostics tests and procedures, common diagnostic tests for urologic disorders, focused assessment box, data collection for the urinary system, common causes of variations in the color of urine, terminology related to urine output and flow, nursing diagnosis, planning, and implementation for common urologic problems, care of urinary catheters and intake &amp; output, principles of urinary catheter and tube care, urinary incontinence, drugs commonly used to treat urinary incontinence and retention, urinary retention, patient teaching, health promotion, examples of potentially nephrotoxic substances, clinical cues, older adult care point, legal and ethical considerations, focused assessment, patient teaching Kegel exercises.</p> <p><b>Care of Patients with Disorders of the Urinary System:</b> Cystitis, drugs commonly used to treat urinary tract infections, urethritis, pyelonephritis, acute and chronic glomerulonephritis, nephrotic syndrome, hydronephrosis, renal stenosis, renal stones, urologic system cancers, renal failure acute &amp; chronic, common drugs used to treat chronic renal failure, nursing management of patient with kidney failure or disease, dietary restrictions of a patient with renal failure, community care, safety alert, older adult care point, patient teaching, clinical cues, health promotion, legal and ethical.</p> <p><b>Reading:</b> deWit Chapters 7, 9, 33, 34 Textbook/E-Book: deWit p. 124-131, 133-141, 178-180, 183-194, 769-784, 787-809, 810-814, <i>Microbiology for Nurses Due</i></p> <p><b>Assessment(s):</b> Quiz #1</p> <p><b>Assessment(s):</b> Exam #1</p> <p><b>Simulation:</b> Medication Administration</p>		
			3	5
			2	20
			2	80
Unit 3	[class date]	<b>Topic(s): The Gastrointestinal System:</b> Anatomy and physiology of GI system, organs and structures, functions of GI system, effects of aging on the GI system, structures and locations of accessory organs, functions	1,2,4	

TOPICS AND LEARNING ACTIVITIES		Course Learning Objective Supported	Points Possible	DUE DATE
	<p>of gallbladder, liver, and pancreas, effects of aging on the accessory organs of digestion, the GI system, diagnostic tests for GI issues, nursing management, common problems related to GI system, anorexia, gas, constipation, diarrhea, bowel training, patient teaching, health promotion, cultural considerations, older adult care points, clinical cues.</p> <p><b>Care of Patients with Disorders of the Upper Gastrointestinal System:</b> Eating disorders, anorexia nervosa, bulimia nervosa, obesity, bariatric surgery, upper GI disorders, stomatitis, dysphagia, cancer of the oral cavity, cancer of the esophagus, hiatal hernia, GERD, gastroenteritis, gastritis, peptic ulcer, surgical treatment, gastric cancer, common therapies for disorders of the GI system, decompression, enteral nutrition, TPN, older adult care points, clinical cues, safety alert, patient teaching, cultural considerations.</p> <p><b>Topic(s): Care of Patients with Disorders of the Lower Gastrointestinal System:</b> Disorders of the abdomen and bowel, IBS, diarrhea or constipation, diverticula, intestinal obstruction, abdominal and inguinal hernia, nursing management, bowel ischemia, inflammatory bowel disease, ulcerative colitis and crohns disease, appendicitis, peritonitis, malabsorption, cancer of the colon, ostomy surgery and care, colostomy, ileostomy, preoperative nursing care, nursing management, anorectal disorders, hemorrhoids, pilonidal sinus, anorectal abscess and fistula, community care, clinical cues, safety alert, older adult care points, cultural considerations, health promotion, patient teaching.</p> <p><b>Care of Patients with Disorders of the Gallbladder, Liver, and Pancreas:</b> Disorders of the gallbladder, cholelithiasis, cholecystitis, disorders of the liver, hepatitis, cirrhosis, liver transplantation, cancer of the liver, disorders of pancreas, acute pancreatitis, chronic pancreatitis, cancer of the pancreas, community care, cultural considerations, older adult care points, patient teaching, clinical cues, health promotion, home care considerations, safety alerts.</p> <p><b>Reading:</b> deWit Chapters 27, 28, 29, 30 Textbook/E-Book: deWit p. 624-641, 644-654, 658-666, 667- 673, 676- 691, 694-708, 710-716</p> <p><b>Assessment(s):</b> Quiz #2</p> <p><b>Assessment(s):</b> Exam #2</p>	<p>2</p> <p>2</p>	<p>20</p> <p>80</p>	
Unit 4	[class date]	<p><b>Topic(s): The Respiratory System:</b> Causes of respiratory disease, respiratory disorders, prevention, risk factors for respiratory disease, care of older adults and respiratory disease, diagnostic procedures and labs tests, history taking/data collection, sputum characteristics and possible causes, normal lung sounds, physical clinical appearance, common respiratory patient care problems, altered breathing patterns, older adult care points, health promotion, clinical cues.</p> <p><b>Care of Patients with Disorders of the Upper Respiratory System:</b> Disorders of the nose and sinuses,</p>	1,2	

TOPICS AND LEARNING ACTIVITIES		Course Learning Objective Supported	Points Possible	DUE DATE	
		<p>upper respiratory infections and rhinitis, sinusitis, epistaxis, pharyngitis, tonsillitis, obstruction and trauma, airway obstruction and respiratory arrest, obstructive sleep apnea, nasal fracture, cancer of the larynx, health promotion for cancer of the larynx, endotracheal intubation and tracheostomy, care of a tracheostomy, home health care, older adult care points, clinical cues, patient teaching, health promotion, home teaching, rehabilitation, community care, safety alert.</p> <p><b>Care of Patients with Disorders of the Lower Respiratory System:</b> Acute bronchitis, influenza, health promotion, pneumonia, atelectasis, fungal infections, tuberculosis, restrictive pulmonary disorders, obstructive pulmonary disorders, emphysema, chronic bronchitis, asthma, lung cancer, pulmonary embolism, primary pulmonary hypertension, pneumothorax, hemothorax, pulmonary edema, respiratory failure, intrathoracic surgery, oxygen therapy, mechanical ventilation, older adult care points, legal &amp; ethical considerations, safety alert, clinical cues, health promotion, cultural considerations.</p> <p><b>Topic(s): Fluid and Electrolytes:</b> Distribution and regulation of body fluids, movement of fluid and electrolytes, fluid imbalance, deficient fluid volume, nausea and vomiting, edema, home care, osmolality, electrolyte imbalances.</p> <p><b>Reading:</b> deWit Chapters 12, 13, 14, 3 Textbook/E-Book: deWit p. 255-270, 273-287, 290-324, 29-44</p> <p><b>Assessment(s):</b> Quiz #3 <b>Assessment(s):</b> Exam #3</p>	<p>2 2</p>	<p>20 80</p>	
Unit 5	[class date]	<p><b>Topic(s): The Sensory System: Eye and Ear:</b> The eye, eye disorders, eye injury, diagnostic test for eye problems, assessment/data collection, eye disease, abnormalities of lid positions, clinical signs and symptoms of eye diseases, eye medication, the ear, hearing loss, conductive versus sensorineural hearing loss, diagnostic test and exams, data collection, communication with a person who is hearing impaired, caring for a hearing aid, instilling otic medication, dizziness and vertigo, tinnitus, rehabilitation for hearing loss, older adult care, safety alert, clinical cues, health promotion.</p> <p><b>Care of Patients with Disorders of the Eyes and Ears:</b> Common disorders of the eye, errors of refraction, uveitis, dry eye, corneal disorders, eye trauma, planning, cataract, glaucoma, open angle glaucoma, narrow-angle glaucoma, retinal detachment, retinopathy, macular degeneration, preoperative care, postoperative care, common disorders of the ear, external otitis, impacted cerumen and foreign bodies, otitis media, labyrinthitis, meniere disease, acoustic neuroma, otosclerosis and hearing loss, nursing care of patients having ear surgery, preoperative care/postoperative care, older adult</p>	1,2,4,5		

TOPICS AND LEARNING ACTIVITIES		Course Learning Objective Supported	Points Possible	DUE DATE
	<p>considerations, safety alert, cultural considerations, clinical cues, health promotion</p> <p><b>Topic(s): End of Life:</b> psychological process of death, fear, palliative care, anticipatory guidance, terminal hydration, end stage symptom management, grieving, spiritual beliefs and practices regarding death, dyspnea, death rattle, delirium.</p> <p><b>Topic(s): The Integumentary System:</b> Age related changes in skin and its structures, integumentary system, risk factors for skin tears in older adults, measures to prevent skin tears</p> <p><b>Reading:</b> deWit Chapters 25, 26, 41; Williams Chapter 15</p> <p>Textbook/E-Book: deWit p. 574-588, 590-594, 597-603, 604-606, 609-615, 616-621, 172-175, 957-966; Williams p. 245-260</p> <p><b>Assessment(s):</b> Quiz #4</p> <p><b>Assessment(s):</b> Exam #4</p>	<p>2</p> <p>2</p>	<p>20</p> <p>80</p>	
Unit 6	[class date]	<p><b>Topic(s): Care of Patients with Integumentary Disorders and Burns:</b> Inflammatory infections, dermatitis, acne, psoriasis, Stevens-Johnson syndrome, bacterial infections, viral infections, herpes simplex, herpes zoster, fungal infections, tinea pedis, parasitic infections, pediculosis and scabies, noninfectious disorders of skin, skin cancer, best practice for the prevention of pressure ulcers, burns, first aid for minor burns, pain management, debridement, grafting management of burns, community care, older adult care points, safety alert, clinical cues, health promotion, patient teaching, nutritional considerations.</p> <p><b>Topic(s): Care of Women Reproductive Disorders:</b> Sexual maturation, menopause &amp; health risks, health promotion, managing menopause, aging related concerns, normal menstruation, normal breast, menstrual dysfunction, contraception, legal &amp; ethical morning after pill, infertility, art procedures, health screening &amp; assessment/breast self-examination, the pelvic exam, diagnostic procedures, culture &amp; women's health, gynecologic surgical procedure, cystocele/rectocele/enterocele/uterine prolapse, polycystic ovarian syndrome, dysfunctional uterine bleeding, fibroids, hysterectomy, endometriosis, comparison of bacterial vaginosis &amp; yeast infection, toxic shock syndrome, cancer of the reproductive tract, disorders of the breasts, risk factors for breast cancer, patient teaching older adults, older adult care points, clinical cues, cultural considerations, health promotion, legal &amp; ethical considerations, patient teaching.</p> <p><b>Care of Men with Reproductive Disorders:</b> Age related changes, fertility, contraception, PSA, diagnostic tests, erectile dysfunction, treatment options for erectile dysfunction, ejaculation disorders, infertility, hydrocele, varicocele, testicular torsion, priapism, benign prostatic hyperplasia, surgical interventions for male urogenital problems, inflammation &amp; infections of the male</p>	1,2	

TOPICS AND LEARNING ACTIVITIES		Course Learning Objective Supported	Points Possible	DUE DATE	
		<p>reproductive tract, cultural considerations, cancer of the male reproductive tract, safety alert, older adult care points, clinical cues, health promotion, patient teaching.</p> <p><b>Care of Patients with Sexually Transmitted Infections:</b> Sexually transmitted infections, PID, candidiasis, bacterial vaginosis, risk factors for transmission of STIs, cultural considerations, prevention of HPV, reporting STIs, common diagnostic tests, common STIs, health promotion, prevention of STIs, clinical cues, cultural considerations.</p> <p><b>Reading:</b> deWit Chapters 42, 38, 39, 40 Textbook/E-Book: deWit p. 970-998, 885-896, 897-901, 904-919, 924-940, 943-952, 954</p> <p><b>Assignment(s):</b> <i>Assignment Due</i></p> <p><b>Assessment(s):</b> Quiz #5</p> <p><b>Assessment(s):</b> Exam #5</p>	<p>2</p> <p>2</p> <p>2</p>	<p>195</p> <p>20</p> <p>80</p>	
Unit 7	[class date]	<p><b>Topic(s): Neurologic System:</b> Functions of the divisions of the brain, cranial nerves &amp; their functions, neurotransmitters that affect transmission of nerve impulses, autonomic effects on various organs of the body, aging related changes, causative factors involved in neurologic disorders, classification of common neurologic disorders, prevention of neurologic disorders, evaluation of neurologic status, common neurologic patient care problems, quick assessment of cranial nerves, diagnostic tests for neurologic disorders, Glasgow coma scale, pupillary abnormalities and possible causes, safety alert, clinical cues, patient teaching.</p> <p><b>Care of Patients with Head and Spinal Cord Injuries:</b> Traumatic brain injuries, decreasing levels of consciousness, increased intracranial pressure, guidelines for patients with increased intracranial pressure, injuries of the spine and spinal cord, level of spinal cord damage, function present, &amp; activities possible, stages of grief and associated behaviors, drugs commonly used to treat head and spinal cord injuries, back pain and ruptured intervertebral disk, older adult care points, legal &amp; ethical considerations, safety alert, clinical cues.</p> <p><b>Topic(s): Care of Patients with Brain Disorders:</b> Seizure disorder and epilepsy and medications commonly used, transient ischemic attack, cerebrovascular accident and drugs commonly used, brain tumor, infectious and inflammatory disorders of the nervous system, bacterial meningitis, viral meningitis, encephalitis, headaches, cluster headaches, cranial nerve disorders, TIC, Bell Palsy, clinical cues, safety alert, patient teaching, health promotion, cultural considerations, safety alerts, nutrition considerations.</p> <p><b>Care of Patients with Peripheral and Degenerative Neurologic Disorders:</b> Parkinson's disease and nursing implications and commonly used drugs, multiple sclerosis, Alzheimer disease, amyotrophic lateral sclerosis, Guillain-Barre syndrome, Huntington disease,</p>	1,2		

TOPICS AND LEARNING ACTIVITIES		Course Learning Objective Supported	Points Possible	DUE DATE
		myasthenia gravis, signs and symptoms of cholinergic crises and myasthenia crisis, restless leg syndrome, safety alert, patient teaching, clinical cues. <b>Care of Patients with Cognitive Disorders:</b> Overview of cognitive disorders, delirium, dementia, Alzheimer disease, behavioral patterns in mild, moderate, and severe Alzheimer disease, ten warning signs of Alzheimer disease, vascular dementia, restraints, alternatives to and guidelines for the use of restraints, suggestions for families caring for a person with Alzheimer disease, community care, older adult care points, health promotion, legal & ethical considerations, safety alert, clinical cues, cultural considerations <b>Reading:</b> deWit Chapters 21, 22, 23, 24, 47 Textbook/E-Book: deWit p. 472-497, 500-521, 524-549, 553-568, 1092-1106 <b>Assessment(s):</b> Quiz #6 <b>Assessment(s):</b> Exam #6		
		2 2	20 80	
<b>Unit 8</b>	class date]	<b>1,2,4</b>	<b>200</b>	

Grade Summary	Points
Assignment	195
Microbiology for Nurses	5
6 Exams (80 points eachX6)	480
6 Quizzes (20 pointsX6)	120
Final Exam	200
Clinical	P/F
<b>Totals</b>	<b>1000</b>

Grade Scale		Quality Points
<b>A</b>	90.00% - 100.00%	4.0
<b>B</b>	80.00% - 89.99%	3.0
<b>C</b>	76.00% - 79.99%	2.0
<b>F</b>	0.00% - 75.99%	0.0
<b>I</b>	Incomplete	

## POLICIES

UNIVERSITY POLICIES, SUCH AS ATTENDANCE PHILOSOPHY, NOTIFICATION OF ABSENCES, EXTENUATING CIRCUMSTANCES, ACCOMMODATION REQUESTS, ACADEMIC DISHONESTY, GRADING AND GRADING SYMBOLS, AND STUDENT CONDUCT ARE INCLUDED IN THE UNIVERSITY CATALOG. STUDENTS SHOULD REFERENCE THE CATALOG FOR THE COMPLETE LISTING OF POLICIES.

**NOTE: IN SOME CASES, PROGRAM AND/OR COURSE SPECIFIC INFORMATION MAY BE APPENDED TO THE SYLLABUS. IN THESE INSTANCES, STUDENTS MUST CONSIDER THE SYLLABUS TO BE INCLUSIVE OF ANY APPENDED INFORMATION, AND AS SUCH, STUDENTS MUST ADHERE TO ALL COURSE REQUIREMENTS AS DESCRIBED IN THE DOCUMENT IN ITS ENTIRETY.**



# HERZING UNIVERSITY

## LPN PROGRAM

### Clinical Performance Evaluation Tool NP 125 Medical Surgical Nursing I for LPNs

**Grading Scale:**  
 5 = Independent (pass)  
 4 = Supervised (pass)  
 3 = Assisted (pass)  
 2 = Marginal (fail)  
 1 = Dependent (fail)  
 X = Unable to Evaluate

See detailed explanation  
of grading scale at the end.

Student Name \_\_\_\_\_ Instructor Name \_\_\_\_\_

Term \_\_\_\_\_ Cohort \_\_\_\_\_

**Clinical Objectives:** There are specific clinical learning objectives that must be met to successfully pass this course. These are part of the broader expected universal expected behaviors listed on the last pages, which must be met to signify the student has mastered the program outcomes. A passing grade must be received in all objectives and outcomes by final evaluation in order to pass the course.

<b>This clinical evaluation tool is designed based upon program outcomes, NLN Core Competencies, and six Integrating Concepts.</b> <b>Program Outcomes</b> 1. Practice quality, safe, and relationship-centered care as guided by practical nurse scope of practice. 2. Using a systems approach, ensure nursing judgement and collaboration in caring for diverse patients and families. 3. Employ a spirit of inquiry and integrity in providing care consistent with legal and professional standards of the practical nurse. 4. As a coordinator of care, generate system and professional resources for health and wellness which facilitate patient, family, personal, and professional growth. <b>NLN PN Core Competencies:</b> Spirit of Inquiry, Professional Identity, Nursing Judgement, Human Flourishing <b>NLN PN Integrating Concepts:</b> Safety, Quality, Teamwork/Collaboration, Relationship-Centered Care, Systems-Based Care, Personal/Professional Development	Midterm		Final	
	S	F	S	F
<b>Course Description:</b> This course explores the care of adults using a body systems approach. Focus is placed on nursing interventions and developing knowledge required to provide quality nursing care in a safe manner. Content areas include musculoskeletal, urinary, respiratory, integumentary, neurologic, gastrointestinal, reproductive, and sensory systems. Furthermore, nutrition, communication, fluids & electrolytes, end of life, cultural diversity, and legal/ethical issues are integrated throughout the systems. The clinical component of this course allows the student a hands-on experience in providing relationship-centered care for patients with different disease processes in the health care system. Microbiology concepts related to safety and infection control are emphasized. <b>Upon completion of this course, the PN student will be able to:</b>				

<b>Safety</b>				
<b>Program Outcomes 1,2,3; Course Learning Objectives 1,2,3,5</b>				
Integrate safe medication administration.				
Implementing principles of safety, including safe use of equipment, safe environment, recognizing patient safety needs, and reducing safety risks.				
Utilize information management as it pertains to health records, nursing science, and evidence-based practice.				
Perform clinical skills and procedures correctly.				
Demonstrate coordination of care.				
Communicate using SBAR with the interdisciplinary team.				
Explain the scope of practice that govern LPN practice.				
Interpret microbiology concepts related to infection control.				
<b>Quality</b>				
<b>Program Outcomes 1,2,3; Course Learning Objectives 2</b>				
Explain concepts of teaching and learning to improve quality of health care.				
Predict relevant health care data that needs collected and organized.				
Discuss health needs and problems.				
Apply basic nursing care concepts while maintaining integrity in addressing the physiological, psychological, cultural and spiritual needs of patients.				
Paraphrase the importance of communication with patients, families and significant individuals.				
Perform documentation of nursing care within health information system.				
Interpret health promotion and maintenance behaviors.				
Match personal capabilities and knowledge base when making decisions about safe and holistic care delivery.				
Clarify a nursing judgement decision.				
Make use of the importance of patient/family satisfaction as a key determinant of quality in practice.				
Prevent complications through the selection of evidenced-based care.				
<b>Teamwork/Collaboration</b>				
<b>Program Outcomes 1,2; Course Learning Objectives 1,4</b>				
Summarize appropriate team members to notify of changes in patient status				
Collaborate with patients, families, other members of the health care team, and other individuals significant to the patient.				
Utilize clinical experts when situations are beyond expertise and scope of practice.				
Take part in data collection and care planning to collaborate with the health care team.				
Compare members of the health care team in meeting the needs of patients and their families.				
Select health care team members for expert knowledge about patient care needs.				
<b>Relationship-Centered Care</b>				
<b>Program Outcomes 1,2,4; Course Learning Objectives 2,4,5</b>				
Summarize verbal and non-verbal communication principles to improve relationship-centered interactions.				
Implement and contribute to the plan of care for a patient with multiple medical conditions.				
Compare pharmacological interventions related to patient diagnosis and condition.				
Explain healing, health maintenance, health promotion, disease prevention, and rehabilitation to clients across the lifespan and the continuum of health care environments.				
Demonstrate the LPN role in encouraging patient self-advocacy.				
Provide caring, compassionate, culturally competent, and evidence-based care while using the nursing process in the health care setting.				
<b>Systems-Based Care</b>				
<b>Program Outcomes 1,2,3; Course Learning Objectives 1,2,4</b>				
Explain the patient's right to minimal exposure to risk through systems thinking.				
Contribute to the interdisciplinary health care team in addressing patient physiological, psychological, cultural, and spiritual needs.				

Report data to assist in the formulation of health care goals/outcomes, in collaboration with patients, their families, and health care team members.				
Practice collaboratively as a member of the interprofessional health care team to support the unique contributions of the LPN to a robust nursing workforce.				
Apply the Nursing Code of Ethics, Standards of Practice, and policies and procedures of the clinical agency and Herzing University.				
Explain that both individuals and systems are responsible for patient safety.				
Make use of competencies with emerging clinical technologies.				
<b><i>Personal/Professional Development</i></b>				
<b>Program Outcomes 2,3,4; Course Learning Objectives 2</b>				
Explain personal beliefs, values, and biases in regard to respect for human dignity, equality, and justice.				
Use self-reflection to assess personal level of competence, adequacy of knowledge base, and areas needing improvement to grow professionally.				
Show responsibility for own learning and accept constructive guidance.				
Develop a persistent sense of curiosity to think creatively.				
Interact with team members, faculty, and fellow students in a positive, professional manner.				
Attend clinical on time, dressed professionally, prepared, and ready to work.				
Demonstrate respectful appropriate behavior.				
<b>Additional experiences not expected but available: (eg. IV)</b>				

Midterm Comments (Strengths and Weaknesses)

Instructor:

Student:

**Remediation strategy for any unsatisfactory areas:**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_  
Instructor Signature \_\_\_\_\_ Date \_\_\_\_\_

**Final Comments:**

Instructor:

Student:

Student Signature \_\_\_\_\_ Date \_\_\_\_\_  
Instructor Signature \_\_\_\_\_ Date \_\_\_\_\_

**Grading Scale Explanation**

Scale Label	Quality Of Performance	Assistance
<b>Independent 5</b>	Safe at all times Proficient Coordinated Confident Competent Occasional expenditure of excess energy within realistic time frame Consistently demonstrates synthesis of theory	Functions with occasional rare supporting cues
<b>Supervised 4</b>	Safe at all times Efficient Coordinated Confident Competent Functions with some expenditure of excess energy within a reasonable time period Relates theory to practice with occasional direction	Functions with occasional supportive cues
<b>Assisted 3</b>	Safe with occasional guidance required Sometimes inefficiency Sometimes uncoordinated Occasionally confident Skillful in most behaviors but does expend excessive energy Functions within delayed time period Recognizes theory to practice with frequent direction	Occasional physical and supportive ones
<b>Marginal 2</b>	Requires constant supervision for safe performance Unskilled Inefficient Lacks confidence Expend considerable expenditure of excessive energy Functions only in prolonged time period Occasionally recognizes the relationship of theory to practice with constant direction	Continuous verbal and physical cues required
<b>Dependent 1</b>	Unsafe even with close supervision Unskilled Inefficient Lacks confidence, coordination Constantly expends excessive energy Unable to function within a prolonged time period Unable to relate theory to practice	Continuous verbal and physical cues

#### Universal Expected Behaviors

<b>1.</b>	<ul style="list-style-type: none"> <li>○ Implements patient care within a timely manner.</li> <li>○ Organizes time, resources, and self in the delivery of care.</li> <li>○ Maintains safe client environment.</li> <li>○ Is cost conscious while delivering care.</li> <li>○ Uses nursing and other appropriate theories.</li> <li>○ Apply comprehensive knowledge of health problems and cultural diversity in performing nursing interventions.</li> </ul>
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	<ul style="list-style-type: none"> <li>○ Uses nursing judgment and decision-making skills to solve problems.</li> <li>○ Engages in self-reflection and collegial dialogue with instructors and others about practice.</li> <li>○ Conforms with Patient's Bill of Rights</li> <li>○ Follows the Code of Conduct.</li> </ul>
2.	<ul style="list-style-type: none"> <li>○ Collects comprehensive data appropriate to the patient (individual, family, group, or population).</li> <li>○ Conducts thorough data collection techniques in a organized and timely manner.</li> <li>○ Analyzes all data collected to contribute to the plan of care.</li> <li>○ Prioritizes nursing diagnoses.</li> <li>○ Incorporates nursing knowledge and standards of care in the collection of data.</li> <li>○ Uses principles, established protocols, and practice standards to implement nursing care.</li> </ul>
3.	<ul style="list-style-type: none"> <li>○ Implements interventions based on data collection and nursing diagnoses from the plan of care.</li> <li>○ Understands outcome criteria that are measurable.</li> <li>○ Discusses the plan of care with the RN.</li> <li>○ Communicates care, consideration, and privacy to the client at all times.</li> <li>○ Uses language expected of a practical nurse when communicating with other professionals.</li> <li>○ Uses therapeutic communication strategies when communicating with patients.</li> </ul>
4.	<ul style="list-style-type: none"> <li>○ Prepares for clinical experience by acquiring the knowledge, skills, and equipment needed for patient care.</li> <li>○ Uses medical equipment according to policy and procedures.</li> <li>○ Respects equipment.</li> <li>○ Cleans equipment appropriately.</li> <li>○ Maintains proper storage of equipment.</li> <li>○ Understands the relationship of the data collected from technological equipment in relation to the patient's condition.</li> <li>○ Uses technology to obtain and share data.</li> </ul>
5.	<ul style="list-style-type: none"> <li>○ Maintains confidentiality.</li> <li>○ Adheres to HIPAA standards.</li> <li>○ Allows for patient privacy.</li> <li>○ Treats patients in a dignified and respectful manner.</li> <li>○ Maintains professional boundaries.</li> <li>○ Practices standard safety precautions.</li> <li>○ Communicates appropriate and critical information to faculty and staff in a timely manner.</li> <li>○ Documents data collected, interventions, and response to interventions in a thorough and accurate manner.</li> </ul>
6.	<ul style="list-style-type: none"> <li>○ Assumes the functions of a patient advocate.</li> <li>○ Is honest and demonstrates personal integrity.</li> <li>○ Behaves and dresses professionally.</li> <li>○ Arrives in the clinical area on time and prepared for the day's assignment.</li> <li>○ Demonstrates self-motivation for learning.</li> </ul>
7.	<ul style="list-style-type: none"> <li>○ Considers developmental, physical, psychological, sociocultural and spiritual needs of the patient in nursing care.</li> <li>○ Provides relevant and sensitive health education.</li> <li>○ Integrating traditional and complementary health care practices per the plan of care.</li> <li>○ Communication shows sensitivity to sociocultural needs of client.</li> </ul>

	o Elicits and clarifies patient preferences and values.
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# HERZING<sup>®</sup>

— UNIVERSITY —

## COURSE SYLLABUS

FACULTY CONTACT INFORMATION	
<b>INSTRUCTOR</b>	Click here to enter text.
<b>PHONE NUMBER</b>	Click here to enter text.
<b>HERZING E-MAIL</b>	Click here to enter text.

DAY	OFFICE HOURS (CENTRAL TIME)
	00:00 am – 00:00 am

<b>Instructional Delivery Method</b>	On Campus		
<b>Class Location</b>			
<b>Semester</b>			
<b>Course Code</b>	NP 235		
<b>Course Title:</b>	Medical-Surgical Nursing II for LPNs		
<b>Course Description</b>	This course explores the care of adults using a body systems approach. Focus is placed on nursing interventions and developing knowledge required to provide quality nursing care in a safe manner. Content areas include cardiovascular, hematologic, endocrine, and lymphatic systems. Furthermore acid base balance, cancer, bioterrorism, disaster, and trauma are integrated throughout the course. The clinical component of this course allows the student a hands-on experience in providing relationship-centered care for patients with different disease processes in the health care system.		
<b>Credit Hours Contact Hours</b>	<b>5 Semester Credit Hours</b>		
	<b>Lecture Hours</b>	<b>Laboratory Hours</b>	<b>Clinical Hours</b>
	<b>45</b>	<b>0</b>	<b>90</b>
<b>Study Time</b>			
	<p>Lecture, Lab, or Internship/Externship/Clinical/Practicum hours as indicated on the syllabus represent scheduled hours spent engaged in learning activities. Students should expect to spend a minimum of two additional hours engaged in learning activities outside of class for each one hour identified as lecture; students should expect to spend one hour engaged in learning activities outside of class for each two hours of scheduled laboratory time. Learning activities outside of class support the achievement of one or more course learning objectives and may be spent reading textbook material, completing homework assignments, preparing for lab assignments, engaged in drill and practice exercises, working on case studies, completing workbook activities, or conducting library research. Additional study time outside of scheduled Internship/Externship/Clinical hours is typically not expected.</p> <p>The total amount of time that students spend engaged in learning activities is consistent, regardless of instructional delivery method. For example, students enrolled a three credit lecture course should expect to spend 45 hours in scheduled class time and an additional 90 hours engaged in learning activities outside of the classroom. Online or blended students should expect to spend the equivalent total of 135 hours engaged in learning activities if they are enrolled in the same course.</p> <p>Determination of the amount of time that a student should expect to spend engaged in learning activities is based upon faculty judgment regarding the average student. The amount of time spent engaged in learning activities is expected to vary among students, based upon previous knowledge of the content, learning style, learning ability, difficulty of the course, and student motivation.</p>		

	<i>The timeframes provided below are estimates based upon the average student.</i>	
<b>Guide to Student Engagement in Learning Activities</b>	Lower level reading (10-20 pages) Higher level reading (10-20 pages) Construction of 1 page paper (250 words) Development of 10 minute speech Watch video lecture Read, research and respond to discussion board posting Preparation for unit examination	1 hour 2 hours 2 hours 2 hours 1 hour 1 hour 2 hours
<b>Course Length</b>	<b>8 Weeks</b>	
<b>Prerequisites</b>	<b>NP125: Medical Surgical Nursing I for LPNs</b>	
<b>Co-requisites</b>	<b>N/A</b>	
<b>Course Learning Objectives</b>	<p><b>Upon successful completion of this course, students should be able to:</b></p> <ol style="list-style-type: none"> <li>1) Utilize safe, quality, relationship-centered care along with interprofessional collaboration to care for patients with medical disorders.</li> <li>2) Apply professional knowledge to interventions as appropriate with cultural considerations.</li> <li>3) Demonstrate basic knowledge of chemistry and physics and its applicability to nursing practice.</li> <li>4) Verify pharmacologic therapy for clients based on an understanding of expected pharmacologic actions, safe administration methods, and data collection for patients.</li> </ol>	
<b>Program Learning Outcomes Supported</b>	<b>Program Learning Outcome</b>	<b>Course Learning Objective Supported</b>
	<ol style="list-style-type: none"> <li>1. Practice quality, safe, and relationship-centered care as guided by practical nurse scope of practice.</li> <li>2. Using a systems approach, ensure nursing judgement and collaboration in caring for diverse patients and families.</li> <li>3. Employ a spirit of inquiry and integrity in providing care consistent with legal and professional standards of the practical nurse.</li> <li>4. As a coordinator of care, generate system and professional resources for health and wellness which facilitate patient, family, personal, and professional growth.</li> </ol>	<p><b>1,3,4</b></p> <p><b>2</b></p> <p><b>2</b></p> <p><b>2</b></p>
<b>Required Textbook(s)</b>	<p><b>All books utilized throughout the program</b></p> <p>Ackley, B., Ladwig, G. &amp; Makic, M. (2017). Nursing diagnosis handbook: An evidence- based guide to planning care (11 ed.). St. Louis, MO: Elsevier.</p> <p>deWit, S., Stromberg, H., &amp; Dallred, C. (2017). Medical-surgical nursing: Concepts and practice (3rd ed.). St. Louis, MO: Elsevier.</p> <p>Pagana, K., &amp; Pagana, T. (2018). Mosby's manual of diagnostic and laboratory tests (6th ed.). St Louis, MO: Elsevier</p>	
<b>Optional Textbook(s)</b>	<b>NONE</b>	



TOPICS AND LEARNING ACTIVITIES		Course Learning Objective Supported	Points Possible	DUE DATE	
		<p>common gynecologic diagnostic tests, diagnostic tests for male reproductive system.</p> <p><b>Reading: Pagana Textbook/E-Book: Diagnostic Tests:</b> Chapter 8 p. 721-727, 727-731, 750-753, 770-775, 762-768, 753-757, 731-733, 652-661. Chapter 10 p. 815-817, 817-819, 820-824, 843-845. Chapter 9 p. 790-792, 797-798, 800-804. Chapter 4 p. 526-531, 518-523, 531-535, 647-652. Chapter 3 p. 511-514, 481-485, 485-490. Chapter 10 p. 820-824.</p> <p><b>Miscellaneous Diagnostic Tests:</b> Chapter 13 p. 1053-1061. Chapter 12 p. 962-978. Chapter 5 p. 588-596, 598-602, 616-622. Chapter 7 p. 642-644. Chapter 1 p. 5-6. Chapter 2 p. 13-17, Table 2.1 p. 15, 20-21.</p> <p><b>Reading: deWit</b> 209-210, 257-260, 333-335, 378-381, 480-484, 576-578, 630-635, 723-724, 771-774, 828-831, 898-899; 926</p> <p><b>Assessment(s):</b> Quiz #1</p> <p><b>Assessment(s):</b> Exam #1</p> <p><b>Simulation:</b> Head Injury</p>	<p>1</p> <p>1</p>	<p>20</p> <p>80</p>	
Unit 3	[class date]	<p><b>Topic(s): Acid-Base Balance, and Intravenous Therapy:</b> Acid-base system, acid-base imbalances, arterial blood gas analysis, metabolic acidosis, metabolic alkalosis, intravenous fluid therapy, community care, clinical cues, older adult care points, safety alert, legal &amp; ethical considerations, patient teaching.</p> <p><b>Topic(s): The Immune and Lymphatic System:</b> Age related changes to the immune and lymphatic systems, protective mechanisms of the immune and lymphatic systems, inflammatory response, immune response, immune and lymphatic system disorders, prevention of immune and lymphatic disorders, nursing management, common problems related to the immune and lymphatic systems, fever, immunosuppression, diagnostic tests for disorders of the immune and lymphatic systems, health promotion, older adult care points, clinical cues, legal and ethical considerations.</p> <p><b>Care of Patients with Immune and Lymphatic Disorders:</b> Immune function and dysfunction, immune deficiency disorders, therapeutic immunosuppression, human immunodeficiency virus and acquired immunodeficiency syndrome, human immunodeficiency virus risk in patients older than 50, community education and care, autoimmune disorders and body systems affected, SLE, disorders of the lymphatic system, lymphoma, lymphedema, fibromyalgia, disorders of inappropriate immune response, allergy and hypersensitivity, anaphylactic reaction and shock, older adult care points, patient teaching, health promotion, nutritional consideration, legal &amp; ethical considerations, safety alert, clinical cues, cultural considerations.</p> <p><b>Topic(s): Care of Patients with Cancer:</b> The impact of cancer, physiology of cancer, classifications of tumors, metastasis, causative factors, contributing factors, measures to prevent cancer, detection of cancer, nursing management, common therapies, problems, and nursing</p>	1,2		



TOPICS AND LEARNING ACTIVITIES			Course Learning Objective Supported	Points Possible	DUE DATE
		<b>Assessment(s):</b> Exam #3	1	80	
<b>Unit 5</b>	[class date]	<p><b>Topic(s): The Hematologic System:</b> Blood components, function of plasma proteins/red blood cells/white blood cells/platelets, interaction of the lymphatic system with the vascular system, changes of the hematologic system with aging, causes of hematologic disorders, prevention of hematologic disorders, diagnostic tests and procedures, focused assessment, common problems related to disorders of the hematologic system, excessive bleeding, excessive clotting, fatigue, anorexia, pain, infection, bone marrow failure, cultural considerations, clinical cues, older adult care points, health promotion.</p> <p><b>Care of Patients with Hematologic Disorders:</b> Anemia, drugs for anemias, aplastic anemia, sickle cell disease, leukemia, thrombocytopenia, multiple myeloma, hemophilia, DIC, transfusions, transfusion reactions, LPN role, bone marrow transplant, oxygen therapy, iron therapy, vitamin B12 therapy, splenectomy, community care, clinical cues, older adult care points, safety alert, health promotion, legal &amp; ethical considerations, cultural considerations, nutrition considerations.</p> <p><b>Reading:</b> deWit Chapters 15, 16 Textbook/E-Book: deWit p. 327-340, 343-351, 352-354, 356-362, 363-364</p> <p><b>Assessment(s):</b> Quiz #4 <b>Assessment(s):</b> Exam #4</p>	1,2,4          1 1	          20 80	
<b>Unit 6</b>	[class date]	<p><b>Topic(s)The Endocrine System:</b> Principal endocrine glands and hormones, effects of the thyroid hormones, functions of the parathyroid glands, functions of the adrenal glands, hormone function on the pancreas, effects of aging on the endocrine system, the endocrine system, endocrine system disorders, diagnostic tests &amp; procedures of the endocrine system, diagnostic tests for detecting and monitoring for DM, community care, health promotion, clinical cues, safety alert.</p> <p><b>Care of Patients with Pituitary, Thyroid, Parathyroid, and Adrenal Disorders:</b> Pituitary disorders, pituitary tumors, hyperfunction of pituitary gland, hypofunction of pituitary gland, diabetes insipidus, SIADH, thyroid disorders, goiter, hyperthyroidism, thyroidectomy, hypothyroidism, myxedema coma, thyroiditis, thyroid cancer, disorders of the parathyroid gland, hypoparathyroidism, &amp; hyperparathyroidism; adrenal disorders, Addison's disease, adrenal crisis, Cushing syndrome, community care, safety alert, older adult care points, patient teaching, nutrition considerations, clinical cues.</p> <p><b>Care of Patients with Diabetes and Hypoglycemia:</b> Diabetes mellitus and hypoglycemia, types, etiology, signs/symptoms/diagnosis, management of diabetes, pt. teaching hypoglycemia, oral hypoglycemic agents, insulin, clinical cues, insulin pump, complications, diabetic ketoacidosis, hyperglycemic hyperosmolar state, hypoglycemia, long term problems, patient education,</p>	1,2,4		

TOPICS AND LEARNING ACTIVITIES		Course Learning Objective Supported	Points Possible	DUE DATE
		hypoglycemia, nutrition considerations, cultural considerations, clinical cues, older adult care points, safety alerts, health promotion, patient teaching. <b>Reading:</b> deWit Chapters 35, 36, 37 Textbook/E-Book:deWit p. 822-832, 834, 836-850, 851, 854-857, 859-874, 876-879 <b>Assignment: Assignment Due</b> <b>Assessment(s):</b> Quiz #5 <b>Assessment(s):</b> Exam #5	1 1 1	90 20 80
Unit 7	[class date]	<b>Topic(s): Care of Patients During Disasters, Bioterrorism Attacks, and Pandemic Infections:</b> Disaster preparedness and response, hospital preparedness, triage, community preparedness, psychological responses to disaster, preparing for chemical, nuclear, or biologic disasters, & active shooter, health promotion, safety alert, patient teaching. <b>Care of Patients with Emergencies, Trauma and Shock:</b> Prevention of accidents, first aid and good Samaritan laws, psychological and social emergencies, emergency care, metabolic emergencies, injuries caused by extreme heat and cold, poisoning, bites and stings, choking emergencies, CPR, shock, & nursing management, safety alert, clinical cues, older adult care points, health promotion. <b>Additional Topics:</b> Informed consent, code status, delegation, prioritizing, continuity of care, quality/performance improvement, referral process, discharge education, supervision, emergency response plan, accident/error/injury prevention, incident reports, chemical dependency in nurses, advanced directives, crises interventions, medical emergencies, evidenced based practice, advocate, negligence, malpractice, client rights, client care assignments, community resources, resource management, concepts of management and supervision. <b>Reading:</b> deWit Chapters 43, 44 Textbook/E-Book:deWit p. 1002-1022, 1025-1047, 68, 3, 517, 23-25, 5-6, 93-96, 1003. <b>Assessment(s):</b> Quiz #6 <b>Assessment(s):</b> Exam #6	1 1	20 80
Unit 8	[class date]	<b>Assignment(s):</b> HESI remediation due <b>Assessment(s):</b> Final Exam	1 1,2	20 200

Grade Summary	Points
Assignment	90
Chemistry for Nurses Assignment	5
Physics for Nurses Assignment	5
HESI Exam	80
HESI Remediation	20
Exam 3 X 200 points	600
Final Exam	200
Clinical	P/F
<b>Totals</b>	<b>1000</b>

Grade Scale		Quality Points
<b>A</b>	90.00% - 100.00%	4.0
<b>B</b>	80.00% - 89.99%	3.0
<b>C</b>	76.00% - 79.99%	2.0
<b>F</b>	0.00% - 75.99%	0.0
<b>I</b>	Incomplete	

## **POLICIES**

UNIVERSITY POLICIES, SUCH AS ATTENDANCE PHILOSOPHY, NOTIFICATION OF ABSENCES, EXTENUATING CIRCUMSTANCES, ACCOMMODATION REQUESTS, ACADEMIC DISHONESTY, GRADING AND GRADING SYMBOLS, AND STUDENT CONDUCT ARE INCLUDED IN THE UNIVERSITY CATALOG. STUDENTS SHOULD REFERENCE THE CATALOG FOR THE COMPLETE LISTING OF POLICIES.

**NOTE: IN SOME CASES, PROGRAM AND/OR COURSE SPECIFIC INFORMATION MAY BE APPENDED TO THE SYLLABUS. IN THESE INSTANCES, STUDENTS MUST CONSIDER THE SYLLABUS TO BE INCLUSIVE OF ANY APPENDED INFORMATION, AND AS SUCH, STUDENTS MUST ADHERE TO ALL COURSE REQUIREMENTS AS DESCRIBED IN THE DOCUMENT IN ITS ENTIRETY.**



# HERZING UNIVERSITY

## LPN PROGRAM

### Clinical Performance Evaluation Tool NP 235 Medical Surgical Nursing II for LPNs

**Grading Scale:**  
 5 = Independent (pass)  
 4 = Supervised (pass)  
 3 = Assisted (pass)  
 2 = Marginal (fail)  
 1 = Dependent (fail)  
 X = Unable to Evaluate

See detailed explanation  
of grading scale at the end.

Student Name \_\_\_\_\_ Instructor Name \_\_\_\_\_

Term \_\_\_\_\_ Cohort \_\_\_\_\_

**Clinical Objectives:** There are specific clinical learning objectives that must be met to successfully pass this course. These are part of the broader expected universal expected behaviors listed on the last pages, which must be met to signify the student has mastered the program outcomes. A passing grade must be received in all objectives and outcomes by final evaluation in order to pass the course.

<b>This clinical evaluation tool is designed based upon program outcomes, NLN Core Competencies, and six Integrating Concepts.</b> <b>Program Outcomes</b> 1. Practice quality, safe, and relationship-centered care as guided by practical nurse scope of practice. 2. Using a systems approach, ensure nursing judgement and collaboration in caring for diverse patients and families. 3. Employ a spirit of inquiry and integrity in providing care consistent with legal and professional standards of the practical nurse. 4. As a coordinator of care, generate system and professional resources for health and wellness which facilitate patient, family, personal, and professional growth. <b>NLN PN Core Competencies:</b> Spirit of Inquiry, Professional Identity, Nursing Judgement, Human Flourishing <b>NLN PN Integrating Concepts:</b> Safety, Quality, Teamwork/Collaboration, Relationship-Centered Care, Systems-Based Care, Personal/Professional Development	Midterm		Final	
	S	F	S	F
<b>Course Description:</b> This course explores the care of adults using a body systems approach. Focus is placed on nursing interventions and developing knowledge required to provide quality nursing care in a safe manner. Content areas include cardiovascular, hematologic, endocrine, and lymphatic systems. Furthermore acid base balance, cancer, bioterrorism, disaster, and trauma are integrated throughout the course. The clinical component of this course allows the student a hands-on experience in providing relationship-centered care for patients with different disease processes in the health care system. <b>Upon completion of this course, the PN student will be able to:</b> <p style="text-align: center;"><b>Safety</b></p> <b>Program Outcomes 1,2,3; Course Learning Objectives 1,2,3,4</b> Integrate safe medication administration.				

Take part in principles of safety, including safe use of equipment, safe environment, recognizing patient safety needs, and reducing safety risks.				
Utilize information management as it pertains to health records, nursing science, and evidence-based practice.				
Integrate clinical skills and procedures correctly.				
Demonstrate coordination of care.				
Communicate using SBAR with the interdisciplinary team.				
Apply the scope of practice that govern LPN practice.				
Utilize microbiology concepts related to infection control.				
<b>Quality</b>				
<b>Program Outcomes 1,2,3; Course Learning Objectives 1,2</b>				
Demonstrate concepts of teaching and learning to improve quality of health care.				
Identify relevant health care data that needs collected and organized.				
Identify health needs and problems.				
Take part in basic nursing care concepts while maintaining integrity in addressing the physiological, psychological, cultural and spiritual needs of patients.				
Paraphrase the importance of communication with patients, families and significant individuals.				
Perform documentation of nursing care within health information system.				
Identify health promotion and maintenance behaviors.				
Apply personal capabilities and knowledge base when making decisions about safe and holistic care delivery.				
Practice a nursing judgement decision.				
Distinguish the importance of patient/family satisfaction as a key determinant of quality in practice.				
Prevent complications through the selection of evidenced-based care.				
<b>Teamwork/Collaboration</b>				
<b>Program Outcomes 1,2; Course Learning Objectives 1</b>				
Choose appropriate team members to notify of changes in patient status.				
Collaborate with patients, families, other members of the health care team, and other individuals significant to the patient.				
Utilize clinical experts when situations are beyond expertise and scope of practice.				
Justify data collection and care planning to collaborate with the health care team.				
Utilize members of the health care team in meeting the needs of patients and their families.				
Select health care team members for expert knowledge about patient care needs.				
<b>Relationship-Centered Care</b>				
<b>Program Outcomes 1,2,4; Course Learning Objectives 1</b>				
Apply verbal and non-verbal communication principles to improve relationship-centered interactions.				
Implement and contribute to the plan of care for a patient with multiple medical conditions.				
Implement pharmacological interventions related to patient diagnosis and condition.				
Perform healing, health maintenance, health promotion, disease prevention, and rehabilitation to clients across the lifespan and the continuum of health care environments.				
Utilize the LPN role in encouraging patient self-advocacy.				
Provide caring, compassionate, culturally competent, and evidence-based care while using the nursing process in the health care setting.				
<b>Systems-Based Care</b>				
<b>Program Outcomes 1,2,3; Course Learning Objectives 1,2</b>				
Implement the patient's right to minimal exposure to risk through systems thinking.				
Contribute to the interdisciplinary health care team in addressing patient physiological, psychological, cultural, and spiritual needs.				
Report data to assist in the formulation of health care goals/outcomes, in collaboration with patients, their families, and health care team members.				
Practice collaboratively as a member of the interprofessional health care team to support the unique contributions of the LPN to a robust nursing workforce.				

Apply the Nursing Code of Ethics, Standards of Practice, and policies and procedures of the clinical agency and Herzing University.				
Utilize that both individuals and systems are responsible for patient safety.				
Examine competencies with emerging clinical technologies.				
<i>Personal/Professional Development</i>				
<b>Program Outcomes 2,3,4; Course Learning Objectives 2</b>				
Outline personal beliefs, values, and biases in regard to respect for human dignity, equality, and justice.				
Use self-reflection to assess personal level of competence, adequacy of knowledge base, and areas needing improvement to grow professionally.				
Demonstrate responsibility for own learning and accept constructive guidance.				
Develop a persistent sense of curiosity to think creatively.				
Interact with team members, faculty, and fellow students in a positive, professional manner.				
Attend clinical on time, dressed professionally, prepared, and ready to work.				
Demonstrate respectful appropriate behavior.				
<b>Additional experiences not expected but available: (eg. IV)</b>				

Midterm Comments (Strengths and Weaknesses)

Instructor:

Student:

**Remediation strategy for any unsatisfactory areas:**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_  
Instructor Signature \_\_\_\_\_ Date \_\_\_\_\_

**Final Comments:**

Instructor:

Student:

Student Signature \_\_\_\_\_ Date \_\_\_\_\_  
Instructor Signature \_\_\_\_\_ Date \_\_\_\_\_

### Grading Scale Explanation

Scale Label	Quality Of Performance	Assistance
<b>Independent 5</b>	Safe at all times Proficient Coordinated Confident Competent Occasional expenditure of excess energy within realistic time frame Consistently demonstrates synthesis of theory	Functions with occasional rare supporting cues
<b>Supervised 4</b>	Safe at all times Efficient Coordinated Confident Competent Functions with some expenditure of excess energy within a reasonable time period Relates theory to practice with occasional direction	Functions with occasional supportive cues
<b>Assisted 3</b>	Safe with occasional guidance required Sometimes inefficiency Sometimes uncoordinated Occasionally confident Skillful in most behaviors but does expend excessive energy Functions within delayed time period Recognizes theory to practice with frequent direction	Occasional physical and supportive ones
<b>Marginal 2</b>	Requires constant supervision for safe performance Unskilled Inefficient Lacks confidence Expend considerable expenditure of excessive energy Functions only in prolonged time period Occasionally recognizes the relationship of theory to practice with constant direction	Continuous verbal and physical cues required
<b>Dependent 1</b>	Unsafe even with close supervision Unskilled Inefficient Lacks confidence, coordination Constantly expends excessive energy Unable to function within a prolonged time period Unable to relate theory to practice	Continuous verbal and physical cues

### Universal Expected Behaviors

<b>1.</b>	<ul style="list-style-type: none"> <li>○ Implements patient care within a timely manner.</li> <li>○ Organizes time, resources, and self in the delivery of care.</li> <li>○ Maintains safe client environment.</li> <li>○ Is cost conscious while delivering care.</li> <li>○ Uses nursing and other appropriate theories.</li> </ul>
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	<ul style="list-style-type: none"> <li>○ Apply comprehensive knowledge of health problems and cultural diversity in performing nursing interventions.</li> <li>○ Uses nursing judgment and decision-making skills to solve problems.</li> <li>○ Engages in self-reflection and collegial dialogue with instructors and others about practice.</li> <li>○ Conforms with Patient's Bill of Rights</li> <li>○ Follows the Code of Conduct.</li> </ul>
2.	<ul style="list-style-type: none"> <li>○ Collects comprehensive data appropriate to the patient (individual, family, group, or population).</li> <li>○ Conducts thorough data collection techniques in a organized and timely manner.</li> <li>○ Analyzes all data collected to contribute to the plan of care.</li> <li>○ Prioritizes nursing diagnoses.</li> <li>○ Incorporates nursing knowledge and standards of care in the collection of data.</li> <li>○ Uses principles, established protocols, and practice standards to implement nursing care.</li> </ul>
3.	<ul style="list-style-type: none"> <li>○ Implements interventions based on data collection and nursing diagnoses from the plan of care.</li> <li>○ Understands outcome criteria that are measurable.</li> <li>○ Discusses the plan of care with the RN.</li> <li>○ Communicates care, consideration, and privacy to the client at all times.</li> <li>○ Uses language expected of a practical nurse when communicating with other professionals.</li> <li>○ Uses therapeutic communication strategies when communicating with patients.</li> </ul>
4.	<ul style="list-style-type: none"> <li>○ Prepares for clinical experience by acquiring the knowledge, skills, and equipment needed for patient care.</li> <li>○ Uses medical equipment according to policy and procedures.</li> <li>○ Respects equipment.</li> <li>○ Cleans equipment appropriately.</li> <li>○ Maintains proper storage of equipment.</li> <li>○ Understands the relationship of the data collected from technological equipment in relation to the patient's condition.</li> <li>○ Uses technology to obtain and share data.</li> </ul>
5.	<ul style="list-style-type: none"> <li>○ Maintains confidentiality.</li> <li>○ Adheres to HIPAA standards.</li> <li>○ Allows for patient privacy.</li> <li>○ Treats patients in a dignified and respectful manner.</li> <li>○ Maintains professional boundaries.</li> <li>○ Practices standard safety precautions.</li> <li>○ Communicates appropriate and critical information to faculty and staff in a timely manner.</li> <li>○ Documents data collected, interventions, and response to interventions in a thorough and accurate manner.</li> </ul>
6.	<ul style="list-style-type: none"> <li>○ Assumes the functions of a patient advocate.</li> <li>○ Is honest and demonstrates personal integrity.</li> <li>○ Behaves and dresses professionally.</li> <li>○ Arrives in the clinical area on time and prepared for the day's assignment.</li> <li>○ Demonstrates self-motivation for learning.</li> </ul>
7.	<ul style="list-style-type: none"> <li>○ Considers developmental, physical, psychological, sociocultural and spiritual needs of the patient in nursing care.</li> <li>○ Provides relevant and sensitive health education.</li> </ul>

	<ul style="list-style-type: none"><li>○ Integrating traditional and complementary health care practices per the plan of care.</li><li>○ Communication shows sensitivity to sociocultural needs of client.</li><li>○ Elicits and clarifies patient preferences and values.</li></ul>
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# HERZING<sup>®</sup>

— UNIVERSITY —

## COURSE SYLLABUS

FACULTY CONTACT INFORMATION	
INSTRUCTOR	Click here to enter text.
PHONE NUMBER	Click here to enter text.
HERZING E-MAIL	Click here to enter text.

DAY	OFFICE HOURS (CENTRAL TIME)
	00:00 am – 00:00 am

Instructional Delivery Method	On Campus			
Class Location				
Semester				
Course Code	NP 230			
Course Title:	Nursing Specialties			
Course Description	This course prepares the practical nursing student with entry level knowledge and skills needed to care for obstetric, neonatal, pediatric, and mental health patient. Learning experiences focus on the normal growth and development of the specialty patients and commonly encountered disorders. Coordination of care, documentation, medication administration, and legal and ethical issues, historical perspectives and emerging trends within the specialties will be emphasized.			
Credit Hours Contact Hours	<b>4 Semester Credit Hours</b>			
	<b>Lecture Hours</b>	<b>Laboratory Hours</b>	<b>Clinical Hours</b>	<b>Total Contact Hours</b>
	<b>45</b>	<b>0</b>	<b>45</b>	<b>90</b>
Study Time	<p>Lecture, Lab, or Internship/Externship/Clinical/Practicum hours as indicated on the syllabus represent scheduled hours spent engaged in learning activities. Students should expect to spend a minimum of two additional hours engaged in learning activities outside of class for each one hour identified as lecture; students should expect to spend one hour engaged in learning activities outside of class for each two hours of scheduled laboratory time. Learning activities outside of class support the achievement of one or more course learning objectives and may be spent reading textbook material, completing homework assignments, preparing for lab assignments, engaged in drill and practice exercises, working on case studies, completing workbook activities, or conducting library research. Additional study time outside of scheduled Internship/Externship/Clinical hours is typically not expected.</p> <p>The total amount of time that students spend engaged in learning activities is consistent, regardless of instructional delivery method. For example, students enrolled a three credit lecture course should expect to spend 45 hours in scheduled class time and an additional 90 hours engaged in learning activities outside of the classroom. Online or blended students should expect to spend the equivalent total of 135 hours engaged in learning activities if they are enrolled in the same course.</p> <p>Determination of the amount of time that a student should expect to spend engaged in learning activities is based upon faculty judgment regarding the average student. The amount of time spent engaged in learning activities is expected to vary among students, based upon previous knowledge of the content, learning style, learning ability, difficulty of the course, and student motivation.</p>			

<b>Guide to Student Engagement In Learning Activities</b>	<i>The timeframes provided below are estimates based upon the average student.</i>	
	Lower level reading (10-20 pages)	1 hour
	Higher level reading (10-20 pages)	2 hours
	Construction of 1 page paper (250 words)	2 hours
	Development of 10 minute speech	2 hours
	Watch video lecture	1 hour
	Read, research and respond to discussion board posting	1 hour
	Preparation for unit examination	2 hours
<b>Course Length</b>	<b>8 Weeks</b>	
<b>Prerequisites</b>	<b>NP 125: Medical Surgical Nursing I for LPN's</b>	
<b>Co-requisites</b>	N/A	
<b>Course Learning Objectives</b>	<p><b>Upon successful completion of this course, students should be able to:</b></p> <ol style="list-style-type: none"> <li>1) Provide safe, quality, atraumatic, relationship-centered nursing care of the specialty patients and families.</li> <li>2) Integrate nursing interventions as appropriate for the practical nurse in the care of the specialty patients and families.</li> <li>3) Implement written, verbal and nonverbal communication strategies to communicate effectively with the specialty patients, their families, and other healthcare professionals.</li> <li>4) Compare the legal and ethical factors associated with care for the specialty patients and their families.</li> </ol>	
<b>Program Learning Outcomes Supported</b>	<b>Program Learning Outcome</b>	<b>Course Learning Objective Supported</b>
	<ol style="list-style-type: none"> <li>1. Practice quality, safe, and relationship-centered care as guided by practical nurse scope of practice.</li> <li>2. Using a systems approach, ensure nursing judgement and collaboration in caring for diverse patients and families.</li> <li>3. Employ a spirit of inquiry and integrity in providing care consistent with legal and professional standards of the practical nurse.</li> <li>4. As a coordinator of care, generate system and professional resources for health and wellness which facilitate patient, family, personal, and professional growth.</li> </ol>	<p>1,4</p> <p>3</p> <p>4</p> <p>2</p>
<b>Required Textbook(s)</b>	<p>Leifer, G. (2015). Introduction to maternity and pediatric nursing (7th ed.). St. Louis, MO: Elsevier Saunders ISBN: 978-1-4557-7015-1</p> <p>Morrison-Valfre, M. (2017). Foundations of mental health care (6th ed.). St. Louis, MO: Elsevier ISBN: 978-0-323-35492-9</p>	
<b>Optional Textbook(s)</b>	NONE	
<b>Additional Learning Material(s)</b>	<p>Evolve: <a href="https://evolve.elsevier.com">https://evolve.elsevier.com</a> Resources for your e-book can be found here.</p> <p>Simulation will be included as permitted by the respective Board of Nursing.</p>	

E-book page numbers subject to change based upon publisher updates. Please check with instructor for updated page numbers as needed.

TOPICS AND LEARNING ACTIVITIES			Course Learning Objective Supported	Points Possible	DUE DATE
Unit 1	[class date]	<p><b>Topic(s):</b> Mental health care, influence of war introduction of psychotherapeutic drugs, care settings, care team, values and morals, rights, ethics, care providers responsibilities, cognitive theories, psychotherapies, brain stimulation therapy, classification of psychotherapeutic drugs, client care guidelines principles of care, skills for mental health care, DSM5, nursing process, assessment, mental status assessment, characteristics of communication, levels of communication, cultural communication, therapeutic skills, ethical &amp; legal aspects of care</p> <p><b>Reading:</b> Morrison-Valfre Chapters: 1,2,3,5,7,8,9,10,11,12 Textbook/E-Book: p. 2, 5, 6, 11-18, 20-28, 47-49, 52-53, 66-77, 79-90, 92-99, 103-113, 116-120, 128-134</p>	1,2,3,4		
Unit 2	[class date]	<p><b>Topic(s):</b> Common childhood issues, environmental problems, homelessness, abuse and neglect, emotional problems, behavioral problems, problems with eating and elimination, developmental problems, therapeutic actions, psychosocial development, common problems of adolescence, mental health problems, therapeutic interventions, common problems, mental health problems, overview of aging, common problems, mental health problems, therapeutic interventions, clients with delirium, Alzheimer's disease, support systems, therapeutic interventions, caregiver support, types of anxiety, types of anxiety responses, anxiety through the life cycle, anxiety disorders, therapeutic interventions, hospitalization experience, therapeutic interventions, the nature of loss, loss behaviors, grief and mourning, therapeutic interventions, mood disorders, therapeutic intervention, common psychophysical problems, somatic symptom disorders, key interventions for clients with psychophysical problems, eating disorders, sleep-wake disorders, dissociative disorders, therapeutic intervention, ethical &amp; legal aspects of care</p> <p><b>Reading:</b> Morrison-Valfre Chapters: 13,14,15,16,17,18,19,20,21,22,23,24 Textbook/E-Book: Morrison-Valfre p. 140-151, 155-167, 171-176, 178-189, 193-201 203-206, 208-215, 220-224, 226-230, 232-235, 240-249, 253-259, 263-274, and 278-284</p> <p><b>Assignment:</b> Mental Status Assessment Project on clinical patient</p> <p><b>Assessment(s):</b> Quiz #1</p> <p><b>Assessment(s):</b> Exam #1</p> <p><b>Simulation:</b> Therapeutic interventions with the mental health client</p>	<p>1,2,3,4</p> <p>1,2,3</p> <p>1,2,3</p> <p>1,2,3</p>	<p>100</p> <p>20</p> <p>80</p>	

TOPICS AND LEARNING ACTIVITIES			Course Learning Objective Supported	Points Possible	DUE DATE
Unit 3	[class date]	<p><b>Topic(s):</b> The cycle of assault, anger control disorders, interventions, abuse neglect and exploitation within the family, abuse neglect and exploitation within the community, mental health disorders relating to violence, therapeutic interventions, impact of suicide on society, dynamics of suicide, suicide through the life cycle, therapeutic interventions, sexual disorders, transgender, therapeutic intervention, personality disorders: cluster a, b, &amp; c, schizophrenia, therapeutic intervention, drug use and abuse, ethical &amp; legal aspects of care</p> <p><b>Reading:</b> Morrison-Valfre Chapters: 25,26,27,29,30,31,33 Textbook/E-Book: Morrison-Valfre p. 290-296, 300-311, 315-323, 347, 350, 356-359, 368, 392</p> <p><b>Assessment(s):</b> Quiz #2 <b>Assessment(s):</b> Exam #2</p>	<p>1,2,3,4</p> <p>1,2,3 1,2,3</p>	<p>20 80</p>	
Unit 4	[class date]	<p><b>Topic(s):</b> Maternity nursing, past history, present history, maternal newborn nursing &amp; women's health, human reproductive A &amp; P, reproductive systems-female, fetal development, fertilization, inheritance, development of the fetus, accessory structures of pregnancy, fetal circulation, prenatal care &amp; adaptations to pregnancy, prenatal visits, determining the EDD, TPAL, diagnosis of pregnancy, physiological changes in pregnancy, nutrition for lactation and pregnancy, travel, common discomforts, psychosocial adaptation, prenatal education, nursing care during pregnancy, nursing care of women with complications during pregnancy, danger signs in pregnancy, fetal diagnostic test, pregnancy related complications: hyperemesis gravidarum, bleeding disorders, HTN in pregnancy, &amp; RH and ABO incompatibility, pregnancy complicated by comorbidities: diabetes mellitus, anemia, infections, &amp; substance abuse, trauma in pregnancy, effects of high risk pregnancy on the family, nursing care of mother &amp; infant during labor &amp; birth, cultural considerations, 4 ps of labor: powers, passage, passengers, &amp; psyche, normal childbirth, admission, position of fetus, true labor vs false labor, fetal monitoring, maternal monitoring, stages of labor, nursing responsibilities during a birth, nursing care after birth, nursing care of neonate after birth, nursing management of pain during labor &amp; birth: non-pharmacologic techniques &amp; pharmacologic pain management, ethical &amp; legal aspects of care</p> <p><b>Reading:</b> Leifer Chapters 1,2,3,4,5,6,7,8 Textbook/E-Book: Leifer p. 2-4, 6-10, 22-28, 33-40, 45-62, 64-75, 79-112, 116-128, 130-153, &amp;162-172</p> <p><b>Assessment(s):</b> Quiz #3 <b>Assessment(s):</b> Exam #3</p>	<p>1,2,4</p> <p>1,2 1,2</p>	<p>20 80</p>	
Unit 5	[class date]	<p><b>Topic(s):</b> Nursing care of women with complications during labor &amp; birth, obstetric procedures: amnioinfusion, induction or augmentation of labor,</p>	<p>1,2,4</p>		

TOPICS AND LEARNING ACTIVITIES		Course Learning Objective Supported	Points Possible	DUE DATE
		<p>episiotomy and lacerations, forceps and vacuum extraction, cesarean birth, problems with powers of labor, problems with fetus, problems with pelvis/soft tissue, problems with psyche, abnormal duration of labor, pre-term labor, post term pregnancy, emergencies in labor, the family after birth: cultural impact, postpartum assessment, cardiovascular changes, urinary changes, musculoskeletal changes, RHO (d) immune globulin, adaptations after C-section, emotional considerations for mom, dad, grandparents, siblings, care of the newborn, breastfeeding , bottle feeding, self-care and discharge education, nursing care of women with complications after birth: hemorrhage, blood clots, infection, &amp; mood disorders, the nurses role in women's health care: STIs &amp; family planning, Term newborn: adjustment to extra uterine life, assessment of term newborn, preventing infection, discharge planning-teaching. Preterm &amp; post-term newborns and discharge of preterm, the newborn with a perinatal injury or congenital malformation: birth defects, malformations present at birth, perinatal injuries –ABO incompatibility, neonatal abstinence, infant of diabetic mother, ethical &amp; legal aspects of care</p> <p><b>Reading:</b> Leifer Chapters 8,9,10,11,12,13,14 Textbook/E-Book: Leifer p. 174-183, 185-196, 200, 205, 206-214, 215-234, 237-248, 256-269, 281-305, 308-322, 324-344, 346-347</p> <p><b>Assignment(s):</b> Perinatal Unfolding Case Studies: Unfolding case study:labor Perinatal Unfolding Case Studies: Unfolding case study:postpartum complications</p> <p><b>Assessment(s):</b> Quiz #4 <b>Assessment(s):</b> Exam #4</p>		
			1,2	25
			1,2	25
			1,2	20
			1,2	80
Unit 6	[class date]	<p><b>Topic(s):</b> Adapting care to the pediatric patient: child's experience, pain, nurse's role, confidentiality, &amp; discharge planning, the child's experience of hospitalization by age, health care adaptations for the child &amp; family: informed consent, &amp; safety, Pediatric: assessment, procedures/treatments, medication administration, Pediatric sensory or neurological condition: ears &amp; eyes, Reye's syndrome, infections, seizures, cerebral palsy, cognitive impairment, &amp; head injuries, Pediatric musculoskeletal condition: trauma, osteomyelitis, muscular dystrophy, SCFE, leg-calve perthes, sarcomas, scoliosis, &amp; child abuse, Pediatric respiratory disorder: infections, asthma, cystic fibrosis, bpd, &amp; SIDS; the child with a cardiovascular disorder: congenital heart defects &amp; acquired heart disease Pediatric condition of the blood, blood-forming organs, or lymphatic system: blood, anemias, sickle cell, hemophilia, &amp; leukemia; Pediatric gastrointestinal condition: esophageal</p>	1,2,4	

TOPICS AND LEARNING ACTIVITIES		Course Learning Objective Supported	Points Possible	DUE DATE
		atresia, pyloric stenosis, Hirschsprung's disease, gastroenteritis, GER, diarrhea/constipation, fluid and electrolyte imbalance, appendicitis, thrush, & poisoning, ethical & legal aspects of care <b>Reading:</b> Leifer Chapters 21,22,23,24,25,26,27,28 Textbook/E-Book: Leifer p. 470-479,479-483, 483-484, 486-520, 524-552, 558-575, 578-603, 605-615, 617-618, 620-633, 643-657, 660-667 <b>Assessment(s):</b> Quiz #5 <b>Assessment(s):</b> Exam #5	  1,2 1,2 20 80	
<b>Unit 7</b>	[class date]	<b>Topic(s):</b> Pediatric: chronic illness & death and dying; the child with a genitourinary condition: hypospadias, UTI, nephrotic syndrome, glomerulonephritis; Pediatric skin condition: dermatitis, impetigo, fungal infections, lice/scabies, & burns; Pediatric with a metabolic condition diabetes, Pediatric Communicable diseases, infection/immunity, immunizations, bioterrorism, STIs; the child with an emotional or behavioral condition: autism, ADHD, anorexia/bulimia, depression/suicide, ethical & legal aspects of care <b>Reading:</b> Leifer Chapters 27,29,30,31,32,33 Textbook/E-Book: Leifer p. 636-638, 672-675, 677-678, 687, 689-696, 700-701, 705-719, 722-731, 737-743, 748-754 <b>Assessment(s):</b> Pediatric Case Study Assignment <b>Assessment(s):</b> Quiz #6 <b>Assessment(s):</b> Exam #6	 1,2,4  1,2 1,2 1,2 50 20 80	
<b>Unit 8</b>	[class date]	<b>Assessment(s):</b> Comprehensive Final Exam	200	

Grade Summary	Points
Mental Health Status Assessment	100
Perinatal Unfolding Case Studies (X2)	50
Pediatric Case Study Assignment	50
6 Quizzes (20 pointsX6)	120
6 Exams (80 points eachX6)	480
Final Exam	200
Clinical	P/F
<b>Totals</b>	<b>1000</b>

Grade Scale		Quality Points
<b>A</b>	90.00% - 100.00%	4.0
<b>B</b>	80.00% - 89.99%	3.0
<b>C</b>	76.00% - 79.99%	2.0
<b>F</b>	0.00% - 75.99%	0.0
<b>I</b>	Incomplete	

### POLICIES

UNIVERSITY POLICIES, SUCH AS ATTENDANCE PHILOSOPHY, NOTIFICATION OF ABSENCES, EXTENUATING CIRCUMSTANCES, ACCOMMODATION REQUESTS, ACADEMIC DISHONESTY, GRADING AND GRADING SYMBOLS, AND STUDENT CONDUCT

ARE INCLUDED IN THE UNIVERSITY CATALOG. STUDENTS SHOULD REFERENCE THE CATALOG FOR THE COMPLETE LISTING OF POLICIES.

