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

8:00 A.M.

OPEN SESSION – CALL TO ORDER – ROLL CALL

A. Adoption of Agenda (1-7)

B. Approval of Minutes of March 14, 2019 (8-16)

C. Introductions, Announcements and Recognition
   1. Lisa Pisney – Registered Nurse Member
   2. Emily Zentz – Registered Nurse Member

D. Administrative Matters – Discussion and Consideration
   1. Department, Staff and Board Updates
   2. Appointment of Liaisons and Alternates
   3. Board Members – Term Expiration Dates:
      a. Rosemary Dolatowski – 7/1/2022
      b. Jennifer Eklof – 7/1/2021
      c. Elizabeth Smith-Houskamp – 7/1/2020
      d. Peter Kallio – 7/1/2022
      e. Lillian Nolan – 7/1/2019
      f. Lisa Pisney – 7/1/2023
      g. Luann Skarlupka – 7/1/2021
      h. Pamela White – 7/1/2019
      i. Emily Zentz – 7/1/2023

E. Legislative and Administrative Rule Matters – Discussion and Consideration (17)
   1. Adopt CR 18-030 Relating to Nurse Licensure Compact (18-29)
   2. Legislation and Pending or Possible Rulemaking Projects

F. Nurse Licensure Compact (NLC) Update – Discussion and Consideration
G. Speaking Engagement(s), Travel, or Public Relation Request(s) – Discussion and Consideration

H. Education and Examination Matters – Discussion and Consideration
   1. Chippewa Valley Technical College – Approval to Plan a Practical Nursing School (30-38)
   2. Lakeshore Technical College – Approval of a Practical Nursing School (39-71)
   3. Silver Lake College – Approval of a Registered Nurse School (72-189)
   4. Reporting of NCLEX First-time Test Taking Results (190-192)
   5. Annual NCLEX Pass Rate Report (193-199)
   6. Herzing University – Brookfield Curriculum Complaint (200-258)

I. Division of Legal Services and Compliance (DLSC) Matters – Discussion and Consideration
   1. Disciplinary Options/Process in Urgent Situations

J. Reporting Requirements to the National Practitioners Databank and NURSYS – Discussion and Consideration

K. Board of Nursing Liaison Reports – Discussion and Consideration

L. Discussion and Consideration of Items Added After Preparation of Agenda:
   1. Introductions, Announcements and Recognition
   2. Election of Officers
   3. Appointment of Liaisons and Alternates
   4. Delegation of Authorities
   5. Administrative Matters
   6. Education and Examination Matters
   7. Credentialing Matters
   8. Practice Matters
   9. Legislative and Administrative Rule Matters
   10. Liaison Reports
   11. Board Liaison Training and Appointment of Mentors
   12. Informational Items
   13. Division of Legal Services and Compliance (DLSC) Matters
   14. Presentations of Petitions for Summary Suspension
   15. Petitions for Designation of Hearing Examiner
   16. Presentation of 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 Engagements, Travel, or Public Relation Requests, and Reports
M. 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.).

N. Credentialing Matters

1. Application Reviews
   a. **APPEARANCE**: Applicant and Attorney Tamara Packard – Brandon Moose, Registered Nurse Renewal Application (259-340)
   b. Spencer Meyer – Registered Nurse Application (341-446)

O. Deliberation on DLSC Matters

1. **Attorney Elizabeth Bronson**
   a. Case Closings
      3. 18 NUR 358 – A.G. (453-456)
   b. Stipulations and Final Decisions and Orders
      1. 17 NUR 021 & 17 NUR 358 – Coreen A. Elliott, R.N. (457-465)
      2. 17 NUR 125 – Dewita Chambers, L.P.N. (466-474)
      3. 17 NUR 355 – Antoinette D. McGee, R.N. (475-481)

2. **Attorney Zachary Hetfield**
   a. Case Closings
      1. 17 NUR 390 – L.A.C. (482-486)
      2. 17 NUR 444 – E.G. (487-490)
      5. 18 NUR 398 – S.O. (499-502)
   b. Stipulations and Final Decisions and Orders
      1. 16 NUR 132 – April J. Stokes, L.P.N. (503-511)
      2. 17 NUR 465 – Jennifer J. Busche, R.N. (512-520)
      3. 17 NUR 551 – Loriann M. Miller, R.N. (521-526)
      4. 17 NUR 714 – Jordan G. Waly, R.N. (527-533)

3. **Attorney Joost Kap**
   a. Case Closings
      1. 18 NUR 048 – M.G. (534-536)
4. Attorney Alicia Kennedy 
   a. Administrative Warnings 
      1. 17 NUR 366 – L.M.L. (537-538) 
      2. 17 NUR 733 – B.J.D. (539-540) 
      3. 18 NUR 449 – E.L.K. (541-542) 
   b. Case Closings 
      1. 17 NUR 274 – P.J.K. (543-545) 
      2. 17 NUR 333 – A.L.H. (546-550) 
      3. 17 NUR 425 – I.J.L. (551-554) 
      4. 17 NUR 647 – K.B.M. (555-557) 
      5. 18 NUR 011 – M.L.B. (558-560) 
      6. 18 NUR 155 – K.B.J. (561-568) 
      7. 18 NUR 475 – R.L.S. (569-572) 
   c. Stipulations and Final Decisions and Orders 
      1. 17 NUR 225 – Julie A. Baisa, R.N. (573-584) 
      2. 17 NUR 326 – Kathryn M. Tiedemann, R.N. (585-590) 
      3. 17 NUR 394 – Laura A. Peterson, R.N. (591-597) 
      4. 17 NUR 437 – Kristina N. Kendall, L.P.N. (598-605) 
      5. 17 NUR 466 – Barbara S. Odell, R.N. (606-612) 
      6. 17 NUR 532 – Lori L. Reidt, L.P.N. (613-619) 
      7. 17 NUR 598 – Melissa M. Leibundgut, R.N. (620-625) 
      8. 17 NUR 625 – Todd W. Schneider, R.N. (626-631) 
      9. 17 NUR 774 – Amanda L. Soltau, R.N. (632-639) 

5. Attorney Lesley McKinney 
   a. Administrative Warnings 
      1. 17 NUR 485 – K.M.J. (640-641) 
      2. 18 NUR 118 – A.G. (642-643) 
      3. 18 NUR 118 – Y.W. (644-645) 
   b. Case Closings 
      1. 16 NUR 765 – R.C.C. (646-649) 
      2. 17 NUR 328 – S.J.B. (650-656) 
      3. 17 NUR 507 – M.H. (657-664) 
      5. 17 NUR 721 – G.D.R. (668-671) 
      6. 18 NUR 168 – T.P. (672-675) 
      7. 18 NUR 176 – T.J.P. (676-678) 
      9. 18 NUR 415 – E.M.P. (684-688) 
      10. 18 NUR 550 – L.M.C. (689-691) 
      11. 19 NUR 046 – KA.S. (692-695)
c. Stipulations and Final Decisions and Orders
   1. 17 NUR 432 – Jason R. Chaplin, L.P.N. (696-703)
   2. 17 NUR 462 – Kristina M. Kurtz, R.N. (704-715)
   3. 17 NUR 482 – Kristine M. Disrud, R.N. (716-724)
   4. 17 NUR 493 – Tina M. King, R.N. (725-731)
   5. 17 NUR 514 – Paula J. Fromm, L.P.N. (732-738)
   6. 17 NUR 552 – Amanda J. Monson, R.N. (739-744)

6. Attorney Colleen Meloy
   a. Case Closings
      1. 17 NUR 730 – K.M.M. (745-747)
      2. 18 NUR 158 – S.J.B. (748-751)

7. Attorney Gretchen Mrozinski
   a. Stipulations and Final Decisions and Orders
      1. 18 NUR 341 – Colleen J. Bradley, R.N. (752-757)

8. Attorney Carley Peich Kiesling
   a. Administrative Warnings
      1. 17 NUR 160 – T.J.H. (758-759)
   b. Case Closings
      1. 17 NUR 142 – J.M.M. (760-768)
   c. Stipulations and Final Decisions and Orders
      1. 17 NUR 381 – Susan A. Bickel, R.N. (769-776)

9. Attorney Zachary Peters
   a. Administrative Warning
      1. 18 NUR 124 – A.W. (777-778)
   b. Case Closings
      1. 17 NUR 773 – K.L.Z. (779-781)
      2. 18 NUR 493 – C.A.Q. (782-785)
      3. 18 NUR 555 – H.A. (786-788)
      4. 18 NUR 556 – L.A.B. (789-791)
      5. 18 NUR 687 – K.L.M. (792-794)
      6. 18 NUR 762 – M.B. (795-797)
      7. 18 NUR 781 – S.A.J. (798-800)
   c. Stipulations and Final Decisions and Orders
      1. 17 NUR 191 & 17 NUR 154 – Lesley A. Wilcox, L.P.N. (801-809)
      2. 18 NUR 482 – Pete W. Molling, R.N. (810-817)
10. Monitoring (818-819)
   
a. Department Monitor Zoua Cha
   1. Misty DeMark, R.N. – Requesting Reinstatement of Full Licensure or Reduction in Screens, Termination of Direct Supervision and Access to Controlled Substances (820-845)
   2. Brenda Pecor, L.P.N. – Requesting Reinstatement of Full Licensure (846-878)
   3. Wendy Senger, L.P.N. – Violation of Board Order (879-887)
   4. Lolita Sharpe, R.N. – Requesting Ability to Work in Clinical Setting (888-900)

b. Department Monitor Erin Graf
   1. Dawn Blazier, R.N. – Requesting Reinstatement of Full Licensure (901-914)
   2. Leyonna Boyd, R.N. – Requesting Reinstatement of Full Licensure (915-926)

P. Deliberation on Proposed Final Decisions and Orders:
   1. Mary E. Akins, R.N., Respondent (DHA Case Number SPS-18-0048/DLSC Case Number 17 NUR 001) (952-960)

Q. Deliberation of Items Added After Preparation of the Agenda
   1. Education and Examination Matters
   2. Credentialing Matters
   3. DLSC 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 Decisions 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

R. Consulting with Legal Counsel
   1. Planned Parenthood of Wisconsin, Inc. v. Wisconsin Board of Nursing, Et Al; USDC, Western District of Wisconsin
RECONVENE TO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION

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

T. Open Session Items Noticed Above Not Completed in the Initial Open Session – Discussion and Consideration

U. Board Meeting Process (Time Allocation, Agenda Items) – Discussion and Consideration
   1. Newsletter Production
   2. Agenda Page Layout

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

ADJOURNMENT

NEXT MEETING DATE: JUNE 13, 2019

**********************************************************************************************************
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 4822 Madison Yards Way, 2nd Floor, 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
MARCH 14, 2019

PRESENT: Rosemary Dolatowski, Jennifer Eklof, Peter Kallio (arrived at 11:18 a.m.), Luann Skarlupka, Elizabeth Smith Houskamp, Pamela White

EXCUSED: Lillian Nolan

STAFF: Yolanda Y. McGowan, DPD Division Administrator; Lauren Tobiason, Legal Counsel; Sharon Henes, Administrative Rules Coordinator; Kimberly Wood, Program Assistant Supervisor-Adv.; and other DSPS Staff

CALL TO ORDER

Pamela White, Vice Chairperson, called the meeting to order at 8:04 a.m. A quorum of five (5) members was confirmed.

ADOPTION OF THE AGENDA

Amendments to the Agenda

- Closed Session: After item G “DLSC Matters; 3) Attorney Yolanda McGowan” ADD:
  - 17 NUR 423 – Anna M. Quintana, R.N.

MOTION: Luann Skarlupka moved, seconded by Rosemary Dolatowski, to adopt the agenda as amended. Motion carried unanimously.

APPROVAL OF MINUTES OF FEBRUARY 14, 2019

MOTION: Luann Skarlupka moved, seconded by Jennifer Eklof, to approve the minutes of February 14, 2019 as published. Motion carried unanimously.

CLOSED SESSION

MOTION: Luann Skarlupka moved, seconded by Rosemary Dolatowski, 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 warnings (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.). Pamela White, Vice Chairperson, read the language of the motion. The vote of each member was ascertained by voice vote. Roll Call Vote: Rosemary Dolatowski-yes; Jennifer Eklof-yes; Luann Skarlupka-yes; Elizabeth Smith Houskamp-yes; and Pamela White-yes. Motion carried unanimously.

The Board convened into Closed Session at 8:24 a.m.
CREDENTIALING MATTERS

Application Review

Angela Thomas – R.N. Applicant

MOTION: Luann Skarlupka moved, seconded by Jennifer Eklof, to table the Registered Nurse application of Angela Thomas pending receipt of additional documentation and information to be requested by Legal Counsel in consultation with the Credentialing Liaison. Motion carried unanimously.

DIVISION OF LEGAL SERVICES AND COMPLIANCE MATTERS

Attorney Elizabeth Bronson

Stipulations and Final Decisions and Orders

17 NUR 024 – Lindsey A. Peterson, R.N.

MOTION: Jennifer Eklof moved, seconded by Rosemary Dolatowski, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Lindsey A. Peterson, R.N., DLSC Case Number 17 NUR 024. Motion carried unanimously.