**NOTE: IN SOME CASES, PROGRAM AND/OR COURSE SPECIFIC INFORMATION MAY BE APPENDED TO THE SYLLABUS. IN THESE INSTANCES, STUDENTS MUST CONSIDER THE SYLLABUS TO BE INCLUSIVE OF ANY APPENDED INFORMATION, AND AS SUCH, STUDENTS MUST ADHERE TO ALL COURSE REQUIREMENTS AS DESCRIBED IN THE DOCUMENT IN ITS ENTIRETY.**



# HERZING UNIVERSITY

## LPN PROGRAM

### Clinical Performance Evaluation Tool NP 230 Nursing Specialty

**Grading Scale:**  
 5 = Independent (pass)  
 4 = Supervised (pass)  
 3 = Assisted (pass)  
 2 = Marginal (fail)  
 1 = Dependent (fail)  
 X = Unable to Evaluate

See detailed explanation  
of grading scale at the end.

Student Name \_\_\_\_\_ Instructor Name \_\_\_\_\_

Term \_\_\_\_\_ Cohort \_\_\_\_\_

**Clinical Objectives:** There are specific clinical learning objectives that must be met to successfully pass this course. These are part of the broader expected universal expected behaviors listed on the last pages, which must be met to signify the student has mastered the program outcomes. A passing grade must be received in all objectives and outcomes by final evaluation in order to pass the course.

This clinical evaluation tool is designed based upon program outcomes, NLN Core Competencies, and six Integrating Concepts. <b>Program Outcomes</b>	Midterm		Final	
	S	F	S	F
1. Practice quality, safe, and relationship-centered care as guided by practical nurse scope of practice. 2. Using a systems approach, ensure nursing judgement and collaboration in caring for diverse patients and families. 3. Employ a spirit of inquiry and integrity in providing care consistent with legal and professional standards of the practical nurse. 4. As a coordinator of care, generate system and professional resources for health and wellness which facilitate patient, family, personal, and professional growth. <b>NLN PN Core Competencies:</b> Spirit of Inquiry, Professional Identity, Nursing Judgement, Human Flourishing <b>NLN PN Integrating Concepts:</b> Safety, Quality, Teamwork/Collaboration, Relationship-Centered Care, Systems-Based Care, Personal/Professional Development				
This course prepares the practical nursing student with entry level knowledge and skills needed to care for obstetric, neonatal, pediatric, and mental health patient. Learning experiences focus on the normal growth and development of the specialty patients and commonly encountered disorders. Coordination of care, documentation, medication administration, and legal and ethical issues, historical perspectives and emerging trends within the specialties will be emphasized. <b>Upon completion of this course, the PN student will be able to:</b>	S	F	S	F
<b>Safety</b>				
<b>Program Outcomes 1,2,3; Course Learning Objectives 1,2,3,4</b>				
Integrate safe medication administration.				
Implementing principles of safety, including safe use of equipment, safe environment, recognizing patient safety needs, and reducing safety risks.				

Utilize information management as it pertains to health records, nursing science, and evidence-based practice.				
Perform clinical skills and procedures correctly.				
Demonstrate coordination of care.				
Communicate using SBAR with the interdisciplinary team.				
Explain the scope of practice that govern LPN practice.				
Interpret microbiology concepts related to infection control.				
<b>Quality</b>				
<b>Program Outcomes 1,2,3; Course Learning Objectives 1,3</b>				
Explain concepts of teaching and learning to improve quality of health care.				
Predict relevant health care data that needs collected and organized.				
Discuss health needs and problems.				
Apply basic nursing care concepts while maintaining integrity in addressing the physiological, psychological, cultural and spiritual needs of patients.				
Paraphrase the importance of communication with patients, families and significant individuals.				
Perform documentation of nursing care within health information system.				
Interpret health promotion and maintenance behaviors.				
Match personal capabilities and knowledge base when making decisions about safe and holistic care delivery.				
Clarify a nursing judgement decision.				
Make use of the importance of patient/family satisfaction as a key determinant of quality in practice.				
Prevent complications through the selection of evidenced-based care.				
<b>Teamwork/Collaboration</b>				
<b>Program Outcomes 1,2; Course Learning Objectives 3</b>				
Summarize appropriate team members to notify of changes in patient status.				
Collaborate with patients, families, other members of the health care team, and other individuals significant to the patient.				
Utilize clinical experts when situations are beyond expertise and scope of practice.				
Take part in data collection and care planning to collaborate with the health care team.				
Compare members of the health care team in meeting the needs of patients and their families.				
Select health care team members for expert knowledge about patient care needs.				
<b>Relationship-Centered Care</b>				
<b>Program Outcomes 1,2,4; Course Learning Objectives 1,2,3</b>				
Summarize verbal and non-verbal communication principles to improve relationship-centered interactions.				
Implement and contribute to the plan of care for a patient with multiple medical conditions.				
Compare pharmacological interventions related to patient diagnosis and condition.				
Explain healing, health maintenance, health promotion, disease prevention, and rehabilitation to clients across the lifespan and the continuum of health care environments.				
Demonstrate the LPN role in encouraging patient self-advocacy.				
Provide caring, compassionate, culturally competent, and evidence-based care while using the nursing process in the health care setting.				
<b>Systems-Based Care</b>				
<b>Program Outcomes 1,2,3; Course Learning Objectives 1,3</b>				
Explain the patient's right to minimal exposure to risk through systems thinking.				
Contribute to the interdisciplinary health care team in addressing patient physiological, psychological, cultural, and spiritual needs.				
Report data to assist in the formulation of health care goals/outcomes, in collaboration with patients, their families, and health care team members.				
Practice collaboratively as a member of the interprofessional health care team to support the unique contributions of the LPN to a robust nursing workforce.				
Apply the Nursing Code of Ethics, Standards of Practice, and policies and procedures of the clinical agency and Herzing University.				

Explain that both individuals and systems are responsible for patient safety.				
Make use of competencies with emerging clinical technologies.				
<b>Personal/Professional Development</b>				
<b>Program Outcomes 2,3,4; Course Learning Objectives 1</b>				
Explain personal beliefs, values, and biases in regard to respect for human dignity, equality, and justice.				
Use self-reflection to assess personal level of competence, adequacy of knowledge base, and areas needing improvement to grow professionally.				
Show responsibility for own learning and accept constructive guidance.				
Develop a persistent sense of curiosity to think creatively.				
Interact with team members, faculty, and fellow students in a positive, professional manner.				
Attend clinical on time, dressed professionally, prepared, and ready to work.				
Demonstrate respectful appropriate behavior.				
<b>Additional experiences not expected but available: (eg. IV)</b>				

**Midterm Comments (Strengths and Weaknesses)**

Instructor:

Student:

**Remediation strategy for any unsatisfactory areas:**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_  
Instructor Signature \_\_\_\_\_ Date \_\_\_\_\_

**Final Comments:**

Instructor:

Student:

Student Signature \_\_\_\_\_ Date \_\_\_\_\_  
Instructor Signature \_\_\_\_\_ Date \_\_\_\_\_

### Grading Scale Explanation

Scale Label	Quality Of Performance	Assistance
<b>Independent 5</b>	Safe at all times Proficient Coordinated Confident Competent Occasional expenditure of excess energy within realistic time frame Consistently demonstrates synthesis of theory	Functions with occasional rare supporting cues
<b>Supervised 4</b>	Safe at all times Efficient Coordinated Confident Competent Functions with some expenditure of excess energy within a reasonable time period Relates theory to practice with occasional direction	Functions with occasional supportive cues
<b>Assisted 3</b>	Safe with occasional guidance required Sometimes inefficiency Sometimes uncoordinated Occasionally confident Skillful in most behaviors but does expend excessive energy Functions within delayed time period Recognizes theory to practice with frequent direction	Occasional physical and supportive ones
<b>Marginal 2</b>	Requires constant supervision for safe performance Unskilled Inefficient Lacks confidence Expend considerable expenditure of excessive energy Functions only in prolonged time period Occasionally recognizes the relationship of theory to practice with constant direction	Continuous verbal and physical cues required
<b>Dependent 1</b>	Unsafe even with close supervision Unskilled Inefficient Lacks confidence, coordination Constantly expends excessive energy Unable to function within a prolonged time period Unable to relate theory to practice	Continuous verbal and physical cues

### Universal Expected Behaviors

<b>1.</b>	<ul style="list-style-type: none"> <li>○ Implements patient care within a timely manner.</li> <li>○ Organizes time, resources, and self in the delivery of care.</li> <li>○ Maintains safe client environment.</li> <li>○ Is cost conscious while delivering care.</li> <li>○ Uses nursing and other appropriate theories.</li> </ul>
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	<ul style="list-style-type: none"> <li>○ Apply comprehensive knowledge of health problems and cultural diversity in performing nursing interventions.</li> <li>○ Uses nursing judgment and decision-making skills to solve problems.</li> <li>○ Engages in self-reflection and collegial dialogue with instructors and others about practice.</li> <li>○ Conforms with Patient's Bill of Rights</li> <li>○ Follows the Code of Conduct.</li> </ul>
2.	<ul style="list-style-type: none"> <li>○ Collects comprehensive data appropriate to the patient (individual, family, group, or population).</li> <li>○ Conducts thorough data collection techniques in a organized and timely manner.</li> <li>○ Analyzes all data collected to contribute to the plan of care.</li> <li>○ Prioritizes nursing diagnoses.</li> <li>○ Incorporates nursing knowledge and standards of care in the collection of data.</li> <li>○ Uses principles, established protocols, and practice standards to implement nursing care.</li> </ul>
3.	<ul style="list-style-type: none"> <li>○ Implements interventions based on data collection and nursing diagnoses from the plan of care.</li> <li>○ Understands outcome criteria that are measurable.</li> <li>○ Discusses the plan of care with the RN.</li> <li>○ Communicates care, consideration, and privacy to the client at all times.</li> <li>○ Uses language expected of a practical nurse when communicating with other professionals.</li> <li>○ Uses therapeutic communication strategies when communicating with patients.</li> </ul>
4.	<ul style="list-style-type: none"> <li>○ Prepares for clinical experience by acquiring the knowledge, skills, and equipment needed for patient care.</li> <li>○ Uses medical equipment according to policy and procedures.</li> <li>○ Respects equipment.</li> <li>○ Cleans equipment appropriately.</li> <li>○ Maintains proper storage of equipment.</li> <li>○ Understands the relationship of the data collected from technological equipment in relation to the patient's condition.</li> <li>○ Uses technology to obtain and share data.</li> </ul>
5.	<ul style="list-style-type: none"> <li>○ Maintains confidentiality.</li> <li>○ Adheres to HIPAA standards.</li> <li>○ Allows for patient privacy.</li> <li>○ Treats patients in a dignified and respectful manner.</li> <li>○ Maintains professional boundaries.</li> <li>○ Practices standard safety precautions.</li> <li>○ Communicates appropriate and critical information to faculty and staff in a timely manner.</li> <li>○ Documents data collected, interventions, and response to interventions in a thorough and accurate manner.</li> </ul>
6.	<ul style="list-style-type: none"> <li>○ Assumes the functions of a patient advocate.</li> <li>○ Is honest and demonstrates personal integrity.</li> <li>○ Behaves and dresses professionally.</li> <li>○ Arrives in the clinical area on time and prepared for the day's assignment.</li> <li>○ Demonstrates self-motivation for learning.</li> </ul>
7.	<ul style="list-style-type: none"> <li>○ Considers developmental, physical, psychological, sociocultural and spiritual needs of the patient in nursing care.</li> <li>○ Provides relevant and sensitive health education.</li> </ul>

	<ul style="list-style-type: none"><li>○ Integrating traditional and complementary health care practices per the plan of care.</li><li>○ Communication shows sensitivity to sociocultural needs of client.</li><li>○ Elicits and clarifies patient preferences and values.</li></ul>
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# HERZING<sup>®</sup>

— UNIVERSITY —

## COURSE SYLLABUS

FACULTY CONTACT INFORMATION	
<b>INSTRUCTOR</b>	Click here to enter text.
<b>PHONE NUMBER</b>	Click here to enter text.
<b>HERZING E-MAIL</b>	Click here to enter text.

DAY	OFFICE HOURS (CENTRAL TIME)
	00:00 am – 00:00 am

Instructional Delivery Method	On Campus			
Class Location				
<b>Semester</b>				
<b>Course Code</b>	NP 275			
<b>Course Title:</b>	LPN Practical Experience			
<b>Course Description</b>	This is the final clinical course, where the student will utilize nursing skills and nursing judgement to perform safe, moral, quality, and prudent patient care in the health care system. The role of the practical nurse is stressed in physiology, pathophysiology, and psychosocial context as it relates to the care of patients. The course will assist in the personal and professional development needed to transition from student to practical nurse.			
<b>Credit Hours Contact Hours</b>	<b>3 Semester Credit Hours</b>			
	<b>Lecture Hours</b>	<b>Laboratory Hours</b>	<b>Clinical Hours</b>	<b>Total Contact Hours</b>
	<b>0</b>	<b>0</b>	<b>135</b>	<b>135</b>
<b>Study Time</b>	<p>Lecture, Lab, or Internship/Externship/Clinical/Practicum hours as indicated on the syllabus represent scheduled hours spent engaged in learning activities. Students should expect to spend a minimum of two additional hours engaged in learning activities outside of class for each one hour identified as lecture; students should expect to spend one hour engaged in learning activities outside of class for each two hours of scheduled laboratory time. Learning activities outside of class support the achievement of one or more course learning objectives and may be spent reading textbook material, completing homework assignments, preparing for lab assignments, engaged in drill and practice exercises, working on case studies, completing workbook activities, or conducting library research. Additional study time outside of scheduled Internship/Externship/Clinical hours is typically not expected.</p> <p>The total amount of time that students spend engaged in learning activities is consistent, regardless of instructional delivery method. For example, students enrolled a three credit lecture course should expect to spend 45 hours in scheduled class time and an additional 90 hours engaged in learning activities outside of the classroom. Online or blended students should expect to spend the equivalent total of 135 hours engaged in learning activities if they are enrolled in the same course.</p> <p>Determination of the amount of time that a student should expect to spend engaged in learning activities is based upon faculty judgment regarding the average student. The amount of time spent engaged in learning activities is expected to vary among students, based upon previous knowledge of the content, learning style, learning ability, difficulty of the course, and student motivation.</p>			

<b>Guide to Student Engagement in Learning Activities</b>	<i>The timeframes provided below are estimates based upon the average student.</i>	
	Lower level reading (10-20 pages)	1 hour
	Higher level reading (10-20 pages)	2 hours
	Construction of 1 page paper (250 words)	2 hours
	Development of 10 minute speech	2 hours
	Watch video lecture	1 hour
	Read, research and respond to discussion board posting	1 hour
	Preparation for unit examination	2 hours
<b>Course Length</b>	<b>8 Weeks</b>	
<b>Prerequisites</b>	<b>All PN program courses</b>	
<b>Co-requisites</b>	<b>NP280: Preparation for NCLEX-PN</b>	
<b>Course Learning Objectives</b>	<p><b>Upon successful completion of this course, students should be able to:</b></p> <ol style="list-style-type: none"> <li>1. Explain the characteristics of a safe and effective care environment.</li> <li>2. Apply knowledge to a client's situational changes, including legal, ethical, and moral considerations.</li> <li>3. Collaborate with other health care professionals in providing nursing care that supports patients and families growth.</li> <li>4. Prioritize patient care based on the NCLEX-PN client need categories.</li> <li>5. Demonstrate professional nursing behaviors, nursing judgement, and personal/professional growth in the healthcare setting.</li> </ol>	
<b>Program Learning Outcomes Supported</b>	<b>Program Learning Outcome</b>	<b>Course Learning Objective Supported</b>
	1. Practice quality, safe, and relationship-centered care as guided by practical nurse scope of practice.	1,3,4
	2. Using a systems approach, ensure nursing judgement and collaboration in caring for diverse patients and families.	3,5
	3. Employ a spirit of inquiry and integrity in providing care consistent with legal and professional standards of the practical nurse.	2,5
	4. As a coordinator of care, generate system and professional resources for health and wellness which facilitate patient, family, personal, and professional growth.	3,5
<b>Required Textbook(s)</b>	<p><b>All books utilized throughout the program</b></p> <p>Leifer, G. &amp; Fleck, E. (2013). Growth and development across the lifespan: A health promotion focus (2nd ed.). St. Louis, MO: Elsevier</p> <p>Morris, D. (2018). Calculate with confidence (7th ed.). St. Louis, MO: Elsevier</p> <p>Workman, M &amp; LaCharity, L. (2016). Understanding pharmacology: Essentials for medication safety (2nd ed.). St. Louis, MO: Elsevier</p> <p>Skidmore, L. (2017). Mosby's drug guide for nursing students (12th ed.). St. Louis, MO: Elsevier</p> <p>Williams, P. (2018). DeWit's fundamental concepts and skills for nursing (5th ed.). St. Louis, MO: Elsevier</p> <p>Ackley, B., Ladwig, G. &amp; Makic, M. (2017). Nursing diagnosis handbook: An evidence-based guide to planning care (11 ed.). St. Louis, MO: Elsevier</p>	

	<p>deWit, S., Stromberg, H., &amp; Dallred, C. (2017). Medical-surgical nursing: Concepts and practice (3rd ed.). St. Louis, MO: Elsevier</p> <p>Pagana, K., &amp; Pagana, T. (2018). Mosby's manual of diagnostic and laboratory tests (6th ed.). St. Louis, MO: Elsevier</p> <p>Leifer, G. (2015). Introduction to maternity and pediatric nursing (7th ed.). St. Louis, MO: Elsevier</p> <p>Morrison-Valfre, M. (2017). Foundations of mental health care (6th ed.). St. Louis, MO: Elsevier</p>
<b>Additional Learning Material(s)</b>	<p>Evolve: <a href="https://evolve.elsevier.com">https://evolve.elsevier.com</a> Resources for your e-book can be found here.</p> <p>Simulation will be included as <i>permitted</i> by the respective Board of Nursing.</p>

TOPICS AND LEARNING ACTIVITIES			Course Learning Objective Supported	Points Possible	DUE DATE
Unit 1	[class date]	<p><b>Topic(s):</b> MUST COMPLETE A TOTAL OF AT LEAST 135 HOURS OF PRECEPTING IN A HEALTH CARE FACILITY TO SUCCESSFULLY COMPLETE THE COURSE. OVERALL, UNSATISFACTORY PERFORMANCE REPORTED BY A PRECEPTOR WILL BE EVALUATED BY THE INSTRUCTOR, AND MAY RESULT IN A COURSE FAILURE.</p> <p><b>Assessment(s):</b> Students will attend clinical experiences in their nursing uniform and will be prepared to function as a nurse on their respective clinical units. Minimally, a pen, badge, personal stethoscope, and note pad are required.</p>	1, 2, 3, 4, 5	P/F	
Unit 2	[class date]	<p><b>Assessment(s):</b> Practicum hours</p> <p><b>Simulation:</b> Caring for multiple patients</p>	1, 2, 3, 4, 5	P/F	
Unit 3	[class date]	<p><b>Assignment(s):</b>  <i>Discussion Board/Reflective Journaling:</i> Nursing process  <i>Discussion Board Case Study:</i> Annual Exam Visit</p> <p><b>Assessment(s):</b> Practicum hours</p>	2  1 1, 2, 3, 4, 5	100  100 P/F	
Unit 4	[class date]	<p><b>Assignment(s):</b>  <i>Discussion Board/Reflective Journaling:</i> Nursing care concepts  <i>Discussion Board Case Study:</i> Eating and Coughing Assessment</p> <p><b>Assessment(s):</b> Practicum hours</p>	1  1  1, 2, 3, 4, 5	100  100  P/F	
Unit 5	[class date]	<p><b>Assignment(s):</b>  <i>Discussion Board/Reflective Journaling:</i> Safe and effective care environment and coordinated care  <i>Discussion Board Case Study:</i> Coordinated Care</p> <p><b>Assessment(s):</b> Practicum hours</p>	1  1,3 1, 2, 3, 4, 5	100  100 P/F	
Unit 6	[class date]	<p><b>Assignment(s):</b>  <i>Discussion Board/Reflective Journaling:</i> Legal, ethical, historical, and emerging issues  <i>Discussion Board Case Study:</i> Seizure Care</p> <p><b>Assessment(s):</b> Practicum hours</p>	1, 2  1 1, 2, 3, 4, 5	100  100 P/F	
Unit 7	[class date]	<p><b>Assignment(s):</b>  <i>Discussion Board/Reflective Journaling:</i> Religious, spiritual, cultural, gender identity, sexuality, and/or growth and development  <i>Discussion Board Case Study:</i> Diabetic Care</p> <p><b>Assessment(s):</b>  Practicum Hours Log signed by Preceptor  Student Evaluation by Preceptor/Faculty  Herzing Satisfaction Survey by Preceptor  Student Evaluation of Preceptor  Clinical Site Evaluation by Student</p>	1  1	100  100  P/F P/F P/F P/F P/F	
Unit 8	[class date]	<p><b>Assessment(s):</b> All practicum hours must be completed prior to Monday of finals week.</p>			

Grade Summary	Points
Discussion Board Case Studies 100 points X 5 weeks	500
Discussion Board/Reflective Journaling 100 points X 5 weeks	500
Student Evaluation by Preceptor/Faculty	P/F
Practicum Hours Log	P/F
Herzing Satisfaction Survey by Preceptor	P/F
Student Evaluation of Preceptor	P/F
Clinical Site Evaluation by Student	P/F
<b>Totals</b>	<b>1,000</b>

Grade Scale		Quality Points
<b>A</b>	90.00% - 100.00%	4.0
<b>B</b>	80.00% - 89.99%	3.0
<b>C</b>	76.00% - 79.99%	2.0
<b>F</b>	0.00% - 75.99%	0.0
<b>I</b>	Incomplete	

### **POLICIES**

UNIVERSITY POLICIES, SUCH AS ATTENDANCE PHILOSOPHY, NOTIFICATION OF ABSENCES, EXTENUATING CIRCUMSTANCES, ACCOMMODATION REQUESTS, ACADEMIC DISHONESTY, GRADING AND GRADING SYMBOLS, AND STUDENT CONDUCT ARE INCLUDED IN THE UNIVERSITY CATALOG. STUDENTS SHOULD REFERENCE THE CATALOG FOR THE COMPLETE LISTING OF POLICIES.

**NOTE: IN SOME CASES, PROGRAM AND/OR COURSE SPECIFIC INFORMATION MAY BE APPENDED TO THE SYLLABUS. IN THESE INSTANCES, STUDENTS MUST CONSIDER THE SYLLABUS TO BE INCLUSIVE OF ANY APPENDED INFORMATION, AND AS SUCH, STUDENTS MUST ADHERE TO ALL COURSE REQUIREMENTS AS DESCRIBED IN THE DOCUMENT IN ITS ENTIRETY.**



# HERZING UNIVERSITY

## LPN PROGRAM

### Clinical Performance Evaluation Tool NP 275 LPN Practical Experience

**Grading Scale:**

<b>5 = Independent (pass)</b>	<b>See detailed explanation of grading scale at the end.</b>
<b>4 = Supervised (pass)</b>	
<b>3 = Assisted (pass)</b>	
<b>2 = Marginal (fail)</b>	
<b>1 = Dependent (fail)</b>	
<b>X = Unable to Evaluate</b>	

Student Name \_\_\_\_\_ Instructor Name \_\_\_\_\_

Term \_\_\_\_\_ Cohort \_\_\_\_\_

**Clinical Objectives:** There are specific clinical learning objectives that must be met to successfully pass this course. These are part of the broader expected universal expected behaviors listed on the last pages, which must be met to signify the student has mastered the program outcomes. A passing grade must be received in all objectives and outcomes by final evaluation in order to pass the course.

<b>This clinical evaluation tool is designed based upon program outcomes, NLN Core Competencies, and six Integrating Concepts.</b> <b>Program Outcomes</b> 1. Practice quality, safe, and relationship-centered care as guided by practical nurse scope of practice. 2. Using a systems approach, ensure nursing judgement and collaboration in caring for diverse patients and families. 3. Employ a spirit of inquiry and integrity in providing care consistent with legal and professional standards of the practical nurse. 4. As a coordinator of care, generate system and professional resources for health and wellness which facilitate patient, family, personal, and professional growth. <b>NLN PN Core Competencies:</b> Spirit of Inquiry, Professional Identity, Nursing Judgement, Human Flourishing <b>NLN PN Integrating Concepts:</b> Safety, Quality, Teamwork/Collaboration, Relationship-Centered Care, Systems-Based Care, Personal/Professional Development	Midterm		Final	
	S	F	S	F
<b>Course Description:</b> This is the final clinical course, where the student will utilize nursing skills and nursing judgement to perform safe, moral, quality, and prudent patient care in the health care system. The role of the practical nurse is stressed in physiology, pathophysiology, and psychosocial context as it relates to the care of patients. The course will assist in the personal and professional development needed to transition from student to practical nurse. <b>Upon completion of this course, the PN student will be able to:</b> <b>Safety</b> <b>Program Outcomes 1,2,3; Course Learning Objectives 1,2,4</b> Integrate safe medication administration. Take part in principles of safety, including safe use of equipment, safe environment, recognizing patient safety needs, and reducing safety risks.				

Utilize information management as it pertains to health records, nursing science, and evidence-based practice.				
Integrate clinical skills and procedures correctly.				
Demonstrate coordination of care.				
Communicate using SBAR with the interdisciplinary team.				
Apply the scope of practice that govern LPN practice.				
Utilize microbiology concepts related to infection control.				
<b>Quality</b>				
<b>Program Outcomes 1,2,3; Course Learning Objectives 1,2,5</b>				
Demonstrate concepts of teaching and learning to improve quality of health care.				
Identify relevant health care data that needs collected and organized.				
Identify health needs and problems.				
Take part in basic nursing care concepts while maintaining integrity in addressing the physiological, psychological, cultural and spiritual needs of patients.				
Demonstrate the importance of communication with patients, families and significant individuals.				
Perform documentation of nursing care within health information system.				
Identify health promotion and maintenance behaviors.				
Apply personal capabilities and knowledge base when making decisions about safe and holistic care delivery.				
Outline a nursing judgement decision.				
Distinguish the importance of patient/family satisfaction as a key determinant of quality in practice.				
Prevent complications through the selection of evidenced-based care.				
<b>Teamwork/Collaboration</b>				
<b>Program Outcomes 1,2; Course Learning Objectives 1,3</b>				
Choose appropriate team members to notify of changes in patient status.				
Collaborate with patients, families, other members of the health care team, and other individuals significant to the patient.				
Utilize clinical experts when situations are beyond expertise and scope of practice.				
Justify data collection and care planning to collaborate with the health care team.				
Utilize members of the health care team in meeting the needs of patients and their families.				
Select health care team members for expert knowledge about patient care needs.				
<b>Relationship-Centered Care</b>				
<b>Program Outcomes 1,2,4; Course Learning Objectives 1,2</b>				
Apply verbal and non-verbal communication principles to improve relationship-centered interactions.				
Implement and contribute to the plan of care for a patient with multiple medical conditions.				
Implement pharmacological interventions related to patient diagnosis and condition.				
Perform healing, health maintenance, health promotion, disease prevention, and rehabilitation to clients across the lifespan and the continuum of health care environments.				
Utilize the LPN role in encouraging patient self-advocacy.				
Provide caring, compassionate, culturally competent, and evidence-based care while using the nursing process in the health care setting.				
<b>Systems-Based Care</b>				
<b>Program Outcomes 1,2,3; Course Learning Objectives 1,2</b>				
Implement the patient's right to minimal exposure to risk through systems thinking.				
Contribute to the interdisciplinary health care team in addressing patient physiological, psychological, cultural, and spiritual needs.				
Report data to assist in the formulation of health care goals/outcomes, in collaboration with patients, their families, and health care team members.				
Practice collaboratively as a member of the interprofessional health care team to support the unique contributions of the LPN to a robust nursing workforce.				
Apply the Nursing Code of Ethics, Standards of Practice, and policies and procedures of the clinical agency and Herzing University.				

Utilize that both individuals and systems are responsible for patient safety.				
Examine competencies with emerging clinical technologies.				
<b>Personal/Professional Development</b>				
<b>Program Outcomes 2,3,4; Course Learning Objectives 1,5</b>				
Outline personal beliefs, values, and biases in regard to respect for human dignity, equality, and justice.				
Use self-reflection to assess personal level of competence, adequacy of knowledge base, and areas needing improvement to grow professionally.				
Demonstrate responsibility for own learning and accept constructive guidance.				
Develop a persistent sense of curiosity to think creatively.				
Interact with team members, faculty, and fellow students in a positive, professional manner.				
Attend clinical on time, dressed professionally, prepared, and ready to work.				
Demonstrate respectful appropriate behavior.				
<b>Additional experiences not expected but available: (eg. IV)</b>				

Midterm Comments (Strengths and Weaknesses)

Instructor:

Student:

**Remediation strategy for any unsatisfactory areas:**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_  
Instructor Signature \_\_\_\_\_ Date \_\_\_\_\_

**Final Comments:**

Instructor:

Student:

Student Signature \_\_\_\_\_ Date \_\_\_\_\_  
Instructor Signature \_\_\_\_\_ Date \_\_\_\_\_

### Grading Scale Explanation

Scale Label	Quality Of Performance	Assistance
<b>Independent 5</b>	Safe at all times Proficient Coordinated Confident Competent Occasional expenditure of excess energy within realistic time frame Consistently demonstrates synthesis of theory	Functions with occasional rare supporting cues
<b>Supervised 4</b>	Safe at all times Efficient Coordinated Confident Competent Functions with some expenditure of excess energy within a reasonable time period Relates theory to practice with occasional direction	Functions with occasional supportive cues
<b>Assisted 3</b>	Safe with occasional guidance required Sometimes inefficiency Sometimes uncoordinated Occasionally confident Skillful in most behaviors but does expend excessive energy Functions within delayed time period Recognizes theory to practice with frequent direction	Occasional physical and supportive ones
<b>Marginal 2</b>	Requires constant supervision for safe performance Unskilled Inefficient Lacks confidence Expend considerable expenditure of excessive energy Functions only in prolonged time period Occasionally recognizes the relationship of theory to practice with constant direction	Continuous verbal and physical cues required
<b>Dependent 1</b>	Unsafe even with close supervision Unskilled Inefficient Lacks confidence, coordination Constantly expends excessive energy Unable to function within a prolonged time period Unable to relate theory to practice	Continuous verbal and physical cues

### Universal Expected Behaviors

<b>1.</b>	<ul style="list-style-type: none"> <li>○ Implements patient care within a timely manner.</li> <li>○ Organizes time, resources, and self in the delivery of care.</li> <li>○ Maintains safe client environment.</li> <li>○ Is cost conscious while delivering care.</li> <li>○ Uses nursing and other appropriate theories.</li> </ul>
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	<ul style="list-style-type: none"> <li>○ Apply comprehensive knowledge of health problems and cultural diversity in performing nursing interventions.</li> <li>○ Uses nursing judgment and decision-making skills to solve problems.</li> <li>○ Engages in self-reflection and collegial dialogue with instructors and others about practice.</li> <li>○ Conforms with Patient's Bill of Rights</li> <li>○ Follows the Code of Conduct.</li> </ul>
2.	<ul style="list-style-type: none"> <li>○ Collects comprehensive data appropriate to the patient (individual, family, group, or population).</li> <li>○ Conducts thorough data collection techniques in a organized and timely manner.</li> <li>○ Analyzes all data collected to contribute to the plan of care.</li> <li>○ Prioritizes nursing diagnoses.</li> <li>○ Incorporates nursing knowledge and standards of care in the collection of data.</li> <li>○ Uses principles, established protocols, and practice standards to implement nursing care.</li> </ul>
3.	<ul style="list-style-type: none"> <li>○ Implements interventions based on data collection and nursing diagnoses from the plan of care.</li> <li>○ Understands outcome criteria that are measurable.</li> <li>○ Discusses the plan of care with the RN.</li> <li>○ Communicates care, consideration, and privacy to the client at all times.</li> <li>○ Uses language expected of a practical nurse when communicating with other professionals.</li> <li>○ Uses therapeutic communication strategies when communicating with patients.</li> </ul>
4.	<ul style="list-style-type: none"> <li>○ Prepares for clinical experience by acquiring the knowledge, skills, and equipment needed for patient care.</li> <li>○ Uses medical equipment according to policy and procedures.</li> <li>○ Respects equipment.</li> <li>○ Cleans equipment appropriately.</li> <li>○ Maintains proper storage of equipment.</li> <li>○ Understands the relationship of the data collected from technological equipment in relation to the patient's condition.</li> <li>○ Uses technology to obtain and share data.</li> </ul>
5.	<ul style="list-style-type: none"> <li>○ Maintains confidentiality.</li> <li>○ Adheres to HIPAA standards.</li> <li>○ Allows for patient privacy.</li> <li>○ Treats patients in a dignified and respectful manner.</li> <li>○ Maintains professional boundaries.</li> <li>○ Practices standard safety precautions.</li> <li>○ Communicates appropriate and critical information to faculty and staff in a timely manner.</li> <li>○ Documents data collected, interventions, and response to interventions in a thorough and accurate manner.</li> </ul>
6.	<ul style="list-style-type: none"> <li>○ Assumes the functions of a patient advocate.</li> <li>○ Is honest and demonstrates personal integrity.</li> <li>○ Behaves and dresses professionally.</li> <li>○ Arrives in the clinical area on time and prepared for the day's assignment.</li> <li>○ Demonstrates self-motivation for learning.</li> </ul>
7.	<ul style="list-style-type: none"> <li>○ Considers developmental, physical, psychological, sociocultural and spiritual needs of the patient in nursing care.</li> <li>○ Provides relevant and sensitive health education.</li> </ul>

	<ul style="list-style-type: none"><li>○ Integrating traditional and complementary health care practices per the plan of care.</li><li>○ Communication shows sensitivity to sociocultural needs of client.</li><li>○ Elicits and clarifies patient preferences and values.</li></ul>
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# HERZING<sup>®</sup>

— UNIVERSITY —

## COURSE SYLLABUS

FACULTY CONTACT INFORMATION	
<b>INSTRUCTOR</b>	Click here to enter text.
<b>PHONE NUMBER</b>	Click here to enter text.
<b>HERZING E-MAIL</b>	Click here to enter text.

DAY	OFFICE HOURS (CENTRAL TIME)
	00:00 am – 00:00 am

Instructional Delivery Method	On Campus			
Class Location				
<b>Semester</b>				
<b>Course Code</b>	NP 280			
<b>Course Title:</b>	Preparation for NCLEX-PN			
<b>Course Description</b>	This course is designed to assist the student to prepare for the practical nursing licensure exam (NCLEX-PN) and entry into practice. Students will have the opportunity to develop and improve their test-taking skills through computer simulations and practice tests. The NCLEX PN test plan assessment of knowledge deficits and development of individual study plans based on results of weekly assessments will be utilized. In addition, a NCLEX review course will be provided.			
<b>Credit Hours</b> <b>Contact Hours</b>	<b>3 Semester Credit Hours</b>			
	<b>Lecture Hours</b>	<b>Laboratory Hours</b>	<b>Clinical Hours</b>	<b>Total Contact Hours</b>
	<b>45</b>	<b>0</b>	<b>0</b>	<b>45</b>
<b>Study Time</b>	<p>Lecture, Lab, or Internship/Externship/Clinical/Practicum hours as indicated on the syllabus represent scheduled hours spent engaged in learning activities. Students should expect to spend a minimum of two additional hours engaged in learning activities outside of class for each one hour identified as lecture; students should expect to spend one hour engaged in learning activities outside of class for each two hours of scheduled laboratory time. Learning activities outside of class support the achievement of one or more course learning objectives and may be spent reading textbook material, completing homework assignments, preparing for lab assignments, engaged in drill and practice exercises, working on case studies, completing workbook activities, or conducting library research. Additional study time outside of scheduled Internship/Externship/Clinical hours is typically not expected.</p> <p>The total amount of time that students spend engaged in learning activities is consistent, regardless of instructional delivery method. For example, students enrolled a three credit lecture course should expect to spend 45 hours in scheduled class time and an additional 90 hours engaged in learning activities outside of the classroom. Online or blended students should expect to spend the equivalent total of 135 hours engaged in learning activities if they are enrolled in the same course.</p> <p>Determination of the amount of time that a student should expect to spend engaged in learning activities is based upon faculty judgment regarding the average student. The amount of time spent engaged in learning</p>			

	activities is expected to vary among students, based upon previous knowledge of the content, learning style, learning ability, difficulty of the course, and student motivation.	
<b>Guide to Student Engagement in Learning Activities</b>	<i>The timeframes provided below are estimates based upon the average student.</i>	
	Lower level reading (10-20 pages)	1 hour
	Higher level reading (10-20 pages)	2 hours
	Construction of 1 page paper (250 words)	2 hours
	Development of 10 minute speech	2 hours
	Watch video lecture	1 hour
	Read, research and respond to discussion board posting	1 hour
Preparation for unit examination	2 hours	
<b>Course Length</b>	<b>8 Weeks</b>	
<b>Prerequisites</b>	<b>All PN program courses</b>	
<b>Co-requisites</b>	<b>NP275: LPN Practical Experience</b>	
<b>Course Learning Objectives</b>	<p><b>Upon successful completion of this course, students should be able to:</b></p> <ol style="list-style-type: none"> <li>1) Identify knowledge deficits in relation to NCLEX PN content areas.</li> <li>2) Perform NCLEX-PN style questions effectively.</li> <li>3) Determine individual strategies in preparation for the NCLEX-PN.</li> </ol>	
<b>Program Learning Outcomes Supported</b>	<b>Program Learning Outcome</b>	<b>Course Learning Objective Supported</b>
	1. Practice quality, safe, and relationship-centered care as guided by practical nurse scope of practice.	1,2,3
	2. Using a systems approach, ensure nursing judgement and collaboration in caring for diverse patients and families.	2,3
	3. Employ a spirit of inquiry and integrity in providing care consistent with legal and professional standards of the practical nurse.	3
	4. As a coordinator of care, generate system and professional resources for health and wellness which facilitate patient, family, personal, and professional growth.	2
<b>Required Textbook(s)</b>	Silvestri, L. & Silvestri, A. (2018). Saunders 2018-2019 strategies for test success (5 <sup>th</sup> ed.). St. Louis, MO: Elsevier ISBN: 9780323479578 from Funds Course Evolve Adaptive Quizzing	
<b>Optional Textbook(s)</b>	None	
<b>Additional Learning Material(s)</b>	<p><b>Evolve:</b> <a href="https://evolve.elsevier.com">https://evolve.elsevier.com</a> Resources for your e-book can be found here.</p> <p>Simulation will be included as permitted by the respective Board of Nursing. E-book page numbers subject to change based upon publisher updates. Please check with instructor for updated page numbers as needed.</p>	



TOPICS AND LEARNING ACTIVITIES			Course Learning Objective Supported	Points Possible	DUE DATE
		tips for the nursing student. <b>Pediatric Questions:</b> Rationale, test taking strategies & tips for the nursing student. <b>Reading:</b> Silvestri Chapters 7, 8, 16, 17 Textbook/E-Book: Silvestri p. 54-72, 79-87, 167-179, 180-189 <b>Assignment(s):</b> Evolve Adaptive Quizzing Maternity and Women's Health Mastery Level <b>Assessment(s):</b> <i>Practice HESI</i> with remediation due before the final <b>Assessment(s):</b> Quiz #3 <b>Assessment(s):</b> Exam #3	1,2 1,2,3 1,2 1,2	15 30 20 80	
Unit 5	[class date]	<b>Topic(s): Leading and Managing, Delegating, and Assignment-Making Questions:</b> Delegation and assignment making, time management. <b>Communication Questions:</b> Communication concepts in questions, guidelines to answer communication questions, communication techniques, cultural considerations, sample communication questions. <b>Delegating and Prioritization Questions:</b> Rationale, test taking strategies & tips for the nursing student. <b>Leadership/Management Questions:</b> Rationale, test taking strategies & tips for the nursing student. <b>Reading:</b> Silvestri Chapters 9, 10, 19, 20 Textbook/E-Book: Silvestri p. 79-87, 89-96, 204-230 <b>Assignment(s):</b> Evolve Adaptive Quizzing Pediatric Nursing Mastery Level <b>Assessment(s):</b> Quiz #4 <b>Assessment(s):</b> Exam #4	1,2,3    1,2 1,2 1,2	    15 20 80	
Unit 6	[class date]	<b>Topic(s):</b> LIVE REVIEW <b>Assignment(s):</b> Evolve Adaptive Quizzing Psychiatric/Mental Health Nursing Mastery Level <b>Assessment(s):</b> Quiz #5 <b>Assessment(s):</b> Exam #5	1,2,3 1,2  1,2 1,2	P/F 15  20 80	
Unit 7	[class date]	<b>Topic(s): Pharmacology, Medication, and Intravenous Calculation Questions:</b> Pharmacological general guidelines, pharm assessment & data collection guidelines, medication effects, names, & classifications, commonalities in medication names, strategies for answering medication calculation questions <b>Additional Pyramid Strategies:</b> Eliminating options, ensuring all parts of an option are correct, umbrella options, strategies that will help answer questions, visualizing the information in the case. <b>Pharmacology Questions:</b> Rationale, test taking strategies & tips for the nursing student. <b>Reading:</b> Silvestri Chapters 11, 18 Textbook/E-Book: Silvestri p. 98-106, 109-120, 204-216 <b>Assessment(s):</b> Quiz #6 <b>Assessment(s):</b> Exam #6	1,2,3       1,2 1,2	       20 80	
Unit 8	[class date]	<b>Assessment(s):</b> Comprehensive Final <b>Assessment(s):</b> HESI after the final <b>Assignment(s):</b> Practice HESI remediation due	1,2,3	200 80	

Grade Summary	Points
Live Review	P/F
Evolve Adaptive Quizzing	90
Practice HESI with remediation due by final HESI Exam	30
HESI Exam	80
6 Quizzes (20 pointsX6)	120
6 Exams (80 points eachX6)	480
Final Exam	200
<b>Totals</b>	<b>1000</b>

Grade Scale		Quality Points
<b>A</b>	90.00% - 100.00%	4.0
<b>B</b>	80.00% - 89.99%	3.0
<b>C</b>	76.00% - 79.99%	2.0
<b>F</b>	0.00% - 75.99%	0.0
<b>I</b>	Incomplete	

### POLICIES

UNIVERSITY POLICIES, SUCH AS ATTENDANCE PHILOSOPHY, NOTIFICATION OF ABSENCES, EXTENUATING CIRCUMSTANCES, ACCOMMODATION REQUESTS, ACADEMIC DISHONESTY, GRADING AND GRADING SYMBOLS, AND STUDENT CONDUCT ARE INCLUDED IN THE UNIVERSITY CATALOG. STUDENTS SHOULD REFERENCE THE CATALOG FOR THE COMPLETE LISTING OF POLICIES.

**NOTE: IN SOME CASES, PROGRAM AND/OR COURSE SPECIFIC INFORMATION MAY BE APPENDED TO THE SYLLABUS. IN THESE INSTANCES, STUDENTS MUST CONSIDER THE SYLLABUS TO BE INCLUSIVE OF ANY APPENDED INFORMATION, AND AS SUCH, STUDENTS MUST ADHERE TO ALL COURSE REQUIREMENTS AS DESCRIBED IN THE DOCUMENT IN ITS ENTIRETY.**

# **Appendix 4-B**

## **Program Evaluation Plan**

## LPN Program

### **Standard 6: Program Evaluation**

**Program evaluation demonstrates that students have achieved each end-of-program student learning outcomes and each program outcome. The nursing program has a current SEP.**

- a. Specific, measurable expected levels of achievement for each end-of-program student learning outcome and each program outcome.**
- b. Appropriate assessment method(s) for each end-of-program student learning outcome and program outcome.**
- c. Regular intervals for the assessment of each end-of-program student learning outcome and program outcome.**
- d. Sufficient data to inform program decision-making for the maintenance and improvement for each end-of-program student learning outcome and program outcome.**
- e. Analysis of assessment data to inform program decision-making for the maintenance and improvement for each end-of-program student learning outcome and program outcome.**
- f. Documentation demonstrating the use of assessment data in program decision-making for the maintenance and improvement of for each end-of-program student learning outcome and program outcome.**

Component	Plan			Implementation	
	ELA	Frequency of Assessment	Assessment Method(s)	Results of Data Collection & Analysis	Actions
<p>6.1 The program demonstrates evidence of students' achievement of each end-of-program student learning outcomes.</p> <p>There is ongoing assessment of the extent to which students attain each end-of-program student learning outcome.</p> <p>There is analysis of assessment data and documentation that the analysis of assessment data is used in program decision-making for the maintenance and improvement of students' attainment of each end-of-program student learning outcome.</p>	<p>50% on all NCLEX categories</p> <p>80% of graduates will rate program between 3.</p> <p>Students will be rated at least 3.0 on all student program learning outcomes by instructor evaluation.</p> <p>Student will self evaluate at least 3.0 on all program student learning outcomes.</p>	<p>Every 6 months and annually</p> <p>3 weeks before graduation and at specified intervals until response from graduate.</p> <p>2 weeks before completing capstone course.</p> <p>2 weeks before completing capstone course.</p>	<p>Mountain Measurement scores for NCLEX exam.</p> <p>GSR survey performed by Career Services.</p> <p>Student Evaluation Tool on Program Student Learning Outcomes.</p> <p>Student Self-Evaluation Tool</p>		

Component	Plan			Implementation	
	ELA	Frequency of Assessment	Assessment Method(s)	Results of Data Collection & Analysis	Actions
6.2: The program demonstrates evidence of graduates' achievement on the licensure examination.	80% of first time takers will pass the NCLEX-PN exam.	Quarterly or Yearly as Bon report	Program pass rate reports from BON.		If pass rate falls below 80%, a detailed Pass rate and Program Improvement Plan will be developed and implemented.

Component	Plan			Implementation	
	ELA	Frequency of Assessment	Assessment Method(s)	Results of Data Collection & Analysis	Actions
6.3: The program demonstrates evidence of graduates' achievement on completing the nursing program.	70% of the students admitted the LPN program will complete the program	Within 150% of time from starting program	Campus Vue reporting date of admission to graduation.		

Plan				Implementation	
Component	ELA	Frequency of Assessment	Assessment Method(s)	Results of Data Collection & Analysis	Actions
6.4: The program demonstrates evidence of graduates' achievement in job placement.	70% of graduates' will obtain employment within 1 year or sooner from graduation.	Monthly from graduation date for 1 year past graduation.	<p>Campus Vue reporting date of graduation from program.</p> <p>Documentation of student job placement via social media, email, text, or any communication that can be verified.</p>		

# **Appendix 4-C**

## **Course Content**

**Herzing University PN Courses and Major Topics**

Course Code	Course Title	Topics
NP 100	Growth and Development	Healthy People 2020 Government Influences on Health Care Cultural Considerations Across the Lifespan & in Health & Illness The Influence of Family on Developing a Lifestyle Theories of Development Prenatal Influences of Health Development The infant, early childhood, childhood immunizations Middle childhood, adolescence, adolescence immunizations Young adulthood, middle adulthood, later adulthood, adult immunizations Advance Old Age & Geriatrics, Planning for the End of Life, Loss Grief & Bereavement
NP110	Pharmacology for Nurses with lab	Drug Regulation, Actions, and Responses Safely Preparing and Giving Drugs. Anti-Inflammatory Drugs Drugs for Pain Control Anti-Infectives: Antibacterial Drugs Anti-Infectives: Antiviral Drugs Anti-Infectives: Antitubercular Drugs Drugs that Effect the Immune System Drug Therapy for Diabetes: Drug Therapy for Thyroid & Adrenal Gland Problems Drug Therapy for Asthma & Other Respiratory Problems Drug Therapy for Osteoporosis, Arthritis, & Skeletal Muscle Relaxation Drugs that affect Urine Output Drug Therapy for Hypertension Drug Therapy for Heart Failure Drug Therapy for Dysrhythmias Drug Therapy for High Blood Lipids Drugs That Affect Blood Clotting Drug Therapy for Gastrointestinal Problems Drug Therapy for Gastric Ulcers and Reflux Drug Therapy with Nutritional Supplements Drug Therapy for Seizure Drug Therapy for Alzheimer's and Parkinson's Diseases Drug Therapy for Psychiatric Problems Drug Therapy for Insomnia Therapy for Eye Problems

		<p>Drug Therapy for Male Reproductive Problems</p> <p>Drug Therapy for Female Reproductive Issues</p>
NP120	Fundamentals of Nursing with Lab	<p>Infection Prevention &amp; Control</p> <p>Safely Lifting, Moving, &amp; Positioning Patients</p> <p>Assisting with Hygiene</p> <p>Patient Environment &amp; Safety</p> <p>Measuring Vital Signs</p> <p>Assessing Health Status</p> <p>Promoting Urinary and Bowel Elimination</p> <p>Diagnostic Tests &amp; Specimen Collection</p> <p>Concepts of Basic Nutrition &amp; Cultural Considerations</p> <p>Nutritional Therapy &amp; Assisted Feeding</p> <p>Providing Wound Care &amp; Treating Pressure Injuries</p> <p>Promoting Musculoskeletal Function</p> <p>Assisting with Respiration &amp; Oxygen Delivery</p> <p>Complementary &amp; Alternative Therapies</p> <p>Interventions therapy, LPN/LVN role in IV therapy</p>
NP 125	Medical-Surgical Nursing I for LPNs	<p>The Musculoskeletal System</p> <p>Care of patients with Musculoskeletal &amp; Connective Tissue Disorders</p> <p>Care of Preoperative &amp; Intraoperative</p> <p>Care of Postoperative Surgical Patients</p> <p>Care of Patients with Pain</p> <p>Chronic Illness/Rehabilitation</p> <p>Care of Patients with Disorders of the Urinary System</p> <p>Care of Patients with Disorders of the Upper Respiratory System</p> <p>Care of Patients with Disorders of the Lower Respiratory System</p> <p>Care of Patients with Disorders of the Eyes and Ears</p> <p>Laboratory Values and Diagnostic Tests</p>
NP225	Medical-Surgical Nursing II for LPNs	<p>Care of Patients with Disorders of the Upper Gastrointestinal System</p> <p>State Nurse Practice Act</p> <p>Care of Patients with Disorders of the Lower Gastrointestinal System</p> <p>Care of Patients with Disorders of the Gallbladder, Liver, and Pancreas</p> <p>Fluids, Electrolytes, Acid-Base Balance, and Intravenous Therapy</p> <p>Care of Patients with Hypertension and Peripheral Vascular Disease</p> <p>Care of Patients with Cardiac Disorders</p> <p>Care of Patients with Coronary Artery Disease &amp; Cardiac Surgery</p> <p>Patients with Hematologic Disorders</p> <p>Care of Patients with Pituitary, Thyroid, Parathyroid, and Adrenal Disorders</p> <p>Care of Patients with Diabetes and Hypoglycemia</p>

NP 230	Nursing Specialties for LPNs	<p>Care of Men with Reproductive Disorders  Care of Patients with Sexually Transmitted Infections</p> <p>Mental health patient care</p> <ul style="list-style-type: none"> <li>• cognitive theories, psychotherapies, brain stimulation</li> <li>• therapy classification of psychotherapeutic drugs</li> <li>• characteristics of communication</li> <li>• childhood disorders</li> <li>• environmental problems, homelessness, abuse and neglect</li> <li>• emotional problems, behavioral problems</li> <li>• cycle of assault, anger control disorders, violence</li> <li>• abuse, neglect and exploitation within the family and community</li> <li>• suicide through the life cycle</li> </ul> <p>Maternity nursing</p> <ul style="list-style-type: none"> <li>• maternal newborn nursing &amp; women's health</li> <li>• human reproductive A &amp; P</li> <li>• fetal development</li> <li>• prenatal care &amp; adaptations to pregnancy</li> <li>• physiological changes in pregnancy</li> <li>• nutrition for lactation and pregnancy</li> <li>• care of women with complications during pregnancy</li> <li>• fetal diagnostic tests</li> <li>• pregnancy related complications, effects of high risk pregnancy on the family</li> <li>• nursing care of mother &amp; infant during labor &amp; birth</li> <li>• fetal monitoring, maternal monitoring</li> <li>• stages of labor, cultural considerations</li> <li>• nursing responsibilities during a birth, nursing care after birth</li> <li>• care of women with complications during labor &amp; birth</li> <li>• the family after birth</li> <li>• term newborn adjustment to extra uterine life</li> <li>• the newborn with a perinatal injury or congenital malformation</li> </ul> <p>Pediatric nursing</p> <ul style="list-style-type: none"> <li>• the child's experience of hospitalization by age</li> <li>• health care adaptations for the child &amp; family</li> <li>• pediatric assessment, procedures/treatments, medication administration</li> <li>• pediatric sensory or neurological conditions</li> <li>• pediatric musculoskeletal conditions</li> </ul>
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		<ul style="list-style-type: none"> <li>• child abuse</li> <li>• pediatric respiratory disorder</li> <li>• pediatric condition of the blood, blood-forming organs, or lymphatic system</li> <li>• pediatric gastrointestinal conditions</li> <li>• chronic illness &amp; death and dying</li> <li>• the child with a genitourinary condition</li> <li>• metabolic conditions and diabetes</li> <li>• pediatric communicable diseases</li> </ul>
NP 235	Medical-Surgical Nursing III for LPNs	<p>Care of Patients with Head and Spinal Cord Injuries</p> <p>Care of Patients with Brain Disorders</p> <p>Care of Patients with Peripheral and Degenerative Neurologic Disorders</p> <p>Care of Patients with Cognitive Disorders</p> <p>Care of Patients with Integumentary Disorders and Burns</p> <p>Care of Patients with Immune and Lymphatic Disorders</p> <p>Care of Patients with Cancer</p> <p>Care of Patients During Disasters, Bioterrorism Attacks, and Pandemic Infections</p> <p>Care of Patients with Emergencies, Trauma and Shock</p> <p>End of Life</p>
NP 275	LPN Clinical Capstone	<p>Management of multiple patients</p> <p>Nursing process</p> <p>Nursing care concepts</p> <p>Safe and effective care environment and coordinated care</p> <p>Legal, ethical, historical, and emerging issues</p> <p>Religious, spiritual, cultural, gender identity, sexuality, and/or growth and development</p> <p>Safe and effective care environment</p> <p>Collaboration with other health care professionals</p> <p>Prioritize patient care based on the NCLEX-PN client need categories.</p> <p>Professional nursing behaviors and practice in acute and long-term healthcare settings</p>
NP 280	Preparation for NCLEX-PN	<p>Preparing for Nursing Exams</p> <p>Developing Good Study Skills</p> <p>Reducing Test Anxiety</p> <p>NCLEX-PN Preparation</p> <p>Alternate Item Format</p> <p>How to Avoid Reading into the Question</p> <p>Positive &amp; Negative Event Queries</p>

		<p>Questions Requiring Prioritization</p> <p>Content-based question preparation:</p> <ul style="list-style-type: none"><li>• Fundamentals of Care</li><li>• Adult Health</li><li>• Mental Health</li><li>• Maternity</li><li>• Pediatrics</li><li>• Communication</li><li>• Delegating and Prioritization</li><li>• Leadership/Management</li><li>• Pharmacology</li><li>• Medication and Intravenous Calculation</li></ul>
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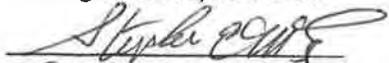
# Appendix 7

## Form 1004 and Clinical Contracts

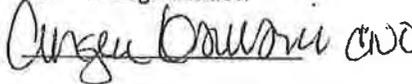
**MEMORANDUM OF UNDERSTANDING BETWEEN HERZING UNIVERSITY-  
BROOKFIELD AND Lifecare Hospital of Wisconsin, Pewaukee, WI**

1. **PARTIES.** This Memorandum of Understanding (hereinafter referred to as a MOU) is made and entered into by and between Herzing University-Brookfield, located at 555 South Executive Drive, Brookfield, WI and LifeCare Hospital located at-2400 Golf Rd. Pewaukee, WI 53072.
2. **PURPOSE.** The purpose of this MOU is to establish non-compensated nursing clinical experiences for students in the Practical Nurse program at Herzing University-Brookfield and LifeCare Hospital of Wisconsin
3. **TERM OF MOU.** This MOU is effective upon the date executed below by duly authorized representatives of the parties to this MOU and will remain in force unless otherwise terminated by the parties. This MOU may be terminated, without cause, by either party upon written notification, which may be sent by electronic or other means to the parties at the addresses listed above.
4. **RESPONSIBILITIES.** The parties agree that prior to the creation of non-compensated clinical nursing experiences for the Practical Nurse students at Herzing University-Brookfield the parties, upon mutual agreement, will execute an Affiliation Agreement which will detail the rights, obligations and responsibilities of the parties to this MOU.
5. **AMENDMENTS.** Either party may request changes to this MOU. Any changes modifications or revisions or amendments to this MOU which are agreed upon by and between the parties shall be incorporated, in writing, to this MOU and become effective when executed and signed by the parties to this MOU.
6. **APPLICABLE LAW.** The construction, interpretation and enforcement of this MOU shall be governed by the laws of the State of Wisconsin, unless otherwise mutually agreed to by the parties as outlined in paragraph five (5).
7. **ENTIRETY OF AGREEMENT.** This MOU, consisting of one (1) page represents the entire agreement between the parties.
8. **SIGNATURES.** In witness whereof, the parties to this MOU, through their duly authorized representatives have executed this MOU on the date(s) below.

Herzing University-Brookfield

  
STEPHEN E. McEVoy DEAN  
Jarvis Racine, Campus President

Partner Organization



Name and Title

Date March 30, 2018

STUDENT CLINICAL AFFILIATION AGREEMENT  
BETWEEN  
LIFECARE HOSPITALS OF WISCONSIN  
AND  
HERZING UNIVERSITY, LTD

This Agreement, by and between Herzing University, LTD, located at W140 N8917 Lilly Road, Menomonee Falls, WI 53051 ("School"), and New LifeCare Hospitals of Milwaukee LLC d/b/a LifeCare Hospitals of Wisconsin ("LifeCare") is hereby effective as of the 26th day of March, 2018 (the "Effective Date").

WITNESSETH:

WHEREAS, it is to the mutual benefit of the parties to provide clinical experience for students enrolled in certain programs of the School,

NOW THEREFORE, in consideration of the mutual promises contained herein, and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, it is agreed between School and LifeCare as follows:

1. Purpose. The purpose of this Agreement shall be to provide clinical experience for students enrolled in the School's program. The clinical experience shall be provided at LifeCare's facility ("Facility"). LifeCare will provide, pursuant to the terms of this Agreement, clinical experience in patient care to School students within the Facility, including, but not limited to, adequate conference space and use of any instructional materials.

2. Consideration. Consideration for this Agreement shall consist of the mutual promises contained herein, the parties agreeing that monetary compensation shall neither be expected nor received by either party.

3. Term. The term of this Agreement shall begin on the Effective Date and shall continue for a period of one (1) year (the "Initial Term"). At the end of the Initial Term, this Agreement shall be automatically renewed for one-year successive terms unless terminated as provided for herein. Either party may terminate this Agreement upon giving sixty (60) days prior written notice to the other party. Except as otherwise provided herein, such termination shall have no effect on students currently receiving clinical experience. Notwithstanding anything contained herein to the contrary, in the event either party breaches any term(s) and/or condition(s) of this Agreement, the non-breaching party may immediately terminate this Agreement, which termination shall also affect students currently receiving clinical experience pursuant to this Agreement.

4. Placement of Students. The School will, after consultation with and approval by LifeCare, place an appropriate number of students at the Facility each academic term. The School shall notify LifeCare at least twenty (20) days prior to the beginning of each academic term of the number of students it desires to place at the Facility for such term, such number to be approved by LifeCare, in writing, prior to the beginning of such academic term.

5. Discipline. While enrolled in clinical experience at the Facility, students (and faculty, if applicable) will be subject to and shall comply with applicable policies of the School and LifeCare. Each party will be responsible for enforcing its own applicable policies and shall cooperate with and, to the best of its ability, assist the other in enforcing the applicable policies of the other party.

Students shall be dismissed from participation in the clinical experience only after the appropriate disciplinary policies and procedures of the School have been followed; however, LifeCare may immediately, at its sole discretion, remove and bar from the Facility any student who, in the sole discretion of LifeCare, poses an immediate threat or danger or fails to abide by or comply with LifeCare's policies and procedures or otherwise fails to meet LifeCare's standards.

6. Specific Responsibilities. The following duties shall be the specific responsibility of the designated party:

- a. School shall be responsible for the selection of students to be placed at the Facility. School will assign only students who have received Hepatitis B vaccinations or signed a waiver registering they are aware of the risks without vaccinations, and have a negative TB skin test. Evidence of the above shall be submitted to LifeCare upon request. School shall require all students who are selected by School to participate in the clinical experience at LifeCare under this Agreement ("Students") to complete drug testing and criminal background checks, and will provide the results of such testing and background checks to LifeCare prior to Students' participation.
- b. LifeCare shall provide orientation of the Facility to Students (and faculty, if applicable) beginning clinical experience at the Facility.
- c. School and LifeCare shall mutually be responsible for scheduling training activities for Students.
- d. School shall be solely responsible for supervising Students, and a School supervisor will be present with Students at all times while Students are at the Facility for clinical experience.
- e. School shall require Students to dress professionally and appropriately for a hospital environment while Students are at the Facility for clinical experience.
- f. School and LifeCare shall evaluate the performance of individual Students as appropriate.
- g. LifeCare shall retain responsibility for the patient's overall Plan of Care.
- h. LifeCare shall seek emergency medical treatment for Students (and faculty, if applicable) if needed for illness or injuries suffered during clinical experience. Such treatment shall be at the expense and responsibility of the individual treated.

- i. School shall provide health records of Students (and faculty, if applicable) upon request by LifeCare.
- j. School shall establish a procedure for notifying LifeCare if a Student (or faculty, if applicable) is/are unable for any reason to report for clinical training.
- k. Prior to the original or any extended term of this Agreement, School shall provide to LifeCare written proof that all individual Students (and faculty, if applicable) participating in the training hereunder are covered under professional liability insurance coverage in the minimum amounts of \$500,000 per occurrence and \$1,000,000 annual aggregate. If such coverage is not maintained at any time during the Initial Term or any extended term of this Agreement, notwithstanding anything to the contrary contained herein, LifeCare shall have the right to immediately terminate this Agreement without advance notice to School, and, notwithstanding anything to the contrary contained herein, such termination shall also affect Students currently receiving clinical experience pursuant to this Agreement.
- l. School shall have each Student and faculty member assigned to LifeCare sign the attached Confidentiality and Security statement, at Exhibit A, and forward an original of such statement to LifeCare, prior to the Student beginning any training hereunder.
- m. School will require that Students adhere to and conduct all activities pursuant to this Agreement in accordance with LifeCare's Code of Conduct, which is attached hereto as Exhibit B and fully incorporated herein, and School will provide a copy of LifeCare's Code of Conduct to all Students.
- n. Each party shall comply with all federal, state and municipal laws, advice, rules and regulations which are applicable to it in connection with the performance of this Agreement.
- o. Students will be treated as trainees who have no expectation of receiving compensation or future employment from LifeCare or the School. School shall inform its students and faculty that they have no claims against LifeCare for wages, taxes, health care, workers' compensation, or other benefits. Students shall not be deemed third-party beneficiaries under this Agreement nor shall they have any rights or claims whatsoever against LifeCare.
- p. Any courtesy appointments to faculty or staff by either School or LifeCare shall be without entitlement of the individual to compensation or benefits from the appointing party.
- q. School shall comply with Title VI and VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, Executive Order 11,246 and the related regulations to each. Each party agrees that it will not discriminate against any individual including, but not



with a copy to: LifeCare Hospitals of Wisconsin  
Attention: Administrator  
2400 Golf Rd.  
Pewaukee, WI 53072

If to School: Herzing University LTD  
W140 N8917 Lilly Road  
Menomonee Falls, WI 53051  
Attn: Clinical Contracts

or to such other addresses as shall be furnished in writing by either party; and any such notice shall be deemed to have been given, if hand delivered, as of the date of delivery, or if mailed as provided herein, as of the day three (3) days after the date mailed.

11. Severability. If any of the terms of this Agreement are held by a court of competent jurisdiction to be null, void or inoperative for any reason, or if any provision or term of this Agreement is in violation of any applicable federal, state or local law, guideline, rule or regulation, all such provisions are severable and the remaining provisions shall retain full force and effect. In any interpretation of this Agreement, there shall be no presumption(s) against the party drafting this Agreement.

12. Binding Effect. Except as otherwise provided for herein, this Agreement shall be binding upon and inure to the benefit of the undersigned parties and their respective representatives, successors, heirs, executors, administrators, legal representatives and assigns, commissioners, directors, officers, shareholders, agents, servants, employees, subsidiaries, parent companies, management companies, and/or related and/or LifeCare companies, whether related by common ownership, control or otherwise.

IN WITNESS WHEREOF, the parties, through their authorized representatives, have affixed their signatures below.

**HERZING UNIVERSITY, LTD**

**NEW LIFECARE HOSPITALS OF  
MILWAUKEE LLC d/b/a LIFECARE  
HOSPITALS OF WISCONSIN**

DocuSigned by:  
By: Robert Herzog  
808DF9457A6C475  
Printed Name: Robert Herzog  
Title: CFO/CCO  
Date: 3/23/2018

By: Patty Ellen Roberts  
Printed Name: Patty Ellen Roberts  
Title: CEO  
Date: 3/29/2018

Exhibit A

**Confidentiality and Security Statement**

(required to be signed by all students and, if applicable, faculty)

**LifeCare Hospitals (LifeCare) is committed to protecting the privacy of our patients. LifeCare is further committed to maintaining the confidentiality and security of patient medical records.** I am a faculty member, student, trainee, visiting observer, volunteer, or vendor at LifeCare. During the course of my duties or purpose at LifeCare I may have access to confidential, proprietary and/or to protected health information. I understand that all confidential, proprietary and protected health information (collectively "Confidential Information") must be maintained confidentially and in a secure fashion.

**I agree to follow all LifeCare policies and procedures governing the confidentiality and security of CONFIDENTIAL INFORMATION in any form, including oral, fax, photographic, written, or electronic.** I will regard both confidentiality and security as a duty and responsibility while at LifeCare.

**I agree that I will not access, release, or share CONFIDENTIAL INFORMATION, except as necessary to complete my duties or purpose at LifeCare.** I understand that I am not authorized to use or release Confidential Information to anyone, except as provided in LifeCare policies and procedures, or as required by law.

**I agree that I will use all reasonable means to protect the security of Confidential Information in my control, and to prevent it from being accessed or released, except as permitted by law.** I will use only the access privileges I have been authorized to use, and will not reveal any of my passwords or share access with others. I will take precautions to avoid inadvertently revealing Confidential Information; for example, I will use workstations in a safe manner and will make reasonable efforts to prevent conversations from being overheard, including speaking in lowered tones and not discussing Confidential Information in public areas. If I keep patient notes on a handheld or laptop computer or other electronic device, I will ensure that my supervisor knows of and has approved such use and I will keep this information secure and confidential. If, as part of my responsibility, I must take Confidential Information off the premises, I will do so only with permission from my supervisor; I will protect Confidential Information from disclosure.

**I agree that when my affiliation, visitation or assignment with LifeCare ends, I will not take any Confidential Information with me and I will not reveal any Confidential Information that I had access to as a result of my duties at the LifeCare.** I will either return Confidential Information to LifeCare or destroy it in a manner that renders it unreadable and unusable by anyone else.

**I agree to immediately report to LifeCare unauthorized use or disclosure of Confidential Information, or security issues affecting systems that contain or give access to Confidential Information.**

**I understand that if I do not keep Confidential Information confidential, or if I allow or participate in inappropriate disclosure or access to Confidential Information, I will be subject to immediate disciplinary or corrective action, up to and including dismissal or loss of access privileges to LifeCare property and Facility.** I understand that unauthorized access, use, or disclosure of Confidential Information may also violate federal and state law, and may result in criminal prosecution and civil penalties.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

## EXHIBIT B CODE OF CONDUCT - LIFECARE MANAGEMENT SERVICES

### I. GENERAL STATEMENT

LifeCare is committed to integrity, ethical behavior, and the highest moral conduct from our employees and others who act on our behalf. This Code of Conduct reaffirms our commitment to always doing what is morally and ethically right, and is intended to guide us in upholding this commitment. Each employee, officer and Board Member is expected to know, understand and abide by the guidelines outlined in this Code of Conduct, and thus ensure we continue to provide the highest levels of compassionate, quality healthcare while complying with all applicable laws, rules, and regulations. These guidelines are designed to assist each of us in making the right choices when confronted with difficult situations. We clearly understand the responsibility for ethical behavior rests with each of us through the judgments we make and the actions we take. We are all expected to recognize and avoid activities and relationships that involve, or might appear to involve, conflicts of interest or behavior that may cause embarrassment to the organization or compromise its integrity. It is LifeCare's policy to prevent unethical or unlawful behavior, to stop such behavior as soon as reasonably possible after its discovery, and to discipline people who violate any applicable laws or regulations or the standards contained within this Code. We expect outside colleagues, including physicians, vendors, consultants and others whose actions are directly connected to LifeCare, to adhere to the same standards in their dealings with us and with others on our behalf. Employees with questions about any part of this Code should seek advice from his/her supervisor, a member of the management staff, or the Chief Compliance Officer.

### II. CONDUCTING BUSINESS

LifeCare's activities involve thousands of business transactions each day. We must have strict rules to guard against fraud or dishonesty and guidelines for addressing possible problems that may arise.

#### **Medicare and Medicaid Requirements**

LifeCare is a participant in Medicare and Medicaid programs, both of which are governed by complex laws and regulations. Violations of these laws and regulations can result in criminal sanctions being imposed, not only on the employees actively involved, but also on the organizations where they work. It is essential, therefore, that there is strict compliance with all Medicare and Medicaid laws and regulations.

#### **Billing for Patient Services / False Claims**

LifeCare and its staff provide a wide range of services to its patients. In most cases, billing statements are provided to patients or third party insurers responsible for payment. The information included on these statements must accurately reflect the services and supplies actually provided.

The Federal False Claims Act (FCA), 31 USC §§ 3729-3733 and similar state laws prohibit the knowing and/or intentional use of false or fraudulent claims, records or statements for the purpose of obtaining payment from the government. These laws apply to Medicare and Medicaid reimbursement and prohibit, among other things, billing for services not rendered, billing for undocumented services, retaining an overpayment for services or items, falsifying cost reports, billing for medically unnecessary services, assigning improper codes to secure reimbursement or higher reimbursement and participating in kickbacks. The FCA provides private citizens the right to file a lawsuit on behalf of the government and to share in a percentage of any monetary recovery or settlement, and prohibits retaliation or discrimination against an employee, agent or contractor based on initiation of, or participation in, a lawful false claims investigation, report, claim or proceeding. Violation of these laws may result in civil, criminal and/or administrative penalties, including monetary penalties, imprisonment, exclusion from participation in the Medicare and Medicaid programs, and loss of licensure status.

We believe that no employee or other person acting on our behalf would intentionally falsify a claim. Such conduct is a crime, is never in our best interest, and would tarnish our name and result in severe sanctions. We require all employees involved in any aspect of billing to know, understand and abide by Medicare, Medicaid and other third-party insurer billing rules and requirements. Each employee must use his or her best efforts to prevent errors and report to their supervisor any billing matters that seem inappropriate or suspicious.

#### **Compliance with Anti-Kickback Statute**

LifeCare maintains relationships with physicians and other referral sources based on the needs of our communities and consistent with our mission. Existing law specifically prohibits any form of kickback, bribe or rebate that is intended to induce the purchase or referral of any healthcare services or supplies paid for even in part by the Medicare or Medicaid programs. No employee or agent of LifeCare may offer or accept any improper payment, gift, or other remuneration, directly or indirectly that is intended to induce the referral of healthcare business or decisions regarding the use of products or services. Some examples of inappropriate kickbacks may include, but are not limited to, the following:

- making payments to or from referral sources that exceed fair market value;
- providing or accepting free or discounted goods or services among referral sources; or
- establishing payment arrangements with vendors, suppliers or referral sources where reimbursement is based on the amount of volume of business rather than the value of the services provided.

#### **Proper Use of Assets**

LifeCare's business records must always be prepared accurately and reliably. Proper accounting policies and procedures must be followed in order to ensure the accuracy of all records and reports and to protect LifeCare's assets. Employees may not borrow hospital property, without permission, and may not use LifeCare's facilities, resources or equipment for unapproved purposes.

#### **Trade Practices/Antitrust**

Antitrust laws are designed to preserve and foster fair and honest competition within the free enterprise system. To accomplish this goal, these laws are deliberately broad, prohibiting such activities as "unfair methods of competition" and agreements "in restraint of trade." Employees must never discuss business information (including strategies, prices, finances and similar matters) with others outside of the organization. All contracts and agreements are to be entered into on the basis of an objective determination of the value to be received by LifeCare, and may not unfairly restrict competition.

#### **Gifts and Entertainment**

In defining illegal remuneration the federal government has included giving or receiving of gifts or entertainment, specifically if the reason for the gift or entertainment is to induce a referral. Therefore, no gifts should be offered or accepted by any LifeCare employee from any outside individual or company if it can be reasonably established that the purpose of the gift is to induce referrals, to or from a LifeCare facility. Similarly, the federal government has prohibited giving gifts to patients or their family members, except for individual gifts not exceeding \$10 in value, and \$50 in the annual aggregate. If a "personal" gift is such that a reasonable person would interpret it to be an attempt to improperly influence an employee or agent of LifeCare, it must be refused and reported to the Compliance Officer. If the gift is offered to someone other than a patient or physician and represents a nominal amount (less than \$25 in value), and offered without the intent or expectation it will induce a referral, it may be appropriate.

#### **Environmental Health and Safety**

It is essential that everyone at LifeCare who deals with hazardous materials and infectious waste comply with environmental laws and regulations and understand and follow the environmental safety procedures explained in our programs and manuals.

#### **Pharmaceuticals, Prescription Drugs, Controlled Substances**

Many of LifeCare's employees have responsibility for and access to prescription drugs, controlled substances, and other regulated pharmaceuticals. LifeCare is legally responsible for the proper distribution and handling of these pharmaceutical products. Specific laws forbid the distribution of any drug, in any amount or for any reason, to an unauthorized individual or entity.

### **III. GOVERNMENT INQUIRIES AND INVESTIGATIONS**

LifeCare has established guidelines on how to respond to government inquiries. Any information that an employee discloses without authorization jeopardizes the rights of our patients and puts our organization at risk. Employees who are approached by any federal or state law enforcement agency or official seeking information about our organization or any of its patients, agents or employees should immediately contact the Chief Compliance Officer before providing any information. In addition, (1) obtain the name and affiliation of the person asking for the information before supplying it; (2) maintain a written record of each and every document they are given access to; and (3) keep a detailed record of all communications and any information requested and responses given.

LifeCare's policy is to comply with all reasonable and lawful requests for information and documents made by federal, state and local government officials. While LifeCare will comply with these requests, the law does not require disclosure of certain information, which may include, but is not limited to:

- Certain patient information that may be protected by medical record privacy laws.
- Certain quality assurance information compiled by LifeCare facilities in accordance with federal and state requirements.
- Certain information collected as part of LifeCare's peer review process to review and evaluate the credentials of healthcare providers furnishing services in LifeCare facilities.

All questions regarding requests for information and/or documents should be directed to the Legal Department for guidance.

### **IV. QUALITY OF CARE**

LifeCare is committed to providing quality care to its patients. Our clinical providers are expected to 1) assess the needs of patients under his/her care and deliver high-quality health services in a responsible, reliable and cost-effective manner, and 2) strive to uphold high standards of professional practice in our hospital facilities and programs. To avoid compromising the quality of care, clinical decisions (including tests, treatment and other interventions) are based on patient health care needs. The integrity of clinical decision making shall be maintained, regardless of how the hospital compensates its leaders, managers, clinical staff and licensed independent practitioners.

#### **Admissions**

Hospital admission guidelines focus on the specific clinical needs of the patient, and the basic patient right of access to care. Individuals shall be accorded impartial access to treatment that is available or medically indicated, regardless of race, creed, sex, or national origin. Patients shall receive detailed information about hospital charges for which they will be responsible.

#### **Discharges**

Patients are discharged upon the order of a physician when their clinical needs can be met by a lower level of care or require diagnostic or therapeutic interventions not available in the hospital. Patients and family are involved in the discharge process.

#### **Effective Communication with Patients**

To effectively communicate with and serve LifeCare's patients, hospital employees are to speak English while on duty and in the presence of patients. A language other than English may be spoken if no patients are present or the employee is off-duty or on a break. Employees are encouraged to speak with patients in another language if asked and able to do so and must seek a translator as necessary to ensure effective communications with non-English speaking patients. Employees, who work at locations where patients are not present, such as administrative offices, may speak in a language other than English. Concerns should be directed to Human Resources.

## V. EMPLOYEE LOYALTY AND CONFLICTS OF INTEREST

LifeCare expects its employees, officers and Board Members to serve the organization with undivided loyalty, and requires that its interests be placed ahead of any individual business or commercial interests.

LifeCare's employees, officers and Board Members should not engage in any activities that conflict with the interests of LifeCare. It is not possible to describe all of the situations that may give rise to a conflict of interest, but some examples include:

- A LifeCare employee accepts outside employment in an organization that does business with LifeCare or is a competitor of the organization and it interferes with the employee's commitment to LifeCare's professional standards. While certain employees, such as nurses, are not prohibited from working shifts at another facility, this additional work should be discussed with supervisors and should not interfere with the employee's work commitment to LifeCare.
- A LifeCare employee or an immediate family member has a material financial interest in a firm that does business with LifeCare or is a competitor of the organization where the interest may affect the employee's decisions or actions.
- A LifeCare employee or an immediate family member serves as a director, officer, employee, consultant or agent of an organization which is a competitor of or does business with LifeCare.
- A LifeCare employee or an immediate family member uses any confidential information about LifeCare for personal gain or the benefit of others.
- A LifeCare employee or an immediate family member appropriates for personal use the benefit of any LifeCare business venture, which the employee learns about while working at LifeCare.
- A LifeCare employee accepts gifts from any person or firm doing or seeking to do business with LifeCare under circumstances where it appears that the purpose of the gift may be to influence the conduct of business with the donor.

LifeCare's employees, officers and Board Members have a responsibility to put the interests of LifeCare and our patients ahead of any other business interests they may have. Any potential conflicts of interest should be disclosed to supervisors or the Chief Compliance Officer upon hire or as they occur. This includes any additional employment accepted while working for LifeCare. Board Members should disclose any potential conflicts of interest to LifeCare's Board of Managers. Potential conflicts of interest that are not approved or ratified by an employee's supervisor, LifeCare's Board of Managers or an appropriate committee of the Board of Managers, are subject to termination by LifeCare, taking into account such factors as such individual or body deems appropriate and relevant.

## VI. USE OF INFORMATION

### Safeguarding the Privacy of Our Patients

Our business requires us to gather a great deal of personal information about our patients. We are committed to protecting the privacy and security of the information created as a record of the care and services provided to our patients.

The Health Insurance Portability and Accountability Act (HIPAA) requires that LifeCare maintain the confidentiality of all patient protected health information (PHI). PHI is defined as individually identifiable health information that is transmitted or maintained in any form or medium, including electronic health information. To ensure the security of PHI, LifeCare takes reasonable measures including, but not limited to, the following:

- encryption of devices
- use of password protection
- limitations on accessibility to information
- guidelines for maintaining paper documents and storing electronic devices in home office and during travel
- restrictions on placement of unauthorized software on LifeCare devices

Any unauthorized exposure of PHI, which reasonably compromises the security or privacy of the PHI is a potential breach that must be appropriately addressed. If you become aware of a breach or potential breach of any protected or sensitive information, it is necessary that the situation be immediately reported to LifeCare's Privacy Officer or the Compliance Hotline (1-800-472-6450). If the disclosure of the PHI results in a breach of information, LifeCare investigates and complies with all state and federal notification requirements.

### Information Owned by Others

Other organizations and individuals have confidential information they strive to protect, but sometimes disclose for a particular business purpose. If you have access to another party's confidential information, you must prevent the misuse of their information. Never use, copy, or distribute their information, unless you are doing so in accordance with the terms of their agreement with our organization. This is especially true when acquiring software from others. Employees should never install personal copies of software from their home or personal computer for use on any computer equipment owned or operated by LifeCare.

### Record Retention/Destruction

LifeCare is required by law to keep certain types of medical and business records for defined periods of time. LifeCare has a record retention and destruction policy that must be strictly followed. In addition, all records must be fully and accurately completed, and should never be falsified. Without accurate information, we can't fulfill our obligations to our patients, co-workers and vendors. It is every employee's responsibility to take great care in dealing with our records.

### Social Media

The Internet provides unique opportunities to participate in interactive discussions and share information using a variety of social media, such as email discussion groups, blogs or chat rooms, Facebook, Twitter, LinkedIn, and SnapChat ("social media"). LifeCare recognizes that the

information, comments and opinions placed on social media sites and blogs can shape the way the public views our delivery of care and treatment of patients, and our interactions with employees and contractors. LifeCare is committed to ensuring that the use of such communications serves the needs of our business by maintaining LifeCare's identity, integrity and reputation in a manner consistent with our values and policies. Employees' use of social media can pose risks to LifeCare's confidential and proprietary business information and can jeopardize LifeCare's compliance with business rules and laws. To minimize these business and legal risks, to avoid loss of productivity and distraction from employees' job performance and to ensure that LifeCare's information technology systems are used only for business purposes, we have established written policies and guidelines for online communications.

## VII. HUMAN RESOURCES

### **Commitment to Fairness**

LifeCare recognizes that its greatest strength lies in the talents and abilities of its employees. Although the tasks of our employees are different, we have established guidelines to ensure that each employee is treated with fairness and equality. LifeCare provides equal opportunity for employment and advancement on the basis of ability and aptitude, without regard to race, color, creed, age, sex or sexual orientation, handicaps or national origin; and compensates employees according to their performance, and provides equitable benefits within the framework of prevailing practices. In order to foster an environment that strives toward safety and quality care, employees should use teamwork and effective collaboration to aid in creating a culture of safety and quality for our patients and our staff. LifeCare is committed to a work environment in which all individuals are treated with respect and dignity. Discrimination or harassment, of any kind, in or out of the workplace, is unacceptable and will not be tolerated. Disruptive behavior will also not be tolerated. Such conduct may be verbal or non-verbal and may involve the use of rude language, may be threatening, and may even involve physical contact. Additionally, behavior that interferes with the ability of others to effectively carry out their duties or that undermines a patient or their family member's confidence in us shall also be considered disruptive.

### **Labor and Employee Relations Matters**

LifeCare fully complies with all applicable wage and hour laws and other statutes regulating the employer-employee relationship and the workplace environment. If you have any questions about the laws governing labor and employee relations' matters, please contact your Human Resources Department.

### **Employee Background Checks**

LifeCare considers the care and safety of its patients to be of critical importance. In order to maintain the quality and safety of patient care, LifeCare conducts background checks, to include the HHS-OIG List of Excluded Individuals/Entities (LEIE), on applicants considered for employment, and reserves the right to recheck the background of current employees. In addition, all agency and temporary staff, together with physicians considered for staff privileges, will be checked against the LEIE and a background check will also be conducted by LifeCare and/or the employing entity.

## VIII. POLITICAL PARTICIPATION

Participation in the political process is one of every American citizen's most basic rights. Federal laws, however, limit the nature and extent of political participation on the part of organizations. While LifeCare encourages its employees to participate in the political process, no LifeCare resources or facilities are to be utilized in support of any candidate or position. In addition, individuals who chose to run for political office are expected to do so on their personal time.

### **Lobbying**

LifeCare will not contribute money, property or services to political parties or candidates, except through its affiliated company, New LifeCare Management Services LLC. However, employees, as individuals, may make political contributions at their own expense or participate in political campaigns on their own time. No employee may attempt to influence legislation on behalf of LifeCare without the prior approval of the Chief Compliance Officer.

## IX. COMPLIANCE WITH THE CODE

### **Questions Regarding the Code**

The Chief Compliance Officer is responsible for the implementation and ongoing operation of LifeCare's Corporate Compliance Program, as well as making sure each employee abides by this Code of Conduct. Employees with questions about this Code should contact either their facility Compliance Officer or LifeCare's Chief Compliance Officer.

### **Reporting Violations**

LifeCare requires all employees to report, in good faith, possible instances of wrongdoing and/or non-compliance with regulations or policies, or other suspect or questionable conduct, to their facility Compliance Officer, the Chief Compliance Officer, or anonymously by calling the Compliance Hotline at 1-800-472-6450. Failure to report known wrongdoing or non-compliance is a violation of company policy and this Code.

### **No Retaliation**

LifeCare employees and others who report a possible violation of this Code in good faith through an internal process, or to an appropriate federal or state agency, will not be subjected to retaliation, retribution or harassment by LifeCare or any of its employees. Any supervisor, manager or employee who conducts or condones retribution, retaliation or harassment in any way will be subject to disciplinary action up to and including discharge.

### **Investigation of Violations**

All reported violations of the Code of Conduct, hospital policies or applicable laws will be investigated in a timely manner. Employees are required to cooperate in the investigation of an alleged violation. All reported concerns are taken seriously and the process of investigating all

matters is handled with professionalism and confidentiality. Details of a report or its origin are not shared with unnecessary or accused individuals. Investigations are conducted with the intended purpose of identifying any possible non-compliance with policy and procedures, rule and/ or regulation, understanding the root cause and developing and implementing plans to ensure reoccurrence does not happen and improvement in processes are made.

**Discipline for Violations**

Disciplinary actions may be taken for involvement in actions that violate the Code of Conduct, hospital policies, or prevailing laws; for failure to report any violation or to cooperate in an investigation; for failure to detect, or purposefully overlook violations of others; or for retaliation against anyone who reports possible or actual violations. Disciplinary action may include termination.

**Individual Judgment**

Employees are often faced with making critical decisions based on activities in the workplace. Remember to always use good judgment and common sense. If you believe anything within this Code of Conduct goes against your own good judgment, you are encouraged to discuss it with your supervisor or with the Compliance Officer.

**FIRST AMENDMENT  
TO  
STUDENT CLINICAL AFFILIATION AGREEMENT**

**THIS FIRST AMENDMENT** to the Student Clinical Affiliation Agreement (this "Amendment") is entered into effective as of March 30, 2018, by and between Herzing University, LTD ("School") and New LifeCare of Milwaukee LLC d/b/a LifeCare Hospitals of Wisconsin ("LifeCare").

**RECITALS:**

WHEREAS School and LifeCare entered into a certain Student Clinical Affiliation Agreement (the "Agreement"), dated March 26, 2018; and

WHEREAS, LifeCare and Contractor desire to amend the Agreement as set forth herein.

NOW, THEREFORE, in consideration of the mutual covenants and promises contained herein, and for other good and valuable consideration the receipt and sufficiency of which are hereby acknowledged, the parties hereto agree as follows:

**AMENDMENT:**

1. **Memorandum of Understanding.** The document entitled, *MEMORANDUM OF UNDERSTANDING BETWEEN HERZING UNIVERSITY-BROOKFIELD AND LifeCare Hospital of Wisconsin, Pewaukee, WI*, which is attached hereto is hereby fully incorporated into this Amendment and made part of the Agreement.

2. **Conflict.** In the event of any conflict between the provisions of the Agreement and this Amendment, the provisions of this Amendment shall prevail. Otherwise, the terms of the Agreement shall remain in full force and effect.

3. **Counterparts.** This Agreement may be executed in one or more counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument.

IN WITNESS WHEREOF, the undersigned have executed this Amendment effective as of the date first set forth above.

HERZING UNIVERSITY, LTD

NEW LIFECARE HOSPITALS OF  
MILWAUKEE LLC d/b/a LIFECARE  
HOSPITALS OF WISCONSIN

By: Deborah Ziebarth

Printed Name: Deborah Ziebarth

Title: Nursing Department Chair

Date: March 30, 2018

By: Angela Osolowski

Printed Name: Angela Osolowski

Title: Chief Nursing Officer

Date: March 30, 2018

# Job Description

## Licensed Vocational/Practical Nurse



<b>Job Title:</b>	Licensed Vocational/Practical Nurse
<b>Job Family:</b>	Nursing
<b>FLSA Status:</b>	Non-Exempt
<b>Date Written/Revised:</b>	August 2006; January 2008; August 2009; August 2012

**General Summary:** The Licensed Vocational/Practical Nurse identifies patient needs, plans, implements, evaluates and provides nursing care of assigned patients utilizing the nursing process to facilitate the patient's progression toward optimal health. The LVN/LPN is actively involved in department activities, transdisciplinary team activities, and LifeCare activities to ensure individualized, patient-centered health care for all patient populations admitted to LifeCare Hospital.

**Patient Population:** Has contact with patients in a clinical setting; understands and demonstrates appropriate behavior when interacting with patients in the adult (18-65 years of age) and geriatric (65 and older) populations.

### Essential Functions:

1. Collects data on admission and for on-going re-assessment of patients with complex health problems. Recognizes changes from baseline and reports changes in status to RN/MD.
2. Plans/organizes work for assigned shift to properly utilize time, resources, manpower and supplies to ensure patient receives appropriate quality care.
3. Implements, reviews and provides relevant data to assist in the revision of the plan of care under the direction of the RN/MD, and within the scope of practice, to meet the complex needs of assigned patients and families.
4. Completes and documents all patient care provided within the scope of practice in a competent and proficient manner. Responds appropriately and assists others in emergency situations in a calm and effective manner.
5. Participates in patient education and preparation for discharge.
6. Facilitates care of the patients in admissions and transfers and is knowledgeable in the admissions and transfer process.
7. The knowledge and skills necessary to perform the position requirements are demonstrated through the successful completion of competencies established for the position, to include population served and other special needs of patients or customers served by the department.
8. Adheres to LifeCare policies, procedures, all safety plans and all standards imposed by regulatory organizations.
9. Regular attendance and timeliness is required.

*This description is a general statement of required essential functions performed on a regular and continuous basis. It does not exclude other duties as assigned.*

**Supervision:** Oversees and directs delegated functions of CNAs, Mental Health Assistants, Patient Care Technicians, Monitor Technicians and Unit Clerks.

**Experience:** Six to twelve months of experience in an acute clinical setting is preferred.

**Education:** Graduate of an accredited technical school of nursing is required.

**Licensure/Certification:** Current LVN/LPN license in the state where practicing is required. Current BLS certification is required. ACLS and IV certification is preferred within six (6) months of hire. All LPN/LVNs must maintain current licensure and BLS certifications while employed with LifeCare Hospitals. Maintenance of ACLS and/or IV certification may be required.

### **Physical Requirements:**

1. Ability to lift, move, transport and position patients, equipment or supplies/materials up to fifty (50) pounds without assistance; or over fifty (50) pounds with the aid of mechanical assistance or assistance of personnel.
2. Range of motion and mobility of self by positioning or moving around hospital to include sitting, standing, walking, bending, squatting, stooping, kneeling, crawling, climbing and reaching.
3. Ability to communicate with patients, families, physicians, co-workers and visitors to be able to exchange accurate information regarding patient condition and health status. Ability to exchange and express information by means of language and communicate information effectively.
4. Ability to hear the nature of sounds. Ability to detect clinical alarms and conversation. Ability to give full attention to what other people are saying, taking time to understand the points being made, asking questions as appropriate, and not interrupting at inappropriate times.
5. Ability to use logic and reasoning to identify the strengths and weaknesses of alternative solutions, conclusions or approaches to problems.
6. Ability to monitor/assess performance of yourself or other individuals to make improvements or take corrective action.
7. Ability to see things at close range and match and/or detect differences between colors, including color and brightness.
8. Ability to make precisely coordinated movements of the fingers of one or both hands to grasp, manipulate, or assemble small objects.
9. Ability to keep your hand steady while moving your arm or while holding your arm and hand in one position.
10. Ability to understand the implications of new information for both current and future problem-solving and decision making. Ability to use scientific rules and methods to solve problems.
11. Ability to identify problems and review related information to develop and evaluate options and implement solutions.
12. Ability to respond to emergency or crisis in a calm and professional manner as a team member or team leader to resolve the crisis or emergency.
13. Ability to work independently and perform routine and detail-oriented tasks. Ability to manage one's own time and the time of others.
14. Ability to consider the relative costs and benefits of potential actions to choose the most appropriate one.
15. Ability to collect and analyze numerical, written data and verbal communication to reach logical conclusions and ability to determine the time, place and sequence of operations or action.
16. Ability to review, assess, record or type data quickly and accurately.
17. Ability to observe and recognize or identify changes in patient's health status or condition.
18. Ability to perform mathematical equations.
19. Ability to view and operate required equipment.
20. Ability to determine resources needed in order to provide quality patient care.
21. Ability to handle physically aggressive patients if working in a behavioral setting.
22. Ability to motivate, develop and direct people as they work.

23. Ability to make independent judgments and decisions.
24. Ability to respond to or make adjustments to a modality of therapy, as appropriate, when a deviation from routine care is required.

***Environmental/Working Conditions:***

1. Category 1 - Infection exposure due to required tasks which routinely involve a potential for mucous membrane or skin contact with blood, body fluid tissues or potential spills or splashes.
2. Ability to work alone or with minimal supervision.
3. Contact with patients, families, co-workers, physicians and visitors.
4. Ability to work under and handle stress in an appropriate manner.
5. Ability to handle multiple tasks..
6. Ability to work long hours between breaks and meals may be required.
7. Exposure to high, medium, or low noise intensity.

***Machinery/Tools/Equipment Requirements:***

1. Ability to operate nursing call system, telephone, fax machine, copy machine, computer, printer and calculator.



## Job Description Acknowledgement

I have reviewed a copy of my job description and understand that it may have excluded some of the marginal job duties of the position that are incidental to the performance of essential job duties. I understand this job description in no way states or implies that these are the only duties to be performed by employees in this position. I also understand employees will be required to follow any other job-related instructions and to perform any other job-related duties requested.

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Date

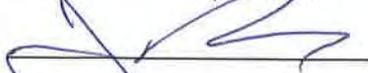
\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Job Title

**MEMORANDUM OF UNDERSTANDING BETWEEN HERZING UNIVERSITY-  
BROOKFIELD AND  
Ovation Jewish Home and Communities**

1. **PARTIES.** This Memorandum of Understanding (hereinafter referred to as a MOU) is made and entered into by and between Herzing University-Brookfield, located at 555 South Executive Drive, Brookfield, WI and Ovation Jewish Home and Communities located at 1414 N. Prospect Ave. Milwaukee, WI 53202
2. **PURPOSE.** The purpose of this MOU is to establish non-compensated nursing clinical experiences for students in the Practical Nurse program at Herzing University-Brookfield and Ovation Jewish Home and Communities
3. **TERM OF MOU.** This MOU is effective upon the date executed below by duly authorized representatives of the parties to this MOU and will remain in force unless otherwise terminated by the parties. This MOU may be terminated, without cause, by either party upon written notification, which may be sent by electronic or other means to the parties at the addresses listed above.
4. **RESPONSIBILITIES.** The parties agree that prior to the creation of non-compensated clinical nursing experiences for the Practical Nurse students at Herzing University-Brookfield the parties, upon mutual agreement, will execute an Affiliation Agreement which will detail the rights, obligations and responsibilities of the parties to this MOU.
5. **AMENDMENTS.** Either party may request changes to this MOU. Any changes modifications or revisions or amendments to this MOU which are agreed upon by and between the parties shall be incorporated, in writing, to this MOU and become effective when executed and signed by the parties to this MOU.
6. **APPLICABLE LAW.** The construction, interpretation and enforcement of this MOU shall be governed by the laws of the State of Wisconsin, unless otherwise mutually agreed to by the parties as outlined in paragraph five (5).
7. **ENTIRETY OF AGREEMENT.** This MOU, consisting of one (1) page represents the entire agreement between the parties.
8. **SIGNATURES.** In witness whereof, the parties to this MOU, through their duly authorized representatives have executed this MOU on the date(s) below.

Herzing University-Brookfield



Jarvis Racine, Campus President

Partner Organization

Ovation Jewish Home  
Barbara Gustek Date 4/9/18

Name and Title

MEMORANDUM OF UNDERSTANDING FOR  
HEALTH CARE CLINICAL EXPERIENCE



This Agreement for Clinical Experience (the "Agreement") is entered into by and between Herzing University, Ltd. (hereafter "University"), and Ovation Jewish Home and Communities 1414 N. Prospect Ave. Milwaukee WI, 53202 (hereafter "Facility").

RECITALS

The University wishes to provide clinical experiences for students enrolled in Herzing University Health programs (hereafter "Students"). The Facility operates a healthcare facility and has the capability, through its medical records, clinical, or medical administration departments, to provide settings for clinical experiences required by such Students and desires to provide a setting for such clinical experiences in cooperation with the University in order to support quality education for health professionals in the community and the delivery of appropriate health services to the community.

**NOW, THEREFORE**, the parties agree as follows:

1. **Responsibilities of the Facility.** The Facility agrees to serve as a cooperating health care facility and provide clinical experiences for Students at the Facility in University's program. This will be accomplished by allowing Student participation in patient care as set forth in this Agreement. The University, in consultation with the Facility, shall schedule and arrange for the number and timing of such experiences. The Facility hereby agrees as follows:
  - a. To observe the non discrimination policy of the University: that Students are accepted without discrimination as to race, color, creed, or sex, subject to the Facility's right to terminate clinical experiences as set forth in subparagraph 3-d.
  - b. To provide clinical practice and/or observational opportunities in the appropriate service departments of the Facility.
  - c. To allow Students, at their own expense, to use the dining and other facilities.
  - d. To make available to Students emergency care and treatment in the event of illness or injury occurring in clinical areas during clinical instruction. All charges for treatment shall be the responsibility of the Students, or in the case of a minor, his or her parents.
  - e. To provide information pertinent to evaluation of Students and the clinical experience in general to the University at the University's request.
  - f. To provide the University and Students with access to copies of the Facilities policies, procedures and regulations that are pertinent to the clinical experience.
  
2. **Responsibilities of University.** The University agrees:
  - a. In cooperation with the Facility, orientation to and enforcement of requirements that all Students abide by the policies, procedures, rules, and regulations of the Facility, including standards for dress, grooming, and personal hygiene.

- b. Provision of general liability insurance coverage of \$1,000,000 per occurrence and \$2,000,000 in the aggregate and professional liability insurance coverage of \$2,000,000 per claim and \$6,000,000 in the aggregate covering acts/or omissions by Students during practicum experiences hosted by the Facility. The University shall immediately notify the Facility of any changes, limitations, or termination of insurance coverage and provide evidence of such insurance upon request by the Facility.
  - c. Require Students to comply with the Facility's policies and procedures governing mandatory reporting of child and dependent adult abuse, infection control, and hazardous materials management. Upon the Facility's request, any Student that the Facility believes to be in violation of its policies and procedures shall be removed by the University.
  - d. Compliance with all Facility requirements for verification of each Student's health and immunization status. All required verification will be maintained at the University and made available to the Facility upon request. Facility must notify University in writing of any required verifications prior to student's clinical experience.
  - e. Provide orientation and education of all Students in confidentiality rules, in cooperation with the Facility, enforcement of a requirement that all Students follow the Facility's policy with regard to confidential information, including obtaining signed confidentiality agreements and compliance with all policies and procedures adopted by the Facility to comply with the privacy or security final regulations promulgated under the Health Insurance Portability and Accountability Act. Upon the Facility's request, any Student that the Facility believes to be in violation of its policies and procedures shall be removed by the University.
3. Conditions. This Agreement shall be continuously subject to the following conditions accepted by each of the parties:
- a. The University shall provide the Facility with estimates of the number of Students desiring to be placed in clinical departments. The Facility may close units to Students' clinical experiences at any time, without notice. At least two (2) weeks' prior to the beginning of new Students' placements, the University shall notify the Facility's contact person of the names of each of the Students to be included in the next placement.
  - b. The Facility, University and Students are independent contractors in their relationships to one another. It is understood that Students are not employees of the Facility, do not receive compensation or benefits in connection with their activities at the Facility, are not provided workers' compensation insurance, and shall not act as agents or employees of the Facility.
  - c. Each party agrees to accept and is responsible for its own acts and/or omissions in providing services under this Agreement as well as those acts or omissions of its employees and agents or Students, as the case may be, and nothing in this Agreement shall be construed as placing any responsibility of such acts or omissions onto the other party.
  - d. The Facility has the right to terminate a Student's clinical experience whenever, in the judgment of the responsible Facility personnel, such action is necessary to preserve smooth operations and the quality of patient care. The Facility must notify the University immediately of any termination action.

e. The Facility and University shall indemnify and hold each other harmless, their agents, students, and employees, from any and all liability, damage, expense, cause of action, suits, claims of judgments arising from injury to person or personal property or otherwise which arises out of the act, failure to act or negligence of the Facility or University, its agents and employees, in connection with or arising out of the activity which is the subject of this Agreement.

4. Term and Termination. This Agreement shall be effective when fully executed by both parties, and shall remain in effect for one (1) year. This Agreement shall renew automatically for additional one (1) year periods, until either party notifies the other party hereto in writing of its intent not to renew. Either party may terminate this Agreement at any time upon thirty (30) days notice to the other party. In the event of a termination of the Agreement, any Student(s) currently completing a clinical experience at Facility will be allowed to complete their clinical experience as previously agreed to by both parties.

5. a. Contact Persons and Notices. The designated individuals for contact and notice purposes shall be, in the case of the University:

Name: Joan Neave

Title: Faculty Clinical Coordinator

Organization: Herzing University-Brookfield

Address: 555 S. Executive Drive  
Brookfield, WI 53005

Phone: 262-649-1710

Email: jneave@herzing.edu

And, in the case of the Facility:

Name: Barbara Guslek

Title: Director of Nursing

Organization: Ovation Jewish Home

Address: 1414 N Prospect Ave Milwaukee WI 53202

Phone: 414-277-8066

Email: bguslek@ovation.org

b. Official Signatory. The designated individual to approve and sign documents for the University shall be:

Representative: Chief Compliance Officer and/or Designee

Organization: Herzing University

Address: W140 N8917 Lilly Road, Menomonee Falls, WI 53051

6. Miscellaneous. The following additional conditions apply to this Agreement:

- a. Severability. In the event one or more of the provisions contained in this Agreement are declared invalid, illegal, or unenforceable in any respect, the validity, legality, and enforceability of the remaining provisions shall not in any way be impaired thereby unless the effect of such invalidity is to substantially impair or undermine either party's rights and benefits hereunder.
- b. Assignment. This Agreement is personal to the parties and may not be assigned or transferred without written consent of the other party.
- c. Waiver. The failure of either party to insist in any one or more instances upon performance of any terms or conditions of this Agreement shall not be construed as a waiver of future performance of any such term, covenant, or condition; but the obligations of such party with respect thereto shall continue in full force and effect.
- d. Recitals. The recitals are intended to describe the intent of the parties and the circumstances under which this Agreement is executed and shall be considered in the interpretation of this Agreement.
- e. Amendment. This Agreement may be amended only by written agreement of the parties.
- f. Applicable Law. This Agreement shall be interpreted according to the law of the state of Wisconsin.
- g. Entire Agreement. This Agreement constitutes the entire agreement between the parties pertaining to the subject matter hereof and subsumes and incorporates all prior written and oral statements and understandings.

**IN WITNESS WHEREOF**, the parties have executed this Agreement in duplicate on the dates set opposite their respective names.

University: **Herzing University, Ltd.**

and Facility: Ovation Jewish Home

DocuSigned by:  
 Signature: Robert Herzog  
906DF9457A6C475...  
 Printed Name: Robert Herzog  
 Title: Chief Financial Officer/Chief Compliance Officer  
 Phone Number: (866) 508-0748, ext. 01702  
 Email Address: rherzog@herzing.edu  
 Date: 4/18/2018

Signature: B. Guslek  
 Printed Name: Barbara Guslek  
 Title: Director of Nursing  
 Phone Number: 414-277-8066  
 Email Address: bguslek@ovation.org  
 Date: 4/18/18



## Job Description: Licensed Practical Nurse

<b>Date Created:</b>	<b>Location: Jewish Home and Care Center</b>
<b>Reports to: Nurse Manager/Nurse Supervisor/DON</b>	<b>Team: Nursing</b>
<b>Date Reviewed: 7/28/2017</b>	<b>Niche:</b>

### Position Summary

Provides prescribed medical treatment, medication and personal care services to nursing home residents to meet individual spiritual, physical, emotional and social needs consistent with the plan of care, Standard Nursing practice, scope of gerontological nursing procedures and all applicable regulations, codes, policies and procedures.

### Essential Duties and Responsibilities

**This list of duties and responsibilities is not all-inclusive and may be expanded to include other duties and responsibilities, as management may deem necessary from time to time.**

- Receives verbal report and communicates all pertinent resident care information to the CNAs on assigned unit or area.
- Visits each resident to assure the appropriate cares are being provided, reports any problems to the manager/supervisor.
- Administers and documents medication and treatments, etc. within the parameters of the LPN licensure and according to the care plan. Reports any changes to the manager/supervisor.
- Reports significant changes in residents' conditions immediately to the manager/supervisor and notifies appropriate people as directed
- Maintains timely, accurate written charts, documents, records as required by law and/or regulation policies and procedures. Charting must be informative, descriptive of nursing services provided, residents' responses to cares and a notation when families/physicians are notified of significant resident changes.
- Review and revised care plans as changes occur to reflect the exact condition of each resident
- Completes compliance rounds or resident rooms to assure a clean, orderly, comfortable environment. Makes adjustments based on individual needs.
- Appropriately identifies problems, approaches and goals on residents' care plans and discusses them with the CNAs daily after compliance rounds.
- Writes timely nursing summaries that reflect residents' conditions, cares being given, restorative/rehabilitation interventions, the movement toward appropriate goals and acceptable approaches.
- Participates in resident assessment on admission, on-going resident care/family care conferences and discharge planning as required
- Makes rounds with Medical Director, attending physicians, nurse manager, DON as delegates
- Assures that all resident rights are maintained at all times. Reports and violations or suspected deviations according to policy
- Is aware of and demonstrates proper hand washing, isolation techniques, universal precautions, good handling, linen handling and cleanliness of resident areas.
- Demonstrates prevention and intervention used in caring for the confused, wandering or combative resident
- Participates in primary nursing as assigned on each unit/floor
- Performs other duties as assigned by supervisor(s), DON or Administrator

## Other Duties and Responsibilities

- 

## Position Requirements

<b>Education</b>	<b>Required</b>	<ul style="list-style-type: none"> <li>• High school diploma or equivalent.</li> <li>• Graduate of an accredited school of nursing.</li> </ul>
	<b>Preferred</b>	<ul style="list-style-type: none"> <li>• N/A</li> </ul>
<b>Work Experience</b>	<b>Required</b>	<ul style="list-style-type: none"> <li>• N/A</li> </ul>
<b>Licenses &amp; Certifications</b>	<b>Required</b>	<ul style="list-style-type: none"> <li>• Must be licensed in the State of Wisconsin as a Licensed Practical Nurse</li> <li>• Must have current CPR certification</li> </ul>
<b>Required Skills, Knowledge and Abilities</b>		<ul style="list-style-type: none"> <li>• Demonstrates strong communication and relationship building skills with residents, and is able to explain residents' needs to others as needed for resident advocacy</li> <li>• Specialized training or experience in geriatric care or gerontology is desirable</li> <li>• Proficiency in written and spoken English</li> <li>• Ability to work as part of a team</li> <li>• Ability to manage multiple projects</li> </ul>
<b>Travel Requirements</b>		<ul style="list-style-type: none"> <li>• Possible travel requirement</li> </ul>

## Physical Demands and Work Environment

Physical Requirements:

- Occasionally must be able to lift/carry/push or pull 100 pounds or more.
- Occasionally must be able to reach overhead.
- Occasionally must be able to perform tasks which require steadiness/fluidity of motion.
- Occasionally must be able to walk, stand, squat, stand for prolonged periods, remain in potentially uncomfortable positions for long periods, climb stairs, bend to floor, kneel and twist
- Constantly must be able to speak clearly and articulate with extreme accuracy in proper English to effectively communicate ideas, concepts, face-to-face or via telephone.
- \*Occasionally may be exposed to chemical irritants, loud noises, and blood splatters.

Sensory Requirements:

- Occasionally must be able to see distant objects and objects within 35 feet (11.6 meters).
- Constantly must be able to discriminate colors.
- Frequently must be able to hear and distinguish normal sounds from background noise.
- Constantly must be able to effectively read information from paper, printouts, or computer screens.

Cognitive Requirements:

- Constantly must be able to concentrate on several minimal, moderate, and fine details with little, some, or constant interruption.
- Constantly must be able to attend to task periods of less than 10 minutes to more than 30 minutes.

- Constantly must be able to remember multiple tasks for a few hours, full shift, or periods extending over several days.
- Frequently must perform under the stress created by normal office practices (such as deadlines and standards) and other environmental stressors evident in health care settings (such as shift rotation, weekend and holiday duty, unusual or impaired behavior by residents, family reactions to having a loved one in the nursing home, death and dying, oversight of state surveyors, ombudsmen, and federal officials, presence of consultants and attorneys, and variable involvement with medical staff).

Personal Protection Requirements:

- Gloves, mask, and apron are required when working with chemical irritants, sharp objects and hot dishes-
- Gloves and earplugs required when working with chemicals and loud machines.
- Gloves are needed when working with chemicals or blood splatters.

Equipment Requirements:

- Computer, computer printer, fax and copy machines, ten key adding machine and other usual office equipment

**Americans with Disabilities Act (ADA) Statement**

**SEC. 102. DISCRIMINATION - 42 USC 12112**

General Rule. No covered entity shall discriminate against a qualified individual with a disability because of the disability of such individual in regard to job application procedures, the hiring, advancement, or discharge of employees, employee compensation, job training, and other terms, conditions, and privileges of employment.

***Note: Reasonable accommodations may be made for individuals with disabilities to perform the essential functions of this position.***

The above information describes the general duties and requirements necessary to perform the principle functions of the position. This shall not be construed as a detailed description of all the duties and requirements that may be necessary in this position.

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date Signed**

\_\_\_\_\_  
**Manager Signature**

\_\_\_\_\_  
**Date Signed**

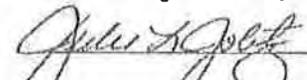
**MEMORANDUM OF UNDERSTANDING BETWEEN HERZING UNIVERSITY-  
BROOKFIELD AND Luther Manor**

1. **PARTIES.** This Memorandum of Understanding (hereinafter referred to as a MOU) is made and entered into by and between Herzing University-Brookfield, located at 555 South Executive Drive, Brookfield, WI and Luther Manor located at 4545 N. 92<sup>nd</sup> St. Wauwatosa, WI 53225
2. **PURPOSE.** The purpose of this MOU is to establish non-compensated nursing clinical experiences for students in the Practical Nurse program at Herzing University-Brookfield and Luther Manor
3. **TERM OF MOU.** This MOU is effective upon the date executed below by duly authorized representatives of the parties to this MOU and will remain in force unless otherwise terminated by the parties. This MOU may be terminated, without cause, by either party upon written notification, which may be sent by electronic or other means to the parties at the addresses listed above.
4. **RESPONSIBILITIES.** The parties agree that prior to the creation of non-compensated clinical nursing experiences for the Practical Nurse students at Herzing University-Brookfield the parties, upon mutual agreement, will execute an Affiliation Agreement which will detail the rights, obligations and responsibilities of the parties to this MOU.
5. **AMENDMENTS.** Either party may request changes to this MOU. Any changes modifications or revisions or amendments to this MOU which are agreed upon by and between the parties shall be incorporated, in writing, to this MOU and become effective when executed and signed by the parties to this MOU.
6. **APPLICABLE LAW.** The construction, interpretation and enforcement of this MOU shall be governed by the laws of the State of Wisconsin, unless otherwise mutually agreed to by the parties as outlined in paragraph five (5).
7. **ENTIRETY OF AGREEMENT.** This MOU, consisting of one (1) page represents the entire agreement between the parties.
8. **SIGNATURES.** In witness whereof, the parties to this MOU, through their duly authorized representatives have executed this MOU on the date(s) below.

Herzing University-Brookfield

  
Jarvis Racine, Campus President

Partner Organization *Luther Manor*

  
Name and Title

# Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8366  
Madison, WI 53708-8366

FAX #: (608) 266-2602  
Phone #: (608) 266-2112

1400 E. Washington Avenue  
Madison, WI 53708-8366  
E-Mail: [dsps@wisconsin.gov](mailto:dsps@wisconsin.gov)  
Website: [dsps.wisconsin.gov](http://dsps.wisconsin.gov)

## BOARD OF NURSING

### CLINICAL FACILITY SELECTION AND SIMULATED SETTING EXPERIENCES

Completion of this form is required for each clinical facility or simulated setting experience as part of the application for authorization to admit students. In addition, this form shall be completed, kept on file in the school of nursing office, and made available to the Board upon request for all clinical facilities and all simulated setting experiences utilized by the nursing school.

#### I. IDENTIFYING DATA

- A. Name of facility: Luther Manor
- Address: 4545 N. 92nd Street  
Wauwatosa, WI 53225
- Telephone: 262-646-4411
- B. Type of facility:  Hospital  Nursing Home  Community Health Agency  
 Other: Geriatric: multiple levels of care
- C. Number of beds at facility: 97
- D. Types of patients: Independent, assisted living, skilled nursing and rehab
- E. Administrator of facility: Anne Becker
- F. Director of nursing service: \_\_\_\_\_
- G. School(s) of nursing utilizing the facility: Herzing Univesity, BSN; UW-Milwaukee; Marquette  
\_\_\_\_\_  
\_\_\_\_\_

#### II. EXHIBITS (*attach to this form*)

- A. Copy of formal agreement signed by:
1. Administrator of facility
  2. Educational administrator of nursing school
- B. Copy of the position description for:
1. Registered Nurses
  2. Licensed Practical Nurses
- C. Listing of simulation activities provided and a listing of types of simulation equipment utilized

## Wisconsin Department of Safety and Professional Services

III. PLEASE RESPOND TO THE FOLLOWING QUESTIONS:

A. Have the nursing school objectives been shared with the facility?  Yes  No

Comments: \_\_\_\_\_

B. Does the facility agree to cooperate in promoting the nursing school objectives?  Yes  No

Comments: \_\_\_\_\_

C. Are there experiences in the facility available to students to meet clinical objectives?  Yes  No

Comments: \_\_\_\_\_

D. Is the practice of registered nursing in the facility within the legal scope of practice for registered nurses as defined in Chapter 441.11(4), Wisconsin Statutes? (If no, facility may not be approved.)

Yes  No

Comments: \_\_\_\_\_

E. Is the practice of licensed practical nursing in the facility within the legal scope of practice for licensed practical nurses as defined in Chapter 441.11(3), Wisconsin Statutes? (If no, facility may not be approved.)

Yes  No

Comments: \_\_\_\_\_

F. If simulated settings are utilized, list the activities, responsibilities and equipment which are included in the learning experience:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Herzing University  
Nursing School

Dr. Deborah Ziebarth  
Educational Administrator

*Dr. Deborah Ziebarth*  
Signature

2626491710  
Telephone Number

Herzing University  
Nursing Program(s) Utilizing Facility/Simulated Setting

Department Chair Nursing  
Title

12/22/2017  
Date

dziebarth@herzing.edu  
Email Address



**LUTHER MANOR**  
A Life Plan Community

Job Description

Effective Date 11/2016

New      Revised   X  

Subject: Licensed Practical Nurse - HCC

**SUMMARY:**

Plan, direct and administer nursing services as a part of the interdisciplinary team, while under the supervision of the RN team leader, Nurse Manager or RN Shift Supervisor.

**ESSENTIAL JOB FUNCTIONS:**

1. Performs duties within the Licensed Practical Nurse scope of practice as determined by Wisconsin Board of Nursing.
2. Observes, plans, implements, and evaluates the nursing care given to residents, documenting findings per Luther Manor policy and procedure (i.e. Nurses Notes, Weekly Summaries, 24 Hour Change of Condition Report Sheet, etc.)
3. Promotes and protects the rights of residents by maintaining confidentiality, dignity and privacy.
4. Administers medications and provides ordered treatments to residents.
5. Monitors drug control and supplies (shift to shift count, expiration dates).
6. Makes frequent rounds on residents to observe, examine, and evaluate resident care, inspect environment, and evaluate staff interactions.
7. Observes, documents and monitors residents for changes in physical and emotional condition (subtle and acute); notifies RN team leader, Nurse Manager/RN Shift Supervisor, physician and responsible parties promptly.
8. Provides resident/family education as needed (i.e. medication teaching, diabetic teaching, etc.)
9. Fosters and promotes effective relationships with residents, families, and visitors.
10. Promptly reports actual or suspected abuse, neglect, misappropriation and injuries of unknown origin to the Nurse Manager or RN Shift Supervisor; reports any family or resident complaints, resident change of condition, injury or incident to Nurse Manager or RN shift supervisor. Completes documentation of same per Luther Manor policy and procedure.
11. Updates the Careplan and C.N.A. Care Assignment Sheets as needed.
12. Communicates with personnel in other departments/shifts to facilitate appropriate resident care expectations.
13. Assigns C.N.A.'s work via the Group Assignment Sheets on the unit.
14. Supervises and directs the care provided by C.N.A.s on the assigned unit.
15. Other duties as assigned.

**REQUIREMENTS:**

1. Current Wisconsin Licensed Practical Nurse license.
2. Work with the realization that errors may have serious consequences for residents and coworkers.
3. The ability to speak to and hear residents and staff; also to read and write English.
4. The ability to deal tactfully and effectively with residents and staff.
5. The mobility to spend an average of 70% of the work shift standing and/or moving about the work area.
6. The physical strength to move or assist residents as needed following their plan of care.
7. Must be able to push, pull or lift 50 pounds.
8. Maintains knowledge of current nursing practice and regulations through attendance at seminars, inservices, etc.

SUPERVISION:

1. Reports to the Nurse Manager or RN Shift Supervisor.

My signature acknowledges that the above information has been presented and I have read it.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

## Ziebarth, Deborah

---

**From:** Neave, Joan  
**Sent:** Friday, March 23, 2018 2:19 PM  
**To:** Ziebarth, Deborah  
**Subject:** FW: MOU - Luther Manor & Herzing University  
**Attachments:** Luther Manor MOU.pdf

Joan Neave MSN, PMH RN-BC  
Nursing Clinical Coordinator and Associate Professor of Nursing  
Herzing University, Brookfield Campus  
555 South Executive Drive, Suite 100  
Brookfield, WI 53005  
[www.herzing.edu](http://www.herzing.edu)  
[jneave@herzing.edu](mailto:jneave@herzing.edu)  
O: (262)-671-0675 Ext. 60466

**HERZING**  
— UNIVERSITY —

---

**From:** Neave, Joan  
**Sent:** Thursday, February 08, 2018 3:24 PM  
**To:** Veronica Jasper <[vjasper@luthermanor.org](mailto:vjasper@luthermanor.org)>  
**Subject:** RE: MOU - Luther Manor & Herzing University

All signed!  
Thanks again,  
Joan

---

**From:** Veronica Jasper [<mailto:vjasper@luthermanor.org>]  
**Sent:** Thursday, February 08, 2018 2:51 PM  
**To:** Neave, Joan <[jneave@herzing.edu](mailto:jneave@herzing.edu)>  
**Cc:** VERONICA JASPER <[vjasper@luthermanor.org](mailto:vjasper@luthermanor.org)>; Anne Becker <[abecker@luthermanor.org](mailto:abecker@luthermanor.org)>  
**Subject:** MOU - Luther Manor & Herzing University

Hi Joan -

Attached is the MOU between Luther Manor & Herzing w/Julie's signature.

**Veronica Jasper**  
Administrative Services Specialist  
Luther Manor a Life Plan Community  
4545 N. 92nd Street  
Wauwatosa, WI 53225

MEMORANDUM OF UNDERSTANDING FOR  
HEALTH CARE CLINICAL EXPERIENCE

# HERZING UNIVERSITY

This Agreement for Herzing University, Ltd. Experience (the "Agreement") is entered into by and between Herzing University, Ltd. (hereafter "University"), and Luther Manor 4545 N. 92<sup>nd</sup> St. Milwaukee, WI 53225 (hereafter "Facility").

## RECITALS

The University wishes to provide clinical experiences for students enrolled in Herzing University BSN Nursing programs (hereafter "Students"). The Facility operates a healthcare facility and has the capability, through its medical records, clinical, or medical administration departments, to provide settings for clinical experiences required by such Students and desires to provide a setting for such clinical experiences in cooperation with the University in order to support quality education for health professionals in the community and the delivery of appropriate health services to the community.

NOW, THEREFORE, the parties agree as follows:

1. Responsibilities of the Facility. The Facility agrees to serve as a cooperating health care facility and provide clinical experiences for Students at the Facility in University's program. This will be accomplished by allowing Student participation in patient care as set forth in this Agreement. The University, in consultation with the Facility, shall schedule and arrange for the number and timing of such experiences. The Facility hereby agrees as follows:
  - a. To observe the non discrimination policy of the University; that Students are accepted, without discrimination as to race, color, creed, or sex, subject to the Facility's right to terminate clinical experiences as set forth in subparagraph 3-d.
  - b. To provide clinical practice and/or observational opportunities in the appropriate service departments of the Facility.
  - c. To allow Students, at their own expense, to use the dining and other facilities.
  - d. To make available to Students emergency care and treatment in the event of illness or injury occurring in clinical areas during clinical instruction. All charges for treatment shall be the responsibility of the Students, or in the case of a minor, his or her parents.
  - e. To provide information pertinent to evaluation of Students and the clinical experience in general to the University at the University's request.
  - f. To provide the University and Students with access to copies of the Facility's policies, procedures and regulations that are pertinent to the clinical experience.
2. Responsibilities of University. The University agrees:
  - a. In cooperation with the Facility, orientation to and enforcement of requirements that all Students abide by the policies, procedures, rules, and regulations of the Facility, including standards for dress, grooming, and personal hygiene.

- b. Provision of general liability insurance coverage of \$1,000,000 per occurrence and \$2,000,000 in the aggregate and professional liability insurance coverage of \$2,000,000 per claim and \$6,000,000 in the aggregate covering acts/or omissions by Students during practicum experiences hosted by the Facility. The University shall immediately notify the Facility of any changes, limitations, or termination of insurance coverage and provide evidence of such insurance upon request by the Facility.
  - c. Require Students to comply with the Facility's policies and procedures governing mandatory reporting of child and dependent adult abuse, infection control, and hazardous materials management. Upon the Facility's request, any Student that the Facility believes to be in violation of its policies and procedures shall be removed by the University.
  - d. Compliance with all Facility requirements for verification of each Student's health and immunization status. All required verification will be maintained at the University and made available to the Facility upon request. Facility must notify University in writing of any required verifications prior to student's clinical experience.
  - e. Provide orientation and education of all Students in confidentiality rules, in cooperation with the Facility, enforcement of a requirement that all Students follow the Facility's policy with regard to confidential information, including obtaining signed confidentiality agreements and compliance with all policies and procedures adopted by the Facility to comply with the privacy or security final regulations promulgated under the Health Insurance Portability and Accountability Act. Upon the Facility's request, any Student that the Facility believes to be in violation of its policies and procedures shall be removed by the University.
3. Conditions. This Agreement shall be continuously subject to the following conditions accepted by each of the parties:
- a. The University shall provide the Facility with estimates of the number of Students desiring to be placed in clinical departments. The Facility may close units to Students' clinical experiences at any time, without notice. At least two (2) weeks' prior to the beginning of new Students' placements, the University shall notify the Facility's contact person of the names of each of the Students to be included in the next placement.
  - b. The Facility, University and Students are independent contractors in their relationships to one another. It is understood that Students are not employees of the Facility, do not receive compensation or benefits in connection with their activities at the Facility, are not provided workers' compensation insurance, and shall not act as agents or employees of the Facility.
  - c. Each party agrees to accept and is responsible for its own acts and/or omissions in providing services under this Agreement as well as those acts or omissions of its employees and agents or Students, as the case may be, and nothing in this Agreement shall be construed as placing any responsibility of such acts or omissions onto the other party.
  - d. The Facility has the right to terminate a Student's clinical experience whenever, in the judgment of the responsible Facility personnel, such action is necessary to preserve smooth operations and the quality of patient care. The Facility must notify the University immediately of any termination action.

e. The Facility and University shall indemnify and hold each other harmless, their agents, students, and employees, from any and all liability, damage, expense, cause of action, suits, claims of judgments arising from injury to person or personal property or otherwise which arises out of the act, failure to act or negligence of the Facility or University, its agents and employees, in connection with or arising out of the activity which is the subject of this Agreement.

4. Term and Termination. This Agreement shall be effective when fully executed by both parties, and shall remain in effect for one (1) year. This Agreement shall renew automatically for additional one (1) year periods, until either party notifies the other party hereto in writing of its intent not to renew. Either party may terminate this Agreement at any time upon thirty (30) days notice to the other party. In the event of a termination of the Agreement, any Student(s) currently completing a clinical experience at Facility will be allowed to complete their clinical experience as previously agreed to by both parties.

5. a. Contact Persons and Notices. The designated individuals for contact and notice purposes shall be, in the case of the University:

Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Organization: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

And, in the case of the Facility:

Name: Amy J. Lloyd  
 Title: Director of Nursing  
 Organization: Luther Manor  
 Address: 4545 N. 92nd St.  
 Phone: 414-964-3880 X 45030  
 Email: ALloyd@Luthermanor.org

b. Official Signatory. The designated individual to approve and sign documents for the University shall be:

Representative: Associate VP of Educational Funding & Compliance and/or Designee  
 Organization: Herzing University  
 Address: W140 N8917 Lilly Road, Menomonee Falls, WI 53051

6. Miscellaneous. The following additional conditions apply to this Agreement:

a. Severability. In the event one or more of the provisions contained in this Agreement are declared invalid, illegal, or unenforceable in any respect, the validity, legality, and

enforceability of the remaining provisions shall not in any way be impaired thereby unless the effect of such invalidity is to substantially impair or undermine either party's rights and benefits hereunder.

- b. Assignment. This Agreement is personal to the parties and may not be assigned or transferred without written consent of the other party.
- c. Waiver. The failure of either party to insist in any one or more instances upon performance of any terms or conditions of this Agreement shall not be construed as a waiver of future performance of any such term, covenant, or condition; but the obligations of such party with respect thereto shall continue in full force and effect.
- d. Recitals. The recitals are intended to describe the intent of the parties and the circumstances under which this Agreement is executed and shall be considered in the interpretation of this Agreement.
- e. Amendment. This Agreement may be amended only by written agreement of the parties.
- f. Applicable Law. This Agreement shall be interpreted according to the law of the state of Wisconsin.
- g. Entire Agreement. This Agreement constitutes the entire agreement between the parties pertaining to the subject matter hereof and subsumes and incorporates all prior written and oral statements and understandings.

IN WITNESS WHEREOF, the parties have executed this Agreement in duplicate on the dates set opposite their respective names.

University: Herzing University, Ltd. and Facility: Luther Manor

Signature: [Signature] Signature: [Signature]

Printed Name: Kerion M. Shuman Printed Name: David J. Beaulieu

Title: Associate VP of Educational Funding & Compliance and/or Designee Title: Administrator

Phone Number: 414-271-5619 Phone Number: 414-464-3880

Email Address: Kshuman@herzing.edu Email Address: DBeaulieu@luthermanor.org

Date: 2/22/16 Date: 2-22-2016

Signature: [Signature]

Printed Name: David J. Beaulieu

Title: Administrator

Phone Number: 414-464-3880

Email Address: DBeaulieu@luthermanor.org

Date: 2-22-2016

# Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8366  
Madison, WI 53708-8366  
FAX #: (608) 266-2602  
Phone #: (608) 266-2112

1400 E. Washington Avenue  
Madison, WI 53708-8366  
E-Mail: [dsps@wisconsin.gov](mailto:dsps@wisconsin.gov)  
Website: [dsps.wisconsin.gov](http://dsps.wisconsin.gov)

## BOARD OF NURSING

### CLINICAL FACILITY SELECTION AND SIMULATED SETTING EXPERIENCES

Completion of this form is required for each clinical facility or simulated setting experience as part of the application for authorization to admit students. In addition, this form shall be completed, kept on file in the school of nursing office, and made available to the Board upon request for all clinical facilities and all simulated setting experiences utilized by the nursing school.