17 NUR 491 – Leah E. Morgan, R.N.

MOTION: Jennifer Eklof moved, seconded by Rosemary Dolatowski, to delegate to Department Chief Legal Counsel the Board’s authority to preside over and resolve the matter of disciplinary proceedings against Leah E. Morgan, R.N., DLSC Case Number 17 NUR 491. Motion carried unanimously.

Attorney Alicia Kennedy

Administrative Warning

17 NUR 548 – K.N.B.

MOTION: Jennifer Eklof moved, seconded by Rosemary Dolatowski, to issue an Administrative Warning in the matter of 17 NUR 548 (K.N.B.). Motion carried unanimously.

Stipulations and Final Decisions and Orders

17 NUR 196 – Cheryl A. Fettig, L.P.N.

MOTION: Jennifer Eklof moved, seconded by Rosemary Dolatowski, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of proceedings against Cheryl A. Fettig, L.P.N., DLSC Case Number 17 NUR 196. Motion carried unanimously.
17 NUR 443 – Lauren M. Dechant, R.N.

MOTION: Jennifer Eklof moved, seconded by Rosemary Dolatowski, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of proceedings against Lauren M. Dechant, L.P.N., DLSC Case Number 17 NUR 443. Motion carried unanimously.

**Attorney Yolanda McGowan**

*Stipulations and Final Decisions and Orders*

16 NUR 420 and 16 NUR 566 – Robert J. Hinz, R.N.

MOTION: Jennifer Eklof moved, seconded by Rosemary Dolatowski, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Robert J. Hinz, R.N., DLSC Case Numbers 16 NUR 420 and 16 NUR 566. Motion carried unanimously.

(Yolanda McGowan left the room for deliberation and voting in the matter concerning Robert J. Hinz, R.N., DLSC Case Numbers 16 NUR 420 and 16 NUR 566.)

**Attorney Lesley McKinney**

*Stipulations and Final Decisions and Orders*

17 NUR 423 – Anna M. Quintana, R.N.

MOTION: Jennifer Eklof moved, seconded by Rosemary Dolatowski, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Anna M. Quintana, R.N., DLSC Case Number 17 NUR 423. Motion carried unanimously.

**Attorney Gretchen Mrozinski**

*Stipulations and Final Decisions and Orders*

18 NUR 196 – Deanna L. Heller, R.N.

MOTION: Jennifer Eklof moved, seconded by Rosemary Dolatowski, to delegate to Department Chief Legal Counsel the Board’s authority to preside over and resolve the matter of disciplinary proceedings against Deanna L. Heller, R.N., DLSC Case Number 18 NUR 196. Motion carried unanimously.
Attorney Carley Peich Kiesling

Administrative Warnings

17 NUR 584 – L.L.L.

MOTION: Jennifer Eklof moved, seconded by Rosemary Dolatowski, to issue an Administrative Warning in the matter of 17 NUR 584 (L.L.L.). Motion carried unanimously.

18 NUR 283 – K.M.K.

MOTION: Jennifer Eklof moved, seconded by Rosemary Dolatowski, to issue an Administrative Warning in the matter of 18 NUR 283 (K.M.K.). Motion carried unanimously.

Stipulations and Final Decisions and Orders

17 NUR 631 – Bobbie Jo K. Paul, R.N., A.P.N.P.

MOTION: Jennifer Eklof moved, seconded by Rosemary Dolatowski, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Bobbie Jo K. Paul, R.N., A.P.N.P., DLSC Case Number 17 NUR 631. Motion carried unanimously.

Monitoring

Department Monitor Jesse Benisch

Bridgette Brown, R.N.
Requesting Full Licensure

MOTION: Elizabeth Smith Houskamp moved, seconded by Rosemary Dolatowski, to grant the request of Bridgette Brown, R.N., for full licensure. Motion carried unanimously.

Scott Strube, R.N.
Requesting Termination of Direct Supervision, Termination of Abstaining from Personal Use of Alcohol, and Reduction in Screens

MOTION: Elizabeth Smith Houskamp moved, seconded by Rosemary Dolatowski, to grant the request of Scott Strube, R.N., for termination of direct supervision, removal of setting restriction, and a reduction in screens to 28 per year plus one annual hair test. The Board denies the request for termination of abstaining from personal use of alcohol. Reason for Denial: Insufficient time under the Board Order (3/12/2015) to demonstrate adequate compliance. Motion carried unanimously.
Sherry Ward, R.N.
Requesting Full Licensure or Reduction in Screens

MOTION: Luann Skarlupka moved, seconded by Jennifer Eklof, to deny the request of Sherry Ward, R.N., for full licensure or a reduction in screens. **Reason for Denial:** Failure to demonstrate continuous and successful compliance under the terms of the Order (7/29/2004). Motion carried unanimously.

Stephanie Westlake, R.N.
Requesting Termination of Direct Supervision

MOTION: Luann Skarlupka moved, seconded by Jennifer Eklof, to grant the request of Stephanie Westlake, R.N., for termination of direct supervision. Motion carried unanimously.

Department Monitor Zoua Cha

Corinne Ahrens, R.N.
Requesting Full Licensure

MOTION: Elizabeth Smith-Houskamp moved, seconded by Rosemary Dolatowski, to grant the request of Corinne Ahrens, R.N., for full licensure. Motion carried unanimously.

Laura Nelson, R.N.
Work Setting Approval

MOTION: Luann Skarlupka moved, seconded by Jennifer Eklof, to grant the request of Laura Nelson, R.N., for work setting approval. Motion carried unanimously.

Case Closures

MOTION: Elizabeth Smith Houskamp moved, seconded by Rosemary Dolatowski, to close the following DLSC Cases for the reasons outlined below:

1. 17 NUR 141 – D.M.T. – Insufficient Evidence
2. 17 NUR 288 – A.M.G. – Prosecutorial Discretion (P5)
3. 17 NUR 648 – D.M.A. – Prosecutorial Discretion (P5)
4. 17 NUR 782 – Unknown – No Violation
5. 18 NUR 004 – J.A.D. – Prosecutorial Discretion (P2)
6. 18 NUR 009 – T.L.T. – Lack of Jurisdiction (L2)
7. 18 NUR 120 – A.M. – Insufficient Evidence
8. 18 NUR 242 – D.S. – Prosecutorial Discretion (P5)
9. 18 NUR 312 – D.A. – Prosecutorial Discretion (P2)
10. 18 NUR 468 – T.L.T. – Lack of Jurisdiction (L2)

Motion carried unanimously.

*(Peter Kallio arrived at 11:18 a.m.)*
RECONVENE TO OPEN SESSION

MOTION: Rosemary Dolatowski moved, seconded by Jennifer Eklof, to reconvene into Open Session. Motion carried unanimously.

The Board reconvened into Open Session at 11:28 a.m.

(Elizabeth Smith Houskamp left the room from 11:27 a.m. to 12:29 p.m.)

VOTING ON ITEMS CONSIDERED OR DELIBERATED ON IN CLOSED SESSION

MOTION: Luann Skarlupka moved, seconded by Elizabeth Smith Houskamp, 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.)

APPEARANCE: GINA DENNIK-CHAMPION, WISCONSIN NURSE’S (WNA) ASSOCIATION – REQUEST TO INCLUDE NURSING RENEWAL WORKFORCE SURVEY INFORMATION IN THE NURSING FORWARD NEWSLETTER

MOTION: Peter Kallio moved, seconded by Rosemary Dolatowski, to acknowledge and thank Gina Dennik-Champion, WNA, for her presentation to the Board regarding the 2018 RN Workforce Survey. Motion carried unanimously.

APPEARANCE: GINA BRYAN, WISCONSIN APRN COALITION WISCONSIN APRN MODERNIZATION

MOTION: Luann Skarlupka moved, seconded by Peter Kallio, to acknowledge and thank Gina Bryan for the presentation to the Board and other members of the APRN Coalition for providing their draft legislation and analysis of the 2019 APRN Modernization Act. Motion carried unanimously.

LEGISLATIVE AND ADMINISTRATIVE RULE MATTERS

2017 Wisconsin Act 108 Report

MOTION: Jennifer Eklof moved, seconded by Elizabeth Smith Houskamp, to authorize the Chair to approve the 2017 Wisconsin Act 108 report for submission the Legislature. Motion carried unanimously.

(Luann Skarlupka left the room from 12:02 to 12:04 p.m.)
EDUCATION AND EXAMINATION MATTERS

Global Academic and Nursing Education Leaders College (GANEL) – Authorization to Plan a Practical Nursing School

MOTION: Luann Skarlupka moved, seconded by Peter Kallio, to acknowledge and thank Dr. Edna Hudson, PhD, MSN Ed, RN, of GANEL for her appearance before the Board. Motion carried unanimously.

MOTION: Luann Skarlupka moved, seconded by Peter Kallio, to table the request of GANEL to plan a practical nursing school, and to request additional information. Motion carried unanimously.

Lakeland University – Authorization to Admit Students to a Registered Nursing School

MOTION: Peter Kallio moved, seconded by Jennifer Eklof, to acknowledge and thank Kerry Hamm, MSN, RN, of Lakeland University, for her appearance before the Board. Motion carried unanimously.

MOTION: Peter Kallio moved, seconded by Elizabeth Smith Houskamp, to approve the request of Lakeland University to admit students to a registered nursing school. Motion carried unanimously.

Madison College – Authorization to Admit Students – Practical Nursing School

MOTION: Luann Skarlupka moved, seconded by Peter Kallio, to acknowledge and thank Dr. LisaMarie Greenwood, EdD, RN, MSN, APRN, CWOCN, and Alyson Horkan, RN, BSN, Med, of Madison College, for their appearance before the Board. Motion carried unanimously.

MOTION: Elizabeth Smith Houskamp moved, seconded by Luann Skarlupka, to authorize the Education Liaison to act on the request of Madison College to admit students to a practical nursing school, pending review of additional information. Motion carried unanimously.

Mount Mary University – Authorization to Plan a RN to BSN Nursing School

MOTION: Peter Kallio moved, seconded by Rosemary Dolatowski, to acknowledge and thank Dr. Kara Groom, RN, MSN, PhD, of Mount Mary University for their appearance before the Board. Motion carried unanimously.

MOTION: Elizabeth Smith Houskamp moved, seconded by Jennifer Eklof, to grant Mount Mary University authorization to plan a RN to BSN school. Motion carried unanimously.
ADMINISTRATIVE MATTERS

Election of Officers

Chairperson

NOMINATION: Elizabeth Smith Houskamp nominated Peter Kallio for the Office of Chairperson.

Yolanda McGowan, Division Administrator, called for nominations three (3) times.

Peter Kallio was elected as Chairperson by unanimous consent.

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<th>2019 ELECTION RESULTS</th>
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<tr>
<td><strong>Chairperson</strong></td>
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<td><strong>Vice Chairperson</strong></td>
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<td><strong>Secretary</strong></td>
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Appointment of Liaisons and Alternates

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<tr>
<th>2019 LIAISON APPOINTMENTS</th>
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| **Credentialing** | Rosemary Dolatowski  
*Alternate:* Jennifer Eklof |
| **Monitoring** | Pamela White  
*Alternate:* Elizabeth Smith Houskamp |
| **Professional Assistance Procedure (PAP)** | Pamela White  
*Alternate:* Peter Kallio |
| **Legislative Liaison** | Luann Skarlupka |
| **Newsletter** | Rosemary Dolatowski |
| **Board Practice** | Elizabeth Smith Houskamp |
| **Board Education** | Peter Kallio  
*Alternate:* Elizabeth Smith Houskamp |
| **Controlled Substances Board as per Wis. Stats. §15.405(5g)** | Peter Kallio  
*Alternate:* Elizabeth Smith Houskamp |
| **Wisconsin Coalition for Prescription Drug Abuse Reduction** | Peter Kallio |
# 2019 COMMITTEE MEMBER APPOINTMENTS

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<tr>
<th>Committee</th>
<th>Appointment Details</th>
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<tr>
<td>Rules and Legislation Committee</td>
<td>Luann Skarlupka (Chair)</td>
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<td>Peter Kallio</td>
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<td>Jennifer Eklof</td>
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## BOARD APPOINTMENT TO THE INTERSTATE NURSE LICENSURE COMPACT COMMISSION

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<th>Position</th>
<th>Appointment Details</th>
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<tbody>
<tr>
<td>Administrator of the Nurse Licensure Compact</td>
<td>Peter Kallio</td>
</tr>
<tr>
<td></td>
<td>Alternates:</td>
</tr>
<tr>
<td></td>
<td>Elizabeth Smith Houskamp</td>
</tr>
<tr>
<td></td>
<td>Sharon Henes</td>
</tr>
</tbody>
</table>

## 2019 SCREENING PANEL APPOINTMENTS

<table>
<thead>
<tr>
<th>Month</th>
<th>Appointment Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>March 2019</td>
<td>Jennifer Eklof, Elizabeth Smith Houskamp, Lillian Nolan</td>
</tr>
<tr>
<td>April 2019–June 2019</td>
<td>Elizabeth Smith Houskamp, Luann Skarlupka</td>
</tr>
<tr>
<td>July 2019–September 2019</td>
<td>Pamela White, New Member <em>(once appointed)</em></td>
</tr>
<tr>
<td>October 2019–December 2019</td>
<td>Rosemary Dolatowski, Jennifer Eklof</td>
</tr>
</tbody>
</table>

## ADJOURNMENT

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

The meeting adjourned at 1:51 p.m.
**State of Wisconsin**  
**Department of Safety & Professional Services**

**AGENDA REQUEST FORM**

1) Name and Title of Person Submitting the Request:  
Sharon Henes  
Administrative Rules Coordinator

2) Date When Request Submitted:  
1 May 2019  
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:  
9 May 2019

5) Attachments:  
☒ Yes  
☐ No

6) How should the item be titled on the agenda page?  
Legislative and Administrative Rule Matters  
1. Adopt CR 18-030 Relating to Nurse Licensure Compact  
2. Legislation and Pending or Possible Rulemaking Projects

7) Place item in:  
☒ Open Session  
☐ Closed Session

8) Is an appearance before the Board being scheduled?  
☒ Yes  
☐ No

9) Name of Case Advisor(s), if required:  
N/A

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

Sharon Henes  
05/01/2019

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.
STATE OF WISCONSIN
BOARD OF NURSING

---------------------------------------------------------------------------------------------------------------------
IN THE MATTER OF RULE-MAKING : ORDER OF THE 
PROCEEDINGS BEFORE THE : BOARD OF NURSING 
BOARD OF NURSING : ADOPTING RULES 
 (CLEARINGHOUSE RULE 18-030)
---------------------------------------------------------------------------------------------------------------------

ORDER

An order of the Board of Nursing to repeal N 9.01, 9.02, 9.03, and 9.04; to amend N 2.10 (1) 
(intro.), 2.10 (2) (intro.), 2.11 (title), 2.12 (title), 2.20 (title) and 2.21 (title); and to create N 2.02 
(1m), (8m), (9m), and (11), 2.10 (1m), 2.10 (2m), 2.105, 2.19, 2.31 (3) (note) and N 9 Appendix 
relating to the nurse licensure compact.

Analysis prepared by the Department of Safety and Professional Services.

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ANALYSIS

Statutes interpreted: ss. 441.06, 441.10 and 441.51, Stats.

Statutory authority: ss. 15.08 (5) (b), and 441.01 (3), Stats.

Explanation of agency authority:

The examining board promulgates rules for its own guidance and for the guidance of the 
profession. [s. 15.08 (5) (b), Stats.]

The board approves all rules for the administration of ch. 441, Stats., in accordance with ch. 227, 
Stats. [ s. 441.01 (3), Stats.]

Related statute or rule: ss. 441.06, 441.10 and 441.51, Stats.

Plain language analysis:

Section 1 creates definitions relating to the nurse licensure compact. A Board approved 
prelicensure education program is a program from a Wisconsin board approved school or a 
prelicensure program approved by another state board of nursing. A multistate license is a 
license issued by Wisconsin which authorizes the person to practice in compact states under the 
multistate licensure privilege. A party state is any state that has adopted the nurse licensure 
compact. A single state license is a license issued by Wisconsin that allows the nurse to practice 
only in Wisconsin.

Sections 2 and 4 amends N 2.10 (1) and (2) to apply only to single state licenses.
Sections 3 and 5 create qualifications for a multistate license based upon the uniform licensure requirements. To qualify for a multistate license a nurse must graduate from a board approved prelicensure program, pass NCLEX, be eligible for or hold an active, unencumbered license, not be convicted of a felony, not be convicted of a misdemeanor related to the practice of nursing, not be enrolled in an alternative program (professional assistance procedure or equivalent) and holds a valid social security number.

Section 6 delineates the application process for the multistate license. An applicant must: complete an application; pay a fee; provide proof of graduation of a board approved prelicensure program; provide evidence of passing NCLEX; submit fingerprints or other biometric-based information for purposes of obtaining criminal history information; and if there is a misdemeanor conviction information necessary for the board to determine if the circumstances are substantially related to the practice of nursing.

Sections 7 and 8 amend the titles for sections N 2.11 and N 2.12 to pertain to only single state licenses.

Section 9 delineates the application process for multistate licenses by endorsement from another state or jurisdiction. An applicant must: complete an application; pay a fee; declare Wisconsin the primary state of residence; provide proof of graduation of a board approved prelicensure program; provide evidence of passing NCLEX; submit fingerprints or other biometric-based information for purposes of obtaining criminal history information; and if there is a misdemeanor conviction information necessary for the board to determine if the circumstances are substantially related to the practice of nursing.

Sections 10 and 11 amend titles to indicate the sections pertain only to single state licenses.

Section 12 creates a note indicating that a temporary license does not convey a multistate licensure privilege.

Section 13 repeals the rules which were authorized by the previous nurse licensure compact which was repealed by 2017 Act 135.

Section 14 creates an appendix which contains the nurse licensure compact rules promulgated by the Nurse Licensure Compact Commission.

Summary of, and comparison with, existing or proposed federal regulation: None

Comparison with rules in adjacent states:

Illinois: Illinois is not a member of the nurse licensure compact.

Iowa: Iowa has not yet promulgated rules to reflect the new nurse licensure compact.

Michigan: Michigan is not a member of the nurse licensure compact.
Minnesota: Minnesota is not a member of the nurse licensure compact.

Summary of factual data and analytical methodologies:

In the old nurse licensure compact the default license was a multistate license unless disciplinary action required a single state license, therefore, the application process did not need to reflect a single state and a multistate application process. 2017 Act 135 adopts the new nurse licensure compact requiring separate licensing processes for the multistate license (meets the uniform licensing requirements) and a single state license (practice only in Wisconsin). This rule brings N 2 and 9 in compliance with 2017 Act 135 by creating separate licensing requirements and procedures, and repeals the rules promulgated by the Board under the authority granted by the old nurse licensure compact. In addition, it creates an appendix for the rules promulgated by the Commission under the authority of the new nurse licensure compact.

Analysis and supporting documents used to determine effect on small business or in preparation of economic impact analysis:

The rule was posted for economic impact comments and none were received. This rule does not create new policy. The new uniform licensure requirements for a multistate license are set forth in the Nurse Licensure Compact adopted by statute and contained in this rule merely as a clarification for applicants of the process for multistate and single state licenses. The rules for the Nurse Licensure Compact are promulgated and adopted by the Nurse Licensure Compact Commission and are not promulgated by the state of Wisconsin. Therefore, any effect the Nurse Licensure Compact or its rules have on individuals or small business are not a result of rules promulgated by the Wisconsin Board of Nursing.

Fiscal Estimate and Economic Impact Analysis:

The Fiscal and Economic Impact Analysis is attached.

Effect on small business:

These proposed rules do not have an economic impact on small businesses, as defined in s. 227.114 (1), Stats. The Department’s Regulatory Review Coordinator may be contacted by email at Daniel.Hereth@wisconsin.gov, or by calling (608) 267-2435.

Agency contact person:

Sharon Henes, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, 4822 Madison Yards Way, P.O. Box 8366, Madison, Wisconsin 53708; telephone 608-261-2377; email at DSPSAdminRules@wisconsin.gov.

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TEXT OF RULE

SECTION 1. N 2.02 (1m), (8m), (9m), and (11) are created to read:
N 2.02 (1m) “Board approved prelicensure education program” means a nurse prelicensure program from a Wisconsin approved school or a prelicensure program approved by another state board of nursing.

(8m) “Multistate license” means a license to practice as a registered or licensed practical nurse issued by Wisconsin that authorizes the licensed nurse to practice in all nurse licensure compact party states under a multistate licensure privilege.

(9m) “Party state” means any state that has adopted the nurse licensure compact.

(11) “Single state license” means a license issued by Wisconsin that does not include a multistate licensure privilege to practice in any other nurse licensure compact party state.

SECTION 2. N 2.10 (1) (intro.) is amended to read:

N 2.10 (1) (intro) REGISTERED NURSE APPLICANTS FOR A SINGLE STATE LICENSE. An applicant is eligible for licensure as a registered nurse single state license if the applicant complies with all of the following requirements:

SECTION 3. N 2.10 (1m) is created to read:

N 2.10 (1m) REGISTERED NURSE APPLICANTS FOR A MULTISTATE LICENSE. An applicant is eligible for a registered nurse multistate license if the applicant meets all of the following requirements:

(a) Graduated from one of the following:
   1. A board approved prelicensure education program.
   2. A foreign registered nurse prelicensure education program that has been approved by the authorized accrediting body in the applicable country and has been verified by an independent credentials review agency to be comparable to a board approved prelicensure education program.

(b) If a graduate from a foreign prelicensure education program not taught in English or if English is not the individual’s native language, successfully passed an English proficiency examination that includes the components of reading, speaking, writing, and listening.

(c) Successfully passed an NCLEX or recognized predecessor examination.

(d) Is eligible for or holds an active, unencumbered license.

(e) Has not been convicted or found guilty, or has entered into an agreed disposition, of a felony offense under applicable state or federal criminal law.

(f) Has not been convicted or found guilty, or has entered into an agreed disposition, of a misdemeanor offense related to the practice of nursing.

(g) Is not currently enrolled in an alternative program.

(h) Is subject to self-disclosure requirements regarding current participation in an alternative program.

(i) Holds a valid United States social security number.
SECTION 4. N 2.10 (2) (intro.) is amended to read:

**N 2.10 (2) (intro)** LICENSED PRACTICAL NURSE APPLICANTS FOR A SINGLE STATE LICENSE. An applicant is eligible for a single state practical nurse license if the applicant complies with all of the following requirements:

SECTION 5. N 2.10 (2m) is created to read:

**N 2.10 (2m)** LICENSED PRACTICAL NURSE APPLICANTS FOR A MULTISTATE LICENSE. An applicant is eligible for a practical nurse multistate license if the applicant meets all of the following requirements:

(a) Graduated from one of the following:
   1. A board approved prelicensure education program.
   2. A foreign practical nurse prelicensure education program that has been approved by the authorized accrediting body in the applicable country and has been verified by an independent credentials review agency to be comparable to a board approved prelicensure education program.

(b) If a graduate from a foreign prelicensure education program not taught in English or if English is not the individual’s native language, successfully passed an English proficiency examination that includes the components of reading, speaking, writing, and listening.

(c) Successfully passed an NCLEX or recognized predecessor examination.

(d) Is eligible for or holds an active, unencumbered license.

(e) Has not been convicted or found guilty, or has entered into an agreed disposition, of a felony offense under applicable state or federal criminal law.

(f) Has not been convicted or found guilty, or has entered into an agreed disposition, of a misdemeanor offense related to the practice of nursing.

(g) Is not currently enrolled in an alternative program.

(h) Is subject to self-disclosure requirements regarding current participation in an alternative program.

(i) Holds a valid United States social security number.

SECTION 6. N 2.105 is created to read:

**N 2.105 Application procedure for a multistate license.** (1) Each applicant for a multistate license shall complete and submit an application by the electronic application process or on forms provided by the department, declare Wisconsin as the primary state of residence, and shall pay the fee.

(2) The educational administrator or designee for a board approved prelicensure education program shall submit one of the following:

(a) Via the electronic application process a verification that the applicant has graduated.

(b) A certification of graduation.

(c) An official transcript indicating graduation.

(3) If the applicant graduated from a foreign prelicensure education program, the applicant shall submit a certificate or report demonstrating verification from an independent credentials review agency.
agency that the prelicensure education program is comparable to a board approved prelicensure education program.

(4) If the applicant graduated from a foreign prelicensure program that was not taught in English or if English is not the applicant’s native language, the applicant shall submit proof of successfully passing an English proficiency examination that includes the components of reading, speaking, writing, and listening.

(5) (a) The board shall notify the applicant of eligibility for admission to the NCLEX once it receives verification of one of the following:
   1. Certificate of approval.
   2. Graduation.
   (b) The applicant shall contact the examination provider to schedule the NCLEX date and time within one year from the time the notice of eligibility is received by the applicant.
   (c) The board shall send notification of results to applicants who fail to earn a passing score on the NCLEX. An applicant may apply to the board for authorization to schedule reexamination. The reexamination may not occur earlier than 45 days after the most recent sitting for the NCLEX.

(6) The applicant shall submit, through an approved process, fingerprints or other biometric-based information for the purpose of obtaining an applicant’s criminal history information from the federal bureau of investigation and the Wisconsin department of justice.

(7) If the applicant has been convicted or found guilty, or has entered into an agreed disposition, of a misdemeanor offense, the applicant shall provide the board all related information necessary for the board to determine whether the circumstances substantially relate to the practice of nursing.

SECTION 7. N 2.11 (title) is amended to read:

N 2.11 Application procedure for a single state license for applicants from board-approved schools.