#### I. IDENTIFYING DATA

- A. Name of facility: Rogers Memorial Hospital  
Address: 11101 W. Lincoln Ave  
West Allis, WI 53227  
Telephone: 414-327-3000
- B. Type of facility:  Hospital  Nursing Home  Community Health Agency  
 Other: \_\_\_\_\_
- C. Number of beds at facility: 75
- D. Types of patients: Psychiatry, children through adult
- E. Administrator of facility: Elizabeth Gilbert
- F. Director of nursing service: Augie Crawford
- G. School(s) of nursing utilizing the facility: Herzing Univesity, BSN; Bryant & Stratton; Waukesha County Technical College, Gateway Technical College

#### II. EXHIBITS (*attach to this form*)

- A. Copy of formal agreement signed by:
1. Administrator of facility
  2. Educational administrator of nursing school
- B. Copy of the position description for:
1. Registered Nurses
  2. Licensed Practical Nurses
- C. Listing of simulation activities provided and a listing of types of simulation equipment utilized

## Wisconsin Department of Safety and Professional Services

III. PLEASE RESPOND TO THE FOLLOWING QUESTIONS:

A. Have the nursing school objectives been shared with the facility?  Yes  No

Comments: \_\_\_\_\_

B. Does the facility agree to cooperate in promoting the nursing school objectives?  Yes  No

Comments: \_\_\_\_\_

C. Are there experiences in the facility available to students to meet clinical objectives?  Yes  No

Comments: \_\_\_\_\_

D. Is the practice of registered nursing in the facility within the legal scope of practice for registered nurses as defined in Chapter 441.11(4), Wisconsin Statutes? (If no, facility may not be approved.)

Yes  No

Comments: \_\_\_\_\_

E. Is the practice of licensed practical nursing in the facility within the legal scope of practice for licensed practical nurses as defined in Chapter 441.11(3), Wisconsin Statutes? (If no, facility may not be approved.)

Yes  No

Comments: \_\_\_\_\_

F. If simulated settings are utilized, list the activities, responsibilities and equipment which are included in the learning experience:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Herzing University  
Nursing School

Dr. Deborah Ziebarth  
Educational Administrator

*Dr. Deborah Ziebarth*  
Signature

2626491710  
Telephone Number

Herzing University  
Nursing Program(s) Utilizing Facility/Simulated Setting

Department Chair Nursing  
Title

12/22/2017  
Date

dziebarth@herzing.edu  
Email Address

**SCHOOL AFFILIATION AGREEMENT  
BETWEEN ROGERS MEMORIAL HOSPITAL INC.  
AND  
HERZING UNIVERSITY, LTD.**

This **SCHOOL AFFILIATION AGREEMENT** (the "Agreement") between Herzing University, LTD. ("School") and Rogers Memorial Hospital Inc. ("Rogers Memorial"), effective as of the date of last execution will be effective for a period of one (1) year. This Agreement shall be automatically renewed for successive periods of one year as of the effective termination date, unless either party terminates this Agreement in the manner provided herein.

**RECITALS**

**WHEREAS**, the School administers educational curricula for various health-related occupations and seeks to provide supervised experiences to enrolled students ("Students") through field training in various health-related occupations ("Clinical Education Programs");

**WHEREAS**, Rogers Memorial operates facilities that serve behavioral health patients and seeks to train future behavioral health care practitioners and leaders by providing students with supervised experiences as part of a Clinical Education Program at Rogers Memorial facilities, consistent with the educational objectives of the School and its Students;

**NOW, THEREFORE**, the School and Rogers Memorial have determined that each may best accomplish its objectives by mutual assistance, and seek to describe their affiliation in this Agreement, the School and Rogers Memorial agree as follows:

**AGREEMENT**

**1. THE SCHOOL'S RIGHTS AND RESPONSIBILITIES.**

In addition to its rights and responsibilities described elsewhere in this Agreement, the School shall have the following rights and responsibilities:

A. Clinical Education Program Memorandum. On an annual basis, the School shall provide Rogers Memorial, in advance, with a Clinical Education Program Memorandum ("Program Memorandum") detailing the proposed Clinical Education Program at a Rogers Memorial facility ("Clinical Site"). A sample Program Memorandum is attached hereto as Exhibit A (there may be refinements to such Program Memorandum as the effective date draws close in time). Any modifications to the Program Memorandum are subject to the prior review and written approval of Rogers Memorial. Once approved, the Program Memorandum as revised will be incorporated herein; provided that in the event of a conflict between any Program Memorandum and this Agreement, the terms of this Agreement shall control.

The Program Memorandum will set forth: (i) the name of each Student selected to participate in a Clinical Education Program through Rogers Memorial; (ii) the Student's Clinical Site assignment; (iii) the schedule of placement times; (iv) the name and contact information for the Educational Coordinator

assigned to each Clinical Site; and (v) details concerning the goals, objectives, and expectations for the Clinical Education Program. The School shall be responsible to update such listings promptly following any changes therein.

B. Student Assignments. After Rogers Memorial notifies the School regarding the number of Clinical Site placements available, the School shall select Students for placement at each Clinical Site.

C. Preparation of Students for Placement. The School shall assure that each Student assigned to a Clinical Education Program at a Clinical Site is adequately prepared to benefit from such assignment. A Student's preparedness shall be measured by: (1) academic performance indicating an ability to understand what Student will observe and/or perform during the placement; and (2) appreciation of the nature and seriousness of the work Student will observe and/or perform.

D. Educational Coordinator. The School shall appoint a faculty member to serve as Educational Coordinator, and shall communicate his or her name, title, and telephone number to the Clinical Site. The Educational Coordinator shall be responsible for overall management of the Students' educational experience, and may be assigned as Educational Coordinator for one or more Clinical Education Programs through Rogers Memorial.

E. Professional Liability Insurance - Student. The School shall provide or shall require each Student assigned to a Clinical Site be covered by, at no cost to the Clinical Site, professional liability insurance with limits of at least One Million Dollars (\$1,000,000) per occurrence and at least Three Million Dollars (\$3,000,000) in the aggregate, to cover professional liabilities of Students arising out of their participation in the Clinical Education Program. If the School requires a Student to purchase his or her own professional liability insurance, the School shall provide to the Clinical Site evidence of insurance in the form of a certificate of insurance prior to the placement of such Student at the Clinical Site

F. General and Professional Liability Insurance - School. The School shall maintain general and professional liability insurance coverage for its officers, employees, and agents while in the course of employment and/or when they are acting on behalf of the School.

G. Automobile Insurance. The School represents that each Student is covered by an automobile insurance policy for any vehicle the Student will operate at any Clinical Site, in accordance with state limits. The failure to maintain such insurance shall be considered a breach of this Agreement. The School and the Rogers Memorial agree that Students are prohibited from driving vehicles owned or leased by Rogers Memorial.

H. Breach. Failure to maintain any of the insurances required in sections E-G shall be considered breach of this Agreement. The failure of Rogers Memorial to request or the failure of School to provide certificates of insurance shall not invalidate the requirements listed in sections E-G. These provisions may only be waived in writing by the parties.

I. Background Investigation and Disclosure. All students who are assigned to a Clinical Site shall have a background check performed under the direction of the School. The background check shall include information relating to criminal records in Wisconsin and from out-of-state agencies if the individual has lived outside of Wisconsin within the past three years. If the Student has a criminal record, the School will evaluate whether the individual is barred from performing duties at the Clinical Site. Prior to placement of the Student, the School will notify the Clinical Site in writing of any crime of which

student has been convicted so the Clinical Site may make a determination as to how substantially related the conviction(s) is to the duties the Student would be performing. The Clinical Site may refuse placement of any Student the Clinical Site believes could put its patients, employees, and/or visitors at risk. The School hereby agrees to notify the Clinical Site when the School becomes aware that any participating Student is charged with or convicted of any crime or is or was the subject of investigation by a governmental agency.

J. Compliance with Laws, Regulations, Policies, Standards. The School shall require students and faculty to: (1) abide by all relevant policies, procedures, standards, and directives issued or adopted by the Clinical Site and made known to the School, Students and faculty. The School hereby acknowledges that it has received information from Rogers Memorial regarding the mission, vision, and values of Rogers Memorial and agrees that in the performance of all of its obligations under the terms of this Agreement, it shall at all times conduct itself, and shall take reasonable actions to ensure that its Students, faculty, employees and agents conduct themselves in a manner that is consistent with said mission, vision, and values.

K. Other Requirements for Students and School Personnel or Employees. All Students accepted under the terms of this Agreement for placement at a Clinical Site, and any School personnel or employees who will be placed at a Clinical Site, must:

- i). be certified in writing for participation by the School;
- ii). have successfully completed an orientation program of the Clinical Site;
- iii). agree to comply with any applicable rules, regulations, policies and procedures concerning Student conduct as may be adopted by Rogers Memorial or any Clinical Site;
- iv). have satisfied and passed any health screening or other health requirements imposed from time to time by Rogers Memorial or any Clinical Site;
- v). have completed for him or her a criminal background check, the results of which have been presented to and approved by Rogers Memorial, as noted above;
- vi). agree to complete incident reports pursuant to any Rogers Memorial policy and agree to report any observed or known incident to the applicable Clinical Site's department manager promptly; and
- vii). for School personnel placed as supervisors and/or instructors at any Rogers Memorial facility, be certified by the School that they are appropriately qualified and licensed.

L. No Billing. The School agrees not to render any bill to any patient or third party for any service provided hereunder. To the extent any billable service is provided hereunder, the School and its School personnel assign to Rogers Memorial fully all rights to bill any patient or third party payor (governmental or otherwise) for such service.

M. Placement Changes. If it becomes necessary to cancel a reserved space or change a Student's assignment, the School shall make every effort to notify the Clinical Site as far in advance of the scheduled beginning of the Clinical Education Program as possible. If a medical or personal emergency or a Student not completing prerequisites necessitates a last-minute cancellation of a space, the School will promptly notify the Clinical Site.

M. Grades/Credits. The School, through the Educational Coordinator shall be responsible for assigning grades and course credit to the Students upon successful completion of the Clinical Education Program.

N. Accreditation and Licensure. The School shall maintain, at all times during the term of this Agreement; (1) accreditation as an educational institution; (2) all licensures and approvals from the state in which it is located as necessary to administer its educational curricula; and (3) full and unrestricted accreditation of its educational curricula from an accrediting organization. The School shall promptly notify Rogers Memorial of any change in its accreditation or licensure status and shall provide Rogers Memorial with evidence of accreditation or licensure status upon request.

## 2. THE CLINICAL SITE'S RIGHTS AND RESPONSIBILITIES.

In addition to its rights and responsibilities described elsewhere in this Agreement, Rogers Memorial shall have the following rights and responsibilities:

A. Placements. The Clinical Site shall have the sole discretion to determine its capacity to accept Students for placement, whether such capacity is described in terms of the number of Students at a Clinical Site at any one time, the number of hours of supervision that the Clinical Site can provide over a period of time, or other such description of capacity. The Clinical Site shall communicate such capacity to the School before Students may be assigned to the Clinical Site.

B. Site Coordinator. The Clinical Site shall appoint an employee to serve as a coordinator ("Site Coordinator") at the Clinical Site and shall communicate his or her name, title and telephone number to the School. The Site Coordinator shall be responsible for overall management of the Students' experience at the Clinical Site, and may be assigned with respect to one or more Clinical Education Programs. The Site Coordinator shall ensure that Students obtain access to training experiences through Clinical Site practitioners that demonstrate interest and ability in teaching, and possesses adequate experience, qualifications, certification, and/or licensure in the Student's area of interest.

C. Orientation. The Clinical Site shall provide the School with orientation materials via the Rogers Memorial website. The Clinical Site shall also provide the School faculty with orientation materials about the Clinical Site, including work duties, equipment, and applicable policies and procedures, that can be presented to participating Students.

D. Student Access to the Clinical Site and Patients. The Clinical Site shall permit access by Students to any and all areas of the Clinical Site as reasonably required to support Students' development and as permitted under applicable law. These areas shall include, without limitation, patient care units, laboratories, ancillary departments, health science libraries, cafeteria and parking facilities. The Clinical Site reserves the right to refuse access to any Student who does not meet, in the Clinical Site's reasonable determination, its standards for safety, health, or proper conduct or appearance.

E. Licensure, Approvals and Eligibility. The Clinical Site shall maintain, at all times during the term of this Agreement: (i) necessary licensures and approvals from the requisite state and/or federal authorities; and (ii) if applicable, eligibility for participation in the Medicare and Medicaid

programs. The Clinical Site shall immediately notify the School of any change in the Clinical Site's licensure or eligibility status.

F. Insurance. Rogers Memorial agrees to maintain, during the term of this Agreement, Comprehensive General Liability Insurance that covers each Clinical Site for property damage or bodily injury that may occur at a Clinical Site. Rogers Memorial shall also maintain Professional Liability Insurance covering its employees.

G. Final Authority. The Clinical Site retains final authority for all aspects of operations at and management of the Clinical Site, and retains the right to terminate a Student's placement for cause at the sole discretion of the Clinical Site.

H. Remuneration. Students may not receive remuneration for services relating to the Clinical Education Program and performed for or on behalf of the Clinical Site.

### 3. FACULTY AND STUDENT RIGHTS AND RESPONSIBILITIES.

The School and the Clinical Site shall instruct the Students regarding Students' rights and responsibilities while they participate in a Clinical Education Program at a Clinical Site.

A. Conduct. Student shall, at all times while on the Clinical Site premises, conduct himself or herself in a professional manner and shall refrain from loud, boisterous, offensive or otherwise inappropriate conduct. Students shall refrain from the improper and illegal use of alcohol or other drugs, and shall not carry any firearms or other weapons except as permitted under applicable law.

B. Policies, Rules, and Regulations. Student shall abide by all policies, rules and regulations established by the Clinical Site and the School. If a Student or faculty member fails to so abide, the Clinical Site shall have the right to notify the School that such Student(s) or faculty member shall not return to the premises unless authorized to do so by Rogers Memorial.

C. Timeliness. Students shall report to the Clinical Site at the assigned place and time. Student shall immediately inform the Site Coordinator of the Student's inability to report to the Clinical Site as assigned.

D. Uniform and Identification. The Student shall wear appropriate uniform attire or other clothing as directed by the School or Clinical Site. The Student shall display proper identification as directed by the Clinical Site. The Student's appearance shall be, at all times, neat, clean, and professional.

E. Personal Expenses. While at the Clinical Site, the Student shall be responsible for the Student's personal expenses such as meals, travel, medical care and incidentals.

F. Evaluation of Experience. The Student shall, upon request of the School, Rogers Memorial, or the Clinical Site, provide a candid, written evaluation of the experience at the Clinical Site including, without limitation, preparation for the on-site experience, orientation to the Clinical Site and experience and supervision and the Clinical Site.

G. Orientation. Faculty and Students shall review and complete the orientation materials provided by Rogers Memorial or the Clinical Site prior to the first clinical day, including information about site/unit policies, procedures, equipment, and documentation.

4. FURTHER AGREEMENTS OF THE PARTIES.

A. The School shall in no event place any Student or other School personnel at any Clinical Site or permit any Student or School personnel to provide services for Rogers Memorial or any Clinical Site who has been suspended or excluded from participation in any state or federally funded health care program, including without limitation, Medicare or Medicaid.

B. The parties acknowledge their respective obligations governing the privacy and security of health information pursuant to the Health Insurance Portability and Accountability Act of 1996, as amended ("HIPAA") and its implementing regulations ("the Privacy Rule"). The School agrees that Students and School personnel who participate in the program hereunder will not use or disclose Protected Health Information ("PHI"), as that term is defined in 45 C.F.R. § 160.103, obtained in the course of the program for purposes other than those related to the program. Further, the School shall require participating Students and School personnel to agree not to use or disclose PHI obtained in the clinical setting for any non-clinical purposes, including teaching or educational purposes, unless the participant has written approval from Rogers Memorial. If written approval is given, the participant must either (1) obtain an authorization, compliant with the Privacy Rule, from each patient whose PHI is sought to be used; (2) de-identify the PHI in accordance with the Privacy Rule; or (3) use a "limited data set" as defined in the Privacy Rule, and sign a Data Use Agreement with Rogers Memorial. The parties agree that if future modifications or clarifications are made to the Privacy Rule that necessitate amendments to this Agreement, the parties will make such amendments. For purposes of HIPAA only, Students are, with respect to their interactions with patients/clients and their educational activities at Rogers Memorial, under the direct control of Rogers Memorial and are thus considered to be members of Rogers Memorial's "workforce," as that term is defined in 45 C.F.R. § 160.103.

C. All records of any service provided hereunder shall belong to Rogers Memorial or the applicable Clinical Site.

D. The School, its Students and School personnel shall not disclose to any third party or use (other than in fulfilling their duties under the program) any confidential or proprietary information of Rogers Memorial or its affiliates.

F. Rogers Memorial has the right to immediately refuse, suspend, or remove a Student or any School personnel, including coordinators, supervisors or instructors, from a Clinical Education Program for any reason Rogers Memorial deems appropriate provided that Rogers Memorial shall subsequently notify the School in writing of the reasons that the refusal, suspension, or removal occurred.

E. It is acknowledged and agreed by the parties that the School, any School personnel, and Students are "independent contractors" with respect to Rogers Memorial and the Clinical Site and that nothing in this Agreement is intended to nor shall be construed to create any employer/employee relationship or any relationship other than that of independent contractors. Rogers Memorial and Rogers Memorial facilities shall in no event have any obligations to the School, any School personnel, or Students, including payment of any compensation, any withholding, social security, or any other employee-related obligations. The School shall be solely responsible for the actions and omissions of its Students or any School personnel and for any resulting damages.

5. INDEMNIFICATION AND OTHER PROVISIONS.

A. School. The School shall indemnify and hold harmless Rogers Memorial and/or (the Clinical Site, its governing board, directors, trustees, officers, and employees from and against any and all claims and liabilities (including reasonable attorney's fees and expenses incurred in the defense thereof) relating to personal injury or property damage to the extent arising out of misconduct or by negligent acts or omissions of the School's Students, faculty, employees or agents in connection with their duties under the Clinical Education Program.

B. Clinical Site. The Clinical Site and/or Rogers Memorial shall indemnify and hold harmless the School and its trustees, officers, employees and Student from and against any and all claims and liabilities (including reasonable attorney's fees and expenses incurred in the defense thereof) relating to personal injury or property damage, to the extent arising out of the conditions existing at the Clinical Site or arising out of intentional misconduct by or negligent acts or omissions of the Clinical Site's employees or agents in connection with their duties under the Clinical Education Program.

C. Notice of Claims. Each party agrees that it shall give the other party prompt notice of any claim, threatened or made, or suit instituted against it which could result in a claim for indemnification above.

D. Policies. The Students, while engaged in the Clinical Education Program, shall be under the supervision and control of the Clinical Site and shall be governed by the Clinical Site's policies relating to health care delivery and the Student's role in it.

E. Discrimination. It is mutually agreed that at no time shall the matter of race, color, religion, sex, sexual orientation, national origin, age, veteran status and/or disability be employed for the purpose of discrimination.

F. Amendments. The parties may modify this Agreement by written amendment signed by duly authorized representatives of each.

G. Relationships. It is understood and agreed that this Agreement is not intended and shall not be construed to create the relationship of agency, partnership, joint venture or associate between the Rogers Memorial and the School, or to create an employment relationship between the Rogers Memorial and the Students in the Clinical Education Program. The School and the Students shall be treated for all purposes as independent contractors pursuant to Section 5.E of this Agreement.

H. Privacy and Nondisclosure. In the event that the School discloses to the Clinical Site information from the educational record of any Student at the School, the Clinical Site agrees to comply with the Family Educational Rights and Privacy Act with respect to such information. The Clinical Site also agrees that its personnel will use such information only in the furtherance of the educational experience provided to each Student, and that such information will not be disclosed to any other party without such Student's prior written consent.

I. Termination. This Agreement may be terminated by either party's giving thirty (30) days' notice in writing to the other party by certified or registered mail at the addresses hereafter set forth:

**If to Rogers Memorial:**

Rogers Behavioral Health  
34700 Valley Road  
Oconomowoc, WI 53066  
Attn: Paul Mueller, CEO

And cc to:

Rogers Behavioral Health  
34700 Valley Road  
Oconomowoc, WI 53066  
Attn: Marybeth Herbst-Flagstad, General Counsel

**If to University or College:**

Herzing University, LTD.  
Attn: Clinical Contracts  
W140 N8917 Lilly Road  
Menomonee Falls, WI 53051

J. Authority. The persons executing and attesting to the provisions of his Agreement on behalf of Rogers Memorial and the School, respectively, represent and warrant that they have full power, authority, and right to execute this Agreement and that the execution of this Agreement by each such person is sufficient and legally binding on the respective party without the joinder or approval of any other person or party.

K. Transfer of Rights. Neither party may subcontract or assign its rights or obligations under this Agreement without the express written consent of the other. Any attempt to do without consent shall be void and the other party may immediately terminate this Agreement.

L. Waivers. A failure of either party to insist upon or enforce any term or provision or to exercise any right, option, or remedy of this Agreement, or to require at any time, performance of any provision hereof shall not be construed as a waiver of any such term or provision. No waiver by either party of any provision hereof shall be binding unless made in writing and signed by such party, nor shall any single or partial exercise of any right or power under this Agreement preclude further exercise of any other right or power.

M. Severability. Should any of the terms or provisions of this Agreement be determined to be invalid, illegal, or unenforceable, such provision shall be deemed to be rescinded, and all remaining terms which reasonably can be given effect in the absence of the remaining terms shall remain in force unless it is clearly unreasonable to do so, or such amendment or modification would substantially

change the terms of this Agreement to impose new and/or different obligations, economic or legal relationships between the parties or rights of the parties.

N. Governing Law. This Agreement shall be construed in accordance with the laws of Wisconsin without regard to its conflicts rules.

O. Execution. The parties may sign this Agreement in one or more counterparts, each of which constitutes an original and all of which together constitute the Agreement. Facsimile signatures constitute original signatures for all purposes.

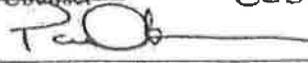
P. Integration. This Agreement and all attachments embody the entire understanding of the parties with respect to the subject matter and supersede all previous or contemporaneous communications, either verbal or written, between the parties.

**THIS AGREEMENT SHALL BE EFFECTIVE AS OF THE DATE OF LAST EXECUTION BY BOTH PARTIES.**

**ACKNOWLEDGEMENTS**

**Rogers Memorial Hospital, Inc.**

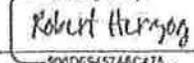
CB ~~Marybeth Herbst-Flagstad~~ PAUL MUELLER  
CB ~~General Counsel~~ CEO, HOSPITAL DIVISION

Signed:   
Date: 8/28/17

**Herzing University, LTD.**

Printed Name: Robert Herzog

Title: CFO/CCO

Signed: 

Date: 8/24/2017

**Exhibit A**  
**Clinical Education Program Memorandum**

Student Name	Clinical Education Program Objectives, Goals & Expectations	Placement Dates	Clinical Site	Educational Coordinator

## Rogers Memorial Hospital Job Description

Job Title:	LICENSED PRACTICAL NURSE	FLSA:	Non-exempt
Supervisor:	Clinical Services Manager	Supervises:	None
Date:	8/31/98	Revision Date:	4/22/17
Department:	Nursing	Division:	Patient Care Services

**Summary:**

The licensed practical nurse performs basic nursing activities in the care of patients so they may achieve or regain, and then maintain, the maximum possible physical, emotional and social function. Role functions are limited and governed by the Wisconsin Nurse Practice Act, the Wisconsin Administrative Code, Wisconsin Board of Nursing, Standards for Nursing Practice, and the corresponding policies and procedures of *Rogers Memorial Hospital*.

**Job Duties & Responsibilities:**

1. Implement patient care in an assigned patient load.
  - A. Observe, document and monitor each patient's psychiatric and physical changes and responses to treatment under the direction of the registered nurse (RN). This may include the following duties:
    - a. Admission data collection;
    - b. Discharge transcribing of information in preparation for discharge;
    - c. Medication reconciliation on admission and discharge;
    - d. Medication administration (See, 'E' below).
  - B. Identify potential patient care problems, abrupt changes or impending instability in the patient's condition, and exercise appropriate intervention leadership to prevent adverse patient outcomes.
    - a. Use appropriate de-escalation techniques: quiet room, locked seclusion or restraints.
    - b. Re-evaluate safety level.
    - c. Identify alcohol withdrawal syndrome.
    - d. Identify significant cardiac and/or respiratory symptoms requiring immediate medical intervention.
  - C. Implement patient care based on established care plans, Hospital policies and procedures, and unit standards of care, incorporating the patient's age-specific and cultural needs as appropriate.
  - D. Provide care in complex patient situations (as defined by the hospital) under the standards of the State that they provide care in; under the general supervision of the R.N., physician or other State approved medical professional. Duties to include:
    - E. a. Participate in the patient nursing assessment process
    - F. b. Obtaining and processing physician orders
    - G. c. Completing medication reconciliation orders and
    - H. d. Creating treatment plan.
  - E. Maintain integrity of tube feedings by preparing tube feeding dosages according to physician orders
  - F. Administer bolus for tube feeding patients
  - G. Demonstrate safe and correct medication administration by:
    - a. Accuracy in medication administration: right patient, right medication, right dose, right time, and right route.
    - b. Maintaining current knowledge of the medication's purpose and effects for each patient, as demonstrated by correct documentation of medication, as well as observations about responses to medication.
    - c. Accurately transcribing and implementing physician medication orders, after RN approval of the order.
    - d. Maintaining a continual awareness of monitoring the expected and unexpected medication efforts including adverse drug reactions, drug/drug or drug/food interactions, or other unexpected consequences of the medication.
    - e. Regularly conducting and documenting patient education about medications and obtaining medication consent.
    - f. Maintaining current knowledge about new pharmacologic products, including new medications or medications with new uses/therapeutic action.
  - H. Know the various program schedules and assist patients in maintaining these schedules.
  - I. Care for patients' hygienic and physical environment needs and for patients' personal belongings.
  - J. Employ established systems to monitor the location of all patients in assigned areas.

ROGERS MEMORIAL HOSPITAL  
JOB DESCRIPTION – Licensed Practical Nurse 4.22.17

Page 2 of 4

- K. Accompany patients to meals, monitor their behavior, and record their food intake, as directed.
- 2. Act as an advocate for patients/residents.
  - A. Explain patient's rights so that they can understand, and obtain appropriate signatures.
  - B. Provide the patient with information, and obtain their signature on necessary consents.
  - C. Use knowledge of patient rights to assist patients in resolution of complaints / grievances.
  - D. Act as a patient advocate, use knowledge of patient rights and responsibilities, and protect patient's privacy and confidentiality.
- 3. Assist in the patient orientation process.
  - A. Know and employ Hospital policies and procedures regarding unit safety, the necessity of gown/contraband search on admission, and carry out the process in a respectful manner.
  - B. Remain sensitive to the individual patient/family stressors upon admission, while providing pertinent unit information.
- 4. Adhere to the nursing department and Hospital's Standards of Nursing Practice and Standards of Patient Care.
  - A. Protect patients, visitors and staff from environmental hazards by adhering to the safety and infection control standards.
  - B. Participate in continuing education and inservice programs to increase clinical competence and to meet professional needs and goals.
    - a. Report information obtained from continuing education programs to unit staff.
  - C. Attend 100% of required inservices, as scheduled.
- 5. Participate in projects, tasks and continuing education opportunities to improve professional skills and unit/department systems.
  - A. Develop goals and objectives for professional growth and discuss ways to achieve them with the Clinical Services manager.
  - B. Take the initiative to develop professional skills through continuing education.
  - C. Discuss, on a regular basis, progress toward work improvement goals with the Clinical Services manager.
  - D. Seek out projects and/or extra tasks to complete, based upon the needs of the unit or the immediate shift.
- 6. Promote department goals and the mission of the Hospital.
  - A. Communicate goals to fellow staff members.
  - B. Demonstrate measurable goal achievement.
  - C. Maintain department policies and procedures.
  - D. Include requirements and guidelines from external agencies (i.e., *Joint Commission* and *State of Wisconsin*).
  - E. Maintain and/or communicate the function backlog to the appropriate party at a set timeframe.
  - F. Educate new staff regarding regulations or requirements of those functions that relate to their areas or departments, as directed.
  - G. Demonstrate acceptance and training of student interns in the department, as directed.
- 7. Demonstrate understanding of *Joint Commission* and other regulatory agency compliance regulations.
  - A. Involve self in the learning and the application of standards relevant to the Nursing department.
  - B. Participate in inservices/seminars and other meetings, to increase involvement and awareness of regulations.
  - C. Involve self in the education of other disciplines regarding Nursing department regulations.
- 8. Participate in Hospital committees, performance improvement team meetings and team projects, as directed.
  - A. Demonstrate punctuality and preparedness.
  - B. Demonstrate effective communication and organizational skills, if applicable.
  - C. Contribute in a positive, solution-focused manner.
  - D. Educate and involve self to the Hospital and Nursing department's performance improvement plans.

ROGERS MEMORIAL HOSPITAL  
JOB DESCRIPTION – Licensed Practical Nurse 4.22.17

Page 3 of 4

9. Conduct self in a professional manner.
  - A. Demonstrate organizational skills that promote timely response to all inquiries and to task completion.
  - B. Communicate with all individuals in a positive and professional manner.
  - C. Attempt to resolve individual issues with peers in a positive, calm manner, with a focus on solution.
  - D. Communicate concerns and provide solutions for same.
  - E. Attend outside seminars to promote professional growth.
  - F. Demonstrate a positive and professional attitude toward parties outside the Hospital (patient families, visitors, vendors, etc.).
  - G. Comply with the Hospital's policies and procedures, including Human Resources, Infection Control and Employee Health policies and programs.
  - H. Project a professional image by wearing appropriate, professional attire.

Physical/Mental Demands:

1. The majority of time is spent inside the building; walking, pulling, pushing, bending, twisting, sitting and grasping are routine activities. Will be required to lift work equipment, patient care equipment, supplies and patients, within reason. Personal judgment dictates weight-lifting limits, but must be able to lift a minimum of fifty (50) pounds.
2. Verbal and hearing ability required to interact with patients and employees. Numerical ability required to maintain records and operate a computer.
3. Able to plan, control and direct all aspects of employee relations. Tact required to deal effectively with employees and professional staff. Logical thinking and discretion required to make decisions in initiating and implementing policies and procedures and standards.
4. Must be able to read and communicate through written, verbal and auditory skills and abilities.
5. Physically/Mentally able to perform job duties as verified by a physical exam by a licensed physician, per post-employment physical.

Education/Training Requirements:

1. Licensed Practical Nurse licensed by *Wisconsin State Board of Nursing* or the State of the Rogers clinical facility. License must be in 'good standing' with the *Wisconsin State Board of Nursing* or the State they practice.
2. *American Heart Association* Healthcare Provider CPR certification or *American Red Cross* Professional Rescue is required within thirty (30) days of date-of-hire. Annual re-certification is required.
3. Formal training in management of the aggressive patient within sixty (60) days of date-of-hire. Annual re-certification is required.
4. Previous psychiatric experience with children, adolescents and adults is preferred.

*In accordance with the Americans with Disabilities Act, the above is intended to summarize the essential functions of and requirements for the performance of this job. It is not meant to be an exhaustive list of miscellaneous duties and responsibilities that may be requested in the performance of this job.*

**SIGNATURES:**

DocuSigned by:

*Brian Kramer*

/s/

5/18/2017

BRIAN KRAMER, VICE-PRESIDENT HUMAN RESOURCES

Date

DocuSigned by:

*Paul Mueller*

/s/

5/18/2017

PAUL MUELLER, CEO Rogers Memorial Hospital

Date

# Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8366  
Madison, WI 53708-8366

FAX #: (608) 266-2602  
Phone #: (608) 266-2112

1400 E. Washington Avenue  
Madison, WI 53708-8366

E-Mail: [dsp@wisconsin.gov](mailto:dsp@wisconsin.gov)  
Website: [dsp.wisconsin.gov](http://dsp.wisconsin.gov)

## BOARD OF NURSING

### CLINICAL FACILITY SELECTION AND SIMULATED SETTING EXPERIENCES

Completion of this form is required for each clinical facility or simulated setting experience as part of the application for authorization to admit students. In addition, this form shall be completed, kept on file in the school of nursing office, and made available to the Board upon request for all clinical facilities and all simulated setting experiences utilized by the nursing school.

#### I. IDENTIFYING DATA

- A. Name of facility: Rogers Memorial Hospital  
Address: 34700 Valley Road  
Oconomowoc, WI 53066  
Telephone: 262-646-4411
- B. Type of facility:  Hospital     Nursing Home     Community Health Agency  
 Other: \_\_\_\_\_
- C. Number of beds at facility: 100+
- D. Types of patients: Psychiatry, children through adult
- E. Administrator of facility: Kim Effertz
- F. Director of nursing service: Terri Cohn
- G. School(s) of nursing utilizing the facility: Herzing Univesity, BSN; Bryant & Stratton; Waukesha County Technical College, George Williams College

#### II. EXHIBITS (*attach to this form*)

- A. Copy of formal agreement signed by:
1. Administrator of facility
  2. Educational administrator of nursing school
- B. Copy of the position description for:
1. Registered Nurses
  2. Licensed Practical Nurses
- C. Listing of simulation activities provided and a listing of types of simulation equipment utilized

## Wisconsin Department of Safety and Professional Services

### III. PLEASE RESPOND TO THE FOLLOWING QUESTIONS:

A. Have the nursing school objectives been shared with the facility?  Yes  No

Comments: \_\_\_\_\_

B. Does the facility agree to cooperate in promoting the nursing school objectives?  Yes  No

Comments: \_\_\_\_\_

C. Are there experiences in the facility available to students to meet clinical objectives?  Yes  No

Comments: \_\_\_\_\_

D. Is the practice of registered nursing in the facility within the legal scope of practice for registered nurses as defined in Chapter 441.11(4), Wisconsin Statutes? (If no, facility may not be approved.)

Yes  No

Comments: \_\_\_\_\_

E. Is the practice of licensed practical nursing in the facility within the legal scope of practice for licensed practical nurses as defined in Chapter 441.11(3), Wisconsin Statutes? (If no, facility may not be approved.)

Yes  No

Comments: \_\_\_\_\_

F. If simulated settings are utilized, list the activities, responsibilities and equipment which are included in the learning experience:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Herzing University  
Nursing School

Dr. Deborah Ziebarth  
Educational Administrator

*Dr. Deborah Ziebarth*  
Signature

2626491710  
Telephone Number

Herzing University  
Nursing Program(s) Utilizing Facility/Simulated Setting

Department Chair Nursing  
Title

12/22/2017  
Date

dziebarth@herzing.edu  
Email Address

**SCHOOL AFFILIATION AGREEMENT  
BETWEEN ROGERS MEMORIAL HOSPITAL INC.  
AND  
HERZING UNIVERSITY, LTD.**

This SCHOOL AFFILIATION AGREEMENT (the "Agreement") between Herzing University, LTD. ("School") and Rogers Memorial Hospital Inc. ("Rogers Memorial"), effective as of the date of last execution will be effective for a period of one (1) year. This Agreement shall be automatically renewed for successive periods of one year as of the effective termination date, unless either party terminates this Agreement in the manner provided herein.

**RECITALS**

**WHEREAS**, the School administers educational curricula for various health-related occupations and seeks to provide supervised experiences to enrolled students ("Students") through field training in various health-related occupations ("Clinical Education Programs");

**WHEREAS**, Rogers Memorial operates facilities that serve behavioral health patients and seeks to train future behavioral health care practitioners and leaders by providing students with supervised experiences as part of a Clinical Education Program at Rogers Memorial facilities, consistent with the educational objectives of the School and its Students;

**NOW, THEREFORE**, the School and Rogers Memorial have determined that each may best accomplish its objectives by mutual assistance, and seek to describe their affiliation in this Agreement, the School and Rogers Memorial agree as follows:

**AGREEMENT**

**1. THE SCHOOL'S RIGHTS AND RESPONSIBILITIES.**

In addition to its rights and responsibilities described elsewhere in this Agreement, the School shall have the following rights and responsibilities:

A. Clinical Education Program Memorandum. On an annual basis, the School shall provide Rogers Memorial, in advance, with a Clinical Education Program Memorandum ("Program Memorandum") detailing the proposed Clinical Education Program at a Rogers Memorial facility ("Clinical Site"). A sample Program Memorandum is attached hereto as Exhibit A (there may be refinements to such Program Memorandum as the effective date draws close in time). Any modifications to the Program Memorandum are subject to the prior review and written approval of Rogers Memorial. Once approved, the Program Memorandum as revised will be incorporated herein; provided that in the event of a conflict between any Program Memorandum and this Agreement, the terms of this Agreement shall control.

The Program Memorandum will set forth: (i) the name of each Student selected to participate in a Clinical Education Program through Rogers Memorial; (ii) the Student's Clinical Site assignment; (iii) the schedule of placement times; (iv) the name and contact information for the Educational Coordinator

assigned to each Clinical Site; and (v) details concerning the goals, objectives, and expectations for the Clinical Education Program. The School shall be responsible to update such listings promptly following any changes therein.

B. Student Assignments. After Rogers Memorial notifies the School regarding the number of Clinical Site placements available, the School shall select Students for placement at each Clinical Site.

C. Preparation of Students for Placement. The School shall assure that each Student assigned to a Clinical Education Program at a Clinical Site is adequately prepared to benefit from such assignment. A Student's preparedness shall be measured by: (1) academic performance indicating an ability to understand what Student will observe and/or perform during the placement; and (2) appreciation of the nature and seriousness of the work Student will observe and/or perform.

D. Educational Coordinator. The School shall appoint a faculty member to serve as Educational Coordinator, and shall communicate his or her name, title, and telephone number to the Clinical Site. The Educational Coordinator shall be responsible for overall management of the Students' educational experience, and may be assigned as Educational Coordinator for one or more Clinical Education Programs through Rogers Memorial.

E. Professional Liability Insurance - Student. The School shall provide or shall require each Student assigned to a Clinical Site be covered by, at no cost to the Clinical Site, professional liability insurance with limits of at least One Million Dollars (\$1,000,000) per occurrence and at least Three Million Dollars (\$3,000,000) in the aggregate, to cover professional liabilities of Students arising out of their participation in the Clinical Education Program. If the School requires a Student to purchase his or her own professional liability insurance, the School shall provide to the Clinical Site evidence of insurance in the form of a certificate of insurance prior to the placement of such Student at the Clinical Site

F. General and Professional Liability Insurance - School. The School shall maintain general and professional liability insurance coverage for its officers, employees, and agents while in the course of employment and/or when they are acting on behalf of the School.

G. Automobile Insurance. The School represents that each Student is covered by an automobile insurance policy for any vehicle the Student will operate at any Clinical Site, in accordance with state limits. The failure to maintain such insurance shall be considered a breach of this Agreement. The School and the Rogers Memorial agree that Students are prohibited from driving vehicles owned or leased by Rogers Memorial.

H. Breach. Failure to maintain any of the insurances required in sections E-G shall be considered breach of this Agreement. The failure of Rogers Memorial to request or the failure of School to provide certificates of insurance shall not invalidate the requirements listed in sections E-G. These provisions may only be waived in writing by the parties.

I. Background Investigation and Disclosure. All students who are assigned to a Clinical Site shall have a background check performed under the direction of the School. The background check shall include information relating to criminal records in Wisconsin and from out-of-state agencies if the individual has lived outside of Wisconsin within the past three years. If the Student has a criminal record, the School will evaluate whether the individual is barred from performing duties at the Clinical Site. Prior to placement of the Student, the School will notify the Clinical Site in writing of any crime of which

student has been convicted so the Clinical Site may make a determination as to how substantially related the conviction(s) is to the duties the Student would be performing. The Clinical Site may refuse placement of any Student the Clinical Site believes could put its patients, employees, and/or visitors at risk. The School hereby agrees to notify the Clinical Site when the School becomes aware that any participating Student is charged with or convicted of any crime or is or was the subject of investigation by a governmental agency.

I. Compliance with Laws, Regulations, Policies, Standards. The School shall require students and faculty to: (1) abide by all relevant policies, procedures, standards, and directives issued or adopted by the Clinical Site and made known to the School, Students and faculty. The School hereby acknowledges that it has received information from Rogers Memorial regarding the mission, vision, and values of Rogers Memorial and agrees that in the performance of all of its obligations under the terms of this Agreement, it shall at all times conduct itself, and shall take reasonable actions to ensure that its Students, faculty, employees and agents conduct themselves in a manner that is consistent with said mission, vision, and values.

K. Other Requirements for Students and School Personnel or Employees. All Students accepted under the terms of this Agreement for placement at a Clinical Site, and any School personnel or employees who will be placed at a Clinical Site, must:

- i). be certified in writing for participation by the School;
- ii). have successfully completed an orientation program of the Clinical Site;
- iii). agree to comply with any applicable rules, regulations, policies and procedures concerning Student conduct as may be adopted by Rogers Memorial or any Clinical Site;
- iv). have satisfied and passed any health screening or other health requirements imposed from time to time by Rogers Memorial or any Clinical Site;
- v). have completed for him or her a criminal background check, the results of which have been presented to and approved by Rogers Memorial, as noted above;
- vi). agree to complete incident reports pursuant to any Rogers Memorial policy and agree to report any observed or known incident to the applicable Clinical Site's department manager promptly; and
- vii). for School personnel placed as supervisors and/or instructors at any Rogers Memorial facility, be certified by the School that they are appropriately qualified and licensed.

L. No Billing. The School agrees not to render any bill to any patient or third party for any service provided hereunder. To the extent any billable service is provided hereunder, the School and its School personnel assign to Rogers Memorial fully all rights to bill any patient or third party payor (governmental or otherwise) for such service.

M. Placement Changes. If it becomes necessary to cancel a reserved space or change a Student's assignment, the School shall make every effort to notify the Clinical Site as far in advance of the scheduled beginning of the Clinical Education Program as possible. If a medical or personal emergency or a Student not completing prerequisites necessitates a last-minute cancellation of a space, the School will promptly notify the Clinical Site.

M. Grades/Credits. The School, through the Educational Coordinator shall be responsible for assigning grades and course credit to the Students upon successful completion of the Clinical Education Program.

N. Accreditation and Licensure. The School shall maintain, at all times during the term of this Agreement: (1) accreditation as an educational institution; (2) all licensures and approvals from the state in which it is located as necessary to administer its educational curricula; and (3) full and unrestricted accreditation of its educational curricula from an accrediting organization. The School shall promptly notify Rogers Memorial of any change in its accreditation or licensure status and shall provide Rogers Memorial with evidence of accreditation or licensure status upon request.

## 2. THE CLINICAL SITE'S RIGHTS AND RESPONSIBILITIES.

In addition to its rights and responsibilities described elsewhere in this Agreement, Rogers Memorial shall have the following rights and responsibilities:

A. Placements. The Clinical Site shall have the sole discretion to determine its capacity to accept Students for placement, whether such capacity is described in terms of the number of Students at a Clinical Site at any one time, the number of hours of supervision that the Clinical Site can provide over a period of time, or other such description of capacity. The Clinical Site shall communicate such capacity to the School before Students may be assigned to the Clinical Site.

B. Site Coordinator. The Clinical Site shall appoint an employee to serve as a coordinator ("Site Coordinator") at the Clinical Site and shall communicate his or her name, title and telephone number to the School. The Site Coordinator shall be responsible for overall management of the Students' experience at the Clinical Site, and may be assigned with respect to one or more Clinical Education Programs. The Site Coordinator shall ensure that Students obtain access to training experiences through Clinical Site practitioners that demonstrate interest and ability in teaching, and possesses adequate experience, qualifications, certification, and/or licensure in the Student's area of interest.

C. Orientation. The Clinical Site shall provide the School with orientation materials via the Rogers Memorial website. The Clinical Site shall also provide the School faculty with orientation materials about the Clinical Site, including work duties, equipment, and applicable policies and procedures, that can be presented to participating Students.

D. Student Access to the Clinical Site and Patients. The Clinical Site shall permit access by Students to any and all areas of the Clinical Site as reasonably required to support Students' development and as permitted under applicable law. These areas shall include, without limitation, patient care units, laboratories, ancillary departments, health science libraries, cafeteria and parking facilities. The Clinical Site reserves the right to refuse access to any Student who does not meet, in the Clinical Site's reasonable determination, its standards for safety, health, or proper conduct or appearance.

E. Licensure, Approvals and Eligibility. The Clinical Site shall maintain, at all times during the term of this Agreement: (i) necessary licensures and approvals from the requisite state and/or federal authorities; and (ii) if applicable, eligibility for participation in the Medicare and Medicaid

programs. The Clinical Site shall immediately notify the School of any change in the Clinical Site's licensure or eligibility status.

F. Insurance. Rogers Memorial agrees to maintain, during the term of this Agreement, Comprehensive General Liability Insurance that covers each Clinical Site for property damage or bodily injury that may occur at a Clinical Site. Rogers Memorial shall also maintain Professional Liability Insurance covering its employees.

G. Final Authority. The Clinical Site retains final authority for all aspects of operations at and management of the Clinical Site, and retains the right to terminate a Student's placement for cause at the sole discretion of the Clinical Site.

H. Remuneration. Students may not receive remuneration for services relating to the Clinical Education Program and performed for or on behalf of the Clinical Site.

### 3. FACULTY AND STUDENT RIGHTS AND RESPONSIBILITIES.

The School and the Clinical Site shall instruct the Students regarding Students' rights and responsibilities while they participate in a Clinical Education Program at a Clinical Site.

A. Conduct. Student shall, at all times while on the Clinical Site premises, conduct himself or herself in a professional manner and shall refrain from loud, boisterous, offensive or otherwise inappropriate conduct. Students shall refrain from the improper and illegal use of alcohol or other drugs, and shall not carry any firearms or other weapons except as permitted under applicable law.

B. Policies, Rules, and Regulations. Student shall abide by all policies, rules and regulations established by the Clinical Site and the School. If a Student or faculty member fails to so abide, the Clinical Site shall have the right to notify the School that such Student(s) or faculty member shall not return to the premises unless authorized to do so by Rogers Memorial.

C. Timeliness. Students shall report to the Clinical Site at the assigned place and time. Student shall immediately inform the Site Coordinator of the Student's inability to report to the Clinical Site as assigned.

D. Uniform and Identification. The Student shall wear appropriate uniform attire or other clothing as directed by the School or Clinical Site. The Student shall display proper identification as directed by the Clinical Site. The Student's appearance shall be, at all times, neat, clean, and professional.

E. Personal Expenses. While at the Clinical Site, the Student shall be responsible for the Student's personal expenses such as meals, travel, medical care and incidentals.

F. Evaluation of Experience. The Student shall, upon request of the School, Rogers Memorial, or the Clinical Site, provide a candid, written evaluation of the experience at the Clinical Site including, without limitation, preparation for the on-site experience, orientation to the Clinical Site and experience and supervision and the Clinical Site.

G. Orientation. Faculty and Students shall review and complete the orientation materials provided by Rogers Memorial or the Clinical Site prior to the first clinical day, including information about site/unit policies, procedures, equipment, and documentation.

4. FURTHER AGREEMENTS OF THE PARTIES.

A. The School shall in no event place any Student or other School personnel at any Clinical Site or permit any Student or School personnel to provide services for Rogers Memorial or any Clinical Site who has been suspended or excluded from participation in any state or federally funded health care program, including without limitation, Medicare or Medicaid.

B. The parties acknowledge their respective obligations governing the privacy and security of health information pursuant to the Health Insurance Portability and Accountability Act of 1996, as amended ("HIPAA") and its implementing regulations ("the Privacy Rule"). The School agrees that Students and School personnel who participate in the program hereunder will not use or disclose Protected Health Information ("PHI"), as that term is defined in 45 C.F.R. § 160.103, obtained in the course of the program for purposes other than those related to the program. Further, the School shall require participating Students and School personnel to agree not to use or disclose PHI obtained in the clinical setting for any non-clinical purposes, including teaching or educational purposes, unless the participant has written approval from Rogers Memorial. If written approval is given, the participant must either (1) obtain an authorization, compliant with the Privacy Rule, from each patient whose PHI is sought to be used; (2) de-identify the PHI in accordance with the Privacy Rule; or (3) use a "limited data set" as defined in the Privacy Rule, and sign a Data Use Agreement with Rogers Memorial. The parties agree that if future modifications or clarifications are made to the Privacy Rule that necessitate amendments to this Agreement, the parties will make such amendments. For purposes of HIPAA only, Students are, with respect to their interactions with patients/clients and their educational activities at Rogers Memorial, under the direct control of Rogers Memorial and are thus considered to be members of Rogers Memorial's "workforce," as that term is defined in 45 C.F.R. § 160.103.

C. All records of any service provided hereunder shall belong to Rogers Memorial or the applicable Clinical Site.

D. The School, its Students and School personnel shall not disclose to any third party or use (other than in fulfilling their duties under the program) any confidential or proprietary information of Rogers Memorial or its affiliates.

F. Rogers Memorial has the right to immediately refuse, suspend, or remove a Student or any School personnel, including coordinators, supervisors or instructors, from a Clinical Education Program for any reason Rogers Memorial deems appropriate provided that Rogers Memorial shall subsequently notify the School in writing of the reasons that the refusal, suspension, or removal occurred.

E. It is acknowledged and agreed by the parties that the School, any School personnel, and Students are "independent contractors" with respect to Rogers Memorial and the Clinical Site and that nothing in this Agreement is intended to nor shall be construed to create any employer/employee relationship or any relationship other than that of independent contractors. Rogers Memorial and Rogers Memorial facilities shall in no event have any obligations to the School, any School personnel, or Students, including payment of any compensation, any withholding, social security, or any other employee-related obligations. The School shall be solely responsible for the actions and omissions of its Students or any School personnel and for any resulting damages.

5. INDEMNIFICATION AND OTHER PROVISIONS.

A. School. The School shall indemnify and hold harmless Rogers Memorial and/or the Clinical Site, its governing board, directors, trustees, officers, and employees from and against any and all claims and liabilities (including reasonable attorney's fees and expenses incurred in the defense thereof) relating to personal injury or property damage to the extent arising out of misconduct or by negligent acts or omissions of the School's Students, faculty, employees or agents in connection with their duties under the Clinical Education Program.

B. Clinical Site. The Clinical Site and/or Rogers Memorial shall indemnify and hold harmless the School and its trustees, officers, employees and Student from and against any and all claims and liabilities (including reasonable attorney's fees and expenses incurred in the defense thereof) relating to personal injury or property damage, to the extent arising out of the conditions existing at the Clinical Site or arising out of intentional misconduct by or negligent acts or omissions of the Clinical Site's employees or agents in connection with their duties under the Clinical Education Program.

C. Notice of Claims. Each party agrees that it shall give the other party prompt notice of any claim, threatened or made, or suit instituted against it which could result in a claim for indemnification above.

D. Policies. The Students, while engaged in the Clinical Education Program, shall be under the supervision and control of the Clinical Site and shall be governed by the Clinical Site's policies relating to health care delivery and the Student's role in it.

E. Discrimination. It is mutually agreed that at no time shall the matter of race, color, religion, sex, sexual orientation, national origin, age, veteran status and/or disability be employed for the purpose of discrimination.

F. Amendments. The parties may modify this Agreement by written amendment signed by duly authorized representatives of each.

G. Relationships. It is understood and agreed that this Agreement is not intended and shall not be construed to create the relationship of agency, partnership, joint venture or associate between the Rogers Memorial and the School, or to create an employment relationship between the Rogers Memorial and the Students in the Clinical Education Program. The School and the Students shall be treated for all purposes as independent contractors pursuant to Section 5.E of this Agreement.

H. Privacy and Nondisclosure. In the event that the School discloses to the Clinical Site information from the educational record of any Student at the School, the Clinical Site agrees to comply with the Family Educational Rights and Privacy Act with respect to such information. The Clinical Site also agrees that its personnel will use such information only in the furtherance of the educational experience provided to each Student, and that such information will not be disclosed to any other party without such Student's prior written consent.

I. Termination. This Agreement may be terminated by either party's giving thirty (30) days' notice in writing to the other party by certified or registered mail at the addresses hereafter set forth:

**If to Rogers Memorial:**

Rogers Behavioral Health  
34700 Valley Road  
Oconomowoc, WI 53066  
Attn: Paul Mueller, CEO

And cc to:

Rogers Behavioral Health  
34700 Valley Road  
Oconomowoc, WI 53066  
Attn: Marybeth Herbst-Flagstad, General Counsel

**If to University or College:**

Herzing University, LTD.  
Attn: Clinical Contracts  
W140 N8917 Lilly Road  
Menomonee Falls, WI 53051

J. Authority. The persons executing and attesting to the provisions of his Agreement on behalf of Rogers Memorial and the School, respectively, represent and warrant that they have full power, authority, and right to execute this Agreement and that the execution of this Agreement by each such person is sufficient and legally binding on the respective party without the joinder or approval of any other person or party.

K. Transfer of Rights. Neither party may subcontract or assign its rights or obligations under this Agreement without the express written consent of the other. Any attempt to do without consent shall be void and the other party may immediately terminate this Agreement.

L. Waivers. A failure of either party to insist upon or enforce any term or provision or to exercise any right, option, or remedy of this Agreement, or to require at any time, performance of any provision hereof shall not be construed as a waiver of any such term or provision. No waiver by either party of any provision hereof shall be binding unless made in writing and signed by such party, nor shall any single or partial exercise of any right or power under this Agreement preclude further exercise of any other right or power.

M. Severability. Should any of the terms or provisions of this Agreement be determined to be invalid, illegal, or unenforceable, such provision shall be deemed to be rescinded, and all remaining terms which reasonably can be given effect in the absence of the remaining terms shall remain in force unless it is clearly unreasonable to do so, or such amendment or modification would substantially

Last revised 6.1.17

change the terms of this Agreement to impose new and/or different obligations, economic or legal relationships between the parties or rights of the parties.

N. Governing Law. This Agreement shall be construed in accordance with the laws of Wisconsin without regard to its conflicts rules.

O. Execution. The parties may sign this Agreement in one or more counterparts, each of which constitutes an original and all of which together constitute the Agreement. Facsimile signatures constitute original signatures for all purposes.

P. Integration. This Agreement and all attachments embody the entire understanding of the parties with respect to the subject matter and supersede all previous or contemporaneous communications, either verbal or written, between the parties.

**THIS AGREEMENT SHALL BE EFFECTIVE AS OF THE DATE OF LAST EXECUTION BY BOTH PARTIES.**

**ACKNOWLEDGEMENTS**

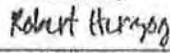
**Rogers Memorial Hospital, Inc.**

CB ~~Marybeth Herbst-Flagstad~~ — PAUL MUELLER  
CB General Counsel — CEO, HOSPITAL DIVISION  
Signed:   
Date: 8/28/17

**Herzing University, LTD.**

Printed Name: Robert Herzog

Title: CEO/COO

Signed by: 

Date: 8/24/2017

**Exhibit A**  
**Clinical Education Program Memorandum**

Student Name	Clinical Education Program Objectives, Goals & Expectations	Placement Dates	Clinical Site	Educational Coordinator

Last revised 6.1.17

## Rogers Memorial Hospital Job Description

Job Title:	LICENSED PRACTICAL NURSE	FLSA:	Non-exempt
Supervisor:	Clinical Services Manager	Supervises:	None
Date:	8/31/98	Revision Date:	4/22/17
Department:	Nursing	Division:	Patient Care Services

**Summary:**

The licensed practical nurse performs basic nursing activities in the care of patients so they may achieve or regain, and then maintain, the maximum possible physical, emotional and social function. Role functions are limited and governed by the Wisconsin Nurse Practice Act, the Wisconsin Administrative Code, Wisconsin Board of Nursing, Standards for Nursing Practice, and the corresponding policies and procedures of *Rogers Memorial Hospital*.

**Job Duties & Responsibilities:**

1. Implement patient care in an assigned patient load.
  - A. Observe, document and monitor each patient's psychiatric and physical changes and responses to treatment under the direction of the registered nurse (RN). This may include the following duties:
    - a. Admission data collection;
    - b. Discharge transcribing of information in preparation for discharge;
    - c. Medication reconciliation on admission and discharge;
    - d. Medication administration (See, 'E' below).
  - B. Identify potential patient care problems, abrupt changes or impending instability in the patient's condition, and exercise appropriate intervention leadership to prevent adverse patient outcomes.
    - a. Use appropriate de-escalation techniques: quiet room, locked seclusion or restraints.
    - b. Re-evaluate safety level.
    - c. Identify alcohol withdrawal syndrome.
    - d. Identify significant cardiac and/or respiratory symptoms requiring immediate medical intervention.
  - C. Implement patient care based on established care plans, Hospital policies and procedures, and unit standards of care, incorporating the patient's age-specific and cultural needs as appropriate.
  - D. Provide care in complex patient situations (as defined by the hospital) under the standards of the State that they provide care in; under the general supervision of the R.N., physician or other State approved medical professional. Duties to include:
    - E. a. Participate in the patient nursing assessment process
    - F. b. Obtaining and processing physician orders
    - G. c. Completing medication reconciliation orders and
    - H. d. Creating treatment plan.
  - E. Maintain integrity of tube feedings by preparing tube feeding dosages according to physician orders
  - F. Administer bolus for tube feeding patients
  - G. Demonstrate safe and correct medication administration by:
    - a. Accuracy in medication administration: right patient, right medication, right dose, right time, and right route.
    - b. Maintaining current knowledge of the medication's purpose and effects for each patient, as demonstrated by correct documentation of medication, as well as observations about responses to medication.
    - c. Accurately transcribing and implementing physician medication orders, after RN approval of the order.
    - d. Maintaining a continual awareness of monitoring the expected and unexpected medication efforts including adverse drug reactions, drug/drug or drug/food interactions, or other unexpected consequences of the medication.
    - e. Regularly conducting and documenting patient education about medications and obtaining medication consent.
    - f. Maintaining current knowledge about new pharmacologic products, including new medications or medications with new uses/therapeutic action.
  - H. Know the various program schedules and assist patients in maintaining these schedules.
  - I. Care for patients' hygienic and physical environment needs and for patients' personal belongings.
  - J. Employ established systems to monitor the location of all patients in assigned areas.

ROGERS MEMORIAL HOSPITAL

JOB DESCRIPTION – Licensed Practical Nurse 4.22.17

Page 2 of 4

- K. Accompany patients to meals, monitor their behavior, and record their food intake, as directed.
2. Act as an advocate for patients/residents.
    - A. Explain patient's rights so that they can understand, and obtain appropriate signatures.
    - B. Provide the patient with information, and obtain their signature on necessary consents.
    - C. Use knowledge of patient rights to assist patients in resolution of complaints / grievances.
    - D. Act as a patient advocate, use knowledge of patient rights and responsibilities, and protect patient's privacy and confidentiality.
  3. Assist in the patient orientation process.
    - A. Know and employ Hospital policies and procedures regarding unit safety, the necessity of gown/contraband search on admission, and carry out the process in a respectful manner.
    - B. Remain sensitive to the individual patient/family stressors upon admission, while providing pertinent unit information.
  4. Adhere to the nursing department and Hospital's Standards of Nursing Practice and Standards of Patient Care.
    - A. Protect patients, visitors and staff from environmental hazards by adhering to the safety and infection control standards.
    - B. Participate in continuing education and inservice programs to increase clinical competence and to meet professional needs and goals.
      - a. Report information obtained from continuing education programs to unit staff.
    - C. Attend 100% of required inservices, as scheduled.
  5. Participate in projects, tasks and continuing education opportunities to improve professional skills and unit/department systems.
    - A. Develop goals and objectives for professional growth and discuss ways to achieve them with the Clinical Services manager.
    - B. Take the initiative to develop professional skills through continuing education.
    - C. Discuss, on a regular basis, progress toward work improvement goals with the Clinical Services manager.
    - D. Seek out projects and/or extra tasks to complete, based upon the needs of the unit or the immediate shift.
  6. Promote department goals and the mission of the Hospital.
    - A. Communicate goals to fellow staff members.
    - B. Demonstrate measurable goal achievement.
    - C. Maintain department policies and procedures.
    - D. Include requirements and guidelines from external agencies (i.e., *Joint Commission* and *State of Wisconsin*).
    - E. Maintain and/or communicate the function backlog to the appropriate party at a set timeframe.
    - F. Educate new staff regarding regulations or requirements of those functions that relate to their areas or departments, as directed.
    - G. Demonstrate acceptance and training of student interns in the department, as directed.
  7. Demonstrate understanding of *Joint Commission* and other regulatory agency compliance regulations.
    - A. Involve self in the learning and the application of standards relevant to the Nursing department.
    - B. Participate in inservices/seminars and other meetings, to increase involvement and awareness of regulations.
    - C. Involve self in the education of other disciplines regarding Nursing department regulations.
  8. Participate in Hospital committees, performance improvement team meetings and team projects, as directed.
    - A. Demonstrate punctuality and preparedness.
    - B. Demonstrate effective communication and organizational skills, if applicable.
    - C. Contribute in a positive, solution-focused manner.
    - D. Education and involve self to the Hospital and Nursing department's performance improvement plans.

ROGERS MEMORIAL HOSPITAL  
JOB DESCRIPTION - Licensed Practical Nurse 4.22.17

Page 3 of 4

- 9. Conduct self in a professional manner.
  - A. Demonstrate organizational skills that promote timely response to all inquiries and to task completion.
  - B. Communicate with all individuals in a positive and professional manner.
  - C. Attempt to resolve individual issues with peers in a positive, calm manner, with a focus on solution.
  - D. Communicate concerns and provide solutions for same.
  - E. Attend outside seminars to promote professional growth.
  - F. Demonstrate a positive and professional attitude toward parties outside the Hospital (patient families, visitors, vendors, etc.).
  - G. Comply with the Hospital's policies and procedures, including Human Resources, Infection Control and Employee Health policies and programs.
  - H. Project a professional image by wearing appropriate, professional attire.

Physical/Mental Demands:

- 1. The majority of time is spent inside the building; walking, pulling, pushing, bending, twisting, sitting and grasping are routine activities. Will be required to lift work equipment, patient care equipment, supplies and patients, within reason. Personal judgment dictates weight-lifting limits, but must be able to lift a minimum of fifty (50) pounds.
- 2. Verbal and hearing ability required to interact with patients and employees. Numerical ability required to maintain records and operate a computer.
- 3. Able to plan, control and direct all aspects of employee relations. Tact required to deal effectively with employees and professional staff. Logical thinking and discretion required to make decisions in initiating and implementing policies and procedures and standards.
- 4. Must be able to read and communicate through written, verbal and auditory skills and abilities.
- 5. Physically/Mentally able to perform job duties as verified by a physical exam by a licensed physician, per post-employment physical.

Education/Training Requirements:

- 1. Licensed Practical Nurse licensed by *Wisconsin State Board of Nursing* or the State of the Rogers clinical facility. License must be in 'good standing' with the *Wisconsin State Board of Nursing* or the State they practice.
- 2. *American Heart Association* Healthcare Provider CPR certification or *American Red Cross* Professional Rescue is required within thirty (30) days of date-of-hire. Annual re-certification is required.
- 3. Formal training in management of the aggressive patient within sixty (60) days of date-of-hire. Annual re-certification is required.
- 4. Previous psychiatric experience with children, adolescents and adults is preferred.

*In accordance with the Americans with Disabilities Act, the above is intended to summarize the essential functions of and requirements for the performance of this job. It is not meant to be an exhaustive list of miscellaneous duties and responsibilities that may be requested in the performance of this job.*

SIGNATURES:

DocuSigned by:

*Brian Kramer*

ISI

5/18/2017

BRIAN KRAMER, VICE-PRESIDENT HUMAN RESOURCES

Date

DocuSigned by:

*Paul Mueller*

ISI

5/18/2017

PAUL MUELLER, CEO Rogers Memorial Hospital

Date

# Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8366  
Madison, WI 53708-8366

FAX #: (608) 266-2602  
Phone #: (608) 266-2112

1400 E. Washington Avenue  
Madison, WI 53708-8366

E-Mail: [dsp@wisconsin.gov](mailto:dsp@wisconsin.gov)  
Website: [dsp.wisconsin.gov](http://dsp.wisconsin.gov)

## BOARD OF NURSING

### CLINICAL FACILITY SELECTION AND SIMULATED SETTING EXPERIENCES

Completion of this form is required for each clinical facility or simulated setting experience as part of the application for authorization to admit students. In addition, this form shall be completed, kept on file in the school of nursing office, and made available to the Board upon request for all clinical facilities and all simulated setting experiences utilized by the nursing school.

#### I. IDENTIFYING DATA

- A. Name of facility: Rogers Memorial Hospital  
Address: 4600 W. Schroder Drive  
Brown Deer, WI 53223  
Telephone: 414-865-2500
- B. Type of facility:  Hospital       Nursing Home       Community Health Agency  
 Other: \_\_\_\_\_
- C. Number of beds at facility: 56
- D. Types of patients: Psychiatry, children through adult
- E. Administrator of facility: Jim Kubicek
- F. Director of nursing service: Karen Molnar-Smith
- G. School(s) of nursing utilizing the facility: Herzing Univesity, BSN; Bryant & Stratton; Cardinal Stricth  
\_\_\_\_\_  
\_\_\_\_\_

#### II. EXHIBITS (*attach to this form*)

- A. Copy of formal agreement signed by:  
1. Administrator of facility  
2. Educational administrator of nursing school
- B. Copy of the position description for:  
1. Registered Nurses  
2. Licensed Practical Nurses
- C. Listing of simulation activities provided and a listing of types of simulation equipment utilized

## Wisconsin Department of Safety and Professional Services

III. PLEASE RESPOND TO THE FOLLOWING QUESTIONS:

A. Have the nursing school objectives been shared with the facility?  Yes  No

Comments: \_\_\_\_\_

B. Does the facility agree to cooperate in promoting the nursing school objectives?  Yes  No

Comments: \_\_\_\_\_

C. Are there experiences in the facility available to students to meet clinical objectives?  Yes  No

Comments: \_\_\_\_\_

D. Is the practice of registered nursing in the facility within the legal scope of practice for registered nurses as defined in Chapter 441.11(4), Wisconsin Statutes? (If no, facility may not be approved.)