SECTION 8. N 2.12 (title) is amended to read:

N 2.12 Application procedure for a single state license for applicants from comparable schools.

SECTION 9. N 2.19 (insert in Subchapter III) is created to read:

N 2.19 Endorsement of an applicant for a multistate license. (1) Each applicant for a multistate license by endorsement shall complete and submit an application on forms provided by the department and shall pay the fee.
(2) The applicant shall provide all of the following:
   (a) Evidence of holding an active, unencumbered license.
   (b) Declaration or evidence that Wisconsin is the primary state of residence.
   (c) Evidence of graduation from one of the following:
      1. A board approved nurse prelicensure education program.
2. A foreign nurse prelicensure education program that has been approved by the authorizing accrediting body in the applicable country and has been verified by an independent credentials review agency to be comparable to a board approved prelicensure education program.

(d) If the applicant graduated from a foreign prelicensure program not taught in English or if English is not the applicant’s native language, evidence of successfully passing an English proficiency examination that includes the components of reading, speaking, writing, and listening.

(e) Evidence of successfully passing an NCLEX exam or recognized predecessor.

(f) If the applicant has been convicted or found guilty, or has entered into an agreed disposition, of a misdemeanor offense, all related information necessary for the board to determine whether the circumstances substantially relate to the practice of nursing.

(3) The applicant shall submit, through an approved process, fingerprints or other biometric data for the purpose of obtaining criminal history record information from the federal bureau of investigation and the Wisconsin department of justice.

SECTION 10. N 2.20 (title) is amended to read:

N 2.20 Endorsement of an applicant from a nurse licensure compact state for a single state license.

SECTION 11. N 2.21 (title) is amended to read:

N 2.21 Endorsement of an applicant from another U.S. state, territory or Canada for a single state license.

SECTION 12. N 2.31 (3) (note) is created to read:

Note: A temporary license does not grant multistate licensure privileges.

SECTION 13. N 9.01, 9.02, 9.03 and 9.04 are repealed.

SECTION 14. N 9 Appendix is created to read:

APPENDIX
NURSE LICENSURE COMPACT RULES

SECTION 100. DEFINITIONS
(1) "Commission" means the Interstate Commission of Nurse Licensure Compact Administrators.
(2) “Compact” means the Nurse Licensure Compact that became effective on July 20, 2017 and implemented on January 19, 2018.
(3) “Convert” means to change a multistate license to a single-state license if a nurse changes primary state of residence by moving from a party state to a non-party state; or to change a single-state license to a multistate license once any disqualifying events are eliminated.
(4) “Deactivate” means to change the status of a multistate license or privilege to practice.
“Director” means the individual referred to in Article IV of the Interstate Commission of Nurse Licensure Compact Administrators Bylaws.

“Disqualifying Event” means an incident, which results in a person becoming disqualified or ineligible to retain or renew a multistate license. These include but are not limited to the following: any adverse action resulting in an encumbrance, current participation in an alternative program, a misdemeanor offense related to the practice of nursing (which includes, but is not limited to, an agreed disposition), or a felony offense (which includes, but is not limited to, an agreed disposition).

“Independent credentials review agency” means a non-governmental evaluation agency that verifies and certifies that foreign nurse graduates have graduated from nursing programs that are academically equivalent to nursing programs in the United States.

“Licensure” includes the authority to practice nursing granted through the process of examination, endorsement, renewal, reinstatement and/or reactivation.

“Prior Compact” means the Nurse Licensure Compact that was in effect until January 19, 2018.

“Unencumbered license” means a license that authorizes a nurse to engage in the full and unrestricted practice of nursing.

SECTION 200. COORDINATED LICENSURE INFORMATION SYSTEM

201. UNIFORM DATA SET AND LEVELS OF ACCESS

(1) The Compact Administrator of each party state shall furnish uniform data to the Coordinated Licensure Information System, which shall consist of the following:

(a) the nurse’s name;
(b) jurisdiction of licensure;
(c) license expiration date;
(d) licensure classification, license number and status;
(e) public emergency and final disciplinary actions, as defined by the contributing state authority;
(f) a change in the status of a disciplinary action or licensure encumbrance;
(g) status of multistate licensure privileges;
(h) current participation by the nurse in an alternative program;
(i) information that is required to be expunged by the laws of a party state;
(j) the applicant or nurse’s United States social security number;
(k) current significant investigative information; and
(l) a correction to a licensee’s data.

(2) The public shall have access to items (1)(a) through (g) and information about a licensee’s participation in an alternative program to the extent allowed by state law.

(3) In the event a nurse asserts that any Coordinated Licensure Information System data is inaccurate, the burden of proof shall be upon the nurse to provide evidence in a manner determined by the party state that substantiates such claim.

(4) A party state shall report the items in the uniform data set to the Coordinated Licensure Information System within fifteen (15) calendar days of the date on which the action is taken.

202. QUERYING THE COORDINATED LICENSURE INFORMATION SYSTEM

(1) Upon application for multistate licensure, with the exception of renewal by a nurse, a party state shall query the Coordinated Licensure Information System to determine the applicant’s
current licensure status, previous disciplinary action(s), current participation in an alternative program, and any current significant investigative information.

(2) Upon discovery that an applicant is under investigation in another party state, the party state in receipt of the nurse licensure application shall contact the investigating party state and may request investigative documents and information.

SECTION 300. IMPLEMENTATION
301. IMPLEMENTATION DATE
The Compact shall be implemented on January 19, 2018.

302. TRANSITION
(1) (a) A nurse who holds a multistate license on the Compact effective date of July 20, 2017, and whose multistate license remains unencumbered on the January 19, 2018 implementation date and who maintains and renews a multistate license is not required to meet the new requirements for a multistate license under the Compact.
(b) A nurse who retained a multistate license pursuant to subsection (a) of this section and subsequently incurs a disqualifying event shall have the multistate license revoked or deactivated pursuant to the laws of the home state.
(c) A nurse whose multistate license is revoked or deactivated may be eligible for a single state license in accordance with the laws of the party state.

(2) A nurse who applies for a multistate license after July 20, 2017, shall be required to meet the requirements of Article III (c) of the Compact.

(3) During the transition period, a licensee who holds a single state license in a Compact state that was not a member of the prior Compact and who also holds a multistate license in a party state, may retain the single state license until it lapses, expires or becomes inactive.”

(4) After the implementation date, party states shall not renew or reinstate a single state license if the nurse has a multistate license in another party state.

303. RECOGNITION OF NEW PARTY STATES AFTER JANUARY 19, 2018
(1) All party states shall be notified by the Commission within fifteen (15) calendar days when a new party state enacts the Compact.

(2) The new party state shall establish an implementation date six (6) months from enactment or as specified in the enabling language and shall notify the Director of the date.

(3) Upon implementation, a new state licensee who holds a single state license in a Compact state that was not a member of the prior Compact and holds a multistate license in a party state, may retain the single state license until it lapses, expires or becomes inactive.

(4) At least ninety (90) calendar days prior to the implementation date, all other party states shall notify any active single state licensee with an address in the new party state that the licensee may only hold one multistate license in the primary state of residence. The licensee shall be advised to obtain or maintain a multistate license only from the primary state of residence.

(5) Each party state shall deactivate a multistate license when a new home state issues a multistate license.

SECTION 400. LICENSURE
401. PARTY STATE RESPONSIBILITIES
(1) On all application forms for multistate licensure, a party state shall require, at a minimum:
(a) A declaration of a primary state of residence and
(b) Whether the applicant is a current participant in an alternative program.

(2) (a) An applicant for licensure who is determined to be ineligible for a multistate license shall be notified by the home state of the qualifications not met.
(b) The home state may issue a single state license pursuant to its laws.

(3) A party state shall not issue a single state license to a nurse who holds a multistate license in another party state.

402. APPLICANT RESPONSIBILITIES
(1) On all application forms for multistate licensure in a party state, an applicant shall declare a primary state of residence.
(2) A nurse who changes primary state of residence to another party state shall apply for a license in the new party state when the nurse declares to be a resident of the state and obtains privileges not ordinarily extended to nonresidents of the state, including but not limited to, those listed in 402 (4) (a) – (e).
(3) A nurse shall not apply for a single state license in a party state while the nurse holds a multistate license in another party state.
(4) A party state may require an applicant to provide evidence of residence in the declared primary state of residence. This evidence may include, but is not limited to, a current:
   (a) driver’s license with a home address;
   (b) voter registration card with a home address;
   (c) federal income tax return with a primary state of residence declaration;
   (d) military form no. 2058 (state of legal residence certificate); or
   (e) W2 form from the United States government or any bureau, division, or agency thereof, indicating residence.
(5) An applicant who is a citizen of a foreign country, and who is lawfully present in the United States and is applying for multistate licensure in a party state may declare either the applicant’s country of origin or the party state where they are living as the primary state of residence. If the applicant declares the foreign country as the primary state of residence, the party state shall not issue a multistate license, but may issue a single state license if the applicant meets the party state’s licensure requirements.
(6) An applicant shall disclose current participation in an alternative program to any party state, whether upon initial application or within ten (10) calendar days of enrollment in the program.

403. CHANGE IN PRIMARY STATE OF RESIDENCE
(1) A nurse who changes his or her primary state of residence from one party state to another party state may continue to practice under the existing multistate license while the nurse’s application is processed and a multistate license is issued in the new primary state of residence.
(2) Upon issuance of a new multistate license, the former primary state of residence shall deactivate its multistate license held by the nurse and provide notice to the nurse.
(3) If a party state verifies that a licensee who holds a multistate license changes primary state of residence to a non-party state, the party state shall convert the multistate license to a single state license within fifteen (15) calendar days, and report this conversion to the Coordinated Licensure Information System.

404. TEMPORARY PERMITS AND LICENSES
A temporary permit, license, or similar temporary authorization to practice issued by a party state to an applicant for licensure shall not grant multistate licensure privileges.

405. IDENTIFICATION OF LICENSES
A license issued by a party state shall be clearly identified as either a single state license or a multistate license.

406. CREDENTIALING AND ENGLISH PROFICIENCY FOR FOREIGN NURSE GRADUATES
(1) A party state shall verify that an independent credentials review agency evaluated the credentials of graduates as set forth in Article III (c)(2)ii.
(2) The party state shall verify successful completion of an English proficiency examination for graduates as set forth in Article III (c)(3).

407. DEACTIVATION, DISCIPLINE AND REVOCATION
A party state shall determine whether a disqualifying event will result in adverse action or deactivation of a multistate license or privilege. Upon deactivation due to a disqualifying event, the home state may issue a single state license.

SECTION 500. ADMINISTRATION
501. DUES ASSESSMENT
(1) The Commission shall determine the annual assessment to be paid by party states. The assessment formula is a flat fee per party state. The Commission shall provide public notice of any proposed revision to the annual assessment fee at least ninety (90) calendar days prior to the Commission meeting to consider the proposed revision.
(2) The annual assessment shall be due within the Commission’s first fiscal year after the implementation date and annually thereafter.

502. DISPUTE RESOLUTION
(1) In the event that two or more party states have a dispute, the parties shall attempt resolution following the steps set out in this rule.
(2) The parties shall first attempt informal resolution. The Compact Administrators in the states involved shall contact each other. Each Compact Administrator shall submit a written statement describing the situation to the other Compact Administrators involved in the dispute. Each Compact Administrator may submit a response. The submission of the statement and the response shall be in a mutually agreed upon time frame. If an interpretation of the Compact is needed, the parties shall request assistance from the Executive Committee. If all issues are resolved, no further action is required and all party state Compact Administrators shall be informed of the result. If any issue remains unresolved, the parties shall notify the Commission and request mediation.
(3) (a) A party state that has a dispute with one or more other party states, and informal resolution was unsuccessful, shall attempt mediation. Mediation shall be conducted by a mediator appointed by the Executive Committee from a list of mediators approved by the National Association of Certified Mediators or as agreed to by all parties. If all issues are resolved through mediation, no further action is required. If mediation is unsuccessful, the parties shall submit to binding dispute resolution.
(b) The costs of mediation shall be shared by all party states involved.
(c) All party state Compact Administrators shall be notified of all issues and disputes that
rise to the mediation stage in order to comment on those matters and disputes that may
impact all party states.

(4) (a) In the event of a dispute between party states that was not resolved through informal
resolution or mediation, the party states shall submit to binding dispute resolution. The
parties may choose binding dispute resolution either by submitting the question dispute to
the Commission for final action or by arbitration.
(b) All party states involved shall agree in order to proceed with arbitration. In the
absence of agreement, the matter shall be referred to the Commission for final
determination.
(c) Each party state involved shall be responsible for its own respective expenses,
including attorney fees.
(d) The party state Compact Administrators involved in the dispute shall recuse
themselves from consideration or voting by the full Commission.