Yes  No

Comments: \_\_\_\_\_

E. Is the practice of licensed practical nursing in the facility within the legal scope of practice for licensed practical nurses as defined in Chapter 441.11(3), Wisconsin Statutes? (If no, facility may not be approved.)

Yes  No

Comments: \_\_\_\_\_

F. If simulated settings are utilized, list the activities, responsibilities and equipment which are included in the learning experience:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Herzing University  
Nursing School

Dr. Deborah Ziebarth  
Educational Administrator

*Dr. Deborah Ziebarth*  
Signature

2626491710  
Telephone Number

Herzing University  
Nursing Program(s) Utilizing Facility/Simulated Setting

Department Chair Nursing  
Title

12/22/2017  
Date

dziebarth@herzing.edu  
Email Address

**MEMORANDUM OF UNDERSTANDING BETWEEN HERZING UNIVERSITY-  
BROOKFIELD AND Rogers Behavioral Health System**

1. **PARTIES.** This Memorandum of Understanding (hereinafter referred to as a MOU) is made and entered into by and between Herzing University-Brookfield, located at 555 South Executive Drive, Brookfield, WI and Rogers Memorial Hospital located at 34700 Valley Rd. Oconomowoc, WI 53066
2. **PURPOSE.** The purpose of this MOU is to establish non-compensated nursing clinical experiences for students in the Practical Nurse program at Herzing University-Brookfield and Rogers Behavioral Health System
3. **TERM OF MOU.** This MOU is effective upon the date executed below by duly authorized representatives of the parties to this MOU and will remain in force unless otherwise terminated by the parties. This MOU may be terminated, without cause, by either party upon written notification, which may be sent by electronic or other means to the parties at the addresses listed above.
4. **REPSONSIBILITIES.** The parties agree that prior to the creation of non-compensated clinical nursing experiences for the Practical Nurse students at Herzing University-Brookfield the parties, upon mutual agreement, will execute an Affiliation Agreement which will detail the rights, obligations and responsibilities of the parties to this MOU.
5. **AMENDMENTS.** Either party may request changes to this MOU. Any changes modifications or revisions or amendments to this MOU which are agreed upon by and between the parties shall be incorporated, in writing, to this MOU and become effective when executed and signed by the parties to this MOU.
6. **APPLICABLE LAW.** The construction, interpretation and enforcement of this MOU shall be governed by the laws of the State of Wisconsin, unless otherwise mutually agreed to by the parties as outlined in paragraph five (5).
7. **ENTIRETY OF AGREEMENT.** This MOU, consisting of one (1) page represents the entire agreement between the parties.
8. **SIGNATURES.** In witness whereof, the parties to this MOU, through their duly authorized representatives have executed this MOU on the date(s) below.

Herzing University-Brookfield



Louis Racine, Campus President

Partner Organization



Name and Title

## Rogers Memorial Hospital Job Description

Job Title:	LICENSED PRACTICAL NURSE	FLSA:	Non-exempt
Supervisor:	Clinical Services Manager	Supervises:	None
Date:	8/31/98	Revision Date:	4/22/17
Department:	Nursing	Division:	Patient Care Services

**Summary:**

The licensed practical nurse performs basic nursing activities in the care of patients so they may achieve or regain, and then maintain, the maximum possible physical, emotional and social function. Role functions are limited and governed by the Wisconsin Nurse Practice Act, the Wisconsin Administrative Code, Wisconsin Board of Nursing, Standards for Nursing Practice, and the corresponding policies and procedures of Rogers Memorial Hospital.

**Job Duties & Responsibilities:**

1. Implement patient care in an assigned patient load.
  - A. Observe, document and monitor each patient's psychiatric and physical changes and responses to treatment under the direction of the registered nurse (RN). This may include the following duties:
    - a. Admission data collection;
    - b. Discharge transcribing of information in preparation for discharge;
    - c. Medication reconciliation on admission and discharge;
    - d. Medication administration (See, 'E' below).
  - B. Identify potential patient care problems, abrupt changes or impending instability in the patient's condition, and exercise appropriate intervention leadership to prevent adverse patient outcomes.
    - a. Use appropriate de-escalation techniques: quiet room, locked seclusion or restraints.
    - b. Re-evaluate safety level.
    - c. Identify alcohol withdrawal syndrome.
    - d. Identify significant cardiac and/or respiratory symptoms requiring immediate medical intervention.
  - C. Implement patient care based on established care plans, Hospital policies and procedures, and unit standards of care, incorporating the patient's age-specific and cultural needs as appropriate.
  - D. Provide care in complex patient situations (as defined by the hospital) under the standards of the State that they provide care in; under the general supervision of the R.N., physician or other State approved medical professional. Duties to include:
    - E. a. Participate in the patient nursing assessment process
    - F. b. Obtaining and processing physician orders
    - G. c. Completing medication reconciliation orders and
    - H. d. Creating treatment plan.
  - E. Maintain integrity of tube feedings by preparing tube feeding dosages according to physician orders
  - F. Administer bolus for tube feeding patients
  - G. Demonstrate safe and correct medication administration by:
    - a. Accuracy in medication administration: right patient, right medication, right dose, right time, and right route.
    - b. Maintaining current knowledge of the medication's purpose and effects for each patient, as demonstrated by correct documentation of medication, as well as observations about responses to medication.
    - c. Accurately transcribing and implementing physician medication orders, after RN approval of the order.
    - d. Maintaining a continual awareness of monitoring the expected and unexpected medication efforts including adverse drug reactions, drug/drug or drug/food interactions, or other unexpected consequences of the medication.
    - e. Regularly conducting and documenting patient education about medications and obtaining medication consent.
    - f. Maintaining current knowledge about new pharmacologic products, including new medications or medications with new uses/therapeutic action.
  - H. Know the various program schedules and assist patients in maintaining these schedules.
  - I. Care for patients' hygienic and physical environment needs and for patients' personal belongings.
  - J. Employ established systems to monitor the location of all patients in assigned areas.

ROGERS MEMORIAL HOSPITAL  
JOB DESCRIPTION – Licensed Practical Nurse 4.22.17

Page 2 of 4

- K. Accompany patients to meals, monitor their behavior, and record their food intake, as directed.
- 2. Act as an advocate for patients/residents.
  - A. Explain patient's rights so that they can understand, and obtain appropriate signatures.
  - B. Provide the patient with information, and obtain their signature on necessary consents.
  - C. Use knowledge of patient rights to assist patients in resolution of complaints / grievances.
  - D. Act as a patient advocate, use knowledge of patient rights and responsibilities, and protect patient's privacy and confidentiality.
- 3. Assist in the patient orientation process.
  - A. Know and employ Hospital policies and procedures regarding unit safety, the necessity of gown/contraband search on admission, and carry out the process in a respectful manner.
  - B. Remain sensitive to the individual patient/family stressors upon admission, while providing pertinent unit information.
- 4. Adhere to the nursing department and Hospital's Standards of Nursing Practice and Standards of Patient Care.
  - A. Protect patients, visitors and staff from environmental hazards by adhering to the safety and infection control standards.
  - B. Participate in continuing education and inservice programs to increase clinical competence and to meet professional needs and goals.
    - a. Report information obtained from continuing education programs to unit staff.
  - C. Attend 100% of required inservices, as scheduled.
- 5. Participate in projects, tasks and continuing education opportunities to improve professional skills and unit/department systems:
  - A. Develop goals and objectives for professional growth and discuss ways to achieve them with the Clinical Services manager.
  - B. Take the initiative to develop professional skills through continuing education.
  - C. Discuss, on a regular basis, progress toward work improvement goals with the Clinical Services manager.
  - D. Seek out projects and/or extra tasks to complete, based upon the needs of the unit or the immediate shift.
- 6. Promote department goals and the mission of the Hospital.
  - A. Communicate goals to fellow staff members.
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  - E. Maintain and/or communicate the function backlog to the appropriate party at a set timeframe.
  - F. Educate new staff regarding regulations or requirements of those functions that relate to their areas or departments, as directed.
  - G. Demonstrate acceptance and training of student interns in the department, as directed.
- 7. Demonstrate understanding of *Joint Commission* and other regulatory agency compliance regulations.
  - A. Involve self in the learning and the application of standards relevant to the Nursing department.
  - B. Participate in inservices/seminars and other meetings, to increase involvement and awareness of regulations.
  - C. Involve self in the education of other disciplines regarding Nursing department regulations.
- 8. Participate in Hospital committees, performance improvement team meetings and team projects, as directed.
  - A. Demonstrate punctuality and preparedness.
  - B. Demonstrate effective communication and organizational skills, if applicable.
  - C. Contribute in a positive, solution-focused manner.
  - D. Educate and involve self to the Hospital and Nursing department's performance improvement plans.

ROGERS MEMORIAL HOSPITAL  
JOB DESCRIPTION – Licensed Practical Nurse 4.22.17

Page 3 of 4

9. Conduct self in a professional manner.
  - A. Demonstrate organizational skills that promote timely response to all inquiries and to task completion.
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  - D. Communicate concerns and provide solutions for same.
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  - F. Demonstrate a positive and professional attitude toward parties outside the Hospital (patient families, visitors, vendors, etc.).
  - G. Comply with the Hospital's policies and procedures, including Human Resources, Infection Control and Employee Health policies and programs.
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Physical/Mental Demands:

1. The majority of time is spent inside the building; walking, pulling, pushing, bending, twisting, sitting and grasping are routine activities. Will be required to lift work equipment, patient care equipment, supplies and patients, within reason. Personal judgment dictates weight-lifting limits, but must be able to lift a minimum of fifty (50) pounds.
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5. Physically/Mentally able to perform job duties as verified by a physical exam by a licensed physician, per post-employment physical.

Education/Training Requirements:

1. Licensed Practical Nurse licensed by *Wisconsin State Board of Nursing* or the State of the Rogers clinical facility. License must be in 'good standing' with the *Wisconsin State Board of Nursing* or the State they practice.
2. *American Heart Association* Healthcare Provider CPR certification or *American Red Cross* Professional Rescue is required within thirty (30) days of date-of-hire. Annual re-certification is required.
3. Formal training in management of the aggressive patient within sixty (60) days of date-of-hire. Annual re-certification is required.
4. Previous psychiatric experience with children, adolescents and adults is preferred.

*In accordance with the Americans with Disabilities Act, the above is intended to summarize the essential functions of and requirements for the performance of this job. It is not meant to be an exhaustive list of miscellaneous duties and responsibilities that may be requested in the performance of this job.*

SIGNATURES:

DocuSigned by:

*Brian Kramer*

*ISI*

5/18/2017

BRIAN KRAMER, VICE-PRESIDENT HUMAN RESOURCES

Date

DocuSigned by:

*Paul Mueller*

*ISI*

5/18/2017

PAUL MUELLER, CEO Rogers Memorial Hospital

Date

**SCHOOL AFFILIATION AGREEMENT  
BETWEEN ROGERS MEMORIAL HOSPITAL INC.  
AND  
HERZING UNIVERSITY, LTD.**

This SCHOOL AFFILIATION AGREEMENT (the "Agreement") between Herzing University, LTD. ("School") and Rogers Memorial Hospital Inc. ("Rogers Memorial"), effective as of the date of last execution will be effective for a period of one (1) year. This Agreement shall be automatically renewed for successive periods of one year as of the effective termination date, unless either party terminates this Agreement in the manner provided herein.

**RECITALS**

**WHEREAS**, the School administers educational curricula for various health-related occupations and seeks to provide supervised experiences to enrolled students ("Students") through field training in various health-related occupations ("Clinical Education Programs");

**WHEREAS**, Rogers Memorial operates facilities that serve behavioral health patients and seeks to train future behavioral health care practitioners and leaders by providing students with supervised experiences as part of a Clinical Education Program at Rogers Memorial facilities, consistent with the educational objectives of the School and its Students;

**NOW, THEREFORE**, the School and Rogers Memorial have determined that each may best accomplish its objectives by mutual assistance, and seek to describe their affiliation in this Agreement, the School and Rogers Memorial agree as follows:

**AGREEMENT**

**1. THE SCHOOL'S RIGHTS AND RESPONSIBILITIES.**

In addition to its rights and responsibilities described elsewhere in this Agreement, the School shall have the following rights and responsibilities:

A. Clinical Education Program Memorandum. On an annual basis, the School shall provide Rogers Memorial, in advance, with a Clinical Education Program Memorandum ("Program Memorandum") detailing the proposed Clinical Education Program at a Rogers Memorial facility ("Clinical Site"). A sample Program Memorandum is attached hereto as Exhibit A (there may be refinements to such Program Memorandum as the effective date draws close in time). Any modifications to the Program Memorandum are subject to the prior review and written approval of Rogers Memorial. Once approved, the Program Memorandum as revised will be incorporated herein; provided that in the event of a conflict between any Program Memorandum and this Agreement, the terms of this Agreement shall control.

The Program Memorandum will set forth: (i) the name of each Student selected to participate in a Clinical Education Program through Rogers Memorial; (ii) the Student's Clinical Site assignment; (iii) the schedule of placement times; (iv) the name and contact information for the Educational Coordinator

Last revised 6.1.17

assigned to each Clinical Site; and (v) details concerning the goals, objectives, and expectations for the Clinical Education Program. The School shall be responsible to update such listings promptly following any changes therein.

B. Student Assignments. After Rogers Memorial notifies the School regarding the number of Clinical Site placements available, the School shall select Students for placement at each Clinical Site.

C. Preparation of Students for Placement. The School shall assure that each Student assigned to a Clinical Education Program at a Clinical Site is adequately prepared to benefit from such assignment. A Student's preparedness shall be measured by: (1) academic performance indicating an ability to understand what Student will observe and/or perform during the placement; and (2) appreciation of the nature and seriousness of the work Student will observe and/or perform.

D. Educational Coordinator. The School shall appoint a faculty member to serve as Educational Coordinator, and shall communicate his or her name, title, and telephone number to the Clinical Site. The Educational Coordinator shall be responsible for overall management of the Students' educational experience, and may be assigned as Educational Coordinator for one or more Clinical Education Programs through Rogers Memorial.

E. Professional Liability Insurance - Student. The School shall provide or shall require each Student assigned to a Clinical Site be covered by, at no cost to the Clinical Site, professional liability insurance with limits of at least One Million Dollars (\$1,000,000) per occurrence and at least Three Million Dollars (\$3,000,000) in the aggregate, to cover professional liabilities of Students arising out of their participation in the Clinical Education Program. If the School requires a Student to purchase his or her own professional liability insurance, the School shall provide to the Clinical Site evidence of insurance in the form of a certificate of insurance prior to the placement of such Student at the Clinical Site.

F. General and Professional Liability Insurance - School. The School shall maintain general and professional liability insurance coverage for its officers, employees, and agents while in the course of employment and/or when they are acting on behalf of the School.

G. Automobile Insurance. The School represents that each Student is covered by an automobile insurance policy for any vehicle the Student will operate at any Clinical Site, in accordance with state limits. The failure to maintain such insurance shall be considered a breach of this Agreement. The School and the Rogers Memorial agree that Students are prohibited from driving vehicles owned or leased by Rogers Memorial.

H. Breach. Failure to maintain any of the insurances required in sections E-G shall be considered breach of this Agreement. The failure of Rogers Memorial to request or the failure of School to provide certificates of insurance shall not invalidate the requirements listed in sections E-G. These provisions may only be waived in writing by the parties.

I. Background Investigation and Disclosure. All students who are assigned to a Clinical Site shall have a background check performed under the direction of the School. The background check shall include information relating to criminal records in Wisconsin and from out-of-state agencies if the individual has lived outside of Wisconsin within the past three years. If the Student has a criminal record, the School will evaluate whether the individual is barred from performing duties at the Clinical Site. Prior to placement of the Student, the School will notify the Clinical Site in writing of any crime of which

student has been convicted so the Clinical Site may make a determination as to how substantially related the conviction(s) is to the duties the Student would be performing. The Clinical Site may refuse placement of any Student the Clinical Site believes could put its patients, employees, and/or visitors at risk. The School hereby agrees to notify the Clinical Site when the School becomes aware that any participating Student is charged with or convicted of any crime or is or was the subject of investigation by a governmental agency.

J. Compliance with Laws, Regulations, Policies, Standards. The School shall require students and faculty to: (1) abide by all relevant policies, procedures, standards, and directives issued or adopted by the Clinical Site and made known to the School, Students and faculty. The School hereby acknowledges that it has received information from Rogers Memorial regarding the mission, vision, and values of Rogers Memorial and agrees that in the performance of all of its obligations under the terms of this Agreement, it shall at all times conduct itself, and shall take reasonable actions to ensure that its Students, faculty, employees and agents conduct themselves in a manner that is consistent with said mission, vision, and values.

K. Other Requirements for Students and School Personnel or Employees. All Students accepted under the terms of this Agreement for placement at a Clinical Site, and any School personnel or employees who will be placed at a Clinical Site, must:

- i). be certified in writing for participation by the School;
- ii). have successfully completed an orientation program of the Clinical Site;
- iii). agree to comply with any applicable rules, regulations, policies and procedures concerning Student conduct as may be adopted by Rogers Memorial or any Clinical Site;
- iv). have satisfied and passed any health screening or other health requirements imposed from time to time by Rogers Memorial or any Clinical Site;
- v). have completed for him or her a criminal background check, the results of which have been presented to and approved by Rogers Memorial, as noted above;
- vi). agree to complete incident reports pursuant to any Rogers Memorial policy and agree to report any observed or known incident to the applicable Clinical Site's department manager promptly; and
- vii). for School personnel placed as supervisors and/or instructors at any Rogers Memorial facility, be certified by the School that they are appropriately qualified and licensed.

L. No Billing. The School agrees not to render any bill to any patient or third party for any service provided hereunder. To the extent any billable service is provided hereunder, the School and its School personnel assign to Rogers Memorial fully all rights to bill any patient or third party payor (governmental or otherwise) for such service.

M. Placement Changes. If it becomes necessary to cancel a reserved space or change a Student's assignment, the School shall make every effort to notify the Clinical Site as far in advance of the scheduled beginning of the Clinical Education Program as possible. If a medical or personal emergency or a Student not completing prerequisites necessitates a last-minute cancellation of a space, the School with promptly notify the Clinical Site.

Last revised 6.1.17

M. Grades/Credits. The School, through the Educational Coordinator shall be responsible for assigning grades and course credit to the Students upon successful completion of the Clinical Education Program.

N. Accreditation and Licensure. The School shall maintain, at all times during the term of this Agreement: (1) accreditation as an educational institution; (2) all licensures and approvals from the state in which it is located as necessary to administer its educational curricula; and (3) full and unrestricted accreditation of its educational curricula from an accrediting organization. The School shall promptly notify Rogers Memorial of any change in its accreditation or licensure status and shall provide Rogers Memorial with evidence of accreditation or licensure status upon request.

## 2. THE CLINICAL SITE'S RIGHTS AND RESPONSIBILITIES.

In addition to its rights and responsibilities described elsewhere in this Agreement, Rogers Memorial shall have the following rights and responsibilities:

A. Placements. The Clinical Site shall have the sole discretion to determine its capacity to accept Students for placement, whether such capacity is described in terms of the number of Students at a Clinical Site at any one time, the number of hours of supervision that the Clinical Site can provide over a period of time, or other such description of capacity. The Clinical Site shall communicate such capacity to the School before Students may be assigned to the Clinical Site.

B. Site Coordinator. The Clinical Site shall appoint an employee to serve as a coordinator ("Site Coordinator") at the Clinical Site and shall communicate his or her name, title and telephone number to the School. The Site Coordinator shall be responsible for overall management of the Students' experience at the Clinical Site, and may be assigned with respect to one or more Clinical Education Programs. The Site Coordinator shall ensure that Students obtain access to training experiences through Clinical Site practitioners that demonstrate interest and ability in teaching, and possesses adequate experience, qualifications, certification, and/or licensure in the Student's area of interest.

C. Orientation. The Clinical Site shall provide the School with orientation materials via the Rogers Memorial website. The Clinical Site shall also provide the School faculty with orientation materials about the Clinical Site, including work duties, equipment, and applicable policies and procedures, that can be presented to participating Students.

D. Student Access to the Clinical Site and Patients. The Clinical Site shall permit access by Students to any and all areas of the Clinical Site as reasonably required to support Students' development and as permitted under applicable law. These areas shall include, without limitation, patient care units, laboratories, ancillary departments, health science libraries, cafeteria and parking facilities. The Clinical Site reserves the right to refuse access to any Student who does not meet, in the Clinical Site's reasonable determination, its standards for safety, health, or proper conduct or appearance.

E. Licensure, Approvals and Eligibility. The Clinical Site shall maintain, at all times during the term of this Agreement: (i) necessary licensures and approvals from the requisite state and/or federal authorities; and (ii) if applicable, eligibility for participation in the Medicare and Medicaid

programs. The Clinical Site shall immediately notify the School of any change in the Clinical Site's licensure or eligibility status.

F. Insurance. Rogers Memorial agrees to maintain, during the term of this Agreement, Comprehensive General Liability Insurance that covers each Clinical Site for property damage or bodily injury that may occur at a Clinical Site. Rogers Memorial shall also maintain Professional Liability Insurance covering its employees.

G. Final Authority. The Clinical Site retains final authority for all aspects of operations at and management of the Clinical Site, and retains the right to terminate a Student's placement for cause at the sole discretion of the Clinical Site.

H. Remuneration. Students may not receive remuneration for services relating to the Clinical Education Program and performed for or on behalf of the Clinical Site.

### 3. FACULTY AND STUDENT RIGHTS AND RESPONSIBILITIES.

The School and the Clinical Site shall instruct the Students regarding Students' rights and responsibilities while they participate in a Clinical Education Program at a Clinical Site.

A. Conduct. Student shall, at all times while on the Clinical Site premises, conduct himself or herself in a professional manner and shall refrain from loud, boisterous, offensive or otherwise inappropriate conduct. Students shall refrain from the improper and illegal use of alcohol or other drugs, and shall not carry any firearms or other weapons except as permitted under applicable law.

B. Policies, Rules, and Regulations. Student shall abide by all policies, rules and regulations established by the Clinical Site and the School. If a Student or faculty member fails to so abide, the Clinical Site shall have the right to notify the School that such Student(s) or faculty member shall not return to the premises unless authorized to do so by Rogers Memorial.

C. Timeliness. Students shall report to the Clinical Site at the assigned place and time. Student shall immediately inform the Site Coordinator of the Student's inability to report to the Clinical Site as assigned.

D. Uniform and Identification. The Student shall wear appropriate uniform attire or other clothing as directed by the School or Clinical Site. The Student shall display proper identification as directed by the Clinical Site. The Student's appearance shall be, at all times, neat, clean, and professional.

E. Personal Expenses. While at the Clinical Site, the Student shall be responsible for the Student's personal expenses such as meals, travel, medical care and incidentals.

F. Evaluation of Experience. The Student shall, upon request of the School, Rogers Memorial, or the Clinical Site, provide a candid, written evaluation of the experience at the Clinical Site including, without limitation, preparation for the on-site experience, orientation to the Clinical Site and experience and supervision and the Clinical Site.

G. Orientation. Faculty and Students shall review and complete the orientation materials provided by Rogers Memorial or the Clinical Site prior to the first clinical day, including information about site/unit policies, procedures, equipment, and documentation.

4. FURTHER AGREEMENTS OF THE PARTIES.

A. The School shall in no event place any Student or other School personnel at any Clinical Site or permit any Student or School personnel to provide services for Rogers Memorial or any Clinical Site who has been suspended or excluded from participation in any state or federally funded health care program, including without limitation, Medicare or Medicaid.

B. The parties acknowledge their respective obligations governing the privacy and security of health information pursuant to the Health Insurance Portability and Accountability Act of 1996, as amended ("HIPAA") and its implementing regulations ("the Privacy Rule"). The School agrees that Students and School personnel who participate in the program hereunder will not use or disclose Protected Health Information ("PHI"), as that term is defined in 45 C.F.R. § 160.103, obtained in the course of the program for purposes other than those related to the program. Further, the School shall require participating Students and School personnel to agree not to use or disclose PHI obtained in the clinical setting for any non-clinical purposes, including teaching or educational purposes, unless the participant has written approval from Rogers Memorial. If written approval is given, the participant must either (1) obtain an authorization, compliant with the Privacy Rule, from each patient whose PHI is sought to be used; (2) de-identify the PHI in accordance with the Privacy Rule; or (3) use a "limited data set" as defined in the Privacy Rule, and sign a Data Use Agreement with Rogers Memorial. The parties agree that if future modifications or clarifications are made to the Privacy Rule that necessitate amendments to this Agreement, the parties will make such amendments. For purposes of HIPAA only, Students are, with respect to their interactions with patients/clients and their educational activities at Rogers Memorial, under the direct control of Rogers Memorial and are thus considered to be members of Rogers Memorial's "workforce," as that term is defined in 45 C.F.R. § 160.103.

C. All records of any service provided hereunder shall belong to Rogers Memorial or the applicable Clinical Site.

D. The School, its Students and School personnel shall not disclose to any third party or use (other than in fulfilling their duties under the program) any confidential or proprietary information of Rogers Memorial or its affiliates.

F. Rogers Memorial has the right to immediately refuse, suspend, or remove a Student or any School personnel, including coordinators, supervisors or instructors, from a Clinical Education Program for any reason Rogers Memorial deems appropriate provided that Rogers Memorial shall subsequently notify the School in writing of the reasons that the refusal, suspension, or removal occurred.

E. It is acknowledged and agreed by the parties that the School, any School personnel, and Students are "independent contractors" with respect to Rogers Memorial and the Clinical Site and that nothing in this Agreement is intended to nor shall be construed to create any employer/employee relationship or any relationship other than that of independent contractors. Rogers Memorial and Rogers Memorial facilities shall in no event have any obligations to the School, any School personnel, or Students, including payment of any compensation, any withholding, social security, or any other employee-related obligations. The School shall be solely responsible for the actions and omissions of its Students or any School personnel and for any resulting damages.

5. INDEMNIFICATION AND OTHER PROVISIONS.

A. School. The School shall indemnify and hold harmless Rogers Memorial and/or the Clinical Site, its governing board, directors, trustees, officers, and employees from and against any and all claims and liabilities (including reasonable attorney's fees and expenses incurred in the defense thereof) relating to personal injury or property damage to the extent arising out of misconduct or by negligent acts or omissions of the School's Students, faculty, employees or agents in connection with their duties under the Clinical Education Program.

B. Clinical Site. The Clinical Site and/or Rogers Memorial shall indemnify and hold harmless the School and its trustees, officers, employees and Student from and against any and all claims and liabilities (including reasonable attorney's fees and expenses incurred in the defense thereof) relating to personal injury or property damage, to the extent arising out of the conditions existing at the Clinical Site or arising out of intentional misconduct by or negligent acts or omissions of the Clinical Site's employees or agents in connection with their duties under the Clinical Education Program.

C. Notice of Claims. Each party agrees that it shall give the other party prompt notice of any claim, threatened or made, or suit instituted against it which could result in a claim for indemnification above.

D. Policies. The Students, while engaged in the Clinical Education Program, shall be under the supervision and control of the Clinical Site and shall be governed by the Clinical Site's policies relating to health care delivery and the Student's role in it.

E. Discrimination. It is mutually agreed that at no time shall the matter of race, color, religion, sex, sexual orientation, national origin, age, veteran status and/or disability be employed for the purpose of discrimination.

F. Amendments. The parties may modify this Agreement by written amendment signed by duly authorized representatives of each.

G. Relationships. It is understood and agreed that this Agreement is not intended and shall not be construed to create the relationship of agency, partnership, joint venture or associate between the Rogers Memorial and the School, or to create an employment relationship between the Rogers Memorial and the Students in the Clinical Education Program. The School and the Students shall be treated for all purposes as independent contractors pursuant to Section 5.E of this Agreement.

H. Privacy and Nondisclosure. In the event that the School discloses to the Clinical Site information from the educational record of any Student at the School, the Clinical Site agrees to comply with the Family Educational Rights and Privacy Act with respect to such information. The Clinical Site also agrees that its personnel will use such information only in the furtherance of the educational experience provided to each Student, and that such information will not be disclosed to any other party without such Student's prior written consent.

I. Termination. This Agreement may be terminated by either party's giving thirty (30) days' notice in writing to the other party by certified or registered mail at the addresses hereafter set forth:

**If to Rogers Memorial:**

Rogers Behavioral Health  
34700 Valley Road  
Oconomowoc, WI 53066  
Attn: Paul Mueller, CEO

And cc to:

Rogers Behavioral Health  
34700 Valley Road  
Oconomowoc, WI 53066  
Attn: Marybeth Herbst-Flagstad, General Counsel

**If to University or College:**

Herzing University, LTD.  
Attn: Clinical Contracts  
W140 N8917 Lilly Road  
Menomonee Falls, WI 53051

J. Authority. The persons executing and attesting to the provisions of this Agreement on behalf of Rogers Memorial and the School, respectively, represent and warrant that they have full power, authority, and right to execute this Agreement and that the execution of this Agreement by each such person is sufficient and legally binding on the respective party without the joinder or approval of any other person or party.

K. Transfer of Rights. Neither party may subcontract or assign its rights or obligations under this Agreement without the express written consent of the other. Any attempt to do without consent shall be void and the other party may immediately terminate this Agreement.

L. Waivers. A failure of either party to insist upon or enforce any term or provision or to exercise any right, option, or remedy of this Agreement, or to require at any time, performance of any provision hereof shall not be construed as a waiver of any such term or provision. No waiver by either party of any provision hereof shall be binding unless made in writing and signed by such party, nor shall any single or partial exercise of any right or power under this Agreement preclude further exercise of any other right or power.

M. Severability. Should any of the terms or provisions of this Agreement be determined to be invalid, illegal, or unenforceable, such provision shall be deemed to be rescinded, and all remaining terms which reasonably can be given effect in the absence of the remaining terms shall remain in force unless it is clearly unreasonable to do so, or such amendment or modification would substantially

Last revised 6.1.17

change the terms of this Agreement to impose new and/or different obligations, economic or legal relationships between the parties or rights of the parties.

N. Governing Law. This Agreement shall be construed in accordance with the laws of Wisconsin without regard to its conflicts rules.

O. Execution. The parties may sign this Agreement in one or more counterparts, each of which constitutes an original and all of which together constitute the Agreement. Facsimile signatures constitute original signatures for all purposes.

P. Integration. This Agreement and all attachments embody the entire understanding of the parties with respect to the subject matter and supersede all previous or contemporaneous communications, either verbal or written, between the parties.

**THIS AGREEMENT SHALL BE EFFECTIVE AS OF THE DATE OF LAST EXECUTION BY BOTH PARTIES.**

**ACKNOWLEDGEMENTS**

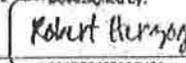
**Rogers Memorial Hospital, Inc.**

CB ~~Marybeth Herbst-Flagstad~~ Paul Mueller  
CB ~~General Counsel~~ CEO, HOSPITAL DIVISION  
Signed:   
Date: 8/28/17

**Herzing University, LTD.**

Printed Name: Robert Herzog

Title: CFO/CCO

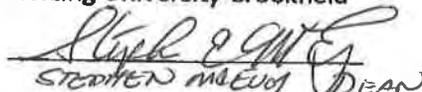
Signed: 

Date: 8/24/2017

**MEMORANDUM OF UNDERSTANDING BETWEEN HERZING UNIVERSITY-  
BROOKFIELD AND  
Villa Healthcare at Bradley Estates**

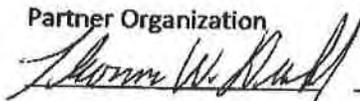
1. **PARTIES.** This Memorandum of Understanding (hereinafter referred to as a MOU) is made and entered into by and between Herzing University-Brookfield, located at 555 South Executive Drive, Brookfield, WI and Villa Healthcare at Bradley Estates, located at 6735 W. Bradley Rd. Milwaukee, WI 53223.
2. **PURPOSE.** The purpose of this MOU is to establish non-compensated nursing clinical experiences for students in the Practical Nurse program at Herzing University-Brookfield and Villa Healthcare at Bradley Estates
3. **TERM OF MOU.** This MOU is effective upon the date executed below by duly authorized representatives of the parties to this MOU and will remain in force unless otherwise terminated by the parties. This MOU may be terminated, without cause, by either party upon written notification, which may be sent by electronic or other means to the parties at the addresses listed above.
4. **RESPONSIBILITIES.** The parties agree that prior to the creation of non-compensated clinical nursing experiences for the Practical Nurse students at Herzing University-Brookfield the parties, upon mutual agreement, will execute an Affiliation Agreement which will detail the rights, obligations and responsibilities of the parties to this MOU.
5. **AMENDMENTS.** Either party may request changes to this MOU. Any changes modifications or revisions or amendments to this MOU which are agreed upon by and between the parties shall be incorporated, in writing, to this MOU and become effective when executed and signed by the parties to this MOU.
6. **APPLICABLE LAW.** The construction, interpretation and enforcement of this MOU shall be governed by the laws of the State of Wisconsin, unless otherwise mutually agreed to by the parties as outlined in paragraph five (5).
7. **ENTIRETY OF AGREEMENT.** This MOU, consisting of one (1) page represents the entire agreement between the parties.
8. **SIGNATURES.** In witness whereof, the parties to this MOU, through their duly authorized representatives have executed this MOU on the date(s) below.

Herzing University-Brookfield

  
STEPHEN M. EGAN, DEAN  
Jarvis Racine, Campus President

Partner Organization

Date

 3/28/18

Name and Title THOMAS W. HENSCHEL, ADMINISTRATOR



## **Licensed Practical Nurse Job Description**

**Position Title:** LPN

**Department:** Nursing

**Reports To:** DON / ADON / Unit Manager

**Job Code:**

**Date:** 9-18-14

**Revision Date:** 1-2-15

**Status:** Non-Exempt

**Reviewed By:** SR

**Revisions Reviewed By:** DB, JRP

### **POSITION SUMMARY:**

Prescribes and adheres to the Villa Way of Kindness in all personal and professional interactions while on duty in and around the facility. LPN demonstrates great customer service by mentoring Villa's three core principles of Exceptional Care, Passionate Services and Unexpected Luxury in all of her job duties and responsibilities.

Under the supervision of the Unit Manager / ADON/ DON, the LPN assumes responsibility and accountability for a group of residents/patients for a shift of duty. Nursing care is provided through assessment, implementations, and evaluation of the plan of care. The LPN adheres to the standards of care for the area, manages the environment to maintain resident/patient safety, and supervises the resident/patient care activity performance by nursing assistants and helpers. Follows all Villa's policies and procedures. Performs duties as defined by the State Nurse Practice Act. Follows where applicable JCAHO standards.

### **REPORTING RELATIONSHIPS:**

Oversees assigned nursing staff

### **ESSENTIAL FUNCTIONS:**

1. Makes frequent rounds to note resident/patient conditions and to ensure nursing personnel
2. Are performing their work assignments in accordance with acceptable nursing standards.
3. Provide licensed care to assigned residents as ordered by physician and in accordance with facility, federal, state and local standards, guidelines and regulations
4. Gives/receives the nursing report upon reporting in and ending shift duty hours.
5. Ensures assigned work area (i.e. nurse station, med. Cart, medication room, etc.), Resident/patient care rooms and treatment areas are maintained in a clean and sanitary manner.
6. Monitors supplies and orders as needed.
7. Attends regularly conducted staff meetings as scheduled by the Director of Nursing/Unit
8. Participates regularly in continuing education in-service programs.

9. Directs and supervises the day-to-day certified nursing assistant services for assigned unit to assure that care is being rendered in accordance with current federal, state and local standards, guidelines and regulations.
10. Provide licensed nursing care to residents on assigned unit in accordance with current federal, state and local standards, guidelines and regulations.
11. Provides the following nursing functions:
  - Responsible for resident/patient care during his/her respective shift.
  - Provides required patient assessments/observations and interventions.
  - Reviews care plans, at least daily, to ensure appropriate care.
  - Appraises the DON / Unit Manager of resident /patient status changes in condition.
  - Takes and records blood pressure and vital signs.
  - Administers catheter care as required (may include catheter insertion).
  - Administers IV therapy as ordered as license allows.
  - Provides respiratory care, e.g. oxygen, nebulizer treatments.
  - Assists the physician in therapeutic measures, as needed.
  - Participates in care plan development and attends resident/patient care conferences.
  - Receives and transcribes physician's orders to resident's/patient's charts, Kardex/Care Medication Administration Record ("MAR"), treatment/care plans, as required.
  - Prepares and administers medications and performs treatments as ordered by the Physician.
  - Charts nurses notes in an informative and descriptive manner that reflects the care provided as well as the resident's/patient's response to the care.
  - Documents all pertinent data as required by Medicare, Medicaid, Villa standards and policies.
  - Completes the required forms upon admission, transfer, and/or discharge.
  - Informs physician of resident/patient change of condition.
12. Counts all controlled drugs with other nurse at shift change and notifies the DON / Unit Manager of all drug and narcotic discrepancies noted on your shift.
13. Keeps medication room and medication cart locked according to regulations. Responsible for security of keys.
14. Ensure that crash cart is appropriately stocked and in good repair.
15. Ensure the resident environment is as free from accidents and hazards as is possible. Immediately correct/address potential safety risks as prudent and warranted.
16. Keeps medication room and medication cart clean and orderly.
17. Direct the day-to-day functions of the certified nursing assistants in accordance with current rules, regulations and guidelines that govern long-term care facilities.
18. Closely monitor and supervise all facility residents per facility policies and as warranted by good nursing judgment.
19. Coordinate overall resident care issues per nursing license, facility policy and as warranted to meet resident needs.
20. Make written and oral reports/recommendations concerning the activities of your shift as required.
21. Monitor and direct non-licensed ancillary services as deemed necessary to meet professional standards and maintain the highest practicable level of resident care
22. Communicate/report information to residents, resident families, physicians, guardians, governmental agencies and facility personnel as required by facility policy and State/Federal guidelines.
23. Ensure that all aspects of resident care plans are implemented and maintained. Make recommendations for care plan changes to the IDT per professional standards.
24. Ensure that all personnel providing care to residents are providing such care in accordance with the resident's care plan and wishes.

25. Admit, transfer and discharge residents as necessary to meet the resident's individual needs and maintain the overall safety of other residents, staff and visitors.
26. Ensure compliance with infection control standards. Immediately correct/address identified instances of non-compliance.
27. Participates in the Interdisciplinary Plan of Care ("IPOC") process as assigned.
28. Complies with laws and regulations applicable to position and acts in accordance with Villa's Corporate Compliance Program.
29. Treats all residents, visitors, and staff with courtesy.
30. Attends and participates in in-service classes, performance improvement ("PI") committees, and other meetings as assigned.
31. Follow facility dress and hygiene policies.
32. Strictly follows policy and safeguards computer passwords and computer use authorities. Understands the importance of logging on and off the computer clinical record system and will consistently maintain all computer protocols.
33. Ensure that all elements of the facility's Abuse & Neglect policies are maintained and enforced.
34. Safety
  - Knows and follows facility rules.
  - Demonstrates proper use of equipment. Reports equipment needs or repairs.
  - Follows facility smoking policies.
  - Reports and documents any incidents or accidents of residents, staff or visitors to the Appropriate facility personnel.
  - Reports all hazardous conditions/equipment to Supervisor.
  - Performs duties, which may include transportation of residents, as assigned in Facility Disaster Plan.
  - Uses required protective equipment.
  - Follows infection control standards, policies and procedures.
35. Resident Rights
  - Knows Resident Rights. Help the residents/patients exercise and/or protect their rights.
  - Reports resident/patient complaints to management.
  - Maintains confidentiality of resident/patient information.
36. HIPAA
  - Follows and adheres to Villa's policies and procedures implementing HIPAA Requirements for the privacy and security of protected health information.
  - Uses and/or discloses only minimum amount of Protected Health Information necessary to complete assigned tasks (applies only if position requires access to PHI under Role Based Access Grid).
  - Reports all suspected violation of company's HIPAA policies or procedures to Facility Privacy Designee.

**Other Duties:**

This job description is not intended to be all inclusive, and the employee will perform other related duties as assigned. This organization reserves the right to revise the essential position functions as the need arises.

1. Participates in all-hands dining.
2. Performs other duties as directed by facility management.
3. Participates in marketing events.
4. Works overtime, holiday and weekend hours as scheduled.

**MINIMUM QUALIFICATIONS:**

**Education:** Possesses a current license to practice in the State as an RN.

**Experience:** One year of experience preferred.

**Physical Demands:**

**Primary activities** involve walking and talking. Involves sitting and standing.

**Travel:** Up to 10%

**Working conditions:** Primarily inside with well- lighted and well ventilated areas

**Skills, Knowledge and Abilities:**

Ability to manage and supervise nursing staff. Ability to make independent decisions. Ability to read, write, speak and understand English. Meets all health requirements, as required by law. Ability to relate positively, effectively, and appropriately with residents, families, community members, volunteers and other facility staff. Demonstrates basic computer knowledge and ability with an aptitude to learn company applications. Microsoft Office version 1997, 2000 or XP, MS Word, MS Access, MS Excel, E-mail, Outlook, Internet Explorer.

**ENVIRONMENTAL AND PHYSICAL REQUIREMENTS:**

The responsibilities of this position involve significant physical activities including standing, lifting (up to 60 pounds unassisted), bending, stooping, pushing, pulling and twisting. All employees of nursing homes may be required to provide lifting and transfer assistance to residents. Lifting and/or transferring some residents will require use of a lifting device and /or assistance of other staff.

This description has been prepared to assist in evaluating various classes of responsibilities, skills, and working conditions. It indicates the kinds of tasks and levels of work difficulty required of positions given this classification. It is not intended as a complete list of specific duties and responsibilities. Nor is it intended to limit or modify the right of any supervisor to assign, direct, and control the work of employees under supervision. Nothing contained herein is intended or shall be construed to create or constitute a contract of employment between any employee or group of employees and the Company. The Company retains and reserves any and all rights to change, modify, amend, add to or delete from any section of this document as it deems, in its judgment, to be proper.

*Employee Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

**Exhibit A**  
**Clinical Education Program Memorandum**

Student Name	Clinical Education Program Objectives, Goals & Expectations	Placement Dates	Clinical Site	Educational Coordinator

# Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8366  
Madison, WI 53708-8366  
FAX #: (608) 266-2602  
Phone #: (608) 266-2112

1400 E. Washington Avenue  
Madison, WI 53708-8366  
E-Mail: [dsps@wisconsin.gov](mailto:dsps@wisconsin.gov)  
Website: [dsps.wisconsin.gov](http://dsps.wisconsin.gov)

## BOARD OF NURSING

### CLINICAL FACILITY SELECTION AND SIMULATED SETTING EXPERIENCES

Completion of this form is required for each clinical facility or simulated setting experience as part of the application for authorization to admit students. In addition, this form shall be completed, kept on file in the school of nursing office, and made available to the Board upon request for all clinical facilities and all simulated setting experiences utilized by the nursing school.

#### I. IDENTIFYING DATA

- A. Name of facility: Brookfield Rehabilitation & Speciality Care  
Address: 18740 Bluemound Road  
Brookfield, WI 53045  
Telephone: 262-782-0230
- B. Type of facility:  Hospital  Nursing Home  Community Health Agency  
 Other: Rehab
- C. Number of beds at facility: 224
- D. Types of patients: Older Adults
- E. Administrator of facility: D.J.Swant
- F. Director of nursing service: NA
- G. School(s) of nursing utilizing the facility: Herzing, BSN
- \_\_\_\_\_
- \_\_\_\_\_

#### II. EXHIBITS (*attach to this form*)

- A. Copy of formal agreement signed by:
1. Administrator of facility
  2. Educational administrator of nursing school
- B. Copy of the position description for:
1. Registered Nurses
  2. Licensed Practical Nurses
- C. Listing of simulation activities provided and a listing of types of simulation equipment utilized

## Wisconsin Department of Safety and Professional Services

III. PLEASE RESPOND TO THE FOLLOWING QUESTIONS:

A. Have the nursing school objectives been shared with the facility?  Yes  No

Comments: \_\_\_\_\_

B. Does the facility agree to cooperate in promoting the nursing school objectives?  Yes  No

Comments: \_\_\_\_\_

C. Are there experiences in the facility available to students to meet clinical objectives?  Yes  No

Comments: \_\_\_\_\_

D. Is the practice of registered nursing in the facility within the legal scope of practice for registered nurses as defined in Chapter 441.11(4), Wisconsin Statutes? (If no, facility may not be approved.)

Yes  No

Comments: \_\_\_\_\_

E. Is the practice of licensed practical nursing in the facility within the legal scope of practice for licensed practical nurses as defined in Chapter 441.11(3), Wisconsin Statutes? (If no, facility may not be approved.)

Yes  No

Comments: \_\_\_\_\_

F. If simulated settings are utilized, list the activities, responsibilities and equipment which are included in the learning experience:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Herzing University

Nursing School

Dr. Deborah Ziebarth

Educational Administrator

Dr. Deborah Ziebarth  
Signature

2626491710

Telephone Number

Herzing University

Nursing Program(s) Utilizing Facility/Simulated Setting

Department Chair Nursing

Title

12/22/2017

Date

dziebarth@herzing.edu

Email Address

## Neave, Joan

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**From:** Atkinson, Trisha <TATKINSON@5SSL.COM>  
**Sent:** Friday, November 10, 2017 11:23 AM  
**To:** Neave, Joan  
**Subject:** RE: Herzing LPN program

Absolutley! We would LOVE to have them!! ☺

Thank you,  
Trisha Atkinson

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**From:** Neave, Joan [mailto:jneave@herzing.edu]  
**Sent:** Thursday, November 09, 2017 1:49 PM  
**To:** Atkinson, Trisha  
**Subject:** [EXTERNAL] Herzing LPN program

Hello Ms. Atkinson,  
am writing to let you know Herzing University Brookfield is launching an LPN program in 2018, anticipated to start in May.  
We are reaching out to our clinical partners to inquire about the possibility of placement of LPN students in clinical at Brookfield Rehab, AM or PM shifts.  
We have enjoyed our partnership very much.  
The rehab unit would be an excellent fit for these students clinical learning needs.  
Can you please let me know if LPN student placement can be considered?  
Thank you so much,  
Joan Neave

Joan Neave MSN, PMH RN-BC  
Nursing Clinical Coordinator and Associate Professor of Nursing  
Herzing University, Brookfield Campus  
555 South Executive Drive, Suite 100  
Brookfield, WI 53005  
[www.herzing.edu](http://www.herzing.edu)  
[jneave@herzing.edu](mailto:jneave@herzing.edu)  
O: (262)-671-0675 Ext. 60466

**HERZING**  
— UNIVERSITY —

Department: NursingReports to: Charge Nurse or Unit Manager

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**FUNCTION:** Provides nursing care, nursing services and health education to nursing home residents.

**QUALIFICATIONS:** The requirements listed below are representative of the knowledge, skill and/or ability required.

**Minimum Qualifications:**

- Freedom from illegal use of drugs.
- Freedom from use of and effects of use of drugs and alcohol in the workplace.
- Anyone found guilty by a court of law of abusing, neglecting or mistreating individuals in a health care related setting are ineligible for employment in the position.

**Education and/or Experience:** Licensed L.P.N., preferably with experience in long-term care of geriatric nursing.

**Certificates, Licenses, Registrations:** Current state license to practice as a nurse. Current CPR certification and additional certification in nursing specialty desired.

**LANGUAGE SKILLS:** Ability to read, analyze and interpret general business periodicals, professional journals, technical procedures or governmental regulations. Ability to write reports, business correspondence, nursing/Resident progress notes and nursing procedures. Ability to effectively present information and respond to questions from department heads, customers (Residents, family members, physicians, etc.) and the general public.

**MATHEMATICAL SKILLS:** Ability to add, subtract, multiply and divide in all units of measure, using whole numbers, common fractions and decimals. Ability to compute rate, ratio and percent and to draw and interpret bar graphs.

**REASONING ABILITY:** Ability to solve practical problems and deal with a variety of concrete variables. Ability to interpret a variety of instructions furnished in written oral, diagram or schedule form.

**ESSENTIAL FUNCTIONS AND RESPONSIBILITIES:** To perform this job successfully, an individual must be able to perform each key function satisfactorily. Reasonable accommodations may be made to enable individuals with disabilities to perform the key functions.

- Reviews medication and treatment records for completeness, accuracy in transcription of physician orders and adherence to stop order policies.
- Administers and documents administration of medications, enteral nutrition and treatments per the physician's order and accurately records all care provided.
- Orders and documents receipt of medications.
- Supervises the serving and documentation of prescribed diets and fluid intake.
- Counts all narcotics, signs for count and exchanges keys to medication carts and medication room.
- Checks emergency equipment (oxygen and suction) and emergency medication kit (if application)
- Follows procedures related to the use of nursing equipment and supplies.
- Performs other duties as assigned by the DON.

**Maintenance Of Supplies/Equipment:**

- All equipment is operated in a safe manner and the only equipment utilized is that which previous training of use has occurred.
- Defective equipment is reported to the Manager.
- The nurses station is maintained:
  - a. Supplies are maintained at par levels and are arranged in an organized manner.
  - b. Nurses station is neat and orderly.
    - Assure cleaning and maintenance occurs according to schedule.
  - a. IV or tube feeding pump poles, tube feeding infusion pumps, and suction machines are wiped down weekly.
  - b. Utility room is checked routinely for supplies that need to be returned to the appropriate department, meal trays requiring return to dietary, and linen that requires removal to the laundry.
  - c. Safety hazards are removed from unit floors (liquid spills, food, paper, equipment cords, etc.).
    - Assure the resident's environment is safe and clean.
    - Individual patient/resident supplies are restocked as indicated.
    - Procedures are performed according to established method in the procedure manual.
    - Body substance precautions and other appropriate infection control practices are utilized with all activities.
    - Safety guidelines established by the facility (i.e. proper restraint and side-rail use) are followed.

**Staff Development:**

- Participate as requested by the Medical Director or Director of Nursing Services in the planning and conducting of in-service training classes concerning dermatologic nursing skills and procedures used within the facility
- Participate in educational programs for residents and their family members relative to skin care when a resident is being discharged to home.
- Attend and participate in annual in-service programs for hazard communication, TB management, bloodborne pathogens standard, and other related programs.
- Attend and participate in advance directive in-service programs for the staff and community.

**Safety and Equipment:**

- Assist in monitoring the inventory of medications, medical supplies, and equipment to ensure an adequate supply of skin care products are on hand to meet the needs of residents.
- Be familiar with and use as appropriate all items of personal protective equipment offered by the facility, including, but not limited to, masks, gowns, gloves, and back brace to be worn when lifting.
- Wear and/or use safety equipment and supplies (e.g., back brace, mechanical lifts, etc.) when moving or lifting residents.

**Resident Rights:**

- Maintain the confidentiality of all resident care information.
- Monitor all care and activities of residents to ensure that residents are treated fairly, and with kindness, dignity and respect.
- Ensure that all nursing care is provided in privacy and that nursing service personnel knock before entering the resident's room.
- Report any complaints or grievances made by residents regarding nursing or medical care to the Director of Nursing Services. Maintain a written record of any resident's complaints or grievances communicated to you with a notation of actions taken.
- Report and investigate all allegations of resident abuse and/or misappropriation or resident property.
- Ensure that nursing staff personnel honor the resident's refusal of treatment request. Ensure that such requests are in accordance with the facility's policies governing advance directives.

**Resident Rights:** Promotes and protects resident's rights, assists Residents to make informed decisions, treats Residents with dignity and respect, protects Residents' personal belongings, reports suspected abuse or neglect, avoids the need for physical restraints in accordance with current professional standards and, supports independent expression, choice and decision-making consistent with applicable law and regulation.



**LICENSED PRACTICAL NURSE  
Job Description**

**WORK ENVIRONMENT:** The work environment characteristics described are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job, the employee is occasionally exposed to blood or other body fluids, fumes r airborne particles and toxic or caustic chemicals. The noise level in the work environment is usually moderate.

**COMMUNICATION:**

**JOB DESCRIPTION REVIEW:** I understand the job description, its requirements and that I am expected to complete all duties as assigned. I understand the job duties may be altered from time to time. I have noted below any accommodations that are required to enable me to perform these duties. I have also noted below any job duties that I am unable to perform, with or without accommodation.

---

*Employee's Signature*

*Date*

---

*Supervisor's Signature*

*Date*

cc: Personnel File  
Employee

ESSENTIAL FUNCTIONS	RATING	COMMENTS
1. Institutes appropriate nursing intervention which might be required to stabilize a resident's condition and/or prevent complication.		
2. Makes daily resident rounds to interview physical and emotional status and to implement any required nursing interventions.		
3. Responds to resident and family concerns and ensures that each concern is documented and a resolution is initiated or communicated to appropriate staff.		
4. Coordinates admission, discharge and transfer of residents.		
5. Obtains report from nurse he or she is relieving, provides report to nurse coming on duty and keeps the charge nurse or others (as appropriate) informed about the status of residents and related matters.		
6. Prepares, administer and documents medications following accepted practices.		
7. Consults with licensed or registered nurse, physician or licensed independent practitioner.		
8. Clarifies any order or treatment regimen believed to be inaccurate, ineffective or contraindicated by consulting with the appropriate licensed practitioner.		
9. Notifies the supervising nurse when medication or treatment issues arise. Assists in discussion making process regarding non-delivery of same.		
10. Knows the rationale for the effect of medications and treatments and correctly administers same.		
11. Accurately reports and documents the resident's symptoms, responses and status.		
12. Monitors residents who self-administer medication and reports deviation from the plan of care to the licensed or registered nurse.		
13. Administers medications within 60 minutes of schedule time.		
14. Identifies residents before administering medications.		
15. Secures medication cart.		

ESSENTIAL FUNCTIONS	RATING	COMMENTS
32. Defective equipment is reported to the Manager.		
33. The nurses station is maintained: c. Supplies are maintained at par levels and are arranged in an organized manner. d. Nurses station is neat and orderly.		
34. Assure cleaning and maintenance occurs according to schedule. d. IV or tube feeding pump poles, tube feeding infusion pumps, and suction machines are wiped down weekly. e. Utility room is checked routinely for supplies that need to be returned to the appropriate department, meal trays requiring return to dietary, and linen that requires removal to the laundry. f. Safety hazards are removed from unit floors (liquid spills, food, paper, equipment cords, etc.).		
35. Assure the resident's environment is safe and clean.		
36. Individual patient/resident supplies are restocked as indicated.		
37. Procedures are performed according to established method in the procedure manual.		
38. Body substance precautions and other appropriate infection control practices are utilized with all activities.		
39. Safety guidelines established by the facility (i.e. proper restraint and side-rail use) are followed.		
40. All accidents or incidents observed are reported on the shift that they occur.		
41. Intake and output is accurately recorded on the appropriate form.		
42. Patient/resident weights are recorded on the appropriate form.		
43. Nursing care flowsheet (if applicable) is maintained.		
44. Only Five Star approved abbreviations are used when recording information.		

ESSENTIAL FUNCTIONS	RATING	COMMENTS
60. Time is spent with residents rather than other personnel.		
61. Co-workers are readily assisted as needed.		
<b>Staff Development</b>		
62. Participate as requested by the Medical Director or Director of Nursing Services in the planning and conducting of in-service training classes concerning dermatologic nursing skills and procedures used within the facility		
63. Participate in educational programs for residents and their family members relative to skin care when a resident is being discharged to home.		
64. Attend and participate in annual in-service programs for hazard communication, TB management, bloodborne pathogens standard, and other related programs.		
65. Attend and participate in advance directive in-service programs for the staff and community.		
<b>Safety and Equipment</b>		
66. Assist in monitoring the inventory of medications, medical supplies, and equipment to ensure an adequate supply of skin care products are on hand to meet the needs of residents.		
67. Be familiar with and use as appropriate all items of personal protective equipment offered by the facility, including, but not limited to, masks, gowns, gloves, and back brace to be worn when lifting.		
68. Wear and/or use safety equipment and supplies (e.g., back brace, mechanical lifts, etc.) when moving or lifting residents.		
<b>Resident Rights</b>		
69. Maintain the confidentiality of all resident care information.		
70. Monitor all care and activities of residents to ensure that residents are treated fairly, and with kindness, dignity and respect.		
71. Ensure that all nursing care is provided in privacy and that nursing service personnel knock before entering the resident's room.		



Employee Name:	Date:
----------------	-------

**Job Specific Performance Rating**

Using the three-level rating scale, how would you rate this employee's overall job performance?

Each specific responsibility should be scored with 1, 2 or 3 based on level of achievement with Needs Improvement equaling 1, Meets Expectation equaling 2 and Exceeds Expectation equaling 3. Add the total number of points and divide by 3 to determine average rating.

\_\_\_\_\_ *Total Points Achieved (Add points from all line items)*

÷

\_\_\_\_\_ *Total Possible Points (# of line items x 3)*

=

\_\_\_\_\_ X 100 = *Performance Rating* \_\_\_\_\_ %

<b>86% to 100%</b>	<b><i>Exceeds Expectation</i></b>
<b>50% to 85%</b>	<b><i>Meets Expectation</i></b>
<b>0 to 49%</b>	<b><i>Needs Improvement - No Increase at this time. (A Performance Improvement Plan needs to be created and the employee should be re-evaluated after an additional 90 Days)</i></b>

**DEVELOPMENT PLANS:** Include plans to develop or improve the employee's performance or potential, including type of plan(s) and tentative timetable for implementation.

*Subject and Type of Plan(s)*

*Tentative Timetable*

SUBJECT		TYPE OF PLAN	
1. Knowledge	4. Leadership Skills	1. Directed Self-Development (Reading, Self Study)	4. Counseling, Coaching
2. Organization	5. Communications	2. Formal Training	5. On-the-Job Training
3. Decision Making Skills	6. Personal Qualities	3. Outside Education	6. No Plan at Present

**EMPLOYEE COMMENTS**

**SIGNATURES**

*Employee*

*Date*

*Supervisor*

*Date*

**Review Date:**

**Student Affiliation Agreement**

Between

HERZING UNIVERSITY

And

BROOKFIELD REHAB

This Agreement is made as of the 5<sup>th</sup> of December, 2011 between Brookfield Rehab d/b/a Brookfield Rehab ("Facility") and Herzing University ("Educational Agency").

**Term:** The initial term of this Agreement shall be for a period of one (1) year commencing on 1/9/2012 and shall automatically renew for additional terms of one (1) year each unless the contract is otherwise terminated as provided herein.

**Termination:** Either party may terminate this agreement upon thirty (30) days notice in writing to the other party. If Facility terminates this Agreement less than thirty (30) days prior to commencement of a course, students enrolled in the course may continue under this agreement until the course is completed; provided that Facility may terminate this agreement immediately, regardless of the timing of commencement or completion of coursework, if failure to do would be inconsistent with resident care.

It is agreed and understood that the students participating in the educational program at Facility are doing so solely for training and educational purposes. In consideration of the promises and the mutual covenants contained herein, the parties to this Agreement agree as follows:

**FACILITY'S RESPONSIBILITIES**

Facility shall:

1. Have sole authority and control over all aspects of resident services, including those activities where students may be exposed to or interrelate with residents.
2. Make Facility available to students enrolled in the educational program at the discretion of Facility. Resident assignments, days and hours will be mutually agreed upon by Facility and the Educational Agency.
3. Agrees to provide general orientation for students to Facilities applicable policies/procedures to include but not limited to safety, confidentiality, MSDS, blood borne pathogens, Hepatitis B, and HIPAA.

4. Have the right in its sole discretion to refuse or limit access under this agreement, to any student and/or instructor who Facility deems has not adhered to the terms of this agreement, who constitutes a threat to resident health or safety, or to the successful operation of the educational program or Facility. Facility will provide the Educational Agency with written notice as soon as it is reasonably possible when it invokes its rights under this section.
5. Contribute in the evaluation of students as may be requested by the Educational Agency.
6. Facility will select a person reasonably acceptable to Educational Agency to supervise students who participate in the educational program (the "Supervisor"). Students will function under the direct supervision of the Supervisor or his or her designee. Educational Agency will communicate to the Supervisor what level of assignments is appropriate given each student's level of competence.

#### THE EDUCATIONAL AGENCY'S RESPONSIBILITIES

The Educational Agency shall:

1. Assume and maintain primary responsibility for the planning and execution of the educational program including: programming, administration, curriculum content, faculty appointments, faculty administration and the requirements for grades, matriculation, promotion and graduation.
2. Ensure that all students have completed all applicable prerequisite courses and any other requirements necessary prior to the student placement.
3. In consultation with Facility and subject to approval by Facility, maintain responsibility, control and supervision of the educational program at Facility.
4. Arrange, in conjunction with Facility, for appropriate orientation for the students/faculty at clinical site.
5. Provide Facility with written objectives and guidelines for the clinical rotation if requested.
6. Determine that each student has: (a) proof of a recent physical examination, (b) a negative TB test or NTB screen based on state regulations and (c) either proof of vaccination for Hepatitis B or a signed declination form prior to placement at Facility. Copies of all tests/declinations will be made available on request. In the event of occupational exposure, Education Agency will be responsible for maintaining the follow-up health records.
7. Acknowledge and abide by all terms of the HIPAA Business Associate Agreement attached hereto as Exhibit A.

8. Determine that each student, through performance of a criminal background check, is qualified to participate in a clinical site rotation. Results of background checks will be made available on request.
9. Inform students of student's responsibility to provide any transportation, meals and lodging related to clinical rotation.
10. Insure each student for claims or losses related to the student's activities at the Facility.
11. Require that each student and instructor maintain Professional Liability Insurance for coverage of expenses or losses incurred through activities, acts and omissions that may occur during the period of clinical placement at Facility. The Educational Agency will advise the student that proof of such insurance may be required prior to the student beginning the clinical rotation.
12. Maintain, in full force and effect for the duration of this Agreement, general and professional liability insurance covering Educational Agency and its employees in amounts not less than \$1,000,000 per occurrence and \$3,000,000 in the aggregate. Educational Agency shall notify Facility thirty (30) days prior to any material change in or termination of insurance.
13. Be responsible for the Educational Agency's instructors' and students' compliance with all rules, policies, standards, schedules, practices and regulations of Facility while participating in the educational program at Facility. It is understood that Facility retains the ultimate responsibility for resident care.
14. Assure that each student attends the general orientation program provided by Facility.

## GENERAL TERMS AND CONDITIONS

### **Anti-Discrimination**

The parties agree that in the performance of this agreement, there will be no discrimination against students, instructors, employees or other persons related to race, color, sex, religion, creed, age, national origin, sexual orientation or disability.

### **Indemnification**

The Educational Agency will defend, indemnify and hold harmless Facility, its directors, officers, employees and agents against any and all claims, demands, causes of action, losses, costs and liabilities, including reasonable attorneys' fees, brought and arising out of or relating to any act or omission of the Educational Agency, and instructor or student participating in the educational program at Facility pursuant to this agreement.

**Independent Parties**

This Agreement is an independent contract between Facility and Educational Agency. Neither party, nor any employees of either party, shall be construed in any manner whatsoever to be an employee or agent of the other, nor shall this Agreement be construed as a contract of employment or agency. The Facility shall be under no obligation to provide Worker's Compensation, disability, health or other insurance, or to provide unemployment benefits for the Educational Agency or to withhold, deduct or pay income or social security taxes for the Educational Agency.

**Controlling Law**

This Agreement and all questions relating to its validity, interpretation, performance and enforcement, shall be governed by and construed in accordance with the laws of the state where the Facility is located, notwithstanding any conflict-of-law provisions to the contrary.

**Compliance with Laws and Regulations**

In the event that any local, state, or federal governmental agency promulgates regulations which may affect the validity or enforceability of the terms hereof, the provision so affected shall be immediately subject to renegotiations upon the initiative of either party, and the remaining provisions hereof shall continue in full force and effect.

**Exhibits**

If checked the following exhibits are attached and hereby made a part of this agreement:

- (x)  Exhibit A: HIPPA Business Associates Agreement
- (x)  Exhibit B: Student Worksheet

Exhibit A has an individual signature requirement, in addition to the contract.

IN WITNESS WHEREOF, the parties have executed this agreement on the date first above written intending to be legally bound hereby.

**Educational Agency:**

By: Jacquelyn Whaitz Dow  
 Name: Jacquelyn J Gaetz  
 Title: Director of Nursing  
Assistant Education Administrator

**Facility**

By: [Signature]  
 Name: D-T SWART  
 Title: Administrator

**EXHIBIT A**  
**Business Associates Agreement**

**BACKGROUND STATEMENTS**

A. **Purpose.** The purpose of this Exhibit is to comply with the requirements of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and the associated regulations, 45 C.F.R. parts 160-164, as may be amended (the "Privacy Rule") and 45 C.F.R. §142.308(a)(2), as may be finalized and amended (the "Chain of Trust" requirement) Unless otherwise defined in this Exhibit, capitalized terms have the meanings given in the Privacy Rule. The Privacy Rule requires Provider to obtain written assurances from Business Associate that Business Associate will appropriately safeguard Protected Health Information ("PHI"). The Chain of Trust provision requires that a contract involving exchange of Protected Health Information protect the integrity and confidentiality of the Protected Health Information.

B. **Relationship.** Provider and Business Associate have entered into a relationship (the "Agreement") under which Business Associate may receive, use, obtain, access or create Protected Health Information ("PHI") from or on behalf of Provider in the course of providing services (the "Services") for Provider.

**AGREEMENT**

The Parties hereby agree as follows:

**Section 1. Permitted Uses and Disclosures.**

Business Associate may use and/or disclose PHI only as permitted or required by this Exhibit or as otherwise Required by Law. Business Associate may disclose PHI to, and permit the use of PHI by, its employees, contractors, agents, or other representatives only to the extent directly related to and necessary for the performance of the Services. Business Associate will request from Provider no more than the minimum PHI necessary to perform the Services. Business Associate will not use or disclose PHI in a manner (i) inconsistent with Provider's obligations under the Privacy Rule, or (ii) that would violate the Privacy Rule if disclosed or used in such a manner by Provider.