503. COMPLIANCE AND ENFORCEMENT.
(1) Compliance and enforcement issues shall be initiated by the Executive Committee.
(2) The Executive Committee, through the Director, shall send a written statement to the
Compact Administrator in the party state with the alleged non-compliance issue. That Compact
Administrator shall respond to the written statement within thirty calendar days.
(3) The Compact Administrator may appear before the Executive Committee at a time and place
as designated by the Executive Committee.
(4) The Executive Committee shall make a recommendation to the Commission concerning the
issue of non-compliance.

SECTION 15. EFFECTIVE DATE. The rules adopted in this order shall take effect on the first
day of the month following publication in the Wisconsin Administrative Register, pursuant to s.
227.22 (2) (intro.), Stats.

(END OF TEXT OF RULE)

Dated _______________  Agency ________________________________

Board Chair
Board of Nursing
### AGENDA REQUEST FORM

<table>
<thead>
<tr>
<th>1) Name and Title of Person Submitting the Request:</th>
<th>2) Date When Request Submitted:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joan Gage, OEE Program Manager</td>
<td>3/26/2019</td>
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*Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting.*

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<tr>
<th>3) Name of Board, Committee, Council, Sections:</th>
<th>BON</th>
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<th>4) Meeting Date:</th>
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<tr>
<td>4/11/2019</td>
<td>☒ Yes</td>
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<tr>
<th>6) How should the item be titled on the agenda page?</th>
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<tr>
<td>Chippewa Valley Technical College – Approval to Plan</td>
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<th>7) Place Item in:</th>
<th>8) Is an appearance before the Board being scheduled?</th>
<th>9) Name of Case Advisor(s), if required:</th>
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<tr>
<td>☒ Open Session</td>
<td>☒ Yes (Fill out Board Appearance Request)</td>
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<td>□ Closed Session</td>
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<th>10) Describe the issue and action that should be addressed:</th>
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<tr>
<td>Approval to Plan – inclusion of a PN program at CVTC</td>
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<tr>
<td>Note – supporting documentation is in Agenda Packet/Agenda Items/Nursing/2019/20190411/CVTC Authorization to Plan</td>
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<tr>
<th>11) Signature of person making this request</th>
<th>Authorization</th>
<th>Date</th>
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<tr>
<td>Joan Gage</td>
<td></td>
<td>3/26/19</td>
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<th>Supervisor (if required)</th>
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<tr>
<th>Executive Director signature (indicates approval to add post agenda deadline item to agenda)</th>
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**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.
BOARDS OF NURSING

APPLICATION FOR AUTHORIZATION TO PLAN A SCHOOL OF NURSING

Wis. Admin. Code Chapter N 1.03 requires an institution planning to establish and conduct a school of nursing for professional nursing or practical nursing to submit an application including all of the following to the Board:

1. Name and address of controlling institution and evidence of accreditation status of controlling institution.
2. Statement of intent to establish a school of nursing, including the academic and licensure levels of all programs to be offered and the primary method of instruction.
3. Evidence of the availability of sufficient clinical facilities and resources.
4. Plans to recruit and employ a qualified educational administrator and qualified faculty.
5. Proposed timeline for planning and implementing the school and intended date of entry of the first class.

The Board shall make a decision on the application within two months of receipt of the completed application and will notify the controlling institution of the action taken on the application.

To apply, please submit the following to dspsexaminationsoffice@wisconsin.gov:

1. This completed and signed application form.
2. A written proposal addressing the five items above.

Institution applying for authorization to plan a nursing school:

Name of School: Chippewa Valley Technical College
Address: 620 W. Clairemont Ave
Eau Claire, WI 54701

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

Amy Olson
Name of School Representative Submitting Proposal

Amy Olson, MSW, RN
Signature

715-831-7230
Telephone Number

Associate Dean of Health
Title

1/3/19
Date

Email Address

#3025 (8/14)
Ch. N 1.03, Wis. Admin. Code
Proposal for Substantive Change

Increased Enrollment: Reactivation of the Stand-Alone Practical Nursing Program

Chippewa Valley Technical College
Eau Claire, Wisconsin

Submitted to
The Wisconsin Board of Nursing
Proposal for Substantive Change  
Chippewa Valley Technical College  
Practical Nursing Program

Chippewa Valley Technical College (CVTC) Nursing Program is planning to increase enrollment, by reinstating the Practical Nursing Program. Since 2009, enrollment was significantly decreased and the college did not admit to the "stand-alone" program. In other words, only students who were admitted to the associate degree program and opted to stop after the first year and graduate with the diploma in practical nursing were considered practical nursing graduates. Due to continued economic growth in the CVTC district, there is an increased demand for health care professionals, including Licensed Practical Nurses. Admissions will consist of 16 students at the Eau Claire campus only.

Historically, the PN Program was initiated at CVTC in 1971. The program was inactivated in 1986, was revised and received Wisconsin State Board of Nursing approval for reactivation in 1996, was revised again in 1999, and received NLNAC initial accreditation in 2001. Reaccreditation by the NLN occurred in 2008 and the program received full accreditation through ACEN in 2016 through 2024. A statewide nursing curriculum for both practical and associate degree nursing was initiated in 2005. CVTC is part of the 16-college Wisconsin Technical College System implementing the statewide nursing curriculum.

The Practical Nursing (PN) Program has been previously at CVTC 2001-2009. With a decrease in demand for licensed practical nurses (LPN's) by district employers, admissions to the stand-alone PN program were placed on hold in 2008 and formally inactivated in 2009 (Wisconsin State Board of Nursing Meeting Minutes, April 2, 2009). Since that time, students admitted to the associate degree program have been allowed to graduate and take the LPN NCLEX exam if they chose this exit point.

With the current and projected shortage of health care workers, health care agencies in the CVTC district continue to request the college educate nursing personnel at all levels—nursing assistant, practical nursing and associate degree nursing. Current job data in CVTC's district indicate there are currently 632 LPN jobs, with an expected growth of 6% in 5 years. The college's and the nursing program's mission includes providing seamless nursing education. Students accepted to LPN program will have the option to further their education with associate degree pathway in the future.

The current plan to reactivate the practical nursing program allows for admission of an initial cohort of 16 students to the PN Program at the Eau Claire campus. Prior to consideration for the PN program, applicants will be required to meet program admission standards including a criminal background study, certified nursing assistant training, and HESI admission testing.
The ACEN accredited PN curriculum at CVTC follows the statewide nursing program developed and implemented by all Wisconsin Technical College System nursing programs. The 32-credit curriculum is designed to provide seamless transition from practical nursing to associate degree nursing. The first year of the curriculum is designed to prepare the practical nurse. Courses of the first year of the statewide curriculum provide the knowledge, skills and values for dependent nursing practice while the second year of the curriculum expands the focus to independent nursing practice.

Program administrator: Amy Olson, MSN, RN
Associate Dean of Health
Chippewa Valley Technical College
620 West Clairemont Avenue
Eau Claire, WI 54701
715-831-7236
aolson133@cvtc.edu

Nursing Program Director: Kimberly Ernstmeyer MSN, RN
Chippewa Valley Technical College
620 West Clairemont Avenue
Eau Claire, WI 54701
715-833-6344
kernstmeyer@cvtc.edu

Current Enrollment

The program currently admits 72 students to the associate degree nursing program at the Eau Claire campus and another 24 students to the associate degree program at the River Falls campus each semester. In addition, 8 students are admitted at each campus once per year into the LPN to RN completion program. The total number of students in the nursing program currently is 438.

The proposed addition would be a total of 16 PN students at the Eau Claire Campus. This represents an approximate increase of 4% in enrollment in the nursing program but a 100% increase in PN student enrollment. Funding to support the admission, education and resources for these cohorts is provided by the CVTC Nursing organizational budget, and other grant opportunities will be explored.
Student Resources

Students enrolled in the Practical Nursing Program at CVTC campuses will have access to all of the services available to all CVTC students. Students are able to register on-site, via telephone, and online for classes. Financial aid is available and applications can be completed either on campus or online. Academic advising and placement services are also available at both campuses.

Students will be informed on how to access accommodations for special needs via the success coach, the CVTC Student Handbook, each nursing course syllabi, and the Nursing Department Nursing Student Handbook. The CVTC Student Handbook and the Nursing Handbook - Nursing Department Policies and Procedures are provided to students upon entry into the college and program and are always available online through the CVTC website.

The CVTC bookstore is located at the Eau Claire campus. However, all textbooks, handouts, and other course materials are delivered to students at the River Falls campus. Textbooks are also available through the CVTC Online Bookstore.

The CVTC Learning Center provides a complete range of library and information services using new electronic methodologies and an extensive collection of materials to meet the needs and interests of faculty, staff, and students. Its collection of materials in all media formats is selected to enhance, enrich, and support the college's educational programs and contribute to the educational development of both students and staff. Online resources are available and materials are distributed to all CVTC campuses.

Technologies available to all students in the Nursing Program include on-campus computers and internet access. All students have access to campus e-mail and web services including an online learning management system. Students have online access to a variety of computer programs include Microsoft Word, PowerPoint and Excel. Computer labs and multi-media classrooms are available on all campuses. Technical support is available both on campus during the week, 8 a.m.-4 p.m. and via phone or online access on a 24/7 basis.

CVTC has a technology refresh initiative that ensures state of the art equipment for students and faculty at all campuses. Included in this initiative are computers, printers, network infrastructure and multimedia tools. Student labs have the highest priority for refresh – in most cases, every one to two years.
Curriculum and Instruction:

Courses for the practical nursing students will be taught in the traditional face-to-face format, with hybrid and online options available. The student/faculty ratio in nursing theory courses at CVTC is 27:1. The skills laboratory courses have a typical ratio of 12:1 and the clinical courses have a ratio of 8:1. These ratios mirror those of the associate degree program.

The nursing team, led by the Nursing Program Director, is responsible for the quality of the curriculum of the Practical Nursing Program. The same curriculum and evaluation plan is used at both the Eau Claire and River Falls campuses. All faculty teaching in the program, whether in Eau Claire or River Falls, follow the same curricular plan and use the same course forms, including syllabi and course evaluation tools. Consistency in types of clinical experiences and required coursework are also maintained between the two campuses. The nursing team regularly examines and evaluates the curriculum and student achievement, making modifications as deemed appropriate.

Faculty hired to teach in the Nursing Program are credentialed at a minimum of a master's degree in nursing, licensed as Registered Nurses in Wisconsin, and meet the standards of certification outlined by the Wisconsin Technical College System. A majority of faculty are hired full-time. Occasionally, adjunct faculty are hired and any who are not master’s prepared must be approved as an exception by the Wisconsin Board of Nursing. Faculty at the River Falls campus may also teach clinical sections in Minnesota agencies and are therefore required to hold a Minnesota Registered Nurse license as well. All new faculty members are assigned an experienced faculty mentor and attend new faculty orientation. The CVTC Professional Development Team evaluates all new faculty members employed at the college every semester for the first three years of employment. The associate dean evaluates faculty members employed for more than three years according to established college policies. In addition, student evaluation of faculty is included in each type of evaluation.

Faculty at both campuses makes up the CVTC nursing team. All faculty members participate in faculty meetings either in person or through online two-way video and/or audio conferencing between faculty on both campuses, thereby maintaining currency in student and program issues. Faculty assignments may include classes at either or both campuses using traditional and/or distance education delivery systems.

All faculty members at the college are required to maintain WTCS teaching certification, which involves on-going educational activities as outlined in the faculty contract. In-service activities are also required at the beginning of each semester, and optional classes are offered for faculty during CVTC’s May Academy (two weeks in May devoted to faculty and staff in-servicing). In addition, intermittent courses related to teaching methods and/or technologies are offered throughout the year.
All nursing courses in the Nursing program have been offered at both campuses. All clinical courses offered are conducted at health care agencies in the local area of each campus. The Eau Claire community includes three large acute-care hospitals, a few smaller critical-access hospitals, and many long-term care facilities. Within the community of River Falls, a hospital has obstetrical and medical-surgical care units along with up-to-date diagnostic equipment. In addition, several long-term care centers and two larger clinics provide for clinical experiences. The program also has contracts with other small district hospitals (Hudson and Baldwin, WI) and large Minnesota hospitals for acute care clinical experiences.

The nursing faculty reviews all courses in the curriculum on a yearly basis. The curriculum committee makes recommendations to the nursing team after reviewing course evaluations. Textbooks and other course materials are also reviewed annually for currency. Because the same curriculum with identical syllabi and evaluation tools are taught at both campuses, the curriculum at both sites is regularly examined and evaluated.

The Nursing Advisory Committee meets biannually. Based on dialogue with the agencies represented on this committee, the nursing team makes appropriate changes in the curriculum to ensure that the CVTC Practical Nursing graduates have the knowledge and skills sought by area employers.

CVTC employs a variety of technical support staff to assist students and faculty in using technology. The Facilities and Technology Team oversees such functions as computer hardware and software, audiovisual services, and instructional television. This team is composed of Audiovisual/Instructional services, Computer Services, and Telephone and Voice Mail Services. This team provides service to all of the CVTC campuses.