**Section 2. Safeguards for the Protection of PHI.**

Business Associate will implement and maintain commercially appropriate security safeguards to ensure that PHI obtained by or on behalf of Provider is not used or disclosed by Business Associate in violation of this Exhibit. Such safeguards shall be designed to protect the confidentiality and integrity of such PHI obtained, accessed or created from or on behalf of Provider. Security measures maintained by Business Associate shall include administrative safeguards, physical safeguards, technical security services and technical security mechanisms as necessary to protect such PHI. Upon

request by Provider, Business Associate shall provide a written description of such safeguards.

Section 3. Reporting and Mitigating the Effect of Unauthorized Uses and Disclosures.

If Business Associate has knowledge of any use or disclosure of PHI not provided for by this Exhibit, then Business Associate will immediately notify Provider in accordance with Paragraph 10.5. Business Associate will establish and implement procedures and other reasonable efforts for mitigating, to the greatest extent possible, any harmful effects arising from any improper use and/or disclosure of PHI.

Section 4. Use and Disclosure of PHI by Subcontractors, Agents, and Representatives.

Business Associate will require any subcontractor, agent, or other representative that is authorized to receive, use, or have access to PHI obtained or created under the Agreement, to agree, in writing, to adhere to the same restrictions, conditions and requirements regarding the use and/or disclosure of PHI and safeguarding of PHI that apply to Business Associate under this Exhibit. [ Such agreement shall identify Provider as a third-party beneficiary with rights of enforcement in the event of any violations. ]

Section 5. Individual Rights.

Business Associate will comply with the following Individual rights requirements as applicable to PHI used or maintained by Business Associate:

5.1 Right of Access. Business Associate agrees to provide access to PHI, at the request of Provider and in the time and manner designated by Provider, to Provider or, as directed, to an Individual in order to meet the requirements under 45 C.F.R. § 164.524.

5.2 Right of Amendment. Business Associate agrees to make any amendment(s) to PHI that Provider directs or agrees to pursuant to 45 C.F.R. § 164.526 at the request of Provider or an Individual, and in the time and manner designated by Provider.

5.3 Right to Accounting of Disclosures. Business Associate agrees to document such disclosures of PHI as would be required for Provider to respond to a request by an Individual for an accounting of disclosures of PHI in accordance with 45 C.F.R. § 164.528. Business Associate agrees to provide to Provider or an Individual, in the time and manner designated by Provider, such information collected in order to permit Provider to respond to a request by an Individual for an accounting of disclosures of PHI in accordance with 45 C.F.R. § 164.528.

Section 6. Use and Disclosure for Business Associate's Purposes.

6.1 Use. Except as otherwise limited in the Agreement or this Exhibit, Business Associate may use PHI for the proper management and administration of Business Associate or to carry out the legal responsibilities of Business Associate.

6.2 Disclosure. Except as otherwise limited in the Agreement or this Exhibit, Business Associate may disclose PHI for the proper management and administration of Business Associate, provided the disclosures are required by law, or Business Associate obtains reasonable assurance from the person to whom the PHI is disclosed that it will remain confidential and be used or further disclosed only as required by law or for the purpose for which it was disclosed to the person, and the person notifies Business Associate of any instances of which it is aware in which the confidentiality of the PHI has been breached.

#### Section 7. Audit, Inspection and Enforcement by Provider.

With reasonable notice, Provider may audit Business Associate to monitor compliance with this Exhibit. Business Associate will promptly correct any violation of this Exhibit found by Provider and will certify in writing that the correction has been made. Provider's failure to detect any unsatisfactory practice does not constitute acceptance of the practice or a waiver of Provider's enforcement rights under this Exhibit. Business Associate will make its internal practices, books, records, and policies and procedures relating to the use and disclosure of PHI received from, or created or received by Business Associate on behalf of Provider, available to the federal Department of Health and Human Services ("HHS"), the Office for Civil Rights ("OCR"), or their agents or to Provider for purposes of monitoring compliance with the Privacy Rule.

#### Section 8. Term and Termination.

8.1 Term and Termination. This Exhibit is effective as of the Effective Date of the Agreement. Unless terminated sooner pursuant to this Paragraph, this Exhibit shall remain in effect for the duration of the Agreement and for so long as Business Associate shall remain in possession of any PHI received from, or created or received by Business Associate on behalf of Provider, unless Provider has agreed in accordance with Paragraph 8.2 that it is infeasible to return or destroy all PHI. Provider may immediately terminate the Agreement if Provider determines that Business Associate has breached a material term of this Exhibit. Provider may also report the material breach to the Secretary of HHS or OCR.

8.2 Effect of Termination. Upon termination of the Agreement, Business Associate will recover any PHI relating to the Agreement in the possession of its subcontractors, agents, or representatives. Business Associate will return to Provider or destroy all such PHI plus all other PHI relating to the Agreement in its possession, and will retain no copies. If Business Associate believes that it is not feasible to return or destroy the PHI as described above, Business Associate shall notify Provider in writing. The notification shall include: (i) a statement that Business Associate has determined that it is infeasible to return or destroy the PHI in its possession, and (ii) the specific reasons for such determination. If Provider agrees in its sole discretion that Business Associate cannot feasibly return or destroy the PHI, Business Associate will ensure that any and all protections, requirements and restrictions contained in this Exhibit will be extended to any PHI retained after the termination of the Agreement, and that any further uses and/or disclosures will be limited to the purposes that make the return or destruction of the PHI infeasible.

### Section 9. Insurance and Indemnification.

9.1 Insurance. Business Associate shall maintain insurance with respect to Business Associate's obligations under this Exhibit reasonably satisfactory to Provider and provide from time to time as requested by Provider proof of such insurance.

9.2 Indemnification. Business Associate will indemnify, defend and hold harmless Provider and its respective employees, directors, officers, subcontractors, agents and affiliates from and against all claims, actions, damages, losses, liabilities, fines, penalties, costs or expenses (including without limitation reasonable attorneys' fees) suffered by Provider arising from or in connection with any breach of this Exhibit, or any negligent or wrongful acts or omissions in connection with this Exhibit, by Business Associate or by its employees, directors, officers, subcontractors, or agents.

### Section 10. Miscellaneous.

10.1 Survival. The respective rights and obligations of the Parties under Sections 7 (Audit and Inspection Rights), 8.2 (Effect of Termination), 9 (Insurance and Indemnification) and 10 (Miscellaneous) will survive termination of the Agreement indefinitely.

10.2 Amendments; Waiver. This Exhibit constitutes the entire agreement between the Parties with respect to its subject matter. It may not be modified, nor will any provision be waived or amended, except in a writing duly signed by authorized representatives of the Parties. A waiver with respect to one event will not be construed as continuing, or as a bar to or waiver of any right or remedy as to subsequent events.

10.3 Compliance with Privacy Rule. Any ambiguity in this Exhibit shall be resolved in favor of a meaning that permits Provider to comply with the Privacy Rule. The Parties agree to amend this Exhibit from time to time as necessary for Provider to comply with the requirements of the Privacy Rule and HIPAA.

10.4 No Third Party Beneficiaries. Except as provided in Section 4, nothing express or implied in this Exhibit is intended to confer, nor shall anything herein confer, upon any person other than the Parties and the respective successors and permitted assigns of the Parties, any rights, remedies, obligations, or liabilities whatsoever.

10.5 Notices. Any notice to be given under this Exhibit to a Party shall be made via U.S. Mail, commercial courier or hand delivery to such Party at its address given below, and/or via facsimile to the facsimile telephone number listed below, or to such other address or facsimile number as shall hereafter be specified by notice from the Party. Any such notice shall be deemed given when so delivered to or received at the proper address.



CNA Plaza  
Chicago, IL 60655

**CERTIFICATE OF INSURANCE  
OCCURRENCE**



Occurrence

Policy No.	018088	Form	B70	Class	HPB	Policy No.	0127280080	From:	12:01 AM Standard Time on:	08/11/10	To:	12:01 AM Standard Time on:	09/11/11
Name of Insured (Individual or Firm)							Name of Admin. (Individual or Firm)						
Marling University 626 N. 6 <sup>th</sup> Street Milwaukee, WI 53203-2710							Healthcare Provider Service organization 150 East County Line Road Holtzer, PA 19040 (800) 866-4627						
Name of Provider							Name of Provider						
							American Casualty Co. of Reading, PA 333 S. Wabash Avenue Chicago, IL 60604						
<b>COVERAGE</b>							<b>LIMIT OF LIABILITY</b>						
<b>A. PROFESSIONAL LIABILITY</b>													
Professional Liability (PL)		\$2,000,000		each claim		\$5,000,000		aggregate					
Personal Injury Liability				included above									
<b>B. Coverage Extensions:</b>													
Grievance Proceedings		\$1,000		per proceeding		\$10,000		aggregate					
Defendant Expense Benefit						\$10,000		aggregate					
Deposition Representation		\$1,000		per deposition		\$5,000		aggregate					
Assault		\$1,000		per incident		\$25,000		aggregate					
Medical Payments		\$2,000		per person		\$100,000		aggregate					
First Aid		\$500		per incident		\$25,000		aggregate					
Damage to Property of Others		\$250		per incident		\$10,000		Aggregate					

Keep this document in a safe place. It is evidence of your insurance coverage.

*John H. H.*  
Chairman of the Board

*John H. H.*  
Secretary

**SCHOOL POLICY FOR HEALTHCARE PROVIDER STUDENTS**

**ADDITIONAL LOCATION ENDORSEMENT**

1. In consideration of the premium paid, it is agreed that the "Named Insured and Address" item of the SCHOOL POLICY FOR HEALTHCARE PROVIDER STUDENTS CERTIFICATE OF INSURANCE (G-144920-A) is amended by the addition of the following:

Named Insured (if applicable)	Location Address	Prior Acts Date
Herzing University 626 N. 6 <sup>th</sup> Street Milwaukee, WI 53205-2715	Akron Institute of Herzing University 1600 Arlington Blvd #100 Akron, OH 44308	
	Herzing University 2600 Williams Blvd Kenner, LA 70062	
	Herzing University 280 W. Valley Avenue Birmingham, AL 35209	
	Herzing University 5218 East Terrace Drive Madison, WI 53718	
	Herzing University 1696 South Semoran Blvd #1601 Winter Park, FL 32782	
	Herzing University 6700 West Broadway Crystal, MN 55428	
	Herzing University 6212 Hill Avenue Toledo, OH 43616	
	Omaha School of Massage & Healthcare 8748 Park Drive Omaha, NE 68127	
	Omaha School of Massage & Healthcare 5406 South 89 <sup>th</sup> Plaza Omaha, NE 68127	
	Herzing University 3393 Peachtree Rd NE # 1003	

<i>Must Be Completed</i>		<i>Complete Only When This Endorsement is Not Prepared with the Policy Or Is Not to be Effective with the Policy</i>	
END. NO. 01	POLICY NO. 0127280000	ISSUED TO Herzing University	ENDORSEMENT EFFECTIVE DATE 08/11/2010

**SCHOOL POLICY FOR HEALTHCARE PROVIDER STUDENTS**

	Atlanta, GA 30326	
	Herzing University 4006 Washington RD Kenosha, WI 53144	
Effective 05/27/10	Herzing University 565 S. Executive Drive Brookfield, WI 53005	

2. The SCHOOL POLICY FOR HEALTHCARE PROVIDER STUDENTS is amended as follows:
- Named Insured as defined in Section IV. DEFINITIONS, also includes the School(s) operating at the address shown above. If a Prior Acts date is shown opposite a location, then the Prior Acts Date on the Certificate of Insurance is deleted with respect to such location and replaced by the Prior Acts Date shown opposite.

This endorsement is a part of your policy and takes effect on the effective date of your policy, unless another effective date is shown below. All other provisions of the policy remain unchanged.

<b>Must Be Completed</b>		<i>Complete Only When This Endorsement Is Not Prepared with the Policy Or Is Not to be Effective with the Policy</i>	
ENDT. NO. 01	POLICY NO. 0127280060	ISSUED TO Herzing University	ENDORSEMENT EFFECTIVE DATE 05/11/2010

G-145188-A (3/2003)  
AMERICAN CASUALTY COMPANY OF READING, PA

# Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8366  
Madison, WI 53708-8366

FAX #: (608) 266-2602  
Phone #: (608) 266-2112

1400 E. Washington Avenue  
Madison, WI 53708-8366  
E-Mail: dsps@wisconsin.gov  
Website: dsps.wisconsin.gov

## BOARD OF NURSING

### CLINICAL FACILITY SELECTION AND SIMULATED SETTING EXPERIENCES

Completion of this form is required for each clinical facility or simulated setting experience as part of the application for authorization to admit students. In addition, this form shall be completed, kept on file in the school of nursing office, and made available to the Board upon request for all clinical facilities and all simulated setting experiences utilized by the nursing school.

#### I. IDENTIFYING DATA

- A. Name of facility: Madison Medical Affiliates  
Address: 788 N. Jefferson St  
Milwaukee, WI 53202  
Telephone: 414-274-6279
- B. Type of facility:  Hospital  Nursing Home  Community Health Agency  
 Other: Clinics: Various
- C. Number of beds at facility: NA
- D. Types of patients: Outpatient
- E. Administrator of facility: Emily Todt: Manager
- F. Director of nursing service: NA
- G. School(s) of nursing utilizing the facility: Herzing, BSN

#### II. EXHIBITS (*attach to this form*)

- A. Copy of formal agreement signed by:
1. Administrator of facility
  2. Educational administrator of nursing school
- B. Copy of the position description for:
1. Registered Nurses
  2. Licensed Practical Nurses
- C. Listing of simulation activities provided and a listing of types of simulation equipment utilized

## Wisconsin Department of Safety and Professional Services

### III. PLEASE RESPOND TO THE FOLLOWING QUESTIONS:

A. Have the nursing school objectives been shared with the facility?  Yes  No

Comments: \_\_\_\_\_

B. Does the facility agree to cooperate in promoting the nursing school objectives?  Yes  No

Comments: \_\_\_\_\_

C. Are there experiences in the facility available to students to meet clinical objectives?  Yes  No

Comments: \_\_\_\_\_

D. Is the practice of registered nursing in the facility within the legal scope of practice for registered nurses as defined in Chapter 441.11(4), Wisconsin Statutes? (If no, facility may not be approved.)

Yes  No

Comments: \_\_\_\_\_

E. Is the practice of licensed practical nursing in the facility within the legal scope of practice for licensed practical nurses as defined in Chapter 441.11(3), Wisconsin Statutes? (If no, facility may not be approved.)

Yes  No

Comments: \_\_\_\_\_

F. If simulated settings are utilized, list the activities, responsibilities and equipment which are included in the learning experience:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Herzing University  
Nursing School

Dr. Deborah Ziebarth  
Educational Administrator

Dr. Deborah Ziebarth  
Signature

2626491710  
Telephone Number

Herzing University  
Nursing Program(s) Utilizing Facility/Simulated Setting

Department Chair Nursing  
Title

12/22/2017  
Date

dziebarth@herzing.edu  
Email Address



## MADISON MEDICAL

### **Job Description: Licensed Practical Nurse**

A Licensed Practical Nurse delivers general nursing care and procedures in the clinic setting. Performs medical acts delegated by physicians or physician assistants. Supervises and directs delegated nursing acts to MA's. LPN will also perform clerical, laboratory and other duties as requested by the office manager, physician and physician assistant. This position reports to the Clinic Manager.

### **Responsibilities**

- Assists with procedures and demonstrates current knowledge and skill in nursing practice to ensure safe and effective care for the patient population.
- Provides treatment and determines plan of care under provider supervision.
- Assesses patient over the phone to determine plan of care.
- Communicates effectively with patients, visitors, employees, physicians and the public to promote a professional health care environment.
- Stays current on electronic health records (EHR) changes and ensures appropriate and effective documentation in patient records.
- Authorizes refills safely, efficiently, accurately and in a timely manner according to approved protocols.
- Performs other duties as assigned.

### **Qualifications**

- Graduate of a board-approved LPN program
- Current WI LPN license
- Current CPR certification required
- Excellent written and oral communication skills
- Ability to multi-task and be flexible in learning and handling a variety of duties

## Ziebarth, Deborah

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**From:** Neave, Joan  
**Sent:** Friday, March 23, 2018 12:26 PM  
**To:** Ziebarth, Deborah  
**Subject:** FW: Herzing University LPN program Madison medical

Joan Neave MSN, PMH RN-BC  
Nursing Clinical Coordinator and Associate Professor of Nursing  
Herzing University, Brookfield Campus  
555 South Executive Drive, Suite 100  
Brookfield, WI 53005  
[www.herzing.edu](http://www.herzing.edu)  
[jneave@herzing.edu](mailto:jneave@herzing.edu)  
O: (262)-671-0675 Ext. 60466

**HERZING**  
— UNIVERSITY —

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**From:** Eickhoff, Jane [<mailto:Jane.Eickhoff@ascension.org>]  
**Sent:** Tuesday, November 28, 2017 3:27 PM  
**To:** Neave, Joan <[jneave@herzing.edu](mailto:jneave@herzing.edu)>  
**Subject:** RE: Herzing University LPN program

Sounds prefect – you can touch base with me again, I'll confirm things with Julie and Wendy and check to see if anyone else has changed their minds, and then have you submit the requests.  
Jane

---

**From:** Neave, Joan [<mailto:jneave@herzing.edu>]  
**Sent:** Tuesday, November 28, 2017 3:06 PM  
**To:** Eickhoff, Jane; Van Dyk, Alison  
**Subject:** RE: Herzing University LPN program

\*\*\* Attention: This is an external email. Use caution responding, opening attachments or clicking on links. \*\*\*

Thanks so much for your help with this.  
I will be sure to make requests as we approach next fall.  
Joan

---

**From:** Eickhoff, Jane [<mailto:Jane.Eickhoff@ascension.org>]  
**Sent:** Tuesday, November 28, 2017 1:22 PM  
**To:** Van Dyk, Alison <[Alison.VanDyk@ascension.org](mailto:Alison.VanDyk@ascension.org)>; Neave, Joan <[jneave@herzing.edu](mailto:jneave@herzing.edu)>  
**Subject:** RE: Herzing University LPN program

Graet!

---

**From:** Van Dyk, Alison  
**Sent:** Tuesday, November 28, 2017 1:21 PM  
**To:** Eickhoff, Jane; Neave, Joan  
**Subject:** RE: Herzing University LPN program

Joan works in our database for other requests- so she knows the process.  
Thanks!

---

**From:** Eickhoff, Jane  
**Sent:** Tuesday, November 28, 2017 1:18 PM  
**To:** Van Dyk, Alison; Neave, Joan  
**Subject:** RE: Herzing University LPN program

Alison,  
Can you give Joan directions on where/how to place the request? Thanks for your help with this!

Joan,  
We would probably have you do that a little closer to the actual date (when Julie as well as Wendy can for sure confirm the desire for a student)

Jane

---

**From:** Van Dyk, Alison  
**Sent:** Tuesday, November 28, 2017 12:30 PM  
**To:** Eickhoff, Jane; Neave, Joan  
**Subject:** RE: Herzing University LPN program

Hello Jane,  
Thank you for including me. I believe that we do have a master affiliation agreement in place, so there is nothing more for me to do until a request is placed.  
Regards,  
Alison

---

**From:** Eickhoff, Jane  
**Sent:** Tuesday, November 28, 2017 7:33 AM  
**To:** Neave, Joan  
**Cc:** Van Dyk, Alison  
**Subject:** RE: Herzing University LPN program

Joan,  
I have included Alison on this email as she has been my contact in making sure everything is in place to have students at Madison Medical for clinicals.

Alison,  
Can you make sure you get anything you need from Joan so that when we look at student placement, we are all set? Then, if we find a match, will have her formally request the given placement through your team as well.

Thanks!  
Jane

---

**From:** Neave, Joan [<mailto:jneave@herzing.edu>]  
**Sent:** Monday, November 27, 2017 2:50 PM  
**To:** Eickhoff, Jane  
**Subject:** RE: Herzing University LPN program

\*\*\* Attention: This is an external email. Use caution responding, opening attachments or clicking on links. \*\*\*

Hello Jane,

We would be very happy to have the LPN students placed in your clinic as you described below.

If we need a new affiliation agreement for these students, can you please advise as to where I can email the agreement. Thank you so much for your consideration for placement of our students.

We usually request student placements at least one semester in advance but can be flexible in the timing of these.

Joan

---

**From:** Eickhoff, Jane [<mailto:Jane.Eickhoff@ascension.org>]  
**Sent:** Monday, November 27, 2017 7:40 AM  
**To:** Todt, Emily <[Emily.Todt@ascension.org](mailto:Emily.Todt@ascension.org)>; Neave, Joan <[jneave@herzing.edu](mailto:jneave@herzing.edu)>  
**Subject:** RE: Herzing University LPN program

Joan,

I would be happy to touch base with our Managers to find out if any of them would be interested in having an LPN student complete a clinical in their area. Often, it may be closer to the time that the placement is needed that Managers may really be able to say whether or not they could support a student (based on staffing at that time). If we decided that there is a match, then there is someone who works at Columbia St. Mary's that I would connect you with to complete the "formal" request for a student placement.

I also wanted to make sure that what we would offer would meet your needs – often in the clinic, we would use an LPN in place of a Medical Assistant. I know this is different than how a LPN would function in the hospital (as I used to work for Columbia St. Mary's). Is that an experience that would still be beneficial to your students?

Thank you for thinking of Madison Medical!

Jane

**Jane Eickhoff, PHR**  
**Human Resources Generalist**

Madison Medical Affiliates  
788 N. Jefferson Street, Suite 400  
Milwaukee, WI 53202  
☎: 414-226-4033 | 📠: 414-274-6250  
✉: [jane.eickhoff@ascension.org](mailto:jane.eickhoff@ascension.org)

---

**From:** Todt, Emily  
**Sent:** Friday, November 24, 2017 10:59 AM  
**To:** 'Neave, Joan'

**Cc:** Eickhoff, Jane  
**Subject:** RE: Herzing University LPN program

Joan,

Thanks so much for reaching out. I have cc'd our Recruitment Specialist, Jane Eickhoff, who assists with student shadowing opportunities as well on this email.

Jane, do you feel that there may be an opportunity here to collaborate with Herzing? Thanks in advance for your assistance.

Happy Holidays!  
Emma

## *Emma Todt*

Clinic Manager, Internal Medicine  
Madison Medical Affiliates  
788 N Jefferson St  
Milwaukee, WI 53202

Direct: (414) 274-6279  
Fax: (414) 272-0859  
Email: [Emily.Todt@Ascension.org](mailto:Emily.Todt@Ascension.org)



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**From:** Neave, Joan [<mailto:jneave@herzing.edu>]  
**Sent:** Tuesday, November 21, 2017 3:49 PM  
**To:** Todt, Emily <[Emily.Todt@ascension.org](mailto:Emily.Todt@ascension.org)>  
**Subject:** Herzing University LPN program

\*\*\* Attention: This is an external email. Use caution responding, opening attachments or clicking on links. \*\*\*

Hello Emma,  
Your mom talked with me today about your possible interest in placing our LPN students in your clinics. I am writing to ask if you would like to discuss this further.  
Thank you so much for your willingness to consider this!

The LPN program is scheduled to launch in May of 2018, but students will not need clinical until fall of 2018. Please let me know if you would like additional information.

Best regards,  
Joan Neave

Joan Neave MSN, PMH RN-BC  
Nursing Clinical Coordinator and Associate Professor of Nursing  
Herzing University, Brookfield Campus  
555 South Executive Drive, Suite 100  
Brookfield, WI 53005  
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## Ziebarth, Deborah

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**From:** Neave, Joan  
**Sent:** Friday, March 23, 2018 3:07 PM  
**To:** Ziebarth, Deborah  
**Subject:** FW: Franciscan Villa SICCAD02120724.HU.HealthCareAffiliationAgreement  
**Attachments:** Letter.pdf

Joan Neave MSN, PMH RN-BC  
Nursing Clinical Coordinator and Associate Professor of Nursing  
Herzing University, Brookfield Campus  
555 South Executive Drive, Suite 100  
Brookfield, WI 53005  
[www.herzing.edu](http://www.herzing.edu)  
[jneave@herzing.edu](mailto:jneave@herzing.edu)  
O: (262)-671-0675 Ext. 60466



---

**From:** Tricia Plate [<mailto:TPlate@chilivingcomm.org>]  
**Sent:** Wednesday, February 07, 2018 12:34 PM  
**To:** Neave, Joan <[jneave@herzing.edu](mailto:jneave@herzing.edu)>  
**Subject:** RE: Franciscan Villa SICCAD02120724.HU.HealthCareAffiliationAgreement

Sorry about that ☺

---

**From:** Neave, Joan [<mailto:jneave@herzing.edu>]  
**Sent:** Tuesday, February 06, 2018 7:38 PM  
**To:** Tricia Plate <[TPlate@chilivingcomm.org](mailto:TPlate@chilivingcomm.org)>  
**Subject:** RE: Franciscan Villa SICCAD02120724.HU.HealthCareAffiliationAgreement

I am sorry Tricia, but I do not find a signature on this?

---

**From:** Tricia Plate [<mailto:TPlate@chilivingcomm.org>]  
**Sent:** Tuesday, February 06, 2018 4:41 PM  
**To:** Neave, Joan <[jneave@herzing.edu](mailto:jneave@herzing.edu)>  
**Subject:** FW: Franciscan Villa SICCAD02120724.HU.HealthCareAffiliationAgreement

Please see the attached signed MOU

Please send back a signed copy.

Thank you

**Tricia Plate, LNHA**  
Administrator Franciscan Villa

## AFFILIATION AGREEMENT FOR EDUCATIONAL PROGRAMS

"Effective Date": 2/8/11

This Agreement is made and executed as of the date first written above at Milwaukee, Wisconsin, by and between **HERZING UNIVERSITY ONLINE**, a Wisconsin institution of higher education (the "Institution"), and **WHEATON FRANCISCAN HEALTHCARE – SOUTHEAST WISCONSIN, INC.**, an Illinois corporation ("Wheaton"), on its own behalf and on behalf of its subsidiaries, affiliates and those entities of which it is a Member.

### WITNESSETH:

WHEREAS, the Institution administers educational curricula for various health occupations (each a "Program" and collectively the "Programs"), and seeks to provide, as part of the Program curricula, supervised experiences for the Institution students enrolled in the Programs ("Students"); and

WHEREAS, Wheaton serves patients in various health occupations through the provision of medical or other services consistent with the one or more Programs, and seeks to train future health care practitioners by providing Students with supervised experiences at its various hospitals, sub-acute care centers, outpatient facilities and other business units, subsidiaries, affiliates and entities of which Wheaton is a Member (each an "Education Setting"), consistent with the educational objectives of Students and the Institution; and

WHEREAS, the Institution and Wheaton have determined that each may best accomplish its objectives by mutual assistance, and seek to describe their affiliation in this Agreement.

NOW THEREFORE, the Institution and Wheaton agree as follows:

### AGREEMENT

1. THE INSTITUTION'S RIGHTS AND RESPONSIBILITIES. In addition to its rights and responsibilities described elsewhere in this Agreement, the Institution shall have the following rights and responsibilities:

1.1 Preparation of Students for Placement. The Institution shall assure, through qualified faculty who meet all of the requirements for their respective faculty positions at Institution, that each Student assigned to the Education Setting is adequately prepared to benefit from such assignment. Upon request, Institution shall provide Wheaton with a written description of each faculty member's position and qualifications. A Student's preparedness shall be measured by: (i) academic performance indicating an ability to understand what Student will observe and/or perform during the placement; and (ii) appreciation of the nature and seriousness of the work Student will observe and/or perform.

1.2 Assigning Students to the Education Setting. After receiving from the Education Setting the number of placements available for Students, the Institution shall select Students to be assigned (with the approval of the Education Setting) to the Education Setting. The Institution shall notify the Education Setting of the Students assigned to the Education Setting, and each Student's availability for participation in experiences. Upon request, Institution shall also provide Education Setting with documentation demonstrating compliance with Section 5.2 herein for each Student, in a form agreed upon by Wheaton. Such documentation shall be maintained at the Institution. Following assignment of a Student to the Education Setting and during the term of each Student's experience, the Institution shall continue to supervise each Student completing an experience on-site at Education Setting in accordance with all standards applicable to the experience as required by the National League for Nursing Accrediting Commission ("NLNAC") and the Commission on Accreditation of Allied Health Education Programs ("CAAHEP") or other applicable accrediting body of the Institution.

1.3 Educational Coordinator. The Institution shall appoint a faculty member to serve as Educational Coordinator, and shall communicate his or her name, title and telephone number to the Education Setting. The Educational Coordinator shall be responsible for overall management of the Students' educational experience, and may be assigned as Educational Coordinator for one or more Programs.

1.4 Professional Liability Insurance. The Institution shall provide or shall require each Student assigned to the Education Setting to be covered by, at no cost to the Education Setting, professional liability insurance pursuant to Section 9.1 of this Agreement. If the Institution requires a Student to purchase his or her own professional liability insurance, the Institution shall provide to the Education Setting evidence of insurance in the form of a certificate of insurance prior to the placement of such Student at the Education Setting.

1.5 Accreditation and Licensure. The Institution shall maintain, at all times during the term of this Agreement: (i) accreditation as an educational institution; (ii) all licensures and approvals from the State of Wisconsin necessary to the Program; and (iii) full and unrestricted accreditation of the Programs from an accrediting organization. The Institution shall promptly notify the Education Setting of any change in its accreditation or licensure status and shall provide Wheaton with evidence of accreditation or licensure status upon request.

1.6 Background Investigation and Disclosure. All Students who are assigned to the Education Setting shall have had a background check performed under the direction of the Institution in accordance with the Wisconsin Caregiver Background Check Law ("BID"). The BID shall include obtaining information from the Department of Justice, the Department of License and Regulations, the Department of Health and Family Services and from out-of-state agencies if the individual has lived outside of Wisconsin within the past three years. If the Student has a criminal record, the record will be evaluated by the Institution to determine if the individual is barred from performing duties at the Education Setting. Prior to placement of the Student, the Institution will notify the Education Setting in writing of any crime of which Student has been convicted so that the Education Setting may make a determination as to how substantially related the conviction(s) is to the duties the Student would be performing. The Education Setting may refuse placement of any Student the Education Setting believes could put

its patients, employees and/or visitors at risk. The Institution hereby agrees to notify the Education Setting when the Institution becomes aware that any Student on site at the Education Setting is charged with or convicted of any crime or is investigated by and governmental agency.

1.7 Compliance.

A. Compliance with Laws, Regulations, Policies and Standards. Institution shall and shall require Students and faculty to: (i) abide by all relevant policies, procedures, standards and directives issued or adopted by the Education Setting and made known to Institution, Students and faculty, including, but not limited to, the Ethical and Religious Directives for Catholic Health Care Services promulgated from time to time by the National Conference of Catholic Bishops, as interpreted by the local bishop; (ii) abide by all relevant state and Federal laws; and (iii) comply with all applicable rules, regulations and standards promulgated by the Joint Commission on Accreditation of Healthcare Organizations ("JCAHO") and made known to Institution, Students and faculty.

B. Mission, Vision and Values. Institution hereby acknowledges that it has received information from Wheaton regarding the mission, vision, and values of the Wheaton Franciscan System and agrees that in the performance of all of its obligations under the terms of this Agreement, it shall at all times conduct itself, and shall take reasonable actions to ensure that its, Students, faculty, employees and agents conduct themselves, in a manner which is consistent with said mission, vision, and values.

2. EDUCATION SETTING RIGHTS AND RESPONSIBILITIES. In addition to its rights and responsibilities described elsewhere in this Agreement, Wheaton shall have the following rights and responsibilities:

2.1 Placements. The Education Setting shall have sole discretion to determine its capacity to accept Students for placement, whether such capacity is described in terms of the number of Students on-site at any one time, the number of hours of supervision that the Education Setting can provide over a period of time, or other such description of capacity. The Education Setting shall communicate such capacity to the Institution before Students may be assigned to the Education Setting.

2.2 Site Coordinator. The Education Setting shall appoint an employee to serve as a coordinator at the Education Setting site (for purposes of this Agreement, the "Site Coordinator"), and shall communicate his or her name, title and telephone number to the Institution. The Site Coordinator shall be responsible for overall management of the Students' experience at the Education Setting, and may be so assigned with respect to one or more Programs.

2.3 Orientation. The Education Setting shall provide the Institution with orientation materials via the Wheaton Franciscan Healthcare web site. The Education Setting

shall also provide the Institution faculty with orientation to the Education Setting, including work duties, equipment and all applicable policies and procedures of the Education Setting.

2.4 Qualified Supervision of Precepted Students. For precepted students, the Education Setting shall assure that a qualified practitioner supervises each precepted Student. A practitioner shall be qualified if he or she: (i) maintains licensure or certification as appropriate for the particular Program; (ii) possesses adequate experience; (iii) demonstrates competence in the area of practice; and (iv) demonstrates interest and ability in teaching.

2.5 Student Access to the Education Setting and Patients. The Education Setting shall permit access by Students to any and all areas of the Education Setting as reasonably required to support Students' development and as permitted under Wisconsin law. These areas shall include, without limitation, patient care units, laboratories, ancillary departments, health science libraries, cafeteria and parking facilities. The Education Setting reserves the right to refuse access to any Student who does not meet, in the Education Setting's reasonable determination, its standards for safety, health or proper conduct.

2.6 Accreditation, Licensure and Eligibility. The Education Setting shall maintain, at all times during the term of this Agreement: (i) full and unrestricted accreditation; (ii) all necessary licensures and approvals from the State of Wisconsin; and (iii) if applicable, eligibility for participation in the Medicare and Medicaid programs. The Education Setting shall immediately notify the Institution of any change in the Education Settings accreditation or eligibility status.

2.7 Final Authority. The Education Setting retains final authority for all aspects of operations and management of the Education Setting.

2.8 Remuneration. Students may not receive remuneration for services relating to the Program and performed for or on behalf of the Education Setting.

3. JOINT RIGHTS AND RESPONSIBILITIES. In addition to their rights and responsibilities described elsewhere in this Agreement, the Institution and the Education Setting shall have the following rights and responsibilities.

3.1 Supervision and Evaluation of Students. The Institution and the Education Setting shall be jointly responsible for supervising and evaluating Students who are on-site at the Education Setting. The parties agree to, in good faith, work cooperatively to assure adequate supervision and evaluation of Students while Students are on-site at the Education Setting. Both parties shall reinforce with Students: (i) the seriousness of the service being performed at the Education Setting, including the Student's impact upon patients' wellbeing; (ii) the importance of abiding by the Education Setting rules and regulations; and (iii) the confidentiality of patient identities and medical records. The Institution shall, if the Education Setting so desires, assure prompt feedback to the Education Setting regarding Students' evaluation of their experience at the Education Setting. The Education Setting shall assure prompt feedback to the Institution regarding Students' performance at the Education Setting.

3.2 Review and Evaluation of Affiliation. The Institution and the Education Setting agree to meet at periodic intervals to review and evaluate any and all aspects of their affiliation, and to work cooperatively to establish and maintain experiences that meet their respective objectives. This Agreement or any Addendum may be amended or modified, pursuant to Section 7 below, to reflect changes in the parties' relationship.

4. FACULTY AND STUDENT RIGHTS AND RESPONSIBILITIES. The Institution and the Education Setting shall instruct Students regarding Students' rights and responsibilities while on-site at the Education Setting. These rights and responsibilities shall include the following:

4.1 Conduct. Student shall, at all times while on the Education Setting premises, conduct himself or herself in a professional manner and shall refrain from loud, boisterous, offensive or otherwise inappropriate conduct. Student shall refrain from the improper use of alcohol or other drugs, and shall not carry any firearms or other weapons.

4.2 Policies, Rules and Regulations. Student shall abide by all policies, rules and regulations established by the Education Setting and the Institution. If a Student or faculty member fails to so abide, Education Setting shall have the right to notify the Institution that such Student(s) or faculty member shall not return to the premises unless authorized to do so by Wheaton.

4.3 Timeliness. Faculty and Student(s) shall report to the Education Setting at the assigned place and time. Student shall immediately inform the Education Setting and the Institution of Student's inability to report to the Education Setting as assigned.

4.4 Uniform and Identification. Student shall wear the uniform or other clothing as directed by the Institution. Student shall display proper identification as directed by the Education Setting. Student's appearance shall be, at all times, neat and clean.

4.5 INTENTIONALLY OMITTED.

4.6 Personal Expenses. While at the Education Setting, Student shall be responsible for Student's personal expenses such as meals, travel, medical care and incidentals.

4.7 Evaluation of Experience. Student shall, upon request of the Institution or the Education Setting or Wheaton, provide a candid, written evaluation of the experience at the Education Setting including, without limitation, preparation for the on-site experience, orientation to the Education Setting and experience and supervision at the Education Setting.

4.8 Orientation. Faculty and Students shall review and complete the Wheaton Franciscan Healthcare web-site orientation materials required by the Education Setting. The Faculty member or preceptor will be responsible for orientation of his/her student or clinical group to Wheaton Franciscan Healthcare utilizing the materials included on the web site prior to the first clinical day. Faculty or preceptors are also responsible for student orientation to the department and all Wheaton Franciscan Healthcare and site/unit policies, procedures, equipment,

and documentation. Faculty or preceptor shall ensure that documentation demonstrating compliance with the requirements as describe in this Section 4.8 and as outlined per the policy of Education Setting is completed by all Faculty and Student(s) and submitted to Education Setting. Faculty and Student(s) will immediately inform the Education Setting and the Institution of Faculty and Student(s) inability to comply with requirements or acknowledgements as required on the Wheaton Web-site Orientation.

4.9 Qualified Supervision. Faculty shall be a qualified practitioner and ultimately be responsible for supervision of clinical groups of Students. Faculty shall be qualified if he or she: (i) maintains licensure or certification as appropriate for the particular Program; (ii) possesses adequate experience; (iii) demonstrates competence in the area of practice; and (iv) demonstrates interest and ability in teaching. The student to practitioner ratio shall not exceed a ratio determined to be unreasonable by the Institution or Wheaton, but in no event shall the student to practitioner ratio exceed one to eight, unless otherwise requested and approved by Education Setting.

## 5. FACULTY AND STUDENT HEALTH POLICIES

5.1 Emergency Medical Services. If a Student, the Educational Coordinator or a faculty member is injured or becomes ill while at the Education Setting, the Education Setting shall provide emergent or urgent medical care as appropriate, consistent with the Education Setting's capability and policies. Student, the Educational Coordinator or a faculty member shall bear financial responsibility for charges associated with said treatment.

5.2 Institution and Education Setting Policies. Each Student and faculty member shall be required to comply with reasonable health policies of the Education Setting including, but not limited to, certifying that he or she has received, prior to reporting to Education Setting, a physical examination, are free from communicable disease, including tuberculosis (as documented by a negative skin test or negative chest x-ray, dated after skin test conversion, and are free of signs and symptoms of tuberculosis); have documented immunity to rubella (positive titer) or shown evidence of immunization; demonstrated immunity to mumps (positive titer) or shown evidence of immunization for mumps which meets ACIP definition of immunity (MMWR, June 9, 2006 / 55(22); 629-630); have documented immunity to rubeola (positive titer) or shown evidence of immunization for rubeola which meets ACIP definition of immunity (MMWR, May 22, 1998, vol. 47, no RR-8); have documented immunity to varicella (positive titer), shown evidence of immunization or report a prior history of varicella; have been advised of the risks of hepatitis and have either signed a waiver or have begun the hepatitis B vaccination series, or, in the alternative, have completed the appropriate declination of immunization form, notice of which is provided to the Education Setting.

### A. Rubeola immunity (MMWR, May 22, 1998, vol 47, no RR-8):

(1) Documented administration of 2 doses of live measles virus vaccine, the first dose given on or after the first birthday. The second dose administered no earlier than 1 month after the first dose.

- (2) Laboratory evidence of immunity.
- (3) Documentation of physician-diagnosed measles.

B. Rubella immunity:

- (1) Documented administration of 1 dose of live measles virus vaccine, the first dose given on or after the first birthday.
- (2) Laboratory evidence of immunity.
- (3) Documentation of physician-diagnosed rubella is NOT considered evidence of immunity.

C. Mumps immunity (MMWR, June 9, 2006 / 55(22); 629-630):

- (1) Documented administration of 2 dose of live mumps virus vaccine, the first dose given on or after the first birthday. The second dose administered no earlier than 1 month after the first dose.
- (2) Laboratory evidence of immunity.
- (3) Documentation of physician-diagnosed mumps.

5.3 OSHA Policies. The Institution shall instruct Students and faculty regarding General Infection Control (hand washing, etc.), information outlined in the OSHA Bloodborne Pathogens Standard (standard/universal precautions, hepatitis B vaccination etc.), and the CDC Tuberculosis guidelines (epidemiology, signs/symptoms, practices to prevent transmission, etc.). The Education Setting shall instruct Students and faculty regarding additional precautions, procedures and practices that it expects of Students or faculty while at the Education Setting.

6. TERM AND TERMINATION

6.1 Initial and Renewal Term. Subject to Section 6.2 below, this Agreement shall be effective as of the date set forth above ("Effective Date") and shall continue for an initial term of one academic or Program year. Thereafter, this Agreement shall automatically renew and continue in full force and effect for any and all periods during which any Student in a Program is placed, at and accepted by the Education Setting. Notwithstanding the foregoing, either party may choose not to renew this Agreement by providing the other with not less than sixty (60) days' written notice of its intent not to renew at the end of then-current Program. In the event that either party's non-renewal of this Agreement disrupts the experience of any Student(s) in a Program, the Agreement shall remain in full force and effect and the Student's experience shall continue until such time as this Agreement may expire without disruption of said Student(s)' experience. During any time period in which notice of non-renewal has been given and existing Students are completing the Program, no new Student may be admitted to the Program and placed at the Education Setting.

6.2 Termination. Notwithstanding Section 6.1 above, this Agreement may be terminated as follows:

A. By Mutual Agreement. The Institution and the Education Setting may terminate this Agreement at any time on any terms to which they agree in writing.

B. For Cause. In the event the Institution or the Education Setting fails in any substantial manner to perform as required herein, this Agreement may be terminated as described below:

(1) Either party may terminate this Agreement at any time, upon material breach of any of its provisions by the other party; provided, however, that not less than thirty (30) days prior to termination, written notice shall be given by the non-breaching party to the breaching party that states the intention of the non-breaching party to terminate this Agreement, the nature of the material breach giving rise to termination, and shall permit the breaching party reasonable opportunity to cure such material breach during said thirty (30) day period.

(2) If the material breach is not resolved to the satisfaction of the non-breaching party during the thirty (30) day period as provided in B.(1) above, the non-breaching party shall immediately give the breaching party written notice of termination of the Agreement.

(3) In the event that termination of the Agreement by the Education Setting pursuant to this Section 6.2 (B) disrupts the experience of any Student(s) in a Program the parties shall attempt, in good faith and using their best efforts, to continue Students' experiences and this Agreement in full force and effect until such time as this Agreement may expire without disruption of said Students' experience. During any time period in which notice of termination has been given and existing Students are completing the Program, no new Student may be admitted to the Program and placed at the Education Setting.

C. Immediate Termination. The Institution may immediately terminate this Agreement and any and all addenda or amendments if the Education Setting fails to maintain full and unrestricted accreditation, licensure and, if applicable, eligibility as required under Section 2.6 of this Agreement. The Education Setting may terminate this Agreement immediately upon written notice to the Institution if the Institution fails to maintain full and unrestricted accreditation and licensure as required under Section 1.5 of this Agreement. In addition, the Education Setting may also terminate student placements for any Program if the Institution fails to maintain full and unrestricted accreditation with respect to said Program as required. Additionally, Wheaton may terminate this

Agreement immediately upon written notice to Institution if it determines, in its reasonable discretion, that Institution is not administering the Program at a sufficiently high quality level such that Students' are not adequately prepared for the experience at Education Setting.

6.3 Effect of Termination. Upon termination of this Agreement, no party shall have any further obligation hereunder except for obligations accruing under the terms of this Agreement prior to the date of termination.

7. AMENDMENTS AND MODIFICATIONS: This Agreement may be changed at any time with the written approval of the parties. Such amendments or modifications will be typed separately, signed by the parties and made a part of this Agreement.

## 8. INDEMNIFICATION AND LIABILITY

8.1 The Institution. The Institution shall indemnify, defend and hold harmless the Education Setting, its governing board, officers, employees and agents from and against any and all liabilities, claims, losses, lawsuits, judgments, and/or expenses including attorney fees, arising, either directly or indirectly, from any act or failure to act by the Institution or any of its employees.

8.2 The Education Setting. The Education Setting shall indemnify, defend and hold harmless the Institution, its governing board, officers, faculty, employees and agents from and against any and all liabilities, claims, losses, lawsuits, judgments, and/or expenses including attorney fees, arising, either directly or indirectly, from any act or failure to act by the Education Setting or any of its employees, agents, medical residents or members of its medical staff that may occur during or that may arise out of this Agreement.

8.3 Costs. In the event each party is found to be at fault, then each shall bear its own costs and attorney fees and its proportionate share of any judgment or settlement based on its percentage of fault, as determined by a procedure established by the parties.

8.4 Survival. This Section 8 shall continue beyond the expiration or termination of this Agreement.

## 9. INSURANCE.

9.1 The Institution. The Institution shall maintain, at no cost to Wheaton, general and professional liability insurance covering the Institution as an entity and each of its employees, students and agents against general and professional liability claims, in the minimum amount of one million dollars (\$1,000,000) per occurrence and five million dollars (\$5,000,000) aggregate per year. Evidence of such insurance shall be provided to the Education Setting prior to the placement of a Student at the Education Setting.

9.2 The Education Setting. The Education Setting shall maintain, at no cost to the Institution, general and professional liability insurance covering the Education Setting as an

entity and each of its physician-employees, nonphysician-employees, medical residents and agents against professional liability claims, in the minimum amount of one million dollars (\$1,000,000) per occurrence and three million dollars (\$3,000,000) aggregate per year. Evidence of such insurance shall be provided to the Institution upon request.

10. DISPUTE RESOLUTION. Any dispute arising under or in any way related to this Agreement that is not resolved by agreement of the Institution and the Education Setting may be submitted by either party to binding arbitration pursuant to the Commercial Arbitration Rules of the American Arbitration Association. The parties agree that such arbitration shall result in a final and binding award in the State of Wisconsin, and may be judicially enforced. Each party shall bear its own arbitration costs and expenses, unless otherwise determined by the arbitrator.

11. NOTICES AND COMMUNICATION

11.1 Notices. All notices under this Agreement shall be given in writing and shall be deemed to have been properly given when delivered:

If to the Institution:                   HERZING UNIVERSITY ONLINE  
W140 N8917 Lilly Road  
Menomonee Falls, WI 53051  
Attn: Director of Career Services

If to the Education Setting:           WHEATON FRANCISCAN HEALTHCARE  
400 West River Woods Parkway  
Milwaukee, WI 53212  
Attn: Brenda Bowers

or at other such addresses as a party from time to time may designate by written notice to the other party.

11.2 Other Communications. Communications, other than notices as described in Section 12.1 above, whether written or oral, shall be directed to the appropriate Institution Dean or the Education Setting Site Coordinator or to other such person as a party from time to time may have designated to the other party.

12. NON-EXCLUSIVE. The parties agree that the Institution shall be free to enter into similar agreements with other providers, and that the Education Setting shall be free to enter into similar agreements with other educational institutions.

13. GOVERNING LAW. The laws of the State of Wisconsin shall govern this Agreement.

14. INVALID PROVISION. The invalidity or unenforceability of any particular provision of this Agreement shall not affect the other provisions hereof, and this Agreement shall be construed in all respects as if such invalid or unenforceable provision were omitted.

15. ASSIGNMENT. No assignment by a party of this Agreement or its rights and responsibilities hereunder shall be valid without the specific written consent of the other party.

16. RELATIONSHIP OF PARTIES. The Institution, Wheaton and the Education Setting, including their respective agents and employees, shall be, at all times, independent contractors of the other. Nothing in this Agreement is intended or shall be construed to create a joint venture relationship, a partnership, a lease, or a landlord/tenant relationship. Should any governmental agency question or challenge the independent contractor status of the Institution, the Education Setting or their employees, both the Institution and the Education Setting, upon receipt by either of them of notice, shall promptly notify the other party and afford the other party the opportunity to participate in any government agency discussion or negotiations, irrespective of whom or by whom such discussions are initiated.

17. CONFIDENTIALITY OF RECORDS

17.1 Student Records. The Institution and the Education Setting acknowledge that many student educational records are protected by the Family Educational Rights and Privacy Act ("FERPA") and that, generally, student permission must be obtained before releasing specific student data to anyone other than the Institution. The Institution agrees to provide the Education Setting with guidance with respect to compliance with FERPA.

17.2 Patient Health Care Records. The Institution and the Education Setting acknowledge that patient health care records are protected under Sections 146.82 and 51.30, of the Wisconsin Statutes and by the Health Insurance Portability and Accountability Act ("HIPAA"), and that, generally, the informed consent of the patient (or person authorized by the patient) must be obtained before disclosing information from patient health care records. The Education Setting agrees to provide Students and the Institution with guidance with respect to compliance with these statutes and regulations.

17.3 Confidentiality of Terms. The parties agree that the terms and conditions of this Agreement are confidential and shall not be disclosed to third parties by either party without the express written consent of the other party. For purposes of this Agreement, the term "third party" includes any person or entity except (i) the parties to this Agreement; (ii) any employee or agent of a party to this Agreement who has a reasonable need to know of this Agreement's existence and/or its terms; or (iii) governmental entities or persons who have obtained a lawful subpoena or court order for purposes of a lawfully conducted audit by a governmental agency.

17.4 Confidential Information. Institution acknowledges that, it and its Students may gain knowledge and information about Education Setting's patient bases, referral sources, finances, financial status, fee schedules, business operation, business plans, contract and arrangements with individuals, employers, other providers, health plans and payers, and their

marketing and development plans and other proprietary information (collectively referred to as "Confidential Information"), the confidential nature of which is of great importance to Education Setting, and disclosure to or use of which by a competitor would result in serious damage to Education Setting. Accordingly, Institution shall not, and shall ensure that Students do not, divulge or disclose to any other person, firm, or organization, any Confidential Information acquired by Institution or any Students in the performance of services as an independent contractor of Education Setting unless such information is in the public domain or known by third parties to which Education Setting intends to make any otherwise prohibited disclosure or use.

18. NON-DISCRIMINATION. The Institution and the Education Setting shall not unlawfully discriminate against any individual on the basis of race, creed, color, sex, religion, age, disability or national origin, and shall comply with all anti-discriminatory laws and policies promulgated by the Institution and to which the Institution is subject.

19. WAIVER. The waiver by either party of the breach of any provision of this Agreement by the other party shall not operate or be construed as a waiver of any other or subsequent breach.

20. ENTIRE AGREEMENT. This Agreement, together with one or more addenda attached (or that later may be attached) hereto, constitutes the entire agreement between the parties and contains all the agreements between the parties with respect to the subject hereof. This Agreement supercedes any and all other agreements, in writing or oral, between the parties hereto with respect to the subject matter thereof.

21. AUTHORITY TO SIGN. Each party represents and warrants that the individual signing on its behalf is its legal representative and is authorized to enter into this Agreement.

IN WITNESS WHEREOF, the parties have executed this Agreement as of the Effective Date.

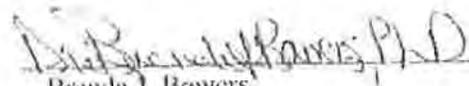
HERZING UNIVERSITY ONLINE

WHEATON FRANCISCAN  
HEALTHCARE - SOUTHEAST  
WISCONSIN, INC.

By:

  
Emma Guetrette  
VP of Online Education

By:

  
Brenda J. Bowers  
SVP-Organizational Change/  
Leadership Performance

Date:

4/7/2011

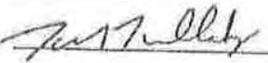
Date:

4-26-11

**MEMORANDUM OF UNDERSTANDING BETWEEN HERZING UNIVERSITY-  
BROOKFIELD AND Franciscan Villa**

1. **PARTIES.** This Memorandum of Understanding (hereinafter referred to as a MOU) is made and entered into by and between Herzing University-Brookfield, located at 555 South Executive Drive, Brookfield, WI and Franciscan Villa, 3601 S. Chicago Ave. , South Milwaukee, WI 53172
2. **PURPOSE.** The purpose of this MOU is to establish non-compensated nursing clinical experiences for students in the Practical Nurse program at Herzing University-Brookfield and Franciscan Villa
3. **TERM OF MOU.** This MOU is effective upon the date executed below by duly authorized representatives of the parties to this MOU and will remain in force unless otherwise terminated by the parties. This MOU may be terminated, without cause, by either party upon written notification, which may be sent by electronic or other means to the parties at the addresses listed above.
4. **RESPONSIBILITIES.** The parties agree that prior to the creation of non-compensated clinical nursing experiences for the Practical Nurse students at Herzing University-Brookfield the parties, upon mutual agreement, will execute an Affiliation Agreement which will detail the rights, obligations and responsibilities of the parties to this MOU.
5. **AMENDMENTS.** Either party may request changes to this MOU. Any changes modifications or revisions or amendments to this MOU which are agreed upon by and between the parties shall be incorporated, in writing, to this MOU and become effective when executed and signed by the parties to this MOU.
6. **APPLICABLE LAW.** The construction, interpretation and enforcement of this MOU shall be governed by the laws of the State of Wisconsin, unless otherwise mutually agreed to by the parties as outlined in paragraph five (5).
7. **ENTIRETY OF AGREEMENT.** This MOU, consisting of one (1) page represents the entire agreement between the parties.
8. **SIGNATURES.** In witness whereof, the parties to this MOU, through their duly authorized representatives have executed this MOU on the date(s) below.

Herzing University-Brookfield  
  
Jarvis Racine, Campus President

Partner Organization  
 Director of  
Partnerships  
Name and Title

# Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8366  
Madison, WI 53708-8366

FAX #: (608) 266-2602  
Phone #: (608) 266-2112

1400 E. Washington Avenue  
Madison, WI 53708-8366

E-Mail: [dsps@wisconsin.gov](mailto:dsps@wisconsin.gov)  
Website: [dsps.wisconsin.gov](http://dsps.wisconsin.gov)

## BOARD OF NURSING

### CLINICAL FACILITY SELECTION AND SIMULATED SETTING EXPERIENCES

Completion of this form is required for each clinical facility or simulated setting experience as part of the application for authorization to admit students. In addition, this form shall be completed, kept on file in the school of nursing office, and made available to the Board upon request for all clinical facilities and all simulated setting experiences utilized by the nursing school.

#### I. IDENTIFYING DATA

A. Name of facility: Franciscan Villa

Address: 3601 S. Chicago Ave

South Milwaukee, WI 53172

Telephone: 414-764-4100

B. Type of facility:  Hospital  Nursing Home  Community Health Agency

Other: Multiple levels - Independent, assisted, skilled, long term

C. Number of beds at facility: 150

D. Types of patients: Older Adults

E. Administrator of facility: Tricia Plate

F. Director of nursing service: Stacy Warner

G. School(s) of nursing utilizing the facility: \_\_\_\_\_

MATC  
UW - Milwaukee

#### II. EXHIBITS (attach to this form)

A. Copy of formal agreement signed by:

1. Administrator of facility
2. Educational administrator of nursing school

B. Copy of the position description for:

1. Registered Nurses
2. Licensed Practical Nurses

C. Listing of simulation activities provided and a listing of types of simulation equipment utilized

# Wisconsin Department of Safety and Professional Services

## III. PLEASE RESPOND TO THE FOLLOWING QUESTIONS:

A. Have the nursing school objectives been shared with the facility?

Yes  No

Comments: \_\_\_\_\_

B. Does the facility agree to cooperate in promoting the nursing school objectives?

Yes  No

Comments: \_\_\_\_\_

C. Are there experiences in the facility available to students to meet clinical objectives?

Yes  No

Comments: \_\_\_\_\_

D. Is the practice of registered nursing in the facility within the legal scope of practice for registered nurses as defined in Chapter 441.11(4), Wisconsin Statutes? (If no, facility may not be approved.)

Yes  No

Comments: \_\_\_\_\_

E. Is the practice of licensed practical nursing in the facility within the legal scope of practice for licensed practical nurses as defined in Chapter 441.11(3), Wisconsin Statutes? (If no, facility may not be approved.)

Yes  No

Comments: \_\_\_\_\_

F. If simulated settings are utilized, list the activities, responsibilities and equipment which are included in the learning experience:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Herzing university  
Nursing School

Dr. Deborah Ziebarth  
Educational Administrator

DR Deborah Ziebarth  
Signature

262-649-9710  
Telephone Number

Herzing University  
Nursing Program(s) Utilizing Facility/Simulated Setting,

Department Chair Nursing  
Title

3/23/2018  
Date

Dziebarth@herzing.edu  
Email Address

3601 S Chicago Ave South Milwaukee, WI 53172  
P 414-570-5400 | C 414-254-6051  
[tplate@chilivingcomm.org](mailto:tplate@chilivingcomm.org)  
[homeishere.org](http://homeishere.org)



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**From:** Neave, Joan [<mailto:jneave@herzing.edu>]  
**Sent:** Monday, February 05, 2018 2:19 PM  
**To:** Tricia Plate <[TPlate@chilivingcomm.org](mailto:TPlate@chilivingcomm.org)>  
**Subject:** RE: Franciscan Villa SICCAD02120724.HU.HealthCareAffiliationAgreement

Good afternoon Tricia,  
Attached is an MOU concerning Herzing University- Brookfield new practical nursing program and Franciscan Villa. This is just a preliminary document stating Franciscan Villa's willingness to place practical nursing students in the future. The document is needed for Wisconsin State Board of Nursing approval to launch the program, and it is not binding.

Can you please assist with signature and return to me? If additional information is needed or there are questions, please let me know.  
Thank you kindly!  
Joan Neave

Joan Neave MSN, PMH RN-BC  
Nursing Clinical Coordinator and Associate Professor of Nursing  
Herzing University, Brookfield Campus  
555 South Executive Drive, Suite 100  
Brookfield, WI 53005  
[www.herzing.edu](http://www.herzing.edu)  
[jneave@herzing.edu](mailto:jneave@herzing.edu)  
O: (262)-671-0675 Ext. 60466



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**From:** Tricia Plate [<mailto:TPlate@chilivingcomm.org>]  
**Sent:** Monday, January 29, 2018 11:22 AM  
**To:** Neave, Joan <[jneave@herzing.edu](mailto:jneave@herzing.edu)>  
**Subject:** RE: Franciscan Villa SICCAD02120724.HU.HealthCareAffiliationAgreement

Hi Joan,

Yes, we are interest in affiliation with Herzing. I am working with our corporate office regarding the contract.

Thank you

**Tricia Plate, LNHA**  
Administrator Franciscan Villa

3601 S Chicago Ave South Milwaukee, WI 53172  
P 414-570-5400 | C 414-254-6051  
[tplate@chilivingcomm.org](mailto:tplate@chilivingcomm.org)  
[homeishere.org](http://homeishere.org)



**From:** Neave, Joan [<mailto:jneave@herzing.edu>]  
**Sent:** Friday, January 26, 2018 4:15 PM  
**To:** Tricia Plate <[TPlate@chilivingcomm.org](mailto:TPlate@chilivingcomm.org)>  
**Subject:** RE: Franciscan Villa SICCAD02120724.HU.HealthCareAffiliationAgreement

Hello Tricia,  
Just checking in to see if there is still interest in affiliation with Herzing, as I have not heard anything for a little while. Are there any concerns on the agreement form?  
Thank you so much for your time,  
Joan Neave

Joan Neave MSN, PMH RN-BC  
Nursing Clinical Coordinator and Associate Professor of Nursing  
Herzing University, Brookfield Campus  
555 South Executive Drive, Suite 100  
Brookfield, WI 53005  
[www.herzing.edu](http://www.herzing.edu)  
[jneave@herzing.edu](mailto:jneave@herzing.edu)  
O: (262)-671-0675 Ext. 60466



**From:** Neave, Joan  
**Sent:** Thursday, December 14, 2017 2:16 PM

To: 'tplate@chilivingcomm.org' <tplate@chilivingcomm.org>  
Subject: Franciscan Villa SICCAD02120724.HU.HealthCareAffiliationAgreement

Good afternoon Tricia,  
Thank you so very much for taking the time to meet with Lisa and I yesterday.  
We are excited about partnering with Franciscan Villa and trust it will be mutually beneficial!  
Please let me know if you need anything else or have any questions about the agreement, or would like to change anything.

Have a great day!

Joan Neave

Joan Neave MSN, PMH RN-BC  
Nursing Clinical Coordinator and Associate Professor of Nursing  
Herzing University, Brookfield Campus  
555 South Executive Drive, Suite 100  
Brookfield, WI 53005  
[www.herzing.edu](http://www.herzing.edu)  
[jneave@herzing.edu](mailto:jneave@herzing.edu)  
O: (262)-671-0675 Ext. 60466



CONFIDENTIALITY NOTICE: This message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender by reply e-mail and destroy all copies of the original message.



## Licensed Practical Nurse *Job Description*

Employee Name: \_\_\_\_\_

Date: \_\_\_\_\_

### Job Summary

The Licensed Practical Nurse (LPN) provides resident care in accordance with the Nurse Practice Act and is responsible for the delivery of safe and therapeutic resident care from admission through discharge in collaboration with the physician, family, and other members of the multi-disciplinary health care team. The LPN is responsible for utilizing principles of the nursing process in carrying out delegated aspects of care for both residents and families. The goal of resident care shall be toward restoring and maintaining each resident's identified capabilities at their maximum mental and physical level.

Department: Nursing

Reports to: Director of Nursing/Nurse Manager

### Essential Job Specific Duties/Responsibilities

1. Maintains effective communication with residents, families, staff, and physicians.
  - a. Completes daily shift documentation, including head to toe review of skilled residents.
  - b. Functions in a calm and positive manner in an emergency or crisis situation.
  - c. Communicates consistently with the Nurse Manager, reporting pertinent concerns/issues.
  - d. Places necessary calls for families and physicians. Demonstrates appropriateness of faxing vs. phone calls to physicians.
  - e. Communicates appropriately with physicians; makes rounds with physicians in absence of Nurse Manager or as delegated by Nurse Manager. Utilizes physician file appropriately.
  - f. Reviews and teaches resident and family about pain management, including pain-rating scales and goal setting; importance of aggressive, preventive pain treatment; analgesic misconceptions; and plan for pain management.
  - g. Assists in developing, implementing, and evaluating teaching plan to meet learning needs of residents and families.
  - h. Participates in resident/family teaching and initiates discharge planning in a timely manner.

2. Documents in accordance with nursing policies and procedures.
  - a. Monitors and documents accurately all nursing actions implemented as well as effectiveness of implementation in Nursing Notes. Documents resident/family teaching in Nursing Notes and Resident Plan of Care.
  - b. Accurately records review of physiological and mental dimensions of residents, including pain review.
  - c. Ensures documentation is accurate, legible, and timely.
  - d. Completes resident assessments accurately and timely while ensuring they are updated monthly and as necessary.
  - e. Completes monthly summary accurately and timely utilizing Resident Plan of Care. Updates Plan of Care and Resident Care Card monthly and as necessary.
  - f. Completes skin integrity reviews accurately to reflect resident status.
  - g. Documents resident response to non-pharmacological strategies to promote pain relief and resident response to analgesics.
  - h. Documents, at time of service, all medications and treatments administered.
  - i. Documents in EMR accurately and timely.
3. Responds to resident needs with appropriate interventions with the licensure of an LPN.
  - a. Provides nursing interventions according to the written plan of care.
  - b. Gives and receives a thorough report to/from oncoming nurse.
  - c. Monitors work performance of nursing assistants. Makes frequent rounds throughout shift.
  - d. Suggests appropriate ways to solve problems and make improvements on the unit(s).
  - e. Provides hands-on direct care, including ADLs and treatments as necessary. Identifies aspects of resident care that require the judgment and skill of an LPN and those that can be performed by other staff. Delegates specific nursing tasks appropriately to STNAs, excluding anything that requires nursing judgments.
4. Performs activities related to medications and treatments in accordance with facility policies and procedures.
  - a. Safely administers medications and treatments ordered by the physician.
  - b. Maintains control of scheduled drugs and all drugs in medicine cart. Monitors for discrepancies and reports promptly to Nursing Manager.
  - c. Keeps medication cart key-locked when not within eye view of nurse.
  - d. Records and orders medications from the pharmacy.
  - e. Monitors for and reports Adverse Drug Reactions appropriately.
5. Satisfies all educational in-service requirements mandated by CHI Living Communities, the department, external accrediting, and regulatory agencies.
  - a. Attends all mandatory in-service programs.
  - b. Adheres to facility policies and procedures.
  - c. Completes yearly online education program by deadline.
  - d. Attends employee meetings on a regular basis.

In addition to the essential job specific duties listed above, the Licensed Practical Nurse shall be required to perform all duties (essential and non-essential) in a manner consistent with the mission statement and core values (reverence, integrity, compassion, excellence) of CHI Living Communities and will be evaluated on such basis. Furthermore, every employee must abide by all campus, departmental, and safety policies, rules, and regulations.

CHI Living Communities has the right to change the job specific duties and specifications required for the position of Licensed Practical Nurse from time to time without prior notice.

**Job Requirements**

Education: Licensed Practical Nurse currently licensed in the state of employment, NAPNES certified.

Experience: Long-term care experience preferred. Currently certified in CPR.

Attendance: Regular attendance is an essential part of this job.

Work Environment:

- Normal office environment
- Highly confidential information
- Tight time constraints
- Extended visual concentration

Environmental Factors:

- Gases and electrical energy
- Working with hands in water
- Working closely with others
- Protracted or irregular hours of work

<u>Physical Demands</u>	<u>Rarely</u>	<u>Occasionally</u>	<u>Frequently</u>	<u>Consistently</u>
Walking			X	
Sitting		X		
Pushing			X	
Pulling			X	
Climbing	X			
Stooping		X		
Kneeling		X		
Standing			X	
Reaching			X	
Lifting				
Under 50 lbs.		X		
Over 50 lbs.		X		
Other*				
Manual Dexterity				X
Hand Use				X
Hearing				X
Normal Conversation				X
Other Sounds				X
Talking				X
Vision				X
Acuity, Near				X
Acuity, Far				X
Color Vision				X

*\*Please specify amounts*

I have read this job description and fully understand the requirements set forth therein. I hereby accept the position and agree to perform the identified essential functions in a safe manner and in accordance with CHI Living Communities established procedures.