The Facilities and Technology Team's primary responsibility is to assist and support the faculty in the utilization of all media equipment and in the planning, designing, and producing of instructional materials for the classroom, both traditional and online, throughout the district. A full complement of audiovisual equipment is available for all employees to support their instructional needs, off campus or in the classroom. Off-air videotaping, audio recording, high-speed audiotape duplicating, videotape duplicating, closed captioning of videotapes, and equipment for teleconferences is also available through the Facilities and Technology Team.

In-service training for distance education is available for faculty at scheduled intervals and, individually, as needed. This training is provided by the ITV support staff, can be individualized to meet the instructor's need and conducted ahead of time or just-in-time as the instructor desires.
Curriculum Evaluation and Assessment:

The same grading scale is used in all Nursing Program courses on both the Eau Claire and River Falls campuses. The CVTC Practical Nursing Program in Eau Claire was granted initial accreditation in 2001. After reactivation of the Practical Nursing program at that time, NCLEX-PN passing rates for CVTC graduates in Eau Claire was approximately 95%. Upon reactivation, the Nursing Faculty Team will regularly evaluate several variables indicative of success in the PN Program, including course and program retention rates, licensure-preparedness, licensure examination results, job placement rates, and employer satisfaction.

Proposed Timeline for Practical Nursing Implementation:

Pre-Program
- Recruitment and selection of students in Eau Claire area
- 543-300 Nursing Assistant (as needed; some may already have training)

Semester 1
Core first semester nursing courses upon admission to the PN program:
- 543-101 Nursing Fundamentals
- 543-102 Nursing Skills
- 543-103 Nursing Pharmacology
- 543-104 Nursing: Introduction to Clinical Practice
- 806-177 General Anatomy and Physiology
- 801-195 Written Communications

Semester 2
- 543-105 Nursing Health Alterations
- 543-106 Nursing Health Promotion
- 543-107 Nursing: Clinical Concepts Across the Lifespan
- 543-108 Nursing: Introduction to Clinical Management
- 801-196 Oral/Interpersonal Skills
- 809-188 Developmental Psychology
# AGENDA REQUEST FORM

1) **Name and Title of Person Submitting the Request:**
   Joan R. Gage, OEE Program Manager

2) **Date When Request Submitted:**
   3/28/19

   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:**
   11/8/2018

5) **Attachments:**
   Yes

6) **How should the item be titled on the agenda page?**
   Lakeshore Technical College – Practical Nursing School Approval

7) **Place Item in:**
   - [x] Open Session
   - [ ] Closed Session

8) **Is an appearance before the Board being scheduled?**
   - [ ] Yes
   - [x] No

9) **Name of Case Advisor(s), if required:**
   N/A

10) **Describe the issue and action that should be addressed:**
    Lakeshore Technical College is seeking approval of their Practical Nursing School.

11) **Authorization**

   Signature of person making this request

   Date

   Supervisor (if required)

   Date

   Executive Director signature (indicates approval to add post agenda deadline item to agenda)

   Date

**Directions for including supporting documents:**
1. This form should be attached to any documents submitted to the agenda.
2. Post Agenda Deadline items must be authorized by a Supervisor and the 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.
NURSING SCHOOL SELF-EVALUATION REPORT
FOR INITIAL BOARD OF NURSING APPROVAL

As indicated in Chapter N 1.05, a school of nursing may apply for approval of the school of nursing upon graduation of the first class or eligibility to sit for the NCLEX, but may not apply later than graduation of the third class. The school of nursing shall submit a self-evaluation report setting forth evidence of compliance with the standards in N 1.08 and an evaluation of the NCLEX success rate. This form #3029 must be completed as part of the self-evaluation report for initial Board of Nursing approval.

Directions for completing the Self-Evaluation Report: On the line next to each requirement, please indicate the date of compliance or anticipated compliance, or “NA” for not applicable. For each “NA” indicated, please explain why the requirement does not apply to the nursing school in the space provided on page six or on attached clearly labeled pages.

After receiving the Self-Evaluation Report, the Board may conduct a site survey of the school of nursing to verify compliance with Board standards.

Please submit this completed and signed report to dspsexaminationoffice@wisconsin.gov.

Name of Nursing School: Lakeshore Technical College
Address: 1290 North Avenue
          Cleveland WI 53015
Program (ADN, BSN, Other): Practical Nursing

An electronic version of Chapter N 1 is available at: https://docs.legis.wisconsin.gov/code/admin_code/n/1.pdf.

CHAPTER N 1.08(1) ORGANIZATION AND ADMINISTRATION

N 1.08 (1)(a) Governing Institution

NOTE: The Board may examine administrative policies during a site survey to ensure Board standards are being met.

1. Yes Institution assumes legal responsibility for overall conduct of the school of nursing.

2. Yes Institution has a designated educational administrator, established administrative policies and fiscal, human, physical, clinical and technical learning resources adequate to support school processes, security and outcomes.

3. Yes Institution has maintained institutional accreditation; attach evidence of accreditation to Self-evaluation Report.

4. Yes Institution has developed and maintained written school of nursing administrative policies which are in accord with the institution.
Wisconsin Department of Safety and Professional Services

5. Yes Institution has written contracts in place between the school of nursing and institutions which offer associated academic study, clinical facilities and agencies for related services for students.

CHAPTER N 1.08(2)(a) EDUCATIONAL ADMINISTRATOR

6. Yes Nursing school educational administrator holds a current, active registered nurse license or privilege to practice in Wisconsin that is not encumbered.

7. Yes Nursing school educational administrator has evidence of a graduate degree with a major in nursing.

8. Yes Nursing school educational administrator has 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.

9. Yes Educational administrator has current knowledge of nursing practice.

10. Yes Institution must notify the board within 48 hours of the termination, resignation or retirement of an educational administrator and designate the interim educational administrator within 5 business days. The institution may request board approval of an interim educational administrator who does not meet the qualifications in N 1.08 (2)(a), but the interim educational administrator may serve no longer than 6 months. The institution may request an extension of time based upon hardship.

CHAPTER N 1.08(3) FACULTY

NOTE: Evidence of meeting faculty standards shall be noted on Form #1114 and kept on file in the School of Nursing office and the forms may be examined by the Board representative(s) during the survey.

11. Yes School of nursing has evidence of the faculty meeting the standards in N 1.08 on file in the school of nursing office and available to the board upon request.

12. Yes All faculty of the school of professional nursing hold a current, active registered nurse license or privilege to practice in Wisconsin that is not encumbered.

13. Yes All faculty of the school of professional nursing have a graduate degree with a major in nursing. Interprofessional faculty teaching non-clinical nursing courses all have advanced preparation appropriate for the content being taught.

14. Yes All faculty of the school of practical nursing hold a current, active registered nurse license or privilege to practice in Wisconsin that is not encumbered.

15. Yes All faculty of the school of practical nursing have a baccalaureate degree with a major in nursing.

16. NA If faculty exceptions are utilized, all were requested for approval following requirements in N 1.08 (3)(d).

CHAPTER N 1.08(4)(a) CURRICULUM

17. Yes Curriculum enables the student to develop the nursing knowledge, skills and abilities necessary for the level, scope and standards of competent nursing practice expected at the level of licensure.

18. Yes Curriculum is developed by a faculty member with a graduate degree and is revised as necessary to maintain a program that reflects advances in health care and its delivery.
Wisconsin Department of Safety and Professional Services

19. The curriculum includes all of the following:
   (a) **Yes** Evidence-based learning experiences and methods of instruction consistent with the written curriculum plan. *Note: Method of instruction may include distance education methods.*
   (b) **Yes** Diverse, didactic and clinical learning experiences consistent with program outcomes.

20. Coursework includes all of the following:
   (a) **Yes** Content in the biological, physical, social and behavioral sciences to provide a foundation for safe and effective nursing practice.
   (b) **Yes** Content regarding professional responsibilities, legal and ethical issues, and history and trends in nursing and health care.
   (c) **Yes** Didactic content and supervised clinical experiences in the prevention of illness and the promotion, restoration and maintenance of health in patients across the lifespan and from diverse cultural, ethnic, social and economic backgrounds.

CHAPTER N. 1.08(5) CLINICAL LEARNING EXPERIENCES

**NOTE:** *The Board may inspect clinical facilities during a site survey to ensure Board standards are being met.*

21. Patient experiences occur in a variety of clinical or simulated settings and include all of the following:
   (a) **Yes** Integration of patient safety principles throughout the didactic and clinical coursework.
   (b) **Yes** Implementation of evidence-based practice to integrate best research with clinical expertise and patient values for optimal care, including skills to identify and apply of-best practices to nursing care.
   (c) **Yes** Provision of patient-centered culturally competent care that recognizes that the patient or designee is the source of control and full partner in providing coordinated care by doing the following:
      1) **Yes** Respect of patient differences, values, preferences, and expressed needs.
      2) **Yes** Involvement of patients or designees in decision-making and care management.
      3) **Yes** Coordination and management of patient care across settings.
      4) **Yes** Explanation of appropriate and accessible interventions to patients and populations that may positively affect their ability to achieve healthy lifestyles.
   (d) **Yes** Collaboration of interprofessional teams to foster open communication, mutual respect and shared decision-making in order to achieve quality patient care.
   (e) **Yes** Participation in quality improvement processes to monitor patient care outcomes, identify possibility of hazards and errors and collaborate in the development and testing of changes that improve the quality and safety of health care systems.
   (f) **Yes** Use of information technology to communicate, mitigate errors and support decision-making.

Page 3 of 5
All cooperating agencies selected for clinical experiences have standards which demonstrate concern for the patient and evidence of the skillful application of all measures of safe nursing practices.

All faculty teaching clinical or practicum courses are experienced in the clinical areas of the course and maintain clinical expertise.

Faculty-supervised clinical practice includes all of the following:

(a) Development of skills in direct patient care.

(b) Making clinical judgments.

(c) Care and management of both individuals and groups of patients across the lifespan.

(d) Delegation to and supervision of other health care providers.

Clinical experiences shall be supervised by qualified faculty.

All student clinical experiences, including those with preceptors, shall be directed by nursing faculty.

Preceptors shall be approved by the faculty of the school of nursing:

School of nursing shall provide each preceptor with an orientation concerning the roles and responsibilities of the students, faculty and preceptors. The preceptor shall have clearly documented roles and responsibilities.

Clinical preceptors shall have an unencumbered license or privilege to practice in Wisconsin as a nurse at or above the licensure level for which the student is being prepared.

Preceptors shall demonstrate competencies related to the area of assigned clinical teaching responsibilities.

Educational administrator shall implement a comprehensive, systematic plan for ongoing evaluation and evidence of implementation shall reflect progress toward or achievement of program outcomes.

Nursing school must provide a self-evaluation of NCLEX success rate, including any current steps being taken to improve NCLEX success rate or plans to implement steps in the near future.
Wisconsin Department of Safety and Professional Services

SELF-EVALUATION NOTES

For each “NA” indicated in this report, please provide an explanation as to why the rule does not apply to the specific nursing school in the space provided below. Please write the corresponding report item number for each explanation. Attach clearly labeled additional pages as necessary.

#16 - No faculty exceptions needed.

#27 - 30 - No preceptors used.

REPORT/FORM COMPLETED BY:

Kay Ann MSN B.N.  
Educational Administrator

Kay Ann

Signature

920-693-1207

Telephone Number

Associate Dean - Nursing

Title

August 14, 2018

Date

kay.ann@gotolte.edu

Email Address
Lakeshore Technical College
Institutional Status and Requirements Report

Institution and Contact Information

Institution ID: 1859
Institution Name: Lakeshore Technical College
Institution Address: 1290 North Avenue, Cleveland, WI 53015
Phone: (920) 693-1000
Web Page: www.gotoltc.edu

Accreditation Liaison Officer (ALO): Karla Zahn (karla.zahn@gotoltc.edu)
Chief Academic Officer (CAO): Barbara Dodge (barb.dodge@gotoltc.edu)
Chief Executive Officer (CEO): Michael Lanser (michael.lanser@gotoltc.edu)
Chief Financial Officer (CFO): Molly O'Connell (molly.o'connell@gotoltc.edu)
Data Update Coordinator: Cheryl A Terp (cheryl.terp@gotoltc.edu)

Accreditation Status

Accreditation Status: Accredited
Nature of Institution
  Control: Public
  Degrees Awarded: Associates

Reaffirmation of Accreditation
  Year of Last Reaffirmation of Accreditation: 2014 - 2015
  Year of Next Reaffirmation of Accreditation: 2024 - 2025

Accreditation Liaison

Jeffrey Rosen

Accreditation Stipulations

General:
  Prior Commission approval is required for substantive change as stated in Commission policy.

Additional Location:
  The Commission's Notification Program is available for new locations within the Commission's 19-state region.