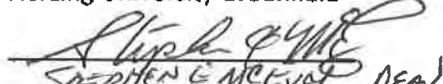
\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

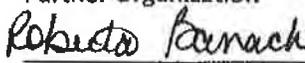
**MEMORANDUM OF UNDERSTANDING BETWEEN HERZING UNIVERSITY-  
BROOKFIELD AND  
Ascension Living Franciscan Place**

1. **PARTIES.** This Memorandum of Understanding (hereinafter referred to as a MOU) is made and entered into by and between Herzing University-Brookfield, located at 555 South Executive Drive, Brookfield, WI and Ascension Living Franciscan Place located at 19525 W. North Ave. Brookfield, WI 53045
2. **PURPOSE.** The purpose of this MOU is to establish non-compensated nursing clinical experiences for students in the Practical Nurse program at Herzing University-Brookfield and Ascension Living Franciscan Place
3. **TERM OF MOU.** This MOU is effective upon the date executed below by duly authorized representatives of the parties to this MOU and will remain in force unless otherwise terminated by the parties. This MOU may be terminated, without cause, by either party upon written notification, which may be sent by electronic or other means to the parties at the addresses listed above.
4. **RESPONSIBILITIES.** The parties agree that prior to the creation of non-compensated clinical nursing experiences for the Practical Nurse students at Herzing University-Brookfield the parties, upon mutual agreement, will execute an Affiliation Agreement which will detail the rights, obligations and responsibilities of the parties to this MOU.
5. **AMENDMENTS.** Either party may request changes to this MOU. Any changes modifications or revisions or amendments to this MOU which are agreed upon by and between the parties shall be incorporated, in writing, to this MOU and become effective when executed and signed by the parties to this MOU.
6. **APPLICABLE LAW.** The construction, interpretation and enforcement of this MOU shall be governed by the laws of the State of Wisconsin, unless otherwise mutually agreed to by the parties as outlined in paragraph five (5).
7. **ENTIRETY OF AGREEMENT.** This MOU, consisting of one (1) page represents the entire agreement between the parties.
8. **SIGNATURES.** In witness whereof, the parties to this MOU, through their duly authorized representatives have executed this MOU on the date(s) below.

Herzing University-Brookfield

  
STEPHEN G. MCEVOY DEAN  
Jarvis Racine, Campus President

Partner Organization

 Date 3-29-2018  
Name and Title Director of Nursing

# Wheaton Franciscan Healthcare

## Job Description

**Mission:** *Wheaton Franciscan Healthcare is committed to living out the healing ministry of Jesus by providing exceptional and compassionate health care service that promotes the dignity and well-being of the people we serve.*

**Job Title:** LPN-CC, LPN-POOL, LPN-WKND

**Job Code:** 75110, 75101, 75102, 75103, 75096, 75097

**Effective Date:** 7-03

**Date of Last Revision:** July 2014

**Organization:** Choose org that the position will be budgeted in. If the description applies to more than one org, choose all that apply.

WFH Franciscan Woods  Select if applicable

WFH Terrace at St. Francis  Select if applicable

Select if applicable  Select if applicable

**Department Name:** Nursing

**Dept#:** 5670-FW, 5368-TSF

**Location(s) Served:** FW, TSF

**Reports to (title):** Dir-Nursing

**No. of Direct Reports:** 0

**Title(s) of Direct Reports:**

**Position Summary** (in one or two sentences, describe primary purpose of job):

Under the immediate supervision of a Registered Nurse (RN), provides direct care of the adult patient. Performs a variety of technical procedures in the care for sub acute, convalescent and chronic and long term resident/patients. Cares for patients who are primarily older adults.

**Principal Accountabilities and Essential functions of the Job**

(List in order of importance and percent of time; describe what must be accomplished, not how it must be done):

Major Areas of Responsibility/Essential Function	% of Time
Under the direct supervision of the RN, provides direct patient care in accordance with nursing process using clinical knowledge and safe practice. Communicates the patient's plan of care to all members of the healthcare team and documents according to policy. Collaborates with the interdisciplinary team in planning care to meet patient's needs. Shares pertinent information with members of the healthcare team to ensure continuity of care. Implements a teaching plan and documents the patient's response.	20%
Participates in the discharge planning process by assisting the RN with gathering data related to discharge needs of the patient, and collaborating with other members of the healthcare team regarding the discharge plans for the patient/family.	5%
Collects data and information regarding patient's health status. Recognizes symptoms and/or deviations from previous data and communicates changes in patient condition to RN.	20%
Safely passes medications to assigned patients and monitors effectiveness of medications.	25%
Participates in the orientation of new personnel as opportunity arises.	10%
Receives/interprets/implements physician orders within scope of practice.	10%
Functions as a unit leader, when necessary, and accepts responsibility and accountability for caregivers on assigned unit.	10%
WFH Values • Demonstrates a visible working style, acts in a manner that is consistent with and shows commitment to the WFH Values	n/a

**Education and Experience:** (Check the minimum requirements for education and experience for this position.)

**Required Education** (Check one box)

**Preferred Education** (Check additional box(es) with "preferred" in explanation field)

**Experience Level** (Check appropriate box(es))

Basic Skill Set

0 – 2 years – 1 year med/surg, long term care, sub

			acute care experience preferred.
<input checked="" type="checkbox"/>	High School or Equivalent (GED)	<input type="checkbox"/>	3 – 4 years -
<input type="checkbox"/>	High School plus specialized training (min. 6 months – 2 years):	<input type="checkbox"/>	5 – 7 years -
		<input type="checkbox"/>	8 – 10 years -
<input type="checkbox"/>	Associate Degree:	<input type="checkbox"/>	10 - 15 years -
<input type="checkbox"/>	Bachelors Degree:	<input type="checkbox"/>	> 15 years -
<input type="checkbox"/>	Masters Degree:	<b>Knowledge, Skills &amp; Abilities required:</b> (i.e. supervision, computers, etc.) <ul style="list-style-type: none"> <li>• Good communication, data collection, organization, and decision making skills.</li> <li>• Demonstrates organization and time management skills.</li> <li>• Excellent computer skills to utilize eMAR (electronic medication pass) and electronic documentation.</li> </ul>	
<input type="checkbox"/>	PhD:		
<input type="checkbox"/>	MD/DO		
<input type="checkbox"/>	Other:		
<b>Certification/Licensure Required for Job:</b> (list any licenses or certifications required for the job) Current State of Wisconsin LPN license required. CPR certification.		<b>Competencies:</b> (list number and title of competencies)	

1. **Age Category of Patients Served:** (check appropriate box)

Not Applicable       See Department/Unit Job Competencies

2. **Potential exposure to blood and body fluids:** Select applicable category.

**Category I** – Performs tasks which involve exposure to blood, body fluid, or tissue.

**Category II** – Performs tasks which involve no exposure to blood, body fluid, or tissue, but may perform unplanned Category I tasks.

**Category III** – Performs tasks that involve no exposure to blood, body fluid, or tissue.

3. **Equipment Operated:**

Fax and computer

4. **Physical Activity:** (Check all that apply)

Activity	N/A	0-25%	26-75%	76-100%	Avg. lbs.
Lift/Carry	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	50 lbs.
Push/Pull	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	50 lbs.
Reach Overhead	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Comments:</b>
Climb	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Squat/Bend/Kneel	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sit	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Stand	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Walk/Move About	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

5. **Working Conditions:** Describe the environment and fill in appropriate information (i.e., temperature, noise, chemicals, or hazardous materials/waste handled or present)

Performs duties that may involve exposure to hazardous substances and is subject to normal risk. In patient care areas, may perform or demonstrate patient care tasks which may expose the nurse to infectious or communicable disease or possibility of injury from irrational or confused patients and visitors, or from instruments or equipment.

The most significant duties have been included in this description. Other duties may be assigned as necessary. The facility reserves the right to modify this job description as needed to accurately reflect the duties assigned.

<b>Pay &amp; Performance Management Use Only</b>	
<b>Reviewed by:</b>	<b>Date:</b>
<b>FLSA Status:</b> <input type="checkbox"/> Non-Exempt <input type="checkbox"/> Exempt	<b>HRIS Job Title:</b>
<b>Comments:</b>	

**MEMORANDUM OF UNDERSTANDING BETWEEN HERZING UNIVERSITY-  
BROOKFIELD AND Royal Family Kids Camp-Milwaukee, WI**

1. **PARTIES.** This Memorandum of Understanding (hereinafter referred to as a MOU) is made and entered into by and between Herzing University-Brookfield, located at 555 South Executive Drive, Brookfield, WI and Royal Family Kids Camp-Milwaukee located at 4970 S. Swift Ave, Cudahy, WI 53110.
2. **PURPOSE.** The purpose of this MOU is to establish non-compensated nursing clinical experiences for students in the Practical Nurse program at Herzing University-Brookfield and Royal Family Kids Camp- Milwaukee
3. **TERM OF MOU.** This MOU is effective upon the date executed below by duly authorized representatives of the parties to this MOU and will remain in force unless otherwise terminated by the parties. This MOU may be terminated, without cause, by either party upon written notification, which may be sent by electronic or other means to the parties at the addresses listed above.
4. **REPONSIBILITIES.** The parties agree that prior to the creation of non-compensated clinical nursing experiences for the Practical Nurse students at Herzing University-Brookfield the parties, upon mutual agreement, will execute an Affiliation Agreement which will detail the rights, obligations and responsibilities of the parties to this MOU.
5. **AMENDMENTS.** Either party may request changes to this MOU. Any changes modifications or revisions or amendments to this MOU which are agreed upon by and between the parties shall be incorporated, in writing, to this MOU and become effective when executed and signed by the parties to this MOU.
6. **APPLICABLE LAW.** The construction, interpretation and enforcement of this MOU shall be governed by the laws of the State of Wisconsin, unless otherwise mutually agreed to by the parties as outlined in paragraph five (5).
7. **ENTIRETY OF AGREEMENT.** This MOU, consisting of one (1) page represents the entire agreement between the parties.
8. **SIGNATURES.** In witness whereof, the parties to this MOU, through their duly authorized representatives have executed this MOU on the date(s) below.

Herzing University-Brookfield



Jarvis Racine, Campus President

Partner Organization



Name and Title

# Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8366  
Madison, WI 53708-8366

FAX #: (608) 266-2602  
Phone #: (608) 266-2112

1400 E. Washington Avenue  
Madison, WI 53708-8366  
E-Mail: dsps@wisconsin.gov  
Website: dsps.wisconsin.gov

## BOARD OF NURSING

### CLINICAL FACILITY SELECTION AND SIMULATED SETTING EXPERIENCES

Completion of this form is required for each clinical facility or simulated setting experience as part of the application for authorization to admit students. In addition, this form shall be completed, kept on file in the school of nursing office, and made available to the Board upon request for all clinical facilities and all simulated setting experiences utilized by the nursing school.

#### I. IDENTIFYING DATA

- A. Name of facility: Royal Family Kid's Camp  
Address: 4970 S. Swift Ave  
Cudahy, WI 53110  
Telephone: 414-483-1313
- B. Type of facility:  Hospital  Nursing Home  Community Health Agency  
 Other: Community based youth camp
- C. Number of beds at facility: N/A
- D. Types of patients: Children, ages: 7-11
- E. Administrator of facility: Lisa Carey
- F. Director of nursing service: Joan Neave
- G. School(s) of nursing utilizing the facility: Herzing, BSN

#### II. EXHIBITS (*attach to this form*)

- A. Copy of formal agreement signed by:  
1. Administrator of facility  
2. Educational administrator of nursing school
- B. Copy of the position description for:  
1. Registered Nurses  
2. Licensed Practical Nurses
- C. Listing of simulation activities provided and a listing of types of simulation equipment utilized

## Wisconsin Department of Safety and Professional Services

III. PLEASE RESPOND TO THE FOLLOWING QUESTIONS:

A. Have the nursing school objectives been shared with the facility?  Yes  No

Comments: \_\_\_\_\_

B. Does the facility agree to cooperate in promoting the nursing school objectives?  Yes  No

Comments: \_\_\_\_\_

C. Are there experiences in the facility available to students to meet clinical objectives?  Yes  No

Comments: \_\_\_\_\_

D. Is the practice of registered nursing in the facility within the legal scope of practice for registered nurses as defined in Chapter 441.11(4), Wisconsin Statutes? (If no, facility may not be approved.)

Yes  No

Comments: \_\_\_\_\_

E. Is the practice of licensed practical nursing in the facility within the legal scope of practice for licensed practical nurses as defined in Chapter 441.11(3), Wisconsin Statutes? (If no, facility may not be approved.)

Yes  No

Comments: \_\_\_\_\_

F. If simulated settings are utilized, list the activities, responsibilities and equipment which are included in the learning experience:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Herzing University  
Nursing School

Dr. Deborah Ziebarth  
Educational Administrator

*Dr. Deborah Ziebarth*  
Signature

2626491710  
Telephone Number

Herzing University  
Nursing Program(s) Utilizing Facility/Simulated Setting

Department Chair Nursing

Title

12/22/2017

Date

dziebarth@herzing.edu  
Email Address

**Ziebarth, Deborah**

---

**From:** Joan Neave <forcampers@gmail.com>  
**Sent:** Friday, March 23, 2018 1:05 PM  
**To:** Ziebarth, Deborah  
**Subject:** Royal family Kids Camp LPN students

Dear Dr. Ziebarth,

This is to let you know that Royal Family Kids Camp, Milwaukee chapter, is able to accommodate practical nursing students under our head nurse RN direct supervision.

The camp is an immersion experience over 5 days each summer, and the role of the LPN nursing student would be first aid, medication administration, and checking vital signs for children and the adult volunteers at the camp.

We would be thrilled to have the LPN students as members of our nursing team at camp!

Please let me know if you need any additional information.

Joan Neave RN, MSN  
Royal Family Kids Camp  
[forcampers@gmail.com](mailto:forcampers@gmail.com)

MEMORANDUM OF UNDERSTANDING FOR  
HEALTH CARE CLINICAL EXPERIENCE

**HERZING<sup>®</sup>**  
— UNIVERSITY —

This Agreement for Clinical Experience (the "Agreement") is entered into by and between Herzing University, Ltd. (hereafter "University"), and Royal Family Kids Camp (hereafter "Facility").

RECITALS

The University wishes to provide clinical experiences for students enrolled in Herzing University BSN Nursing programs (hereafter "Students"). The Facility operates a healthcare facility and has the capability, through its medical records, clinical, or medical administration departments, to provide settings for clinical experiences required by such Students and desires to provide a setting for such clinical experiences in cooperation with the University in order to support quality education for health professionals in the community and the delivery of appropriate health services to the community.

NOW, THEREFORE, the parties agree as follows:

1. Responsibilities of the Facility. The Facility agrees to serve as a cooperating health care facility and provide clinical experiences for Students at the Facility in University's program. This will be accomplished by allowing Student participation in patient care as set forth in this Agreement. The University, in consultation with the Facility, shall schedule and arrange for the number and timing of such experiences. The Facility hereby agrees as follows:
  - a. To observe the non discrimination policy of the University: that Students are accepted without discrimination as to race, color, creed, or sex, subject to the Facility's right to terminate clinical experiences as set forth in subparagraph 3-d.
  - b. To provide clinical practice and/or observational opportunities in the appropriate service departments of the Facility.
  - c. To allow Students, at their own expense, to use the dining and other facilities.
  - d. To make available to Students emergency care and treatment in the event of illness or injury occurring in clinical areas during clinical instruction. All charges for treatment shall be the responsibility of the Students, or in the case of a minor, his or her parents.
  - e. To provide information pertinent to evaluation of Students and the clinical experience in general to the University at the University's request.
  - f. To provide the University and Students with access to copies of the Facility's policies, procedures and regulations that are pertinent to the clinical experience.
  
2. Responsibilities of University. The University agrees:
  - a. In cooperation with the Facility, orientation to and enforcement of requirements that all Students abide by the policies, procedures, rules, and regulations of the Facility, including standards for dress, grooming, and personal hygiene.

- b. Provision of general liability insurance coverage of \$1,000,000 per occurrence and \$2,000,000 in the aggregate and professional liability insurance coverage of \$2,000,000 per claim and \$6,000,000 in the aggregate covering acts/or omissions by Students during practicum experiences hosted by the Facility. The University shall immediately notify the Facility of any changes, limitations, or termination of insurance coverage and provide evidence of such insurance upon request by the Facility.
  - c. Require Students to comply with the Facility's policies and procedures governing mandatory reporting of child and dependent adult abuse, infection control, and hazardous materials management. Upon the Facility's request, any Student that the Facility believes to be in violation of its policies and procedures shall be removed by the University.
  - d. Compliance with all Facility requirements for verification of each Student's health and immunization status. All required verification will be maintained at the University and made available to the Facility upon request. Facility must notify University in writing of any required verifications prior to student's clinical experience.
  - e. Provide orientation and education of all Students in confidentiality rules, in cooperation with the Facility, enforcement of a requirement that all Students follow the Facility's policy with regard to confidential information, including obtaining signed confidentiality agreements and compliance with all policies and procedures adopted by the Facility to comply with the privacy or security final regulations promulgated under the Health Insurance Portability and Accountability Act. Upon the Facility's request, any Student that the Facility believes to be in violation of its policies and procedures shall be removed by the University.
3. Conditions. This Agreement shall be continuously subject to the following conditions accepted by each of the parties:
- a. The University shall provide the Facility with estimates of the number of Students desiring to be placed in clinical departments. The Facility may close units to Students' clinical experiences at any time, without notice. At least two (2) weeks' prior to the beginning of new Students' placements, the University shall notify the Facility's contact person of the names of each of the Students to be included in the next placement.
  - b. The Facility, University and Students are independent contractors in their relationships to one another. It is understood that Students are not employees of the Facility, do not receive compensation or benefits in connection with their activities at the Facility, are not provided workers' compensation insurance, and shall not act as agents or employees of the Facility.
  - c. Each party agrees to accept and is responsible for its own acts and/or omissions in providing services under this Agreement as well as those acts or omissions of its employees and agents or Students, as the case may be, and nothing in this Agreement shall be construed as placing any responsibility of such acts or omissions onto the other party.
  - d. The Facility has the right to terminate a Student's clinical experience whenever, in the judgment of the responsible Facility personnel, such action is necessary to preserve smooth operations and the quality of patient care. The Facility must notify the University immediately of any termination action.

Royal Family Kids Camp (retrieved from <http://royalfamilykids.org/wp-content/uploads/2017/04/2017-1-DIR-MANUAL-INTRO-PLUS-SEC-1-7.pdf>)

**Job Description: NURSE**

**Responsibilities Include:**

- Being at camper registration to collect medication and to screen camper for illness
- Ensure a copy of each camper's Insurance I.D. card accompanies their application.
- Total health care program and record keeping for the camp
- Observing general health conditions of the Resident staff, and reporting daily any problems to Camp Director
- Screening incoming campers upon arrival in camp for ear infections, foreign objects in ears, reaction of pupils to light, swollen and infected tonsils, throat infections, head lice and any specific complaints of campers
- Keeping all medications secure in the infirmary
- Collecting health histories and reports of physical examinations from the campers and keeping them on file in the infirmary
- Maintaining the Nurse's Log Book of all medical treatments given. All records to be kept for statutory limit by the Director
- Observing everyone in camp for specific problems
- Determining how all disabilities and injuries are to be handled
- Maintaining first aid kits and ensuring that each group going away from main camp has a first aid kit with them
- Ensure each Counselor & Staff are equipped with an RFKC Fanny Pak containing: gauze wipes, antiseptic wipes, vinyl gloves, band aids (2-3).

e. The Facility and University shall indemnify and hold each other harmless, their agents, students, and employees, from any and all liability, damage, expense, cause of action, suits, claims or judgments arising from injury to person or personal property or otherwise which arises out of the act, failure to act or negligence of the Facility or University, its agents and employees, in connection with or arising out of the activity which is the subject of this Agreement.

4. Term and Termination. This Agreement shall be effective when fully executed by both parties, and shall remain in effect for one (1) year. This Agreement shall renew automatically for additional one (1) year periods, until either party notifies the other party hereto in writing of its intent not to renew. Either party may terminate this Agreement at any time upon thirty (30) days notice to the other party. In the event of a termination of the Agreement, any Student(s) currently completing a clinical experience at Facility will be allowed to complete their clinical experience as previously agreed to by both parties.

5. a. Contact Persons and Notices. The designated individuals for contact and notice purposes shall be, in the case of the University:

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

And, in the case of the Facility:

Name: Joan Neave  
Title: Head Nurse  
Organization: Royal Family Kids Camp: #184  
Address: Changing Lives Assembly of God  
4970 S. Swift Ave. Cudahy, WI 53110  
Phone: 414-483-1313  
Email: milwaukee.royalfamilykids.org

b. Official Signatory. The designated individual to approve and sign documents for the University shall be:

Representative: Chief Compliance Officer and/or Designee  
Organization: Herzing University  
Address: W140 N8917 Lilly Road, Menomonee Falls, WI 53051

6. Miscellaneous. The following additional conditions apply to this Agreement:

a. Severability. In the event one or more of the provisions contained in this Agreement are declared invalid, illegal, or unenforceable in any respect, the validity, legality, and

enforceability of the remaining provisions shall not in any way be impaired thereby unless the effect of such invalidity is to substantially impair or undermine either party's rights and benefits hereunder.

- b. Assignment. This Agreement is personal to the parties and may not be assigned or transferred without written consent of the other party.
- c. Waiver. The failure of either party to insist in any one or more instances upon performance of any terms or conditions of this Agreement shall not be construed as a waiver of future performance of any such term, covenant, or condition; but the obligations of such party with respect thereto shall continue in full force and effect.
- d. Recitals. The recitals are intended to describe the intent of the parties and the circumstances under which this Agreement is executed and shall be considered in the interpretation of this Agreement.
- e. Amendment. This Agreement may be amended only by written agreement of the parties.
- f. Applicable Law. This Agreement shall be interpreted according to the law of the state of Wisconsin.
- g. Entire Agreement. This Agreement constitutes the entire agreement between the parties pertaining to the subject matter hereof and subsumes and incorporates all prior written and oral statements and understandings.

IN WITNESS WHEREOF, the parties have executed this Agreement in duplicate on the dates set opposite their respective names.

University: Herzing University, Ltd.

and Facility: Royal Family Kids Camp

Signature: 

Signature: 

Printed Name: Robert Herzog  
Title: Chief Financial Office/Chief Compliance Officer

Printed Name: Joan Neave

Phone Number: (856) 508-0748, ext. 01702

Title: Head Nurse

Email Address: rhe(zog@herzing.edu)

Phone Number: 262-370-2947

Date: 7/21/16

Email Address: neavems@aol.com

Date: 6/1/2016

**MEMORANDUM OF UNDERSTANDING BETWEEN HERZING UNIVERSITY-  
BROOKFIELD AND Milwaukee Teen Reach Adventure Camp, 4970 S. Swift Ave  
Cudahy, WI 53110**

1. **PARTIES.** This Memorandum of Understanding (hereinafter referred to as a MOU) is made and entered into by and between Herzing University-Brookfield, located at 555 South Executive Drive, Brookfield, WI and Milwaukee Teen Reach Adventure Camp, Cudahy, WI
2. **PURPOSE.** The purpose of this MOU is to establish non-compensated nursing clinical experiences for students in the Practical Nurse program at Herzing University-Brookfield and Milwaukee Teen Reach Adventure Camps
3. **TERM OF MOU.** This MOU is effective upon the date executed below by duly authorized representatives of the parties to this MOU and will remain in force unless otherwise terminated by the parties. This MOU may be terminated, without cause, by either party upon written notification, which may be sent by electronic or other means to the parties at the addresses listed above.
4. **RESPONSIBILITIES.** The parties agree that prior to the creation of non-compensated clinical nursing experiences for the Practical Nurse students at Herzing University-Brookfield the parties, upon mutual agreement, will execute an Affiliation Agreement which will detail the rights, obligations and responsibilities of the parties to this MOU.
5. **AMENDMENTS.** Either party may request changes to this MOU. Any changes modifications or revisions or amendments to this MOU which are agreed upon by and between the parties shall be incorporated, in writing, to this MOU and become effective when executed and signed by the parties to this MOU.
6. **APPLICABLE LAW.** The construction, interpretation and enforcement of this MOU shall be governed by the laws of the State of Wisconsin, unless otherwise mutually agreed to by the parties as outlined in paragraph five (5).
7. **ENTIRETY OF AGREEMENT.** This MOU, consisting of one (1) page represents the entire agreement between the parties.
8. **SIGNATURES.** In witness whereof, the parties to this MOU, through their duly authorized representatives have executed this MOU on the date(s) below.

Herzing University-Brookfield

*STEPHENE M. LEWIS*  
*Stephene M. Lewis*  
Dean  
Jarvis Racine, Campus President

Partner Organization

*John H. ...*  
*Medical Student ...*  
Name and Title

4/12/2018

Date



Dr. Deborah Ziebarth  
Department Chair, Nursing Programs  
Herzing University-Brookfield, WI  
555 S. Executive Dr. Brookfield, WI 53005

Dear Dr. Ziebarth,

This is to affirm placement of LPN students at Milwaukee Teen Reach Adventure Camps-Cudahy, Wisconsin. The camps serve youth ages 12-15 years, single gender camps for two 3 day weekends each summer. These are residential overnight camps. A thorough orientation is provided prior to the camp experience. The practical nursing students would be directly supervised by the Medical Station Coordinator Registered Nurse.

Under the delegation and supervision of the RN, the PN students can provide basic first aid to youths and the adults at camp, and administer scheduled medications as prescribed. Additionally, PN students can gather vital signs information for the RN, and assist with maintaining safety at the camp.

We would value the addition of PN students on our team to serve our youths.

Sincerely,

Joan Neave, MSN, PMH-RN BC  
Medical Station Coordinator  
Milwaukee Teen Reach Adventure Camps

MEMORANDUM OF UNDERSTANDING FOR  
HEALTH CARE CLINICAL EXPERIENCE



This Agreement for Clinical Experience (the "Agreement") is entered into by and between Herzing University, Ltd. (hereafter "University"), and Milwaukee Teen Reach Adventure Camp, Cudahy, Wisconsin (hereafter "Facility").

RECITALS

The University wishes to provide clinical experiences for students enrolled in Herzing University BSN Nursing programs (hereafter "Students"). The Facility operates a healthcare facility and has the capability, through its medical records, clinical, or medical administration departments, to provide settings for clinical experiences required by such Students and desires to provide a setting for such clinical experiences in cooperation with the University in order to support quality education for health professionals in the community and the delivery of appropriate health services to the community.

NOW, THEREFORE, the parties agree as follows:

1. **Responsibilities of the Facility.** The Facility agrees to serve as a cooperating health care facility and provide clinical experiences for Students at the Facility in University's program. This will be accomplished by allowing Student participation in patient care as set forth in this Agreement. The University, in consultation with the Facility, shall schedule and arrange for the number and timing of such experiences. The Facility hereby agrees as follows:
  - a. To observe the non discrimination policy of the University: that Students are accepted without discrimination as to race, color, creed, or sex, subject to the Facility's right to terminate clinical experiences as set forth in subparagraph 3-d.
  - b. To provide clinical practice and/or observational opportunities in the appropriate service departments of the Facility.
  - c. To allow Students, at their own expense, to use the dining and other facilities.
  - d. To make available to Students emergency care and treatment in the event of illness or injury occurring in clinical areas during clinical instruction. All charges for treatment shall be the responsibility of the Students, or in the case of a minor, his or her parents.
  - e. To provide information pertinent to evaluation of Students and the clinical experience in general to the University at the University's request.
  - f. To provide the University and Students with access to copies of the Facilities policies, procedures and regulations that are pertinent to the clinical experience.
  
2. **Responsibilities of University.** The University agrees:
  - a. In cooperation with the Facility, orientation to and enforcement of requirements that all Students abide by the policies, procedures, rules, and regulations of the Facility, including standards for dress, grooming, and personal hygiene.

e. The Facility and University shall indemnify and hold each other harmless, their agents, students, and employees, from any and all liability, damage, expense, cause of action, suits, claims of judgments arising from injury to person or personal property or otherwise which arises out of the act, failure to act or negligence of the Facility or University, its agents and employees, in connection with or arising out of the activity which is the subject of this Agreement.

4. Term and Termination. This Agreement shall be effective when fully executed by both parties, and shall remain in effect for one (1) year. This Agreement shall renew automatically for additional one (1) year periods, until either party notifies the other party hereto in writing of its intent not to renew. Either party may terminate this Agreement at any time upon thirty (30) days notice to the other party. In the event of a termination of the Agreement, any Student(s) currently completing a clinical experience at Facility will be allowed to complete their clinical experience as previously agreed to by both parties.

5. a. Contact Persons and Notices. The designated individuals for contact and notice purposes shall be, in the case of the University:

Name:	Joan Neave
Title:	Nursing Clinical Placement Coordinator
Organization:	Herzing University
Address:	555 S. Executive Drive, Brookfield, WI 53005
Phone:	262-649-1710
Email:	jneave@herzing.edu

And, in the case of the Facility:

Name:	Harold Pickering and Bev Reyna-Pickering
Title:	Camp Directors
Organization:	Milwaukee Teen Reach Adventure Camp Changing Lives Assembly of God
Address:	4970 S. Swift Ave. Cudahy, WI 53110
Phone:	414-483-1313
Email:	mtrac2013@yahoo.com

b. Official Signatory. The designated individual to approve and sign documents for the University shall be:

Representative:	Chief Compliance Officer and/or Designee
Organization:	Herzing University
Address:	W140 N8917 Lilly Road, Menomonee Falls, WI 53051

6. Miscellaneous. The following additional conditions apply to this Agreement:

a. Severability. In the event one or more of the provisions contained in this Agreement are declared invalid, illegal, or unenforceable in any respect, the validity, legality, and

**State of Wisconsin  
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request:  Dan Williams		2) Date When Request Submitted:  <div style="border: 1px solid black; padding: 2px; font-size: small;">Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting</div>	
3) Name of Board, Committee, Council, Sections: Board of Nursing			
4) Meeting Date: May 10, 2018	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page?  2017 NCLEX pass rate reports_ Discussion and Consideration	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled?  <input type="checkbox"/> Yes ( <u>Fill out Board Appearance Request</u> ) <input type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed:  <b>Review reports from approved schools of nursing who did not make the 80% threshold for 2017.</b>			
11) Signature of person making this request		Authorization	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.			

## Wood, Kimberly - DSPS

---

**From:** Lyles, Annmarie <ayles@herzing.edu>  
**Sent:** Friday, April 27, 2018 6:57 AM  
**To:** Williams, Dan - DSPS  
**Cc:** Edwards, Pat; Vinson, William  
**Subject:** RE: Board of Nursing Motion\_Herzing Madison  
**Attachments:** HU\_Madison\_2018\_explanation\_NCLEX\_pass\_rates.pdf

Good morning Dan,

Attached is the explanation of NCLEX pass rates for the Herzing University Madison campus. Please let me know if you have any questions.

Thank you and have a great weekend.

**Ann Lyles, PhD, RN**  
Nursing Program Chair  
Professor  
Herzing University – Madison  
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Madison, WI 53718  
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**From:** Williams, Dan - DSPS [mailto:Dan1.Williams@wisconsin.gov]  
**Sent:** Friday, March 9, 2018 2:57 PM  
**To:** Lyles, Annmarie <ayles@herzing.edu>  
**Subject:** Board of Nursing Motion\_Herzing Madison

Hello Annmarie:

Below is the Motion from yesterday's meeting. Please submit the report directly to me. Dan

### 2017 NCLEX Scores

**MOTION:** Luann Skarlupka moved, seconded by Elizabeth Smith-Houskamp, that Herzing College-Madison submit by **April 27, 2018** an explanation or analysis of NCLEX pass rates, including reasons the plans submitted to the Board for 2015, 2016, and 2017 for improvement was unsuccessful and their plan to meet the NCLEX first time taker pass rate standard. This plan must be approved by the Board to retain authorization, and an appearance before the Board is requested at the May 10, 2018 meeting. Motion carried unanimously.

Dan Williams  
Executive Director  
Division of Policy Development  
WI Department of Safety & Professional Services  
[dan1.williams@wisconsin.gov](mailto:dan1.williams@wisconsin.gov)

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April 27<sup>th</sup>, 2018

Dan Williams  
Executive Director  
Division of Policy Development  
WI Department of Safety & Professional Services  
[dan1.williams@wisconsin.gov](mailto:dan1.williams@wisconsin.gov)

Re: Submission of Explanation of NCLEX pass rates

Dear Mr. Williams,

Herzing University – Madison is appearing before the Board at the May 10<sup>th</sup>, 2018 meeting with a submission of an explanation of NCLEX pass rates including reasons the plans submitted for 2015, 2016, and 2017 for improvement were unsuccessful and our plan to meet the NCLEX first time taker pass rate standard.

As of January 2018, I joined Herzing University as the new Nursing Program Chair at the Madison campus. I researched the improvement plans submitted the previous three years and found that we had implemented strategies to improve our pass rates but did not execute on all components of the plans. Our first step in moving forward to improve our pass rates was to assemble a team of NCLEX Success Plan Committee planning members consisting of myself, System Dean of Nursing Operations, System Dean of Nursing Strategy and Assessment, NCLEX Lead Faculty, Campus President/Academic Dean, and Provost. The NCLEX Success Plan Committee Planning Members meet weekly to discuss and assess the strategy outcomes including analyzing student data. The committee members continue to hold one another, faculty, and students accountable to adhere to the success plan submitted to the Board.

In addition to this committee of experts we have also identified the importance of including and maintaining rigor throughout the nursing program. We at the Madison campus are committed to preparing the students to not only pass the NCLEX on the first time but also be accomplished registered nurses in the community in whatever capacity they choose. We assure every student in our program follow our mission to “function in a caring, competent, and ethical manner as entry level practitioners to enhance the health of person within communities and the larger global environment by providing safe, quality, holistic healthcare as professional nurses and lifelong learners”.

This past year as Nursing Program Chair, I have collaborated with the System Dean of Nursing Operations, System Dean of Nursing Strategy and Assessment, Academic Dean, and Nursing Faculty to identify what areas of improvement are needed for our students to get the content in the classroom, laboratory, and clinical to meet our mission and the NCLEX first time taker pass rate. We understand that there are products available to support our program and aid in NCLEX preparation; however, those are best used to aid our educational strategies and not replace them.

We are dedicated to increasing the rigor in the program and have already implemented these significant changes to our program:

- Classroom

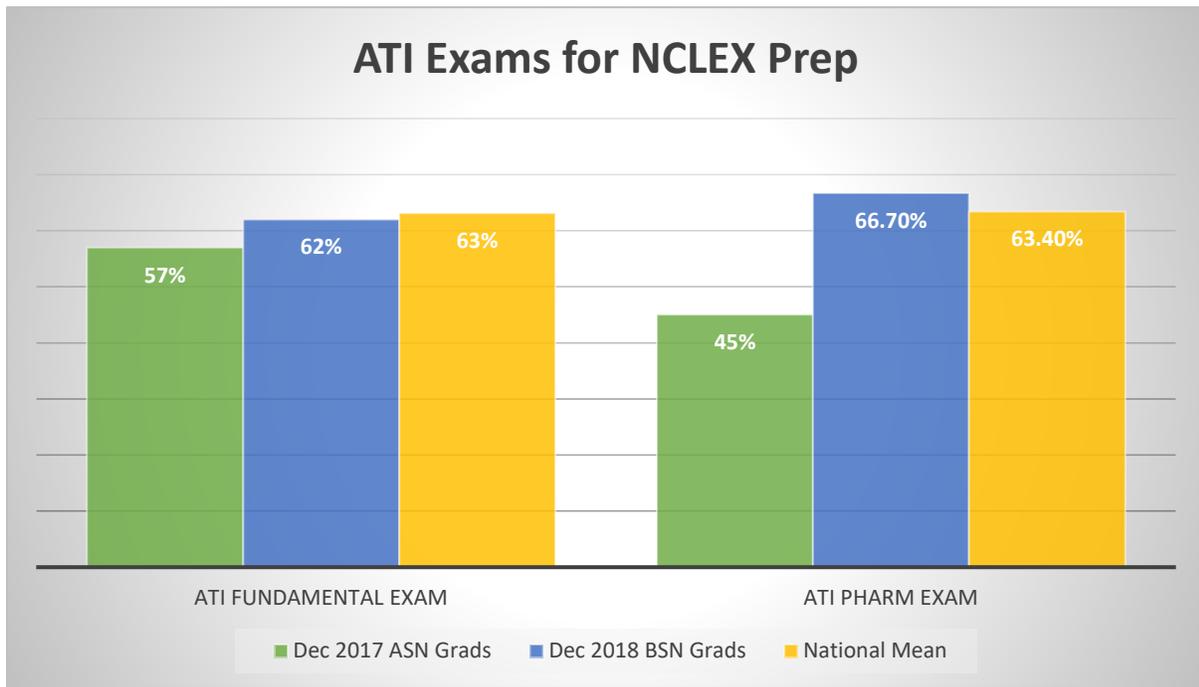


- Currently completing yearly classroom observations to evaluate instructors are meeting course objectives. An evaluation rubric and pre-observation tool have been implemented to evaluate faculty systematically and consistently. The Director of Faculty Effectiveness has provided training on classroom observations to the Academic Dean, Nursing Program Chair and Lead Faculty.
- One of the best strategies to passing the NCLEX is to practice NCLEX-style questions. We have incorporated NCLEX-style questions throughout every course instruction and in course exams. In addition, course exams total 700-800 points in each course so students are tested frequently and throughout the program. This also allows faculty and academic advisors to assess and address areas of improvement for each student.
- Rubrics were added to course assessments such as papers, presentations, and care plans to identify expectations of the students and provide a way for faculty to grade objectively.
- Laboratory
  - Within the last year the number of skills students had to master increased significantly. The number of skills checked off by the instructor in 3 lab courses was a total of 4 skills. We have identified the need for more skill check-offs by instructors in the lab for students to apply what they have learned and be effective registered nurses. The 3 lab courses now have a total of 35 skills check-offs with checklists that instructors complete to evaluate each student and remediate when necessary.
  - We had simulation equipment in the lab that was not being utilized. Faculty had training this year to run simulation scenarios during lab to augment learning. The lab coordinator has weekly open lab hours in her workload for students to practice any skills and simulation scenarios and for remediation purposes.
- Clinical experiences
  - A clinical team of the clinical coordinator, clinical lead, and clinical instructors has been assembled each semester to monitor clinical experiences. Clinical instructors, both full-time and part-time, report the clinical and simulation schedule to the clinical team each term. The clinical team meets at mid-term and end of clinical to discuss clinical evaluations. Evaluations include student, instructor, and site. The clinical coordinator and clinical lead complete clinical observations on site to evaluate the clinical instructors are meeting course objectives and clinical requirements.

At this time we do not have the data, such as NCLEX pass rates, to share with you as our first graduating class will be December 2018. Although we do not have this data, we do have standardized test results that can help provide insight into the hard work our campus has devoted to in preparing our nursing students. There are 2 Assessment Technologies Institute (ATI) exams that our December 2017 and December 2018 graduates completed in our program. Each cohort completed an ATI Fundamental Exam early in the program and an ATI Pharmacology Exam toward the end of the program. The December 2017 graduates scored 57% and 45% respectively and the December 2018 graduates scored 62% and 66.7% respectively (Figure 1). The National Mean is 63% for the Fundamental Exam and 63.4% for the Pharmacology Exam.



Figure 1. ATI Exams comparison of cohort results



We are providing this analysis of student data to illustrate the work we are doing to improve the student experience and increase the rigor in the program. The December 2018 graduates improved their scores significantly and were above the National Mean with the Pharmacology Exam. These results help endorse that the imperative changes we have made to the program can have a positive effect for our students and their success in the program. We have also attached a detailed ASN Post Graduate Pass Rate and Remediation Plan and BSN NCLEX Success Plan for your review. We believe that implementing this new committee of team members to adhere to the NCLEX Success Plan and increasing rigor in the program will prepare our students to meet the NCLEX first time taker pass rate and be successful registered nurses upon graduation.

Thank you for your continued support.  
Respectfully,

Anmarie Lyles, PhD, RN  
Nursing Program Chair  
Professor  
Herzing University  
Madison Campus



### Herzing University-Madison: ASN Post Graduate Pass Rate and Remediation Plan

ACTIONS	DATE	EVIDENCE	PROGRESS TO DATE
<b>ORGANIZATIONAL CHANGES</b>			
Students expressed that they would prefer other products than ATI for NCLEX Prep.	January 2018	Allowed other NCLEX Preparation product options to students upon graduation.	Campus expanded the NCLEX-RN Success Plan Agreement to include Kaplan, Hesi and Hurst readiness benchmarks to meet the requirements to get reimbursed (Appendix A)
Assembled an executive team to monitor students' success and need for remediation.	January 2018	Weekly scheduled meeting with Campus President, Nursing Program Chair, System Dean of Nursing Strategy and Assessment, System Dean of Nursing Operations, and NCLEX Faculty Lead to monitor and discuss any outstanding students including strategies for contacting and remediating first-time test takers and repeat test takers. Activities documented weekly in spreadsheet.	Weekly meetings are ongoing with Pass Rate and Remediation Plan updated as needed.
Campus President, Nursing Program Chair, and NCLEX Lead are individually calling and reaching out to graduates weekly as needed	January 2018	Relationships exist among the graduates and the Nursing Program.	Graduates are notifying the NCLEX team and faculty of NCLEX-RN pass results. Graduates also share feedback with Campus President that can be used with other graduates.
ASN Program voluntary withdrawal	February 2018	Letter to ACEN and WI BON	<b>COMPLETED</b>
<b>STUDENT FOCUS</b>			



ACTIONS	DATE	EVIDENCE	PROGRESS TO DATE
<p>Identify ASN graduates who have not sat for the NCELX or who have failed the NCLEX.</p>	<p>December 2017</p>	<p>December 2017 Cohort consists of 8 graduates</p> <p>Currently the number of outstanding test takers that exist are the following:</p> <ul style="list-style-type: none"> <li>• 8 first time test takers from 2014 to 2018</li> <li>• 16 repeat test takers from 2014 to 2018</li> </ul> <p>Students expressed that they would prefer other products than ATI for NCLEX Prep.</p> <p>Workload for NCLEX Faculty Lead increased from 2 contact hours per week to 4 contact hours.</p>	<p>Offered the NCLEX-RN Success Plan Agreement to the December 2017 graduates (Appendix A)</p> <p>In communication weekly with December 2017 graduates NCLEX preparation progress prior to testing</p> <p>Campus expanded the NCLEX-RN Success Plan Agreement to include Kaplan, Hesi and Hurst readiness benchmarks to meet the requirements to get reimbursed</p> <p>For those outstanding graduates who no longer have access to ATI, we extended ATI subscription at no cost and offered to pay for Kaplan and Hurst Live 1:1 Training prior to first-time and repeat testing. Continue to offer 1:1 remediation in-person with NCLEX Faculty Lead.</p> <p>NCLEX Faculty Lead provides weekly monitoring of ATI pulse scores noting deficiencies and providing remediation to graduates.</p>
<b>FACULTY FOCUS</b>			
<p>Identify NCLEX Faculty Lead</p>	<p>December 2017</p>	<p>NCLEX Faculty Lead includes a workload of 4 contact hours per week.</p>	<p>NCLEX Faculty Lead currently commits to 4 contact hours per week to support outstanding graduates.</p>

### Herzing University-Madison: BSN NCLEX Success Plan

ACTIONS	DATE	EVIDENCE	PROGRESS TO DATE
<b>ORGANIZATIONAL CHANGES</b>			
Elimination of conditionally admitted nursing students	January 2017	Conditional students are not admitted to the BSN program. Conditional means students who do not meet admission requirements (>2.5 GPA and > 58 TEAS)	As of January 2017, Herzing University-Madison does not admit conditional students. <b>COMPLETED</b>
Identified need for representation by alumni and community membership on the nursing program Advisory Board for more comprehensive feedback for program development.	May 2017	Program Chair conducted direct outreach to alumni and solicited community members using a local volunteer recruitment website to provide input into the nursing program.	Three alumni and two community members volunteered to serve on the Advisory Board and included in all communications to the group. <b>COMPLETED</b>
Hired Nursing Program Chair	January 2018	Program Chair holds a PhD in nursing with experience leading faculty and developing and teaching curriculum in an accredited program for BSN, MSN, and doctoral students.	Program Chair continues to work closely with Campus President and campus Chairs to support current and past students' progress to be successful registered nurses.
Create a professional leadership development plan for Program Chair.	January 2018	The Program Chair and mentors will create a leadership development plan collaboratively. The plan will include professional development activities, strategic goals, and role mentorship.	Both System Dean of Nursing Operations and System Dean of Nursing Strategy and Assessment have been identified as mentors. Emails, phone calls and in-person meetings are ongoing to support accreditation preparation and curriculum development and implementation.



ACTIONS	DATE	EVIDENCE	PROGRESS TO DATE
Identified need for representation of SNA president and active BSN students on the nursing program Advisory Board for more comprehensive feedback for program development	January 2018	SNA president and active BSN students will be invited to June 2018 Advisory Board meeting and any future Advisory Board Meetings to provide input into the nursing program.	Next Advisory Board meeting scheduled for June 2018.
Herzing University-Madison will have the initial CCNE site visit.	September 2018	Program Chair, Campus President, Faculty, and System Deans are preparing for the CCNE initial visit.	CCNE initial visit scheduled for September 2018
<b>STUDENT FOCUS</b>			
Hold Weekly Student Success Meetings (WSSM).	January 2017	Student Services Specialist submits weekly follow-ups to Program Chair to monitor student attendance and progress in the program.	Students who require additional resources and support are referred to their academic advisor for remediation.
Student Services Specialist reaches out weekly to at risk (<76%) students to provide support and resources to promote success.	January 2017	Students receive resources, support, and follow-up from the Student Services Specialist, faculty, and academic advisors as documented in the University's Beacon system (an early-alert and e-advising retention tool).	Updates on what is working well and other strategies that are needed for students are reported off during the Weekly Student Success Meeting (WSSM).
Student governance and input into the BSN program provided by SNA and President's Council	May 2017	SNA and President's Council have student representatives who provide feedback, input, and how to provide support into the BSN program.	Ongoing
Laboratory/simulation coordinator holds weekly open lab hours	May 2017	Students are provided open lab hours to practice skills, review simulation scenarios, and remediation with faculty.	Students have expressed satisfaction with open lab hours and being able to practice skills if needed.
Program Chair posts tutoring services within the nursing program on the nursing program website.	January 2018	Each full-time faculty has posted 2 hours each week in addition to office hours to provide tutoring in the faculty's area of	Students have utilized tutoring services to augment learning and have expressed satisfaction with these services.

ACTIONS	DATE	EVIDENCE	PROGRESS TO DATE
<p>Integrate an ATI instructional program to support successful NCLEX preparation to address deficiencies and promote readiness prior to testing.</p> <p>Develop an Individualized student success plan using ATI data.</p>	<p>April 2018</p>	<p>expertise to cover nursing, math, science, and English courses.</p> <p>December 2018 Grads (7 total) – first cohort to be provided the following action items:</p> <ul style="list-style-type: none"> <li>In their final semester of the BSN program (Sept. 2018), students will complete an ATI program (Appendix B: NU 449).</li> <li>ATI assessments identify areas for remediation and opportunities for improved test taking strategies.</li> </ul> <p>Assessment outcomes within nursing courses will be analyzed weekly by NCLEX Lead Faculty, Program Chair, Campus President, System Dean of Nursing Operations, and System Dean of Nursing Strategy and Assessments using ATI-generated reports. All activities documented in spreadsheet.</p>	<p>NCLEX Lead Faculty has been identified as course instructor for NU 449 and NCLEX prep.</p> <p>Ongoing data monitoring by NCLEX Lead Faculty</p>
<p>Use ATI-generated reports to monitor student success</p>	<p>April 2018</p>	<p>Comparison of ATI exam results from Dec. 2017 ASN grads and Dec. 2018 BSN grads</p>	<p>There has been marked improvement in the ATI Fundamental Exam (8% increase in test scores) and ATI Pharm Exam (48% increase in test scores) when comparing cohorts (Appendix C: Bar Chart Comparison of ATI Exams)</p>
<p><b>FACULTY FOCUS</b></p>			



ACTIONS	DATE	EVIDENCE	PROGRESS TO DATE
NurseTim available for faculty as resource for professional development and course development.	June 2017	<p>NurseTim webinars will be incorporated into the Professional Development Plan to reinforce areas of improvement.</p> <p>Certificates of completion or CEUs as evidence of participation in or completion of NurseTim activities.</p>	All current faculty have access to NurseTim and NLN.
Program Chair schedules instruction of courses based on education and experience.	January 2018	Faculty credentials and experience are used to assign faculty members to appropriate nursing courses.	Ongoing
Formalize onboarding process and mentorship for new/novice nursing faculty.	January 2018	New and novice faculty will know curricular structure and develop skills in instructional strategies and outcomes measurement through HU Faculty Handbook and Nursing Faculty Handbook. New faculty also are assigned mentors and complete the new faculty online orientation course.	Ongoing
<p>Maintain Professional Development Plan for each faculty member.</p> <p>All full-time faculty members will complete the NCSBN Item Writing and Test Development course within 3 months of hire.</p>	January 2018	<p>Professional Development Plans developed in collaboration between System Nursing Dean, Program Chair, and faculty member following classroom observations.</p> <p>Professional Development Plans discussed and updated during faculty 1:1 with Department Chair. Plans will include specific, measurable goals with timelines.</p>	<p>Ongoing review and update of Professional Development Plans</p> <p>Faculty ATI training scheduled for May 2018.</p> <p>Faculty Professional Development Plans reviewed and updated at 1:1s.</p> <p>Faculty work individually with the System Dean of Nursing Strategy and Assessment who is a test item writing</p>



ACTIONS	DATE	EVIDENCE	PROGRESS TO DATE
		Certificate of completion evidenced by of completion of NCSBN course.	expert on analyzing exams, revising test questions, and improve test writing skills.
Nursing Program Chair will observe classroom instruction of each faculty and provide written feedback using rubric and observation form.	January 2018	Ongoing, reviewed each year. Interrater reliability evaluated for classroom observations during current spring semester.	Current full-time faculty have been observed during spring semester. New faculty will be observed within 30 days of hire.
Improve stability of nursing faculty and program leadership. Faculty retention rates will be at 80% or higher.	Ongoing	Faculty Retention: 2015: 33.7% (2/6) 2016: 57.1% (4/7) 2017: 66.7% (4/6) 2018: 84% (5/6)	Recruitment for nursing faculty full-time position posted with HR, April 2018.
<b>INSTRUCTIONAL/PROGRAM FOCUS</b>			
<p>Improve exam quality through directed training and professional development activities.</p> <p>Integrate NCLEX style questions in classroom activities and exams for all courses</p>	May 2017	<p>Complete Item Writing webinar through NurseTim</p> <p>Complete training for use of ATI Custom Assessment Builder</p> <p>Complete NCSBN Item Writing and Test Development course.</p> <p>Test item analysis checklist for each content exam completed and reviewed with Program Chair (Appendix D: Test Item Analysis Checklist)</p>	<p>Subscription to NurseTim</p> <p>New full-time faculty will be registered for the NCSBN Item Writing and Test Development within 3 months of hire.</p> <p>Faculty work individually with the System Dean of Nursing Strategy and Assessment who is a test item writing expert on analyzing exams, revising test questions, and improve test writing skills.</p>

ACTIONS	DATE	EVIDENCE	PROGRESS TO DATE
Program Chair will attend NCSBN NCLEX Conference September 24, 2018.	September 24, 2018	Confirmation of attendance from NCSBN.	Program Chair will register for conference

**NCLEX Success Plan Committee Planning Members:**

- Dr. Pat Edwards, System Dean of Nursing Operations
- Dr. Kitty Kautzer, Provost
- Nikki Lamberty, NCLEX Lead Faculty
- Dr. Annmarie Lyles, Nursing Department Chair
- William Vinson, Campus President
- Dr. Mary Yoho, System Dean of Nursing Strategy and Assessment

**Appendix A: NCLEX-RN Success Plan Agreement (ASN Program)**



**HERZING**  
UNIVERSITY

Herzing University – Madison Campus  
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**Herzing University-Madison NCLEX-RN Preparation Incentive Agreement**

Your career begins once you achieve licensure as an RN by passing the NCLEX-RN. It is in your best interest to take the exam early and pass on your first attempt. Herzing University-Madison is offering its graduates an incentive to be fully prepared before attempting the NCLEX-RN.

To encourage our students to be fully prepared for the NCLEX-RN and pass on the first attempt, Herzing University will:

- Reimbursement for your licensing fee through the Board of Nursing in the state where you test.
- Reimbursement for the NCLEX-RN exam through Pearson VUE.
- Provide a \$400 Amazon gift card that can be used for scrubs, supplies or equipment to support for your role as an RN, or materials for continuing education.

To qualify for the NCLEX incentive program you are required to:

1. Achieve a 98% or greater predicted probability of passing the NCLEX-RN on the last attempt of the ATI Comprehensive Predictor
2. Complete the Virtual ATI (VATI) program and receive a "green light" OR complete the HESI, Kaplan or Hurst assessments reaching their equivalent of a green light status that would include:
  - a. HESI: Score of 900 or higher on Exit Exam
  - b. Kaplan: 65% or higher on Final Exam
  - c. Hurst: 77 out of 125 on the Q Review Simulators
3. Take the NCLEX-RN within 30 days of receiving a "green light" through VATI or equivalent.
4. Maintain a "green light" or equivalent status until the NCLEX-RN exam is taken.
5. Notify the Chair of Nursing at Herzing University when your exam is scheduled.
6. Notify the Chair of Nursing at Herzing University of the results of your NCLEX-RN exam.

As part of this incentive program, you agree to return surveys sent to you 6-12 months after graduation that provide information to the nursing department that is required for the its accreditation. This includes:

- Employment status
- Satisfaction with the nursing program
- Achievement of learning outcomes

Reimbursement is contingent on meeting eligibility requirements as listed on this form, and subject to verification. Reimbursement is ONLY available for first attempt of the NCLEX-RN – it is NOT available for exam retakes.

Please select one of the following:

- I DO want to participate in the NCLEX preparation incentive program. I understand that Herzing University will pay for my licensure exam, my licensing fee, and I will receive a \$400 Amazon gift card if I complete all of the requirements of the agreement even if I do not pass the NCLEX-RN on the first attempt. I understand that if I do not complete all of the expectations listed in the incentive agreement, Herzing University will not pay for my licensure exam or my licensing fee, and I will not receive a \$400 Amazon gift card.
- I DO NOT want to participate in the NCLEX preparation incentive program. I understand that Herzing University will not pay for my licensure exam or my licensing fee, and I will not receive a \$400 Amazon gift card even if I pass the NCLEX-RN on the first attempt.

Student Name: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date received at Herzing: \_\_\_\_\_ Verified by: \_\_\_\_\_ Processed: \_\_\_\_\_

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# HERZING<sup>®</sup>

— UNIVERSITY —

**COURSE SYLLABUS**

FACULTY CONTACT INFORMATION	
Instructor	Click here to enter text.
Phone Number	Click here to enter text.
Herzing e-mail	Click here to enter text.

DAY	OFFICE HOURS (Central Time)
Monday	
Tuesday	
Wednesday	Click here to enter text.
Thursday	Click here to enter text.

Instructional Delivery Method	Campus Based		
Class Location			
Semester	Spring 2018		
Course Code	NU 449		
Course Title:	Integration of Concepts		
Course Description	This course expands on previous nursing knowledge providing an opportunity for synthesis of essential nursing concepts as well as preparing the student for potential success on NCLEX-RN. The student will demonstrate synthesis of the program objectives and prior learning with guided review in a faculty-assisted laboratory component.		
Credit Hours	<b># Semester Credit Hours: 1</b>		
Contact Hours	Lecture Hours	Laboratory Hours	Internship/Externship/ Clinical/Practicum Hours
	0	30	0
Study Time	<p>Lecture and Internship/Externship/Clinical/Practicum hours as indicated on the syllabus represent scheduled hours spent engaged in learning activities. Students should expect to spend a minimum of two additional hours engaged in learning activities outside of class for each one hour identified as lecture. Learning activities outside of class support the achievement of one or more course learning objectives and may be spent reading textbook material, completing homework assignments, preparing for lab assignments, engaged in drill and practice exercises, working on case studies, completing workbook activities, or conducting library research. Additional study time outside of scheduled Internship/Externship/Clinical hours is typically not expected.</p> <p>The total amount of time that students spend engaged in learning activities is consistent, regardless of instructional delivery method. For example, students enrolled a three credit lecture course should expect to spend 45 hours in scheduled class time and an additional 90 hours engaged in learning activities outside of the classroom. Online or blended students should expect</p>		



	<p>to spend the equivalent total of 135 hours engaged in learning activities if they are enrolled in the same course.</p> <p>Determination of the amount of time that a student should expect to spend engaged in learning activities is based upon faculty judgment regarding the average student. The amount of time spent engaged in learning activities is expected to vary among students, based upon previous knowledge of the content, learning style, learning ability, difficulty of the course, and student motivation.</p>	
<b>Guide to Student Engagement in Learning Activities</b>	<i>The timeframes provided below are estimates based upon the average student.</i>	
	Lower level reading (10-20 pages)	1 hour
	Higher level reading (10-20 pages)	2 hours
	Construction of 1 page paper (250 words)	2 hours
	Development of 10 minute speech	2 hours
	Watch video lecture	1 hour
	Read, research and respond to discussion board posting	1 hour
Preparation for unit examination	2 hours	
<b>Course Length</b>	<b>16 Weeks</b>	
<b>Prerequisites</b>	<b>NU 402: Family Nursing</b> <b>NU 412: Community Nursing</b>	
<b>Co-requisites</b>	<b>NU448: Adult Health III</b>	
<b>Course Learning Objectives</b>	<b>Upon successful completion of this course, students should be able to:</b>	<b>Alignment with Program Outcomes</b>
	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 healthcare settings.	1,2,3,6,8
	2) Use a broad base of techniques to communicate effectively with clients, families, healthcare teams, and communities.	2,4,5
	3) Use critical thinking and decision making, local, state, national, and global policies, legislative concepts, and healthcare economics to effect quality healthcare and the evolving healthcare system.	2,3,7,8
	4) Integrate knowledge and skills in nursing leadership and management, quality improvement, and patient safety, as required, to provide healthcare.	2,3,8
	5) Integrate knowledge and skills to promote health and prevent disease across the lifespan and the continuum of healthcare environments.	2,4,5
	6) Practice professionalism, including the inherent values of altruism, autonomy, human dignity, integrity, and social justice.	2,4,5
	7) Formulate a professional ethic that includes lifelong learning and continuous professional development in an ever-evolving healthcare environment.	1,2,3,6



	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.	1,3,4,6,8	
<b>Program Learning Outcomes Supported</b>	<b>Program Learning Outcome</b>	<b>Course Learning Objective Supported</b>	
	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 healthcare settings. 2. Use a broad base of techniques to effectively communicate with clients, families, healthcare teams, and communities. 3. Use critical thinking and decision making, local, state, national and global policies, legislative concepts, and healthcare economics to effect quality healthcare and the evolving healthcare system. 4. Integrate knowledge and skills in nursing leadership and management, quality improvement, and patient safety as required to provide healthcare. 5. Integrate knowledge and skills to promote health and prevent disease across the life span and the continuum of healthcare environments. 6. Practice professionalism including the inherent values of altruism, autonomy, human dignity, integrity, and social justice. 7. Formulate a professional ethic that includes life-long learning and continuous professional development in an ever-evolving healthcare environment. 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.	1 2 3 4 2 4 1 5	
<b>Required Textbook(s)</b>	<b>All previous course textbooks in the program.</b>		
<b>Optional Textbook(s)</b>	<b>All previous course textbooks in the program.</b>		
<b>Additional Learning Material(s)</b>	NCLEX – Library Resources, ATI Capstone, Virtual ATI		
<b>Topic</b>	<b>Course and Program Learning Objectives Supported</b>	<b>Points</b>	<b>Due Date</b>
Week 1	Review syllabus for NU449, Review Capstone and ATI Virtual program expectations. <b>ATI CAPSTONE</b>	1,2,3,4,5, & 6  0 points	Complete WebEx for ATI Capstone

		Assessment(s): Pre Capstone Assessment test in the lab		Completion Required	
	Week 2	<b>ATI CAPSTONE</b> Assessment(s): Fundamentals Assessment in lab	1,2,3,4,5, & 6	15-35 points	Midnight ATI Content Review
	Week 3	<b>ATI CAPSTONE</b> Assessment(s): Pharmacology I in Lab,  Assessment (s): Pharmacology II at home	1,2,3,4,5, & 6	15-35 points  15-35 points	Midnight ATI Content Review Submit Pharmacology II assessment
	Week 4	<b>ATI CAPSTONE</b> Assessment(s) Medical Surgical in Lab	1,2,3,4,5, & 6	15-35 points	Midnight ATI Content Review
	Week 5	<b>ATI CAPSTONE</b> Assessment(s): Maternal Newborn/Women's Health in Lab	1,2,3,4,5, & 6	15-35 points	Midnight ATI Content Review
	Week 6	<b>ATI CAPSTONE</b> Assessment(s):Nursing Care of Children in Lab	1,2,3,4,5, & 6	15-35 points	Midnight ATI Content Review
	Week 7	<b>ATI CAPSTONE</b>  Mental Health in Lab	1,2,3,4,5,& 6	15-35 points	Midnight ATI Content Review
	Week 8	<b>ATI CAPSTONE</b> Assessment(s):Leadership/Community Health in Lab	1,2,3,4,5,& 6	15-35 points	Midnight ATI Content Review
	Week 9	<b>ATI CAPSTONE</b> Assessment(s) ATI Capstone Comprehensive Form B in Lab	1,2,3,4,5,& 6	150 - 240 points	Complete ATI Survey – Enrollment into ATI Virtual
	Week 10	<b>VIRTUAL ATI</b> Critical Care ATI Drug Calculation test in Lab	1,2,3,4,5,& 6		Complete ATI Test-Taking Strategies module
	Week 11	<b>VIRTUAL ATI</b> Start Fundamentals Module in lab	1,2,3,4,5,& 6		Complete Fundamentals Module, ATI Drug Calculation remediation due
	Week 12	<b>VIRTUAL ATI</b> Start Pharmacology Module in lab	1,2,3,4,5,& 6	(25% Stage)	Complete ATI Virtual Pharmacology Module

	Week 13	<b>VIRTUAL ATI</b> Pharmacology ATI Proctor in lab Start Med-Surg module in lab	1,2,3,4,5,& 6	(50% Stage)	Complete ATI Virtual Med-Surg Module,
	Week 14	<b>VIRTUAL ATI</b> Med/Surg Proctor ATI in lab Start Maternal Newborn module in lab	1,2,3,4,5,& 6	75% stage = 240 Virtual-ATI points to be awarded after achieving 75% stage in week 14	Complete ATI Virtual Maternal Newborn Module, ATI Pharm remediation due
	Week 15	ATI Comprehensive Proctored Predictor Assessment	1,2,3,4,5,6,7,8	ATI Comprehensive Proctored Predictor Assessment = 150-240 points	ATI Med/Surg remediation due
	Week 16 3 days this week	<b>ATI LIVE REVIEW</b>	1,2,3,4,5,6,7,8	<b>Attendance Required</b>	

Points for ATI Capstone + Virtual-ATI										
<b>Points for ATI Capstone</b>										
Capstone Assignments			Points							
Must complete remediation to receive points			Total 280 Points							
1	Pre-Capstone	Must complete - No Points	Point Grid: <table border="1"> <thead> <tr> <th>ATI Capstone Score</th> <th>Points</th> </tr> </thead> <tbody> <tr> <td>65.00 % or greater</td> <td>35</td> </tr> <tr> <td>64.99% and below</td> <td>25</td> </tr> </tbody> </table>		ATI Capstone Score	Points	65.00 % or greater	35	64.99% and below	25
ATI Capstone Score	Points									
65.00 % or greater	35									
64.99% and below	25									
2	Fundamentals	See Point Grid								
3	Pharmacology I	See Point Grid								
4	Pharmacology II	See Point Grid								
5	Medical/Surgical I	Must complete - No points								
	Medical/Surgical II	See Point Grid								
6	Maternal Newborn/Women's Health	See Point Grid								
7	Nursing Care of Children	See Point Grid								
8	Mental Health	See Point Grid								
9	Leadership/Community Health	See Point Grid								
	Total Points	Up to 280 Points								
Assessment(s) ATI Capstone Comprehensive Form B –(proctored)			240 points (max)							
	ATI Comprehensive Predictor Score	Probability of Passing NCLEX	Points							
	69.3% or greater	90% or greater	240							
	64.1% - 69.2%	77-89%	200							
	64.0% or below	76% or less	150							

Points for Virtual ATI Review		
Stages of Review/Points		
Stage	Test Taking Strategies Module	0
25% Stage	Fundamentals Module	0
25% Stage	Pharmacological Module	0
50% Stage	Med-Surg Module	0
75% Stage	Maternal Newborn Module	240
<b>Note: Virtual-ATI points to be awarded after achieving 75% stage in week 14</b>		Total 240 Points
ATI Comprehensive Proctored Predictor Assessment (proctored)		
ATI Comprehensive Predictor Score	Probability of Passing NCLEX	Points
69.3% or greater	90% or greater	240
64.1% - 69.2%	77-89%	200
64.0% or below	76% or less	150
ATI Live Review - Required Must attend and participate all 3 days		Required
<b>Total Points for ATI Capstone and Virtual ATI</b>		<b>1000 Points</b>

Minimum Grade Scale	
A	90.00% - 100.00%
B	80.00% - 89.99%
C	76.00% - 79.99%
F	75.99% or below

**Points/Late Policy:**

In the ATI Capstone Content Review and Virtual ATI, one content area is reviewed per week, so it is important that students stay on track and complete assignments weekly as outlined in the review calendar.

Due dates are posted in the syllabus. No points will be awarded for late assignments unless pre-approval from the class Professor has been obtained within 24 hours.

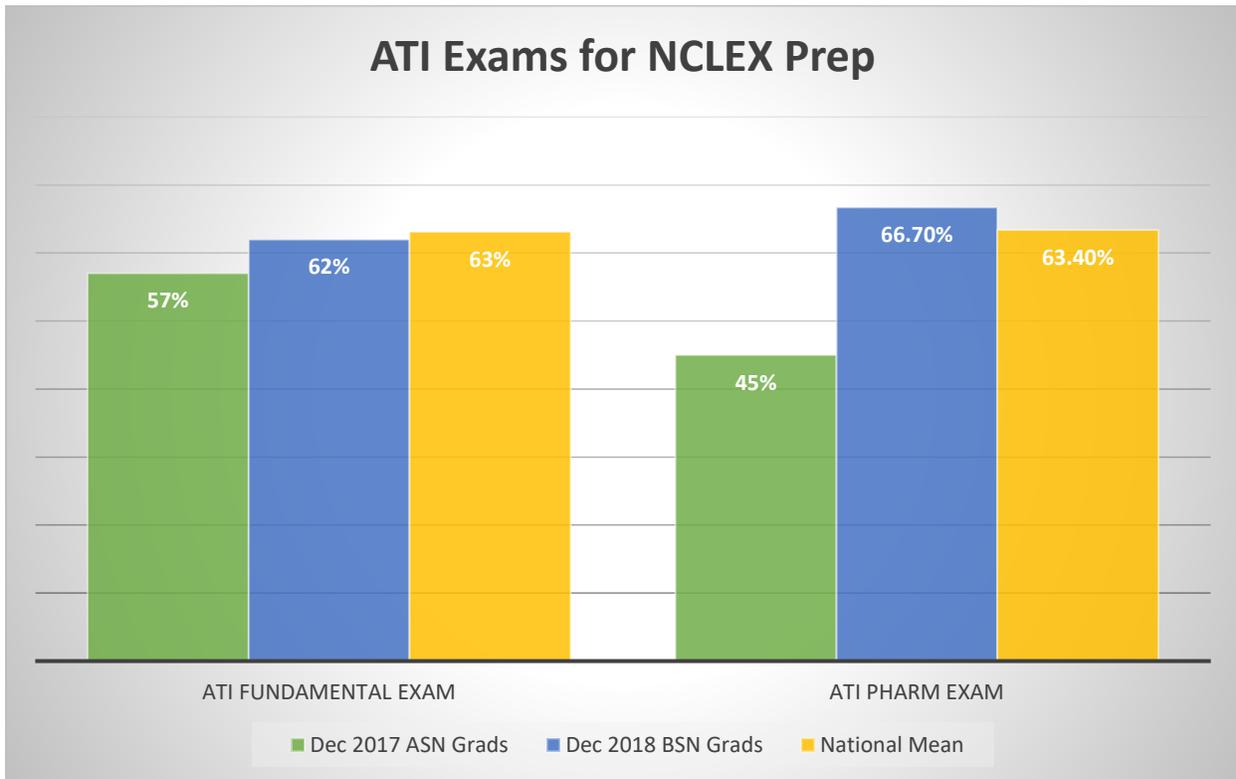
**Students must follow the ATI Capstone and Virtual ATI assignments, including proctored exams and remediation. Failure to do so will impact their ability to earn points on work completed outside of its scheduled week.**

**POLICIES**

University policies, such as attendance philosophy, notification of absences, extenuating circumstances, accommodation requests, academic dishonesty, grading and grading symbols, and student conduct are included in the University catalog. Students should reference the catalog for the complete listing of policies.

**Note: In some cases, program and/or course specific information may be appended to the syllabus. In these instances, students must consider the syllabus to be inclusive of any appended information, and as such, students must adhere to all course requirements as described in the document in its entirety.**

**Appendix C: Bar Chart Comparison of ATI Exams**



**Comparison of ATI Exams for Dec. 2017 ASN Grads and Dec. 2018 BSN Grads**

**Appendix D: Test item writing analysis checklist (BSN Program)**

Course:

<b>Course Title:</b>				
	<b>Exam 1</b>	<b>Exam 2</b>	<b>Exam 3</b>	<b>Final Exam</b>
<b>Number of students</b>				
<b>Number of questions</b>				
<b>High score</b>				
<b>Low score</b>				
<b>Mean (average)</b>				
<b>Median</b>				
<ul style="list-style-type: none"> <li>• point of which half students are below and half are above</li> </ul>				
<b>P-value (Discrimination In Blackboard)</b>				
<ul style="list-style-type: none"> <li>• how difficult item is</li> <li>• percentage of correct responses to the item</li> <li>• good test contains p-values range between 0.30 and 0.90</li> </ul>				
<b># of Items &lt;0.30</b>				
<b># of Items &gt;0.90</b>				
<b>Generally Good Questions</b>				
<ul style="list-style-type: none"> <li>• Medium (30% to 90%) difficulty</li> <li>• Good or Fair (greater than 0.15) discrimination values</li> </ul>				
<b># of "Good" Questions</b>				
<b>Generally Recommended for Review Questions</b>				
<ul style="list-style-type: none"> <li>• Easy (&gt; 90%) or Hard (&lt; 30%) difficulty</li> <li>• Poor (&lt; 0.15) discrimination values</li> </ul>				
<b># of Items &lt;0.15</b>				
<b># of "Recommended for Review" Questions</b>				
<b>Mastery Content Questions</b>				
<b># of Mastery questions</b>				
<b># of Mastery questions all students had correct</b>				
<b># of students with 3+ mastery questions correct</b>				
<b>Explanation of changes made to exam or course due to exam analysis</b>				

## Wood, Kimberly - DSPS

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**From:** Matheson, Linda K <lkmatheson85@marianuniversity.edu>  
**Sent:** Tuesday, April 17, 2018 1:44 PM  
**To:** Williams, Dan - DSPS  
**Subject:** RE: Board of Nursing motions re: NCLEX pass rates  
**Attachments:** Marian University Report to the Wisconsin Board of Nursing April 17, 2018.docx

Dear Mr. Williams

I have attached the Report to the Wisconsin Board of Nursing on the NCLEX-RN® Improvement Plan for Marian University Department of Nursing. I am pleased to report that we have been making progress on many fronts, and I will look forward to being in attendance when it is reviewed by the Board of Nursing.

Thank you,  
Linda Matheson

Dr. Linda Matheson  
Dean, College of the Professions  
Marian University  
45 South National Avenue  
Fond du Lac, WI 54935  
920.923.7668  
[lkmatheson85@marianuniversity.edu](mailto:lkmatheson85@marianuniversity.edu)

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**From:** Williams, Dan - DSPS [<mailto:Dan1.Williams@wisconsin.gov>]  
**Sent:** Friday, March 09, 2018 2:54 PM  
**To:** Matheson, Linda K <[lkmatheson85@marianuniversity.edu](mailto:lkmatheson85@marianuniversity.edu)>; Julie Williams <[Julie.Williams1@rasmussen.edu](mailto:Julie.Williams1@rasmussen.edu)>  
**Subject:** Board of Nursing motions re: NCLEX pass rates

Hello Linda and Julie:

Below please find the Board of Nursing Motion from yesterday related to the 2017 NCLEX pass rates. You may email those reports directly to me. Dan

### 2017 NCLEX Scores

**MOTION:** Luann Skarlupka moved, seconded by Elizabeth Smith-Houskamp, that Marian University and Rasmussen-Green Bay submit by April 27, 2018 an explanation or analysis of NCLEX pass rates, including reasons the plan submitted to the Board last year for improvement was unsuccessful and their plan to meet the NCLEX first time taker pass rate standard. Motion carried unanimously.

Dan Williams  
Executive Director  
Division of Policy Development  
WI Department of Safety & Professional Services  
[dan1.williams@wisconsin.gov](mailto:dan1.williams@wisconsin.gov)

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**Report to the Wisconsin Board of Nursing on the  
NCLEX-RN® Improvement Plan for  
Marian University Department of Nursing  
Fond du Lac, WI  
April 17, 2018**



Submitted by Linda Matheson, PhD, RN  
Dean, College of the Professions  
Marian University, Fond du Lac WI



## **Report to the Wisconsin Board of Nursing on the NCLEX-RN® Improvement Plan for Marian University School of Nursing**

Marian University is pleased to report that consistent, purposeful revisions to curriculum, pedagogy, and assessment strategies are resulting in improvements in first time and repeat cohort NCLEX-RN® pass rates for graduates of the pre-licensure nursing program (see Table 1). A closer look at the cohort NCLEX-RN® pass rates (see Table 2) and HESI exit scores (see Table 3) reveals that the 2016 and 2017 remediation plans have been effective. Three of the four cohorts since May 2016 have first time NCLEX-RN® pass rates of 80% or better with significant improvements in aggregate HESI exit scores. Thus, the faculty and administration believe that remediation strategies implemented since fall 2016 have been progressively successful at improving these student outcomes. This report will provide an analysis of the 2017 NCLEX-RN® improvement plan and describe the 2018 remediation plan.

### **Review of 2017 Remediation Plan Implementation**

The remediation plan submitted to the WBON on April 17, 2017 was fully implemented and we continue ongoing efforts to ensure student success. The remediation plan included revisions to program prerequisites, improvements in NCLEX-RN® preparation content in the NRS 461 Concept Synthesis course, standardization of clinical paperwork, increases in obstetrics and pediatric content, improvements in testing and evaluation policies, full integration of HESI products throughout the curriculum, and faculty development support for concept-based curriculum (CBC) and NCLEX-RN® style testing strategies. Following is an evaluation of the strategies:

#### **Program Prerequisites**

Faculty successfully passed new program prerequisites that better assure students have the foundational knowledge needed to be successful in the nursing program. These program prerequisites went into effect for all freshman starting fall 2017. These students will matriculate into the nursing program in spring 2019 with an anticipated graduation date of spring 2021.

**Response.** Program prerequisites now include:

- Minimum 2.75 math/science GPA calculated on all required math and science courses completed at Marian University or another institution.
  - A 2.5 math/science GPA requirement was previously accepted
- Minimum grade of “B” in BIO 201 and 202 Anatomy and Physiology I and II
  - A grade of “C” was previously accepted
- MAT 111 Introduction to College Algebra with minimum grade of “C”
  - Previously not a prerequisite
- Completion of HESI A2 Admission Assessment Exam earning a composite score of 75 or above and a 75 or above on the Anatomy & Physiology portion of the exam.

## **NRS 461 Concept Synthesis**

The primary strategy was to incorporate standardized HESI practice tests and a new HESI product, Elsevier Adaptive Quizzing (EAQ), into NRS 461 Concept Synthesis in spring 2016. This cohort had an 88% (n = 42) NCLEX-RN® pass rate (see Table 3). The faculty felt the EAQ product was largely responsible for this significant improvement and decided to make it a permanent part of the curriculum.

**Response.** In December 2016, all NRS 461 students underwent practice tests, HESI Exit Exam Version 1, EAQ remediation, HESI Exit Exam Version 2 and HESI live review at the end of course. Additionally, all students underwent a Kaplan live review course towards the beginning of the class. However, the previous instructor-led content review was replaced with a self-study Elsevier content review product. Although December 2016 graduates scored the highest average cohort HESI score (888) to date, their NCLEX-RN® 1<sup>st</sup> time pass rate was 75% (see Table 3). Students reported that the self-study Elsevier review did not adequately meet their needs. Additionally, HESI testing was not incorporated as part of the NRS 461 grade and faculty felt that the students may not have used these practice exams to their fullest.

The Spring 2017 NRS 461 students continued with the HESI and Elsevier strategies along with the Kaplan live review. The HESI practice test scores were incorporated as a portion of the course final grade. The HESI Exit Exam score averages remained higher at 883, and the NCLEX-RN® first time pass rate for this cohort was 80% (see Table 3). However, faculty feel that further revisions to the course are needed to strengthen student learning outcomes, and thus, enhancements are included in the 2018 remediation plan.

## **Standardization of Clinical Paperwork**

**Response.** Faculty continue to work on revisions to the clinical paperwork and evaluation strategies to assure consistency across all semesters and to include more emphasis on pathophysiology and pharmacology content.

## **Increase Obstetrics and Pediatric Content**

**Response.** This content was found to be lacking in a curricular gap analysis performed by faculty in spring 2016. Therefore, NRS425 Trends and Issues course was replaced with NRS 455 Maternal/Child Nursing.

## **Improve Testing and Evaluation Policies**

**Response.** Faculty developed a testing policy that included:

- a. The percentage of course grades that come from NCLEX-RN<sup>®</sup> style questions was increased from 80% to 90%
- b. Ten percent of the 90% come from HESI standardized testing products
- c. Ten percent of test questions are pulled from previously learned content
- d. Some nonclinical classes were excused from this requirement
- e. HESI products, including, but not limited to, EAQ, standardized practice tests, and case studies, were incorporated into every class.
- f. A testing committee was created to provide oversight of NCLEX-RN<sup>®</sup> style test questions.

While these efforts have improved overall student performance, further revisions are needed and will be incorporated into the 2018 remediation plan.

## **Fully Integrate HESI Products Throughout the Curriculum**

**Response.** HESI products, including, but not limited to, EAQ, standardized practice tests, and case studies, were incorporated into every nursing course, and the fall 2018 cohort will be the first graduating class to benefit from the full implementation. Policies were created outlining the contribution of HESI testing to the final grade and formal HESI test remediation. The December 2017 cohort has an unofficial NCLEX-RN<sup>®</sup> pass rate of 85% (see Table 3).

## **Support Faculty Development in Concept-based Curriculum and Testing**

**Response.** All new faculty are on-boarded and oriented to CBC.

## **Summary**

The December 2016 cohort had a NCLEX-RN<sup>®</sup> pass rate of 75%, while the May 2017 cohort had an 80% pass rate. Unfortunately, this resulted in a 2017 NCLEX-RN<sup>®</sup> examination pass rate of 77.53%. Contributing factors included changes to the NRS 461 Concept Synthesis course, lack of strict adherence to dismissal and reapplication policies, lack of strong testing policies, lack of full integration of HESI products into the curriculum, and content gaps in the curriculum. All of these factors have been addressed in academic year 2017-2018.

## **Spring 2018 Remediation Plans**

Dr. Kim Udalis joined the nursing department as associate dean in July 2017 and added a layer of dedicated leadership to nursing. She has over 16 years of experience as a nurse educator teaching at both the graduate and undergraduate levels and over seven years as an academic administrator. Dr. Udalis' main responsibility is overall leadership of the nursing department and she is dedicated to ensuring program quality and rigor. She has worked with faculty to continue ongoing efforts and program remediation plans, developed new initiatives to support student learning and NCLEX success, and realigned the faculty governance structure to create more efficient and effective processes. She conducted student listening sessions and integrated student feedback into the overall improvement plans. Under her leadership, the faculty developed the following strategies:

### **Program Prerequisites**

As the changes to the program prerequisites will not be fully integrated until spring 2019, the position of a Nursing Learning Specialist was created to support student learning needs through this transition and beyond. The position is currently posted, and we anticipate it will be filled by the 2018-2019 academic year.

### **NRS 461 Concept Synthesis**

The NRS 461 Concept Synthesis course was revised fall 2017 to include active, instructor-led content review sessions each class. For example, content review was broken down into fundamentals, medical/surgical, pharmacology, etc. Students underwent HESI practice testing, content review, and then took the EAQ. Students found the instructor-led content reviews along with the EAQs to be beneficial and promote more active learning. Additionally, as a strategy to promote active studying and preparation for the HESI practice tests and HESI Exit 1 exam, formal, individualized HESI remediation plans were developed with each student.

Student remediation requirements were leveled dependent upon their HESI exit exam scores. All remediation requirements consisted of NCLEX-RN® style review questions, written reflections on incorrect items, and face-to-face meetings with the course professor. Students who scored >900 on HESI exam 1 were required to undergo continued EAQ practice but were not required to retake the HESI exam 2. With this strategy, we had our highest percentage of students scoring >900 on the HESI 1 and 2 exit exams to date (43.5% and 54.9%, respectively) (see Table 3). Students also underwent the Kaplan live review. However, students reported that the combination of the HESI live review and the Kaplan strategies was confusing at times. Given this feedback, the Kaplan live review has been omitted from the spring 2018 NRS461 course, but the HESI live review will continue. Test-taking strategies will be threaded throughout the course using the Saunders Strategies for Test Success by Silverstri and Silverstri, which is used throughout the curriculum to reinforce test taking skills.

## **Standardization of Clinical Paperwork**

Faculty revised all clinical paperwork to reflect increasing competency; however, difficulties continue in assessing the student in the clinical setting. Chalk and Wire, an online assessment platform, has been purchased and will be implemented in fall 2018. This is a rubric-based assessment platform that links student activities to rubrics congruent with course and program outcomes as well as specific nursing competencies. Faculty are developing a rubric-based clinical evaluation tool that will be implemented within Chalk and Wire that all clinical faculty will follow.

## **Improve Testing and Evaluation Policies**

This has been a major focus of revisions during the current academic year. Faculty have used our experience and evidence-based literature to develop a revised testing policy that is implemented throughout the nursing curriculum. Highlights of the revised testing policy include:

- a. A minimum of 80% of the final grade in didactic courses will come from exams.
- b. Medication safety will be evaluated by separate examination(s) to include a minimum of 50 questions given during the semester and evaluated as part of the 80% examination requirement.
- c. Questions are to be written in NCLEX-RN® style.
- d. All tests will have a minimum of 30 questions. Students will be given 1 minute per test item for lower level questions (knowledge/comprehension) and 1.5 minutes per test item for higher level questions (application/analysis).
- e. Ten percent of the questions on each exam will cover prior semester concepts and content.

Further testing oversight will be managed by the undergraduate curriculum committee as all BSN-faculty participate in that committee. The committee may reform the testing team as necessary.

## **Fully Integrate HESI into the Curriculum**

A new position, the assessment and evaluation coordinator, was recently created in the nursing department. This person will hold the responsibility of retrieving, aggregating, and trending assessment and HESI data and the NCLEX-RN® pass rates. She will also oversee the implementation and integration of HESI products in the curriculum and promote revisions that support student learning and student outcomes.

## **Support for Faculty Development in CBC and Testing Strategies**

Faculty will continue to attend ongoing faculty development opportunities in CBC, testing strategies, and test construction.

## **Computer-based Testing**

Faculty are exploring the feasibility and logistics of offering more computer-based testing opportunities for students to better increase preparation for the computerized NCLEX-RN®

## **Curriculum Analysis**

Faculty continue to refine and target their efforts during the current spring 2018 semester to ensure student success. Faculty have completed a gap analysis of concepts, content, and exemplars and found the areas of fundamentals and pathophysiology to be lacking in the curriculum. Development is currently underway of these courses with plans to include/revise the curriculum as quickly as the academic approval process allows for implementation in the 2018-2019 academic year.

## **Summary**

In summary, the Marian University nursing faculty believe the current NCLEX-RN® pass rate is reflective of a confluence of factors over the period of time that a new curriculum was being phased in. We are currently phasing in new testing policies, a nursing learning specialist position, new program admission requirements, and the addition of a pathophysiology and fundamentals course. We are encouraged by the fact that the last two cohorts of students (May 2017 and December 2017) achieved first-time NCLEX-RN® pass rates of 80% and 85%, respectively. We believe that we are making the necessary ongoing revisions to support this upward trend and achieve a 2018 NCLEX-RN® first time taker pass rate that exceeds the 80% benchmark.

**Table 1.**

	1 <sup>st</sup> time takers	All (including repeaters)
2015 NCLEX-RN <sup>®</sup>	74.47%	88.9%
2016 NCLEX-RN <sup>®</sup>	76.25%	95.2%
2017 NCLEX-RN <sup>®</sup>	77.53%	95%

Source: 2017 NCLEX Pass Rates Department of Safety and Professional Services (DSPS). Retrieved from <https://dps.wi.gov/Documents/2017NCLEXStatsRNAApproved.pdf>

**Table 2.**

	APR-SEP 2014	OCT-MAR 2015	APR-SEP 2015	OCT-MAR 2016	APR-SEP 2016	OCT-MAR 2017	APR-SEP 2017	OCT-MAR* 2018
Total Number of Your Graduates Tested	75	14	44	40	42	44	44	20
Number Passing	68	10	32	26	37	33	35	17
Percent Passing	91	71	73	65	88	75	80	85
Annual Pass Rate		72		76.5		77.5		

Source: Mountain Measurement Inc. (March 12, 2018). *NCLEX<sup>®</sup> program reports for the period of 2014-2017*. Pearson Vue.

\*Current December 2017 graduate *NCLEX<sup>®</sup>* data (total graduates n = 21).

**Table 3.**

HESI Exit Comparison by Cohort													
Cohort	HESI 1 Mid-semester						HESI 2 Final						
	National HESI Avg	Cohort HESI Avg	% >900	% 800-899	% <799	HESI Score Range	National HESI Avg	Cohort HESI Avg	% >900	% 800-899	% <799	HESI Score Range	NCLEX Pass %
Dec 2015	823	774	7.7	20.5	71.8	533-1055	823	780	17.9	25.6	56.4	606-1036	65
May 2016	823	746	6.7	22.2	70.1	559-954	823	848	26.7	26.7	46.7	684-1064	88
Dec 2016	845	788	25	13.6	61.4	483-1154	845	888	34.1	52.3	13.6	678-1123	75
May 2017	845	817	23.9	30.4	46.7	490-1036	845	883	47.8	30.5	21.7	614-1045	80
Dec 2017	845	859	43.5	30.4	26.1	545-1055	853	879	54.9	15.4	30.7	637-1099	85*

\*Calculated from 20 out of 21 test takers of the May 2018 graduates

## Wood, Kimberly - DSPS

---

**From:** Julie Williams <Julie.Williams1@rasmussen.edu>  
**Sent:** Thursday, April 19, 2018 1:14 PM  
**To:** Williams, Dan - DSPS  
**Subject:** RE: Board of Nursing motions re: NCLEX pass rates  
**Attachments:** Board of Nursing follow up 2018.docx; Board of Nursing follow up 2017 (2).docx

Dan,

I have attached the Green Bay Rasmussen School on nursing plan for your review. I also attached the 2017 plan.

Julie

Julie Williams MSN-Ed., RN | Dean of Nursing  
Rasmussen College – Green Bay  
Office: 920-593-8450  
[Rasmussen.edu](http://Rasmussen.edu)



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**From:** Williams, Dan - DSPS [mailto:Dan1.Williams@wisconsin.gov]  
**Sent:** Friday, March 09, 2018 2:54 PM  
**To:** Matheson, Linda K <lkmatheson85@marianuniversity.edu>; Julie Williams <Julie.Williams1@rasmussen.edu>  
**Subject:** Board of Nursing motions re: NCLEX pass rates

Hello Linda and Julie:

Below please find the Board of Nursing Motion from yesterday related to the 2017 NCLEX pass rates. You may email those reports directly to me. Dan

**2017 NCLEX Scores**

**MOTION:** Luann Skarlupka moved, seconded by Elizabeth Smith-Houskamp, that Marian University and Rasmussen-Green Bay submit by April 27, 2018 an explanation or analysis of NCLEX pass rates, including reasons the plan submitted to the Board last year for improvement was unsuccessful and their plan to meet the NCLEX first time taker pass rate standard. Motion carried unanimously.

Dan Williams  
Executive Director  
Division of Policy Development  
WI Department of Safety & Professional Services  
[dan1.williams@wisconsin.gov](mailto:dan1.williams@wisconsin.gov)

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Date: April 3, 2017

To: Wisconsin Board of Nursing

From: Julie Williams, MSN, RN, Dean of Nursing

Rasmussen College, Green Bay, WI

Professional Nursing AS Degree Program (NCLEX Code US50408500)

Subject: Analysis of NCLEX Pass Rates and results from remediation plan, further remediation.

This serves as a follow-up to our memo dated April 11, 2016 (attached). I am encouraged to share that our implementation of the plan described has demonstrated some success. The 2016 NCLEX first time test takers was 76% and the overall test takers was 82.5%. Though we have more work to accomplish I am pleased to note that our 2016 graduates are achieving the 80% pass rate. Based on the NCSBN data supplied our 1<sup>st</sup> time pass rate for 2016 Rasmussen Green Bay graduates is 83.3%. This is a 21.3% improvement above our 2015 graduates. Overall, 50 of our 54, 2016 graduates passed, which is 92.59%.

We are also excited to share that our accreditation journey through the Accreditation Commission for Education in Nursing (A.C.E.N.) has been approved. In March, I received a phone call from our A.C.E.N. representative acknowledging 5 year accreditation for the Rasmussen College Green Bay Campus. Formal written notification will come in mid-April.

What follows are my assessments, comments, strategies and updates from the April 11, 2016 memo. We continue our progress and are committed to develop effective and productive nurses.

### **Administration Summary:**

- Dean Julie Williams took over August 16, 2016. Dean Williams has 5 years of tenure as she served in a faculty position from March 2012- August 2016.
- Nursing policies and procedures are clearly communicated and enforced
- Nursing faculty (fulltime and adjunct) have received quarterly evaluations and performance feedback while under the direction of Dean Rogers. This continues under Dean Williams Leadership.
- Consistency between Wisconsin Rasmussen College campuses has been reviewed and emphasized. As of August 2016 the Dean of Wausau serves as a mentor to Dean Williams
- Organizational restructure in October of 2015 brought Wisconsin programs to the portfolio of the Regional Dean Dr. Robert Muster. This leadership continues to be in place.
- A standardized proctor was hired in December 2016 with a start date of just after January 1, 2017.

### **Administration Plan:**

- Continue to maintain consistency with all College and School of Nursing Policies and procedures.
- As of September 2016 Dean Williams began introducing a more formalized process for clinical orientation and quarterly student professional development. Focus on (but not limited to) professionalism, soft skills, clinical requirements, EPIC, and ATI.
- Approval sought and granted for additional proctor hours to support consistency was gained in March 2017.

### **Faculty Analysis:**

- All full-time faculty positions are filled by credentialed and experientially qualified faculty.
- Turnover in faculty continues to be addressed
- A strong adjunct faculty continues and this provides continuity.
- Full-time and adjunct faculty are required to complete an annual self-evaluation and participate in professional development to strengthen themselves professionally. In addition, the School of Nursing allots three weeks annually to professional development in which topics such as test-writing, test analysis, building custom assessments using Assessment Technologies Institute (ATI), Blooms taxonomy, and teaching students how to critically think are presented. This continues to be the practice.

### **Faculty Plan:**

- Continue to structure and support a strong, diverse faculty team
- Continue to strengthen current faculty; full-time and adjunct
- Faculty are required to complete quarterly course reports outlining student statistics within their course (pass rate, completion rates, and exam score). Faculty are required to develop a plan each quarter to improve from the previous quarter based on student feedback

- Dean currently meets weekly for 1:1 meetings with faculty. Previous quarter results are discussed.

### **Student Analysis:**

- In 2015 Rasmussen College- Green Bay implemented a Student Representative initiative which has resulted in great improvements in student motivation and engagement. Students are invited to attend faculty and curriculum meetings. This continues in 2017
- In 2015 Rasmussen Green Bay implemented Student Mentor Program. Each faculty were assigned incoming students to mentor. Faculty send students an email three or more times per quarter in an effort to cultivate supportive relationships. In 2017 this process will be changing slightly based off of student feedback. Faculty will start taping live sessions to introduce self, provide guidance, and make students aware of how to reach them.
- In 2016 Rasmussen Green Bay began sending quarterly student newsletters to address student concerns and post important information. This practice continues in 2017 with a quarterly report going out mid quarter.
- Rasmussen has engaged groups such as the lab committee, pinning committee, student's suggestions committee, and the communities of interest to improve processes and empower students on the Green bay campus. In late 2016 it was determined that due to lack of commitment from students it would be best to discuss each team at the staff meetings with the student representative present at the meetings. This has allowed for student involvement and decision making.
- I and the faculty believe that the above actions will lead to increased engagement by students and support an improvement in their outcomes
  - In September 2016 the current Dean of Nursing implemented a comprehensive orientation plan that allows for students to be prepared for clinical and the upcoming quarter. In this orientation each fulltime faculty along with the Dean present on topics that are required for clinical and also desired by students to learn more about prior to the start of each quarter. The Green Bay team has also recruited two fulltime faculty to become ATI champions to better mentor students. The faculty and the Dean also feel that by promoting the benefits of student representatives and the higher number of students participating this will also impact the NCLEX numbers.

### **Student Plan:**

- Continue to look for ways to strengthen student relationships and foster a culture of community on the campus. This continues in 2017 with student representation at the meetings and student involvement.
- Beginning 4/16 live and archived webinar sessions are available to nurse graduates to assist with NCLEX preparation. Topics such as acid/base balance, ABG analyses, test taking strategies and respiratory system alterations will be covered (not all-inclusive).
  - Since 4/2016 no further recording were produced. The ones created are still available
- As of 4/2016 extended lab hours are now available for students who would like to practice skills and/or receive assistance in understanding nursing concepts. Dean of Nursing and or faculty could be appointed hours. In fall 2016 the lab was transformed to a full functioning simulation

lab. There is more scheduled times in the lab and students can make times by appointment if necessary for remediation.

- ATI will be utilized to the full extent in each nursing course. Our ATI representative will visit the campus within the next 12 weeks to provide faculty with a deeper level of understanding of integrative tools. This was completed by webinar and faculty attended during a scheduled faculty meeting. Currently the Dean and two faculty members are training to be ATI champions.
- Simulation is being introduced to reinforce nursing concepts taught in the classroom. This began in October 2016 and continues currently.
- Critical thinking skills are a greater emphasis in the classroom, clinical, and lab.
  - Continues currently to make improvements. Adding Blooms taxonomy and other ways to help facilitate learning regarding critical thinking.

### **Curriculum Analysis:**

- In addition to the College Curriculum Committee, The SON utilizes a SON National Curriculum Committee comprised of Deans and faculty within the School of Nursing. This committee meets on a monthly basis to review and improve course content, exams, and overall rigor. Courses utilize Course Leads which serve as mentors for the faculty teaching the course and helps to facilitate course improvements as discussed in the course conferences.
  - In early 2017 the SON added additional positions specific to curriculum to facilitate the quality and strength of the nursing programs. Positions include: Director of Curriculum- Dr. Lynn Bilder; Program Chair positions: Dr. Kari Luoma holds the ADN Program Chair position and Dr. Tami Rogers holds the BSN Program Chair position.
- The faculty lead for each course schedules and conducts three meetings of the teaching faculty quarterly to ensure consistency across campuses and evaluate current trends. Adjustments are made as needed after faculty teaching that course have shared input.
- Rasmussen College SON utilizes ATI as a benchmark throughout the Programs. ATI data analysis revealed students received the lowest scores in the following areas on their comprehensive predictor exam: Physical adaption, reduction of risk, basic care and comfort, psychosocial integrity, health promotion and these areas were reviewed by the Dean and faculty and thus additional course emphasis has been placed on these areas.

### **Curriculum Plan:**

- Encourage faculty through email and 1:1 conversation to provide feedback to Course Faculty Lead to improve rigor of program
  - Since August 16, 2016 Dean makes sure that course lead assignments are distributed so faculty know who the leads are. There is also an agenda item on each nursing meeting to discuss faculty lead calls.
- Encourage faculty through email and 1:1 conversation to attend course meetings to provide input and collaborate with colleagues on best practice.
  - This continues as well
- The National Curriculum Committee has created and implemented a new process which ensures consistency with ATI assessments

- Continue to monitor and analyze ATI results quarterly to identify gaps and direct curriculum revision.
  - Information continues to be taken to the curriculum committee via the faculty member who is a member of the National Curriculum Committee

**Polices Analysis:**

- Policy for Required Benchmark: After consultation with the standardized publisher's ad review of the Rasmussen College student outcomes, in spring 2014 the required standardization comprehensive assessment predictor score was raised from 90% to 95% to assure students had achieved the learning required to support the likelihood of success on the NCLEX-RN before graduation. The NCLEX-RN Comprehensive Prediction Assessment is given in the final quarter of the program during weeks 8 and 10.
- Students who pass the Comprehensive Prediction Assessment and have met all other graduation requirements, graduate and are released to the Board of Nursing for NCLEX registration by the Dean of Nursing.
- Students not passing the Comprehensive Prediction Assessment do not graduate, but receive an extended incomplete in the course; are assigned to a mentoring faculty; and have one additional to remediate and successfully meet the required benchmark.
- Effective January 2015, the policy was created allowing a maximum number of five attempts on the Comprehensive Prediction exam during the quarter of extended incomplete status in order to achieve the 95%.
- Students who achieve the benchmark of 95% or higher within five attempts and by week 11, receive a grade change based upon completion of all other assignments and exams within the course.
- Students unsuccessful in reaching the 95% benchmark during the extended quarter will fail the course and be registered to retake the course the following quarter. While retaking the course, heavy emphasis will be placed on the course content, but also the program overview, individual remediation and continued faculty mentoring.
- Students are required to attain a level two benchmark on the following ATI proctored assessments: Medical-Surgical, Pharmacology, Nutrition, Fundamentals, Maternal Child, and mental Health
  - At the inception of this plan the six exams listed above were required. In spring 2016 the addition of: Nursing Care of Children, Leadership, and Community Health were added for students to achieve a level two before being eligible for the Comprehensive Prediction Assessment test.
- Students are required to achieve an overall total exam score average at or above the threshold of 78% for all exams taken within each nursing course, in order to be awarded successful completion of the course.
- Each student who has a clinical component must achieve 100% on a dosage calculation exam. If the student is unsuccessful a remediation will be allowed and a retest. If the student is still unsuccessful they must repeat the previous course.

**Policy Plan:**

- Continue to enforce the policy for required benchmarks as written

Rasmussen College-Green Bay continues to address process improvements in each aspect of our program including administration, faculty, student, curriculum, and policies. By strengthening each cornerstone we will see an improvement in the success of the first time NCLEX test taker.

The stable faculty and leadership of the School of Nursing on the Green Bay campus of Rasmussen College are prepared to enthusiastically support the changes necessary to improve the success of our first time test takers. The full time and part time faculty have engaged in professional development directly targeting improvement in concept-based teaching and the early identification of struggling students. In fall 2016 the simulation lab became fully functioning and training was provided to faculty. The simulation lab continues to be used and the Dean and one faculty will be attending a simulation conference in May 2017. We continue the commitment to provide the highest quality of curriculum, monitoring, and supporting student academic success, and providing individualized remediation where necessary, as well as continuing to focus on supporting the Program's graduates in the achievement of their professional goals. It is our firm belief that the actions we have taken and continue to take will lead to the necessary improvement in the Rasmussen College Green Bay School of Nursing graduate first time NCLEX-RN success rates, and that we will achieve the Wisconsin Board of Nursing benchmark in 2016.

Date: April 11, 2018

To: Wisconsin Board of Nursing

From: Julie Williams, MSN, RN, Dean of Nursing

Rasmussen College, Green Bay, WI

Professional Nursing AS Degree Program (NCLEX Code US50408500)

Subject: Analysis of NCLEX Pass Rates and results from remediation plan, further remediation.

This serves as a follow-up to our memo dated April 3, 2017 (attached). I am encouraged to share that our implementation of the plan described has demonstrated additional success. The 2017 NCLEX first time test takers is 79.66% and the overall test takers was 88%. This represents an increase of 3.66% in first time test takers success as well as an increase of 5.5% for overall test takers. While we have additional work to do we are pleased to notify the Board of this level of success. Our current year to date first-time success is at 92%.

The increased percentage in NCLEX test scores is thought to be in direct correlation to a tenured staff and Dean, increased involvement between the Dean and Academic Advisor, proactive retention efforts, standardized orientation for all clinical students each quarter, heightened focus to a mentoring initiative, and a more formalized NCLEX preparation plan. All of these initiatives will be described in depth in the plan listed below.

What follows are my assessments, comments, strategies and updates from the April 3, 2017 memo. We continue our progress and are committed to develop effective and productive nurses.

### **Administration Summary:**

- Dean Julie Williams has been in the position since August 16, 2016.
- Nursing policies and procedures are clearly communicated and enforced. This assessment was validated by the ACEN accreditation.
- Dean Williams evaluates each faculty in the course room, clinical or lab each quarter and also provides a yearly summative evaluation.
- Additional administrative oversight is provided by Dr. Robert Muster, Regional Dean.
- A standardized proctor was hired in December 2016 with a start date of just after January 1, 2017 and remains in her position.

### **Administration Plan:**

- Continue to maintain consistency with all College and School of Nursing Policies and procedures.
- Continue with a more formalized process for clinical orientation and quarterly student professional development. Focus on (but not limited to) professionalism, soft skills, clinical requirements, EPIC, and ATI. Faculty have noted increased readiness among students for clinical which in turn prepares them for learning

### **Faculty Analysis:**

- All full-time faculty positions are filled by credentialed and experientially qualified faculty.
- 100% fulltime faculty retention at this time owing to the commitment of the dean's prioritization of faculty needs.
- A strong adjunct faculty continues and this provides continuity.
- Full-time and adjunct faculty are required to complete an annual self-evaluation and participate in professional development to strengthen themselves professionally. In addition, the School of Nursing allots three weeks annually to professional development in which topics such as test-writing, test analysis, building custom assessments using Assessment Technologies Institute (ATI), Blooms taxonomy, and teaching students how to critically think are presented. This continues to be the practice.

### **Faculty Plan:**

- Continue to structure and support a strong, diverse faculty team by remaining attentive to satisfaction and professional development
- Continue to strengthen current faculty; full-time and adjunct through quarterly evaluation and feedback
- April of 2018 faculty will start to observe each other in the classroom. Not only looking for areas of improvement but to help spark creativity in the classroom to share in the best practices in the classroom.
- Faculty are required to complete quarterly course reports outlining student statistics within their course (pass rate, completion rates, and exam score). Faculty are required to develop a plan each quarter to improve from the previous quarter based on student feedback
  - Dean currently meets weekly for 1:1 meetings with faculty. Previous quarter results are discussed.

### **Student Analysis:**

- In 2015 Rasmussen College- Green Bay implemented a Student Representative initiative which has resulted in great improvements in student motivation and engagement. Students are invited to attend faculty and curriculum meetings. This continues in 2018
- In 2015 Rasmussen Green Bay implemented Student Mentor Program. Each faculty were assigned incoming students to mentor. Faculty send students an email three or more times per quarter in an effort to cultivate supportive relationships. In 2017 the process was changed in response to student feedback. Faculty started taping live sessions to introduce self, provide guidance, and make students aware of how to reach them. In 2018 the faculty again made changes based off of student feedback. The faculty created a template that has a faculty picture, method to contact, and also the most current ATI plan they should follow. This is sent to each student in the program.
- In 2016 Rasmussen Green Bay began sending quarterly student newsletters to address student concerns and post important information. This practice continues in 2018 with a quarterly report going out mid quarter.
- I and the faculty believe that the above actions will lead to increased engagement by students and support an improvement in their outcomes

### **Student Plan:**

- We have strengthened student relationships and fostered a culture of community on campus which includes aggressive recruitment of student representation.
- In fall 2016 the lab was transformed to a full functioning simulation lab. There are more scheduled times in the lab and students can make times by appointment if necessary for remediation.
- Currently the Dean and two faculty members are ATI champions. In that role the faculty or Dean serve as expert resource for students, providing information on how to best use this valuable resource.
- We continue to refine our simulation program. Dedicated simulation faculty provide simulation learning in every course with a lab component.
- In response to input from our advisory committee regarding the critical thinking abilities of our graduates one of the fulltime faculty prepared and delivered a critical thinking presentation to all the students entering into a clinical the upcoming quarter (Spring 2018). Evaluation will occur and future content will be informed by the findings

### **Curriculum Analysis:**

- In addition to the College Curriculum Committee, The School of Nursing utilizes a School of Nursing National Curriculum Committee comprised of Deans and faculty within the School of Nursing. This committee meets on a monthly basis to review and improve course content, exams, and overall rigor. Courses utilize Course Leads which serve as mentors for the faculty

teaching the course and helps to facilitate course improvements as discussed in the course conferences.

- In early 2017 the School of Nursing added additional positions specific to curriculum to facilitate the quality and strength of the nursing programs. Positions include: Director of Curriculum- Dr. Lynn Bilder; Program Chair positions: Dr. Kari Luoma and Lisa Johnson MSN, RN Co-Chair the Associates of Nursing program
- The faculty course lead for each course schedules and conducts three meetings of the teaching faculty quarterly to ensure consistency across campuses and evaluate current trends. Adjustments are made as needed after faculty teaching that course have shared input.
- Rasmussen College School of Nursing utilizes ATI as a benchmark throughout the Programs. ATI data analysis revealed students received the lowest scores in the following areas on their comprehensive predictor exam: Pharmacology, reduction of risk potential, and safety.

### **Curriculum Plan:**

- Through 2017 faculty provided feedback to Course Faculty Leads to improve rigor of program. In 2018 to continue making it better and keep the focus, an agenda item for each nursing faculty meeting is to report on course lead information.
- Continue to monitor and analyze ATI results quarterly to identify gaps and direct curriculum revision.
  - Information continues to be taken to the curriculum committee via the faculty member who is a member of the National Curriculum Committee
  - Plan to address Pharm, reduction of risk potential, and safety.

### **Policy Analysis:**

- Students who pass the Comprehensive Prediction Assessment and have met all other graduation requirements, graduate and are released to the Board of Nursing for NCLEX registration by the Dean of Nursing.
- Students unsuccessful on the Comprehensive Predictor Assessment do not graduate, but receive an extended incomplete in the course; are assigned to a mentoring faculty; and have one additional quarter to remediate and successfully achieve the required benchmark.
- Effective January 2015, the policy was created allowing a maximum number of five attempts on the Comprehensive Prediction exam during the quarter of extended incomplete status in order to achieve the 95%.
- Students who achieve the benchmark of 95% or higher within five attempts and by week 11, receive a grade change based upon completion of all other assignments and exams within the course.
- Students unsuccessful in reaching the 95% benchmark during the extended quarter will fail the course and be registered to retake the course the following quarter. While retaking the course, heavy emphasis will be placed on the course content, but also the program overview, individual remediation and continued faculty mentoring.
- Students are required to attain a level two benchmark on the following ATI proctored assessments: Nutrition, Fundamentals, Mental Health, Maternal Newborn, Nursing Care of Children, Pharmacology, Adult Medical Surgical, Community Health, and Leadership.

- Students are required to achieve an overall total exam score average at or above the threshold of 78% for all exams taken within each nursing course, in order to be awarded successful completion of the course.
- Each student who has a clinical component must achieve 100% on a dosage calculation exam prior to attending that quarters clinical. If the student is unsuccessful a remediation will be allowed and a retest. If the student is still unsuccessful they must repeat the previous course.

**Policy Plan:**

Rasmussen College-Green Bay continues to address process improvements in each aspect of our program including administration, faculty, student, curriculum, and policies. By strengthening each cornerstone we will continue to see additional improvements in the success of the first time NCLEX test taker.

The stable faculty and leadership of the School of Nursing on the Green Bay campus of Rasmussen College are prepared to enthusiastically support the changes necessary to improve the success of our first time test takers. The full time and part time faculty have engaged in professional development directly targeting improvement in concept-based teaching and the early identification of struggling students. We support students' clinical knowledge and skill acquisition through consistent high quality INACSL-compliant simulation learning. Rasmussen faculty provide the highest quality of curriculum, monitoring, and supporting student academic success, including individualized remediation where necessary. Faculty also support the Program's graduates in the achievement of their professional goals. It is our firm belief that the actions we have taken and continue to take will lead to the necessary improvement in the Rasmussen College Green Bay School of Nursing graduate first time NCLEX-RN success rates, and that we will achieve the Wisconsin Board of Nursing benchmark in 2018.

To recap our annual success rates have increased as follows:

2016-76%

2017- 79.66%

2018- Year to date: 92%



## College of Nursing

April 10, 2018

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53201-0413  
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Wisconsin Board of Nursing  
DSPS  
PO Box 8366  
Madison, WI 53708-8366

RE: NCLEX-RN pass rates

Dear Members of the Board of Nursing:

Faculty in the College of Nursing at the University of Wisconsin-Milwaukee were as dismayed by our recent first-time test-taker NCLEX-RN scores as the Board of Nursing. We had already begun an investigation of our own when we received notification from the Board of Nursing requesting an analysis of our pass rates.

Faculty, including the Undergraduate Program Committee, have had extensive discussion about potential contributing factors to our current pass rate. Following are four major factors that we have identified as contributors to our NCLEX-RN pass rates.

**Factor One:** We believe one of the contributing factors is our curriculum design change from a traditional content-driven to a concept-based curriculum (Giddens, Caputi, & Rodgers, 2015). Our concept-based curriculum heavily incorporates active learning. This change has impacted both student accountability (e.g., incentivizing outside class preparation with points towards final course grade) and the faculty approach to teaching (e.g., large classes that include more active learning and less lecture). During the development of the concept-based curriculum, our expert consultants prepared us for a possible decline in NCLEX-RN pass rates.

**Factor Two:** Another contributing factor is that the students who graduated in December 2016 and May 2017 were exposed to suboptimal instruction in two foundational courses for NCLEX-RN preparation: pharmacology and pathophysiology. Although we attempted to address instructional deficits by changing instructors and offering a summer remediation course at no cost to students, we believe that this situation had an impact on NCLEX-RN pass rates.

**Factor Three:** Another factor relates to the mission of the University of Wisconsin-Milwaukee, which is one of access and opportunity. The College of Nursing is committed

to graduating students who reflect the diversity of the Greater Milwaukee Area. The average percentage of under-represented minority students at UWM and in the major in the last two years was 23.4%. We know from data that the majority of these students, particularly those from Milwaukee Public Schools, require remedial English and Math after enrolling at UWM. Supports are now in place to help surround these students with resources to strengthen their academic performance, including an early warning system, increasing the living-learning communities, more intrusive advising and revamped remedial courses. We are also aware that the large majority of our students work in addition to going to school, challenging their time commitment to their studies. As over 50% of students reported food insecurity in a recent campus study, working is their only option. In 2017, the campus has started a food pantry as well. We also know that under-represented minority students have a significant difference in testing outcomes on standardized tests. While our first time pass rate is lower than the required standard, our second attempt pass rate is 90%.

**Factor Four:** The UWM College of Nursing prides itself in student retention within the major. We successfully graduate 99% of all students admitted to the major within the four semesters of the major. There is no high stakes testing done in the program to eliminate students who cannot make set standards. This greatly influences our graduating class first attempt pass rate, given the make-up of our student body, as mentioned above, when compared with our peer institutions. We remain committed to retention, as we know these graduates will be successful RNs. We also remain committed to improving the first time pass rate of all students.

**What we have done to address the problem:** We have implemented several strategies to improve our NCLEX-RN pass rate over the last two semesters and are actively investigating the addition of progressive testing within the curriculum. Given past student performance (at or slightly above the required NCLEX-RN pass rate) and an anticipated decrease in NCLEX-RN pass rates with our curricular redesign, we created a position for an NCLEX-RN Success Coordinator and hired a person for the position in January 2018. This coordinator began working with the December 2017 graduates individually, and in group sessions, to foster NCLEX-RN test-taking skills and strategies as well as to address some conceptual deficits. A seasoned NCLEX-RN coordinator from an institution in Illinois is currently mentoring our NCLEX success coordinator.

Another strategy that we have implemented relates to testing across the curriculum. We require all instructors to submit test blue prints for all examinations and have provided three test-writing and analysis workshops to promote faculty development in this area. These workshops also focused on writing exam questions at the application and analysis levels of Bloom's Taxonomy, and on incorporating test-taking skills and NCLEX-RN style questions in class lectures and small group learning activities across the curriculum. We are planning another workshop with faculty in fall 2018 where faculty

will receive feedback on their test items with a focus on improving item writing. Our NCLEX coordinator and the consultant working with her will provide feedback to faculty.

As the concept-based curriculum was implemented, a decision was made to eliminate the progressive testing that was included in the nursing major, because during that time there were no concept-based progressive tests available. We are currently exploring the addition of concept-based progressive examinations that are now available from ATI.

The College of Nursing also requires two NCLEX predictor exams during the final semester of the program that are included in a course titled "Transition to Practice." The first predictor is used to help students create a study plan based on their performance. The NCLEX-RN Success Coordinator reviews the second predictor to identify at-risk students who are then strongly encouraged to work with her for NCLEX-RN preparation. During the current semester (spring 2018), assignments in the final semester courses were re-aligned based on student feedback to give students more time to focus on their study plan and on NCLEX preparation.

The final strategy that we have implemented is a required 3-day, in-person NCLEX-RN review. Students are very committed to attending this review and anecdotally report that it is very helpful to create their NCLEX-RN study plan developed, as a course assignment, in the "Transition to Practice" course.

NCLEX success remains a commitment of the College of Nursing. We will continue ongoing efforts and implement newer strategies, as discussed above, with the goal of meeting, and ideally exceeding, the Board of Nursing and our own expectations.

Sincerely,



Kim Litwack, PhD, RN, APNP, FAAN  
Dean and Professor

#### References

Giddens, J.F., Caputi, L., & Rodgers, B. (2015). *Mastering concept based teaching: A guide for educators*. St. Louis, MO: Mosby.

Wisconsin Department of Public Instruction. (2017). Wisconsin information for education: Data dashboard. Retrieved from <http://wisedash.dpi.wi.gov/Dashboard/Page/Home/Topic%20Area/Graduation/>

**State of Wisconsin  
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request:  <b>Sharon Henes Administrative Rules Coordinator</b>		2) Date When Request Submitted:  <b>20 April 2018</b>  <small>Items will be considered late if submitted after 12:00 p.m. on the deadline date:</small> <ul style="list-style-type: none"> <li>▪ 8 business days before the meeting</li> </ul>	
3) Name of Board, Committee, Council, Sections:  <b>Board of Nursing</b>			
4) Meeting Date:  <b>10 May 2018</b>	5) Attachments: <input type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? <b>Legislation and Rule Matters – Discussion and Consideration</b> <b>1. Act 262 Report Relating to Controlled Substances</b> <b>2. Update on Legislation and Pending and Possible Rulemaking Projects</b>	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled?  <input type="checkbox"/> Yes ( <a href="#">Fill out Board Appearance Request</a> ) <input type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed:			
11) Authorization  <div style="text-align: center; font-size: 1.2em; font-weight: bold; margin: 10px 0;"><i>Sharon Henes</i></div> <hr/> <div style="display: flex; justify-content: space-between;"> <span>Signature of person making this request</span> <span>Date</span> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <span>Supervisor (if required)</span> <span>Date</span> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <span>Executive Director signature (indicates approval to add post agenda deadline item to agenda)</span> <span>Date</span> </div>			
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.			

credentialed by the examining board or affiliated credentialing board, or in the establishing of regulatory policy or the exercise of administrative discretion with regard to the qualifications or discipline of applicants or persons who are credentialed by the examining board, affiliated credentialing board or accreditation.

(c) Maintain, in conjunction with their operations, in central locations designated by the department, all records pertaining to the functions independently retained by them.

(d) Compile and keep current a register of the names and addresses of all persons who are credentialed to be retained by the department and which shall be available for public inspection during the times specified in s. 230.35 (4) (a). The department may also make the register available to the public by electronic transmission.

(2) Except as otherwise permitted in chs. 440 to 480, an examining board or affiliated credentialing board attached to the department or an examining board may require a credential holder to submit proof of the continuing education programs or courses that he or she has completed only if a complaint is made against the credential holder.

(2m) (a) In this subsection, “controlled substance” has the meaning given in s. 961.01 (4).

(b) The medical examining board, the podiatry affiliated credentialing board, the board of nursing, the dentistry examining board, or the optometry examining board may issue guidelines regarding best practices in prescribing controlled substances for persons credentialed by that board who are authorized to prescribe controlled substances.

(c) 1. The medical examining board, the podiatry affiliated credentialing board, the board of nursing, the dentistry examining board, and the optometry examining board shall, by November 1, 2018, and annually thereafter, submit a report to the persons specified in subd. 2. that does all of the following:

a. Details proactive efforts taken by the board to address the issue of opioid abuse. The board shall specify whether the board has required, or otherwise encouraged, continuing education related to prescribing controlled substances for persons credentialed by that board who are authorized to prescribe controlled substances.

b. Sets goals for addressing the issue of opioid abuse, as that issue pertains to or implicates the practices of the professions regulated by the board.

c. Describes the actions taken by the board so that the goals described in subd. 1. b. that were identified in the board’s previous reports under this paragraph can be achieved, whether those goals have been achieved, and, if the goals have not been achieved, the reasons therefor.

2. A report under subd. 1. shall be submitted to all of the following:

a. Any committee, task force, or other body or person designated by the governor.

b. To the appropriate standing committees of the legislature with jurisdiction over health issues under s. 13.172 (3).

**History:** 1977 c. 418 ss. 25, 793, 929 (41); 1979 c. 32 s. 92 (1); 1979 c. 34; 1989 a. 56 s. 259; 1991 a. 39; 1993 a. 107; 1997 a. 27, 191, 237; 2015 a. 269; 2017 a. 59, 262.

#### 440.04 Duties of the secretary. The secretary shall:

(1) Centralize, at the capital and in such district offices as the operations of the department and the attached examining boards and affiliated credentialing boards require, the routine housekeeping functions required by the department, the examining boards and the affiliated credentialing boards.

(2) Provide the bookkeeping, payroll, accounting and personnel advisory services required by the department and the legal services, except for representation in court proceedings and the preparation of formal legal opinions, required by the attached examining boards and affiliated credentialing boards.

(3) Control the allocation, disbursement, and budgeting of the funds received by the examining boards and affiliated credentialing boards in connection with their credentialing and regulation, including the reimbursement of board members for actual and necessary expenses, including travel expenses, incurred in the performance of their duties.

(4) Employ, assign and reassign such staff as are required by the department and the attached examining boards and affiliated credentialing boards in the performance of their functions.

(5) With the advice of the examining boards or affiliated credentialing boards:

(a) Provide the department with such supplies, equipment, office space and meeting facilities as are required for the efficient operation of the department.

(b) Make all arrangements for meetings, hearings and examinations.

(c) Provide such other services as the examining boards or affiliated credentialing boards request.

(6) Appoint outside the classified service an administrator for any division established in the department and a director for any bureau established in the department as authorized in s. 230.08 (2). The secretary may assign any bureau director appointed in accordance with this subsection to serve concurrently as a bureau director and a division administrator.

(7) Unless otherwise specified in chs. 440 to 480, provide examination development, administration, research and evaluation services as required.

**History:** 1977 c. 418 s. 26; 1979 c. 34; 1981 c. 20; 1985 a. 29; 1987 a. 27; 1989 a. 316; 1991 a. 39; 1993 a. 102, 107; 1995 a. 333; 2003 a. 270; 2011 a. 32; 2017 a. 329.

**440.042 Advisory committees.** (1) The secretary may appoint persons or advisory committees to advise the department and the boards, examining boards, and affiliated credentialing boards in the department on matters relating to the regulation of credential holders. A person or an advisory committee member appointed under this subsection shall serve without compensation, but may be reimbursed for his or her actual and necessary expenses incurred in the performance of his or her duties.

(2) Any person who in good faith testifies before the department or any examining board, affiliated credentialing board or board in the department or otherwise provides the department or any examining board, affiliated credentialing board or board in the department with advice or information on a matter relating to the regulation of a person holding a credential is immune from civil liability for his or her acts or omissions in testifying or otherwise providing such advice or information. The good faith of any person specified in this subsection shall be presumed in any civil action and an allegation that such a person has not acted in good faith must be proven by clear and convincing evidence.

**History:** 1993 a. 16 ss. 3269, 3299; 1993 a. 107; 1997 a. 156; 1999 a. 32; 2005 a. 292; 2015 a. 192.

**440.043 Behavioral health review committee.** (1) The secretary shall appoint an advisory committee under s. 440.042 to provide advice concerning behavioral health. The advisory committee shall semiannually conduct a review of the requirements for obtaining a credential under s. 440.88 or ch. 457 or for other credentials related to behavioral health.

(2) The advisory committee shall accept comments from the public related to its review under sub. (1). Before conducting a review under sub. (1), the department shall publish a class 1 notice under ch. 985 and shall publish notice on its Internet site announcing the opportunity for public comment.

(3) The advisory committee established under sub. (1) may propose changes in statutes and rules to the department; the marriage and family therapy, professional counseling, and social work examining board; or other appropriate credentialing board.

**History:** 2017 a. 262.

**State of Wisconsin  
Department of Safety & Professional Services**

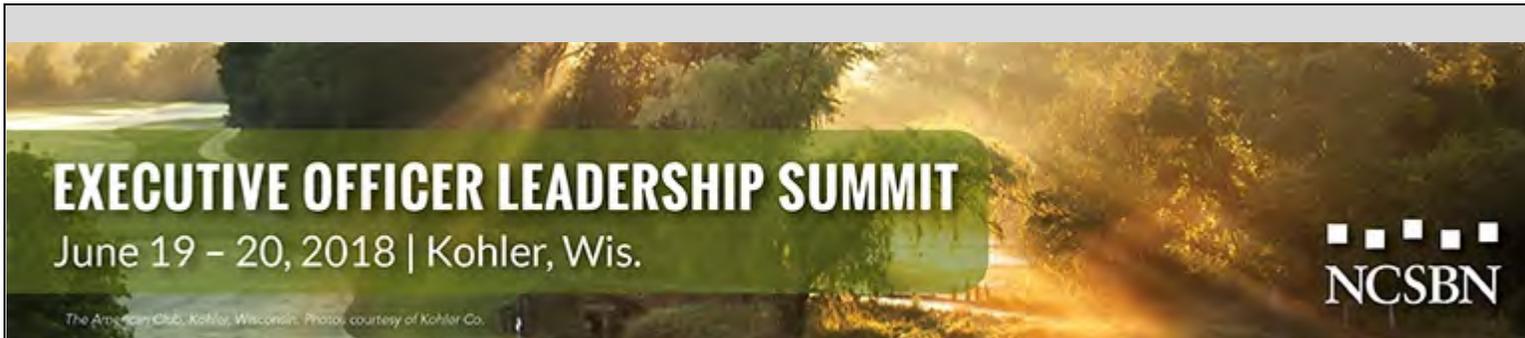
AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Kimberly Wood, Program Assistant Supervisor-Adv		2) Date When Request Submitted: 4/23/18 Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting	
3) Name of Board, Committee, Council, Sections: Board of Nursing			
4) Meeting Date: May 10, 2018	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Speaking Engagement(s), Travel, or Public Relation Request(s) 1) Speaking Engagement Report – Sheryl Krause – Wisconsin Nursing Association (WNA) 32nd Annual APRN Pharmacology and Clinical Update Conference on April 26, 2018 in Madison, WI 2) 2018 NCSBN Executive Officer Summit on June 19 & 20, 2018 in Kohler, WI 3) 2018 NCSBN Annual Meeting on August 15-17, 2018 in Minneapolis, MN	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed:  1) <b>The Board will receive a report relating to Sheryl Krause's speaking engagement at the WNA) 32nd Annual APRN Pharmacology and Clinical Update Conference on April 26 &amp; 27, 2018 in Madison, WI</b>  2) The Board should review the materials (attached) detailing the NCSBN Executive Officer Leadership Summit event and determine whether or not to designate someone to attend.  3) The Board should note the date of the annual meeting, consider member designations and check calendars for availability. Attendance designations may occur or may be postponed to a later date.			
11) Authorization			
<i>Kimberly Wood</i>		4/23/2018	
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.			

## Wood, Kimberly - DSPS

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**From:** NCSBN Meetings <meetingsregistration@ncsbn.org>  
**Sent:** Monday, April 23, 2018 9:41 AM  
**To:** Williams, Dan - DSPS  
**Subject:** Reminder to Register for the 2018 NCSBN Executive Officer Summit



Registration is open for the 2018 NCSBN Executive Officer Summit.

Navigating Our Future: Acknowledging Strengths – Addressing Opportunities

### OBJECTIVES

1. Identify the current strengths, weaknesses, opportunities and threats in the literature on occupational licensure.
2. Analyze the dimensions of public protection that can be used to illuminate the benefits and challenges of the current policy discussion on occupational regulation.
3. Review and interpret the data from the Leadership Program Evaluation report.
4. Identify the essential competencies for Executive Officers (EOs).
5. Based on the EO competencies identified:
  - a. Review EO Succession Toolkit for gaps.
  - b. Establish benchmarks for EO developmental needs.

This invitation is not transferable. Accommodations for the summit are provided by The American Club.

**When** Tuesday, June 19, 2018 8:30 am - Wednesday, June 20, 2018 12:00 pm  
Central Time

**Where** The American Club  
419 Highland Drive, Kohler, Wisconsin 53044, USA

**Dress Code** Casual

[View Event Summary](#)

[View Event Agenda](#)

**Registration Deadline**

Friday, May 18, 2018

[Register for Summit](#)



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If you no longer want to receive emails from NCSBN Meetings please click the link below.

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**SUMMARY**

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[The American Club](#)  
419 Highland Drive  
Kohler, WI 53044

***Navigating Our Future: Acknowledging Strengths – Addressing Opportunities***

**OBJECTIVES**

1. Identify the current strengths, weaknesses, opportunities and threats in the literature on occupational licensure.
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**REGISTRATION**

The cut-off date for registration is Friday, May 18, 2018. The summit is open to NCSBN executive officers only and is not transferable.

**CANCELLATIONS**

Registration cancellations must be received by June 11, 2018. Attendees must contact NCSBN Meetings at 312.525.3639 or via [email](#) to cancel.

**PHOTOGRAPHY POLICY**

NCSBN plans to take photographs at the 2018 Executive Officer Summit and reproduce them for use in NCSBN educational, news, marketing or promotional material, whether in print, electronic or other media, including but not limited to the NCSBN website. By attending and/or participating in the 2018 Executive Officer Summit, you grant NCSBN the right to use your image for such purposes. All photos taken at the event become the property of NCSBN and may be displayed, distributed or used by NCSBN for any of the above-described purposes.

**ATTIRE**

Casual attire is appropriate for all meeting functions. Meeting room temperatures fluctuate; dress in layers to ensure your comfort.

**MEETING CANCELLATION POLICY**

In the event of a cancellation of the program by NCSBN, you will receive a refund of your registration fee. NCSBN is not responsible for any other costs, expenses or damages incurred by a program registrant as a result of any cancellation of the program, including without limitation any nonrefundable airfare or lodging deposits.

**DETAILS**

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**When**.....  
 Tuesday, June 19, 2018 - Wednesday, June 20, 2018  
 8:30 am - 12:00 pm  
 Central Time

**Where**.....  
 The American Club  
 419 Highland Drive  
 Kohler, Wisconsin 53044  
 USA  
 800.344.2838

**Planner**.....  
[Colleen Neubauer](#)

**Capacity**.....  
 60 (1 remaining)

**Websites**.....  
[NCSBN](#), [NCSBN Events](#)

**Hotel**  
[The American Club](#)

**CVB**  
[Destination Kohler](#)

**Airport**  
[General Mitchell International Airport](#)

**AGENDA**

Agenda subject to change.

Monday, June 18, 2018

6:00 pm - 7:30 pm	<p><b>Welcome Reception</b></p> <p>The reception is for attendees only.</p>
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Tuesday, June 19, 2018

8:30 am - 9:00 am	<p><b>Breakfast</b></p>
8:30 am	<p><b>Registration</b></p>
9:00 am - 9:15 am	<p><b>Welcome</b></p> <p>Joey Ridenour, MN, RN, FAAN Executive Director, Arizona State Board of Nursing EOLC Chair</p>
9:15 am - 10:15 am	<p><b>Unpacking Occupational Licensing</b></p> <p>David Benton, RGN, PhD, FRCN, FAAN CEO, NCSBN</p> <ol style="list-style-type: none"> <li>1. Identify the current strengths weaknesses, opportunities and threats in the literature on occupational licensure.</li> <li>2. Analyze the dimensions of public protection that can be used to illuminate the benefits and challenges of the current policy discussion on occupational regulation.</li> </ol>
9:15 am - 9:30 am	<p><b>Sharing Observations</b></p> <p>A group exercise to identify the media and policy messages prevalent regarding occupational licensing at this time.</p>
9:30 am - 9:45 am	<p><b>Update on the National Conference of State Legislatures (NCSL)</b></p> <p>Cathy Dinauer, MSN, RN Executive Director. Nevada State Board of Nursing</p>
9:45 am - 10:15 am	<p><b>Share the Evidence</b></p> <p>Presentation of the analysis of peer reviewed research evidence on occupational licensure.</p>
10:15 am - 10:45 am	<p><b>Break</b></p>
10:45 am - 11:30 am	<p><b>Dispelling the Myths</b></p> <p>Group work to develop a new narrative that highlights the value of occupational licensure.</p>
11:30 am - 12:00 pm	<p><b>Group Feedback on Discussion</b></p>
12:00 pm - 1:00 pm	<p><b>Lunch</b></p>
1:00 pm - 4:00 pm	<p><b>NCSBN Leadership Assessment and Executive Officer (EO) Competencies</b></p> <p>Stephanie L. Ferguson PhD, RN, FAAN President and CEO, Stephanie L. Ferguson and Associates, LLC</p> <p><b>Program Objectives</b></p> <ol style="list-style-type: none"> <li>1. Review and interpret the data from the Leadership Program Evaluation report.</li> <li>2. Identify the essential competencies for EOs.</li> <li>3. Based on the EO competencies identified:       <ol style="list-style-type: none"> <li>a. Review EO Succession Toolkit for gaps.</li> <li>b. Establish benchmarks for EO developmental needs.</li> </ol> </li> </ol>
2:30 pm - 2:45 pm	<p><b>Break</b></p>
6:00 pm - 8:30 pm	<p><b>EO Summit Dinner</b></p> <p>Kohler Design Center 101 Upper Road Kohler, WI 53044</p> <p>The venue is one block from the hotel. Transportation will not be provided. The dinner is for attendees only.</p>

Wednesday, June 20, 2018

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8:15 am - 8:45 am	<b>Breakfast</b>
8:45 am - 12:00 pm	<b>EOLC Networking Session</b>
10:00 am - 10:30 am	<b>Break</b>
12:00 pm - 1:00 pm	<b>Boxed Lunch</b>