Distance and Correspondence Courses and Programs:
  Approved for distance education courses and programs. The institution has not been approved for correspondence education.
Accreditation Events

Accreditation Pathway: Open Pathway, Year 1

Upcoming Events:

Comprehensive Evaluation: 2024 - 2025

Assurance Review: 08/01/2018

In-process Events:

Monitoring

Upcoming Events:

In-process Events:

Institutional Data

Educational Programs Offered

Undergraduate

Certificates 111
Associate Degrees 37
Baccalaureate Degrees 0

Graduate

Master's Degrees 0
Specialist Degrees 0
Doctoral Degrees 0

Extended Operations

Branch Campuses

Additional Locations

Cedar Grove-Belgium High School, 321 N. 2nd Street, Cedar Grove, WI, 53013 - Inactive
Johnsonville Sausage, N6928 Johnsonville Way, Sheboygan Falls, WI, 53085 - Active
Kiel High School, 210 Raider Heights, Kiel, WI, 53042 - Inactive
Lakeshore Culinary Institute, 712 Riverfront Drive, Sheboygan, WI, 53081 - Active
LTC Manitowoc, 3733 Dewey St., Manitowoc, WI, 54220 - Active
LTC Sheboygan, 3620 Wilgus Ave., Sheboygan, WI, 53081 - Active
LTC-Plymouth Science and Technology Center, 125 Highland Avenue, Plymouth, WI, 53073 - Inactive
Mishicot High School, 660 Washington St, Mishicot, WI, 54228 - Inactive
Reeds Park High School, 340 Manitowoc Road, Reedsburg, WI, 54230 - Inactive
Two Rivers High School, 4519 Lincoln Ave, Two Rivers, WI, 54241 - Inactive

Distance Delivery
In an effort to present a more complete picture of the offerings at member institutions, HLC is exploring the feasibility of collecting information regarding the institutional program offerings and publishing them in the ISR Report. At this time, HLC is documenting member institutions' distance delivery offerings through HLC's distance education stipulation. HLC stipulations identify the approval level regarding an institution's offerings. HLC is not displaying up-to-date information regarding each distance education offering at an institution. More information about this project will be available in the coming year.

Correspondence Education

Contractual Arrangements

Consortial Arrangements

Non-Financial Indicators

Financial Indicators

History


6/30/2014 - Institutional Change: Notification, Request Approved. Request for access to the Notification Program for additional locations.


7/18/2012 - Change Panel, Additional Location Added. Approved three additional locations: LTC Manitowoc, Manitowoc, WI; Lakeshore Culinary Institute, Sheboygan, WI; LTC Sheboygan, Sheboygan, WI
7/16/2012 - Institutional Change: Location, CHANGE PANEL:
Request to open three additional locations:
LTC Manitowoc
3733 Dewey St.,
Manitowoc, WI 54220

Lakeshore Culinary
Institute
712 Riverfront Drive
Sheboygan, WI 53081

LTC Sheboygan
3820 Wilgus Ave. Sheboygan, WI
53081


5/6/2008 - AQIP, Reaffirmation of Accreditation.


9/16/2000 - AQIP, Participation in AQIP. Agreement signed for Participation in AQIP


2/25/2000 - Staff Recommendation, Visit postponed. Next comprehensive postponed to 2002-03.


5/5/1993 - Staff Action, Progress report accepted. Report outlining: 1) which outcomes it proposes to assess in its initial assessment of student academic achievement, 2) precisely which data it intends to collect to document those outcomes, and 3) how and when it intends to collect those data. Each component of the required report should be responsive to student academic achievement assessment guidelines published by the North Central Association.

8/7/1992 - Continued Accreditation, Accreditation continued.

8/7/1992 - Continued Accreditation, Progress report required. 1/1/93: report outlining: 1) which outcomes it proposes to assess in its initial assessment of student academic achievement, 2) precisely which data it intends to collect to document those outcomes, and 3) how and when it intends to collect those data. Each component of the required report should be responsive to student academic achievement assessment guidelines published by the North Central Association.

8/7/1992 - Continued Accreditation, Progress report required. 1/1/94: report which present specific outcomes data in accordance with the plans outlined in the report filed the previous January and with student academic achievement guidelines of NCA. The report should demonstrate that the assessment plans of the institution have been successfully implemented.


4/1/1980 - Staff Action, Progress report accepted.


4/13/1977 - Initial Accreditation, Progress report required. 4/1/80: report dealing with items identified by the visiting team.


7/20/1973 - Candidacy status revised. Institution became Candidate for Accreditation under new policy.

3/28/1973 - Initial Candidacy, Candidacy granted. Recognized Candidate for Accreditation status granted at Associate's level.


Accreditation Commission for Education in Nursing

Has Awarded
Accreditation
to

Lakeshore Technical College
Practical Nursing Program

For Achievement of Quality and Excellence in Nursing Education
Spring 2018 – Spring 2023

Catherine McJannet, MN, RN, CEN
Chair, ACEN

Marsal P. Stoll, EdD, MSN
Chief Executive Officer, ACEN
# NCELEX Pass Rates - Board Approved RN Schools

<table>
<thead>
<tr>
<th>School</th>
<th>1st Time RN Candidates</th>
<th>1st Time RN Candidates</th>
<th>All RN Takers (including Repeaters)</th>
<th>1st Time PN Candidates</th>
<th>1st Time PN Candidates</th>
<th>All PN Takers (including Repeaters)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Herzing College - Madison</td>
<td># Passed 64</td>
<td>58.52</td>
<td>76.0</td>
<td># Passed 11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>US50405500</td>
<td># Cand 64</td>
<td></td>
<td></td>
<td># Passed 11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>US50102000</td>
<td># Cand 64</td>
<td></td>
<td></td>
<td># Passed 11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lakeshore Tech College</td>
<td># Passed 55</td>
<td>92.73</td>
<td></td>
<td># Passed 32</td>
<td></td>
<td></td>
</tr>
<tr>
<td>US50407600</td>
<td># Cand 55</td>
<td></td>
<td></td>
<td># Passed 32</td>
<td></td>
<td></td>
</tr>
<tr>
<td>US50109800</td>
<td># Cand 55</td>
<td></td>
<td></td>
<td># Passed 32</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Madison Area Tech College</td>
<td># Passed 174</td>
<td>85.63</td>
<td></td>
<td># Passed 62</td>
<td></td>
<td></td>
</tr>
<tr>
<td>US50407900</td>
<td># Cand 174</td>
<td></td>
<td></td>
<td># Passed 62</td>
<td></td>
<td></td>
</tr>
<tr>
<td>US50105600</td>
<td># Cand 174</td>
<td></td>
<td></td>
<td># Passed 62</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maranatha Baptist Bible Col.</td>
<td># Passed 11</td>
<td></td>
<td></td>
<td># Passed 11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>US50500100</td>
<td># Cand 11</td>
<td></td>
<td></td>
<td># Passed 11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marian University</td>
<td># Passed 89</td>
<td>77.53</td>
<td>95.0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>US50503900</td>
<td># Cand 89</td>
<td></td>
<td></td>
<td># Passed 89</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marquette University</td>
<td># Passed 159</td>
<td>91.82</td>
<td></td>
<td># Passed 159</td>
<td></td>
<td></td>
</tr>
<tr>
<td>US50509000</td>
<td># Cand 159</td>
<td></td>
<td></td>
<td># Passed 159</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mid State Tech College</td>
<td># Passed 50</td>
<td></td>
<td></td>
<td># Passed 50</td>
<td></td>
<td></td>
</tr>
<tr>
<td>US50400000</td>
<td># Cand 50</td>
<td></td>
<td></td>
<td># Passed 50</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. Percentage of 1st time RN candidates who passed the NCLEX.
2. Percentage of all RN candidates who passed the NCLEX regardless of times taking the test.
   This is percentage is only calculated for schools who did not meet the standard of 1st time takers.
3. PN Candidates receiving a certificate of completion from a RN school to take the PN NCLEX.
4. Percentage of 1st time PN candidates who passed the NCLEX.
5. Percentage of all RN candidates who passed the NCLEX regardless of times taking the test. This is percentage is only calculated for schools who did not meet the standard of 1st time takers.

Per Mountain Measures 2018
RN # passed 48
# cand = 49 = 97.96%
Stand alone program (new)
PN # passed 7
# cand = 7 = 100%
(I candidate has not taken - no results yet)
## End-of-program Student Learning Outcomes and Program Outcomes (EOPSLO)

<table>
<thead>
<tr>
<th>Component</th>
<th>PLAN</th>
<th>IMPLEMENTATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>EOPSLO #1 Implement one's role as a nurse in ways that reflect integrity, responsibility, ethical practices, and an evolving identity as a nurse committed to caring, advocacy, and quality care while adhering to evidence based practice.</td>
<td>Students will take the HESI Fundamentals exam at the end of Introduction to Clinical</td>
<td>Result of Data Collection and Analysis Including actual level(s) of Achievement</td>
</tr>
<tr>
<td></td>
<td>80% of the students score at an acceptable level (850) or above on the HESI Fundamentals exam in area of NLN Educational Competency &quot;Professional Identity&quot;</td>
<td>100% of the students scored at or above the acceptable level (850).</td>
</tr>
<tr>
<td></td>
<td>Biannually in May of odd years (2019)</td>
<td>Actions For Program Development, Maintenance, or Revision</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ELA met. Continue to monitor.</td>
</tr>
</tbody>
</table>
Students will assess the core ability of "Responsible and Professional Workplace Behavior" by the end of the semester in Nursing Fundamentals.

A minimum of 10 questions will be linked to EOPSLO#1 on the final exam for Nursing Health Alterations.

<table>
<thead>
<tr>
<th>Students will assess the core ability of &quot;Responsible and Professional Workplace Behavior&quot; by the end of the semester in Nursing Fundamentals.</th>
<th>80% of students will meet the core ability of &quot;Responsible and Professional Workplace Behavior&quot; by the end of the semester in Nursing Fundamentals.</th>
<th>Biannually in August of odd years (2019)</th>
<th>100% of students met this core ability in Nursing Fundamentals.</th>
<th>ELA met. Will continue to monitor.</th>
</tr>
</thead>
<tbody>
<tr>
<td>A minimum of 10 questions will be linked to EOPSLO#1 on the final exam for Nursing Health Alterations</td>
<td>80% of students will score 80% or higher on test items linked to EOPSLO #1</td>
<td>Biannually in May of odd years (2019)</td>
<td>25% of the students scored 80% or higher on test items linked to EOPSLO #1.</td>
<td>PN cohort consisted of 8 students. Difficult to determine validity of results based on such a small number. Faculty reworded the exams to most closely mirror NCLEX style format and will deploy this exam in Spring 2019. Nursing program has also implemented a test revision policy to determine the validity and reliability of test items. This was instituted in FA 18.</td>
</tr>
<tr>
<td>EOPSLO #2</td>
<td>Students will take the HESI PN Exit Exam at the end of Health Promotions.</td>
<td>80% of the students score at an acceptable level (850) or above on the HESI PN Exit exam in area of Nursing Concepts “Communication”</td>
<td>Biannually in May of even years (2020)</td>
<td>75% of the students scored at or above the acceptable level of the HESI Fundamentals Exam in the area of Nursing Concepts “Communications”</td>
</tr>
<tr>
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</tr>
<tr>
<td>Students will assess their core ability of “Communicates Effectively” in Health Promotions.</td>
<td>80% of students will meet the core ability of “Communicates Effectively” in Health Promotions by the end of spring semester</td>
<td>Biannually in May of even years (2020)</td>
<td>100% of students met the core ability of “communicates effectively.”</td>
<td>ELA met. Will continue to monitor.</td>
</tr>
<tr>
<td>EOPSLO #3</td>
<td>Students will take the HESI PN Exit exam at the end of Health Promotions</td>
<td>80% of the students score at an acceptable level (850) or above on the HESI PN Exit exam in the area of NLN Educational Competencies “Nursing Judgment”</td>
<td>Annually in May of odd years (2019)</td>
<td>67% of the students scored at acceptable level or above on the HESI Fundamentals Exam in the area of NLN Educational Competencies “Nursing Judgment”</td>
</tr>
</tbody>
</table>
| LAKESHORE TECHNICAL COLLEGE  
| PRACTICAL NURSING PROGRAM  
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>Students will take a dosage calculation exam in Intro to Clinical Care Management.</td>
<td>80% of the students will score 80% or higher on the dosage calculation exam in Intro to Clinical Care Management</td>
<td>Biannually in May of odd years (2019)</td>
<td>87.5% of students scored 80% or higher on the dosage calculation exam in Intro to Clinical Care Management</td>
</tr>
<tr>
<td>A minimum of 10 test items for the Pharmacology final exam will be linked to EOPSLO #3</td>
<td>80% of students will score 80% or higher on the items linked to EOPSLO #3 in the Pharmacology final exam</td>
<td>Biannually in January of odd years (2019)</td>
<td>Test items for Pharmacology will be linked to test items starting in fall 2018</td>
</tr>
<tr>
<td>EOPSLO #4</td>
<td>Students score will take the HESI Fundamentals exam at the end of Intro to Clinical</td>
<td>80% of the students score at an acceptable level (850) or above on the HESI Fundamentals exam in area Nursing Process “Assessment”</td>
<td>Biannually in January of even years (2020)</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------</td>
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<td>------------------------------------------</td>
</tr>
<tr>
<td>Students will take the HESI PN Exit exam at the end of Intro to Clinical</td>
<td>80% of the students score at an acceptable level (850) or above on the HESI PN Exit exam in area Nursing Process “Implementation”</td>
<td>Biannually in May of even years (2020).</td>
<td>87.5% of the students scored an acceptable level (850) or above on the HESI PN Exit exam in the area of Nursing Process “Implementation”</td>
</tr>
<tr>
<td>EOPSLO #5</td>
<td>Students will take the HESI Fundamentals exam at the end of Intro to Clinical</td>
<td>80% of the students score at an acceptable level (850) or above on the HESI Fundamentals exam in area of Client Needs “Safety and Infection Control”</td>
<td>Biannually in January of odd years (2019)</td>
</tr>
<tr>
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</tr>
</tbody>
</table>

**LAKESHORE TECHNICAL COLLEGE**  
**PRACTICAL NURSING PROGRAM**

|  | Students will assess the core ability of “Respect and Appreciate Diversity” in Clinical Care Across the Lifespan | 80% of the student will meet the core ability of “Respect and Appreciate Diversity” in Clinical Care Across the Lifespan | Biannually in May of even years (2020) | 100% of the students have met the core ability. | ELA met. Continue to monitor. |
|  |  |  |  |  |  |

| **EOPSLO #5** | **Students will take the HESI Fundamentals exam at the end of Intro to Clinical** | **80% of the students score at an acceptable level (850) or above on the HESI Fundamentals exam in area of Client Needs “Safety and Infection Control”** | **Biannually in January of odd years (2019)** | **92% of the students score at an acceptable level (850) or above on the HESI Fundamentals exam in area of Client Needs “Safety and Infection Control”** | **ELA met. Will continue to monitor** |

---
| **LAKESHORE TECHNICAL COLLEGE**  
| **PRACTICAL NURSING PROGRAM** |

<table>
<thead>
<tr>
<th>Students will take the HESI PN Exit exam at the end of Health Promotions</th>
<th>80% of students score at an acceptable level (850) or above on HESI PN Exit exam in the area of Client Needs “Safety and Infection Control”</th>
<th>Biannually in January of odd years (2019)</th>
<th>62% of the students scored at an acceptable level (850) or above on the HESI Fundamentals exam in the area of Client Needs “Safety and Infection Control”</th>
</tr>
</thead>
<tbody>
<tr>
<td>A minimum of 10 test questions will be linked to EOPSLO #5 in the final exam for Nursing Health Alterations</td>
<td>80% of students will score an 80% or higher on test items linked to EOPSLO #5 in the final exam for Nursing Health Alterations</td>
<td>Biannually in May of odd years (2019)</td>
<td>25% of students scored 80% or higher on test items linked to EOPSLO #5 in the final exam for Nursing Health Alterations</td>
</tr>
<tr>
<td>PN cohort consisted of 8 students. Difficult to determine validity of results based on such a small number. Faculty reworded the exams to most closely mirror NCLEX style format and will deploy this exam in Spring 2019. Nursing program has also implemented a test revision policy to determine the validity and reliability of test items. This was instituted in FA 18.</td>
<td>ELA not met. Due to small cohort size (8) Will continue to monitor for another year.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EOPSLO #6</td>
<td>Students will take the HESI Fundamentals exam at the end of Intro to Clinical</td>
<td>Biannually in May of even years</td>
<td>33% of the students score at an acceptable level (850) or above on the HESI Fundamentals exam at the end of Intro to Clinical.</td>
</tr>
</tbody>
</table>

Collaborate as an active member of the multidisciplinary health care team to provide effective patient care throughout the lifespan.

80% of the students score at an acceptable level (850) or above on the HESI Fundamentals exam in area of Nursing Concepts “Collaboration-Managing Care”

C:\Users\gagej\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Outlook\SiMAJCZ\SPE (Systematic Program Evaluation) SEP 2018.19.docx
<table>
<thead>
<tr>
<th>EOPSLO #6</th>
<th>Students will collaborate as an active member of the multidisciplinary health care team to provide effective patient care throughout the lifespan (cont.)</th>
<th>80% of students will assess the core ability of “Work Cooperatively” in Clinical Care Across the Lifespan</th>
<th>Annually in spring semester</th>
<th>100% of students were able to meet this core ability.</th>
<th>ELA met. Will continue to monitor.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A minimum of 10 test questions on the final exam for Nursing Health Alterations will be linked to EOPSLO #6.</td>
<td>80% of students will score 80% or higher on test questions linked to EOPSLO #6 on final exam in Health Alterations.</td>
<td>Biannually in May of every other year (2020).</td>
<td>75% of students scored 80% or higher on test items linked to EOPSLO #6 on final exam in Health Alterations.</td>
<td>ELA not met. Due to small number of students in cohort, will continue to monitor.</td>
</tr>
<tr>
<td>EOPSLO #7</td>
<td>Students will use information and technology to communicate, manage data, mitigate error, and assist with decision making.</td>
<td>80% of students will score at or above the acceptable level (850) in the HESI Fundamentals subcategory of Nursing Concepts “Informatics-Technology”</td>
<td>Biannually in May of odd years (2019).</td>
<td>58% of students scored at or above the acceptable level in the HESI subcategory of Nursing Concepts “Informatics-Technology” in HESI Fundamentals Exam</td>
<td>ELA not met. Plans are to include more information on this topic in Health Alterations and add questions to the course exams to assess the student’s knowledge prior to the HESI PN Exit Exam in SPR 19.</td>
</tr>
<tr>
<td>Students will assess the core ability of “Integrate Technology” in Nursing Pharmacology.</td>
<td>80% of the students will meet the core ability of “Integrate Technology” in Nursing Pharmacology.</td>
<td>Biannually in January of odd years (2019)</td>
<td>90% of students were able to meet the core ability.</td>
<td>ELA met. Will continue to monitor.</td>
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</tr>
<tr>
<td>A minimum of 10 questions will be linked to EOPSLO #7 in final exam of Nursing Health Alterations.</td>
<td>80% of students will score at least 80% on test items linked to #EOPSLO #7 on final exam in Nursing Health Alterations</td>
<td>Biannually in May of odd years (2019)</td>
<td>Plan to start in Spring 2019.</td>
<td>Plan to use test items linked to this EOPSLO using EAC Visual (which will be available Fall 2018) in Nursing Health Alterations as third assessment method.</td>
<td></td>
</tr>
<tr>
<td>80% of students will successfully demonstrate the clinical course competencies (which are identical to the EOPSLO’s) for each clinical course.</td>
<td>80%</td>
<td>Annually in May</td>
<td>100% of students were able to demonstrate the clinical course competencies.</td>
<td>At this point ELA is met. One student was unsuccessful in clinical due to separate course assignment scores (i.e. care plans, communication assignment, etc.) but was able to demonstrate the EOPSLOs during</td>
<td></td>
</tr>
<tr>
<td>Licensure Exam Pass Rate</td>
<td>Based on State Board of Nursing Information.</td>
<td>80% of PN graduates pass NCLEX PN on the first attempt.</td>
<td>Annually in October</td>
<td>100% of PN graduates passed NCLEX PN on first attempt.</td>
<td>ELA met. Continue to monitor.</td>
</tr>
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<td>--------------------------</td>
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<td>--------------------------------------------------</td>
<td>---------------------------------</td>
</tr>
<tr>
<td>Licensure Exam Pass Rate</td>
<td>Based on State Board of Nursing Information.</td>
<td>80% of PN graduates pass NCLEX PN on the first attempt.</td>
<td>Annually in October</td>
<td>100% of PN graduates passed NCLEX PN on first attempt.</td>
<td>ELA met. Continue to monitor.</td>
</tr>
<tr>
<td>Program Completion Rates</td>
<td>Compare number of students who complete the program to the number of students in the Practical Nursing program at the beginning of the Nursing Skills course. Students will graduate within two (2) semesters.</td>
<td>70% of students completed the PN program within 3 semesters.</td>
<td>Annually in May</td>
<td>53% completion rate at end of first semester due student failures/incompletion due to family and health concerns.</td>
<td>Will not be able to meet the ELA. One student not able to pass Nursing Skills class due to rigor of course and family/work demands. Student was encouraged to repeat course but student is now enrolled in MA class which she states is better “fit” for her at this time. One student was not able to complete due to complications from her pregnancy. Returned to program in fall 2018. Another student dropped out of program stating she had family concerns. Student did not respond to instructor</td>
</tr>
</tbody>
</table>
or program counselor when she was contacted and encouraged to take the course again.

Pharmacology is the course with highest attrition. Course instructor and Associate Dean met weekly to monitor students' progress throughout semester to develop means to provide academic support to the students. Newly hired PN instructor joined meetings starting the end of October.

Course Statistics:
1. Section offered
   a. 13 enrolled
   b. 2 withdrew
   c. 7 passed
   d. 4 did not meet the 80% exam average to pass
LAKESHORE TECHNICAL COLLEGE
PRACTICAL NURSING PROGRAM

e. 63.6% pass rate of those completing
f. 53.8% pass rate of those enrolled

2. Test Blueprint
Identify the development or any modification of test blueprint for each learning plan/final exam. Discuss changes to test blueprint and rationale for the change:

• Initially, all course exams, quizzes, practice exams, unit exams, and the final were modeled after the ADN pharmacology course. After the first exam, it was noted that the quizzes, practice exams, and unit exams included duplicate questions.
New questions created to cover the content and duplicate questions were eliminated. In addition, minimally one math question was included in each of the subsequent exams.

Test analysis
1. Test analysis was conducted on each exam utilizing Blackboard's EAC Visual data. Based on the item analysis, test questions were nullified if p-value was statistically less than 40%. If the exam item had a p-value of 50% but the point biserial was negative the exam question was nullified. Partial credit was granted for any questions with multiple components.
assigned multiple points. To achieve alignment with course objectives the new PN instructor audited the course to: review the course material being presented in the class lecture; review each exam for congruency of materials being presented and tested; review alignment of each exam question to course objectives.

Plan was developed to improve exam pass rates < 80% during the fall of 2017:

Study Group: All students were encouraged to participate in weekly study groups to enhance their understanding of the course materials. Only one of the students who was not
successful in the course attended. Faculty offered to work with individual's schedules to provide tutoring on a weekly basis. Students who failed did not take advantage of this opportunity.

Exam Review: Students were encouraged to meet with the instructor to review the module exam prior to taking the next module exam. The students could review the exam either before or after class or set up an appointment with the instructor. Only one student who failed took advantage of this option.

Exam Aid: An exam aid in the form of one 3X5 note card was
allowed for all the computerized proctored exams as well as the face to face proctored final exam.

Fall 2017 semester issues:

New Instructor
New course instructor was assigned 2 weeks prior to start of the course due to unexpected events. Newly hired PN instructor joined the course as academic support staff in middle of October.

New schedule/time of delivery
Schedule and time of delivery of course unchanged but required reading and pre-course work was expected prior to the face to face class. Additionally, all exams were expected to be
<table>
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<th>taken outside of allotted class time to devote the full class time to course delivery.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td><strong>New grading plan</strong>&lt;br&gt;No changes in grading plan, however students who did not score the required 80% on their cumulative exam grades were given the opportunity to take a second final exam. Four students chose this option. All four students scored less than the original final score. These students will be able to repeat the course in the fall semester 2018.</td>
</tr>
<tr>
<td></td>
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<td><strong>New Assignments:</strong>&lt;br&gt;Tools to complete medications sheets were provided and encouraged but use was optional.</td>
</tr>
</tbody>
</table>
• Fall 2018 course changes planned:
  1. **New instructor**
     PN instructor who functioned as Academic Specialist will be the course instructor for in Fall 2018. Academic Specialist will be available for study groups and tutoring.
  2. **New schedule/time of delivery**
     Schedule and time of delivery of course is unchanged but exams will be completed during class time. No outside testing is required.
  3. **New grading plan:** Grading plan will remain the same but Mandatory Academic Coaching will be required for students who do not pass an
<table>
<thead>
<tr>
<th><strong>Job Placement Rate</strong></th>
<th><strong>Compile the results of the Graduate Satisfaction Survey.</strong></th>
<th><strong>ELA: 80%</strong>&lt;br&gt;<strong>ELA Rationale:</strong>&lt;br&gt;Same as ADN</th>
<th><strong>Annually in November</strong></th>
<th><strong>No graduates until May 2018</strong></th>
<th><strong>Data will be available in November 2018</strong></th>
</tr>
</thead>
</table>

*Most recent annual licensure examination pass rate will be at least 80% for all first-time test takers during the same 12-month period.*
### AGENDA REQUEST FORM

<table>
<thead>
<tr>
<th>1) Name and Title of Person Submitting the Request:</th>
<th>2) Date When Request Submitted:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joan Gage – Program Manager OEE</td>
<td>3/26/2019</td>
</tr>
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</table>

*Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting.*

<table>
<thead>
<tr>
<th>3) Name of Board, Committee, Council, Sections:</th>
</tr>
</thead>
<tbody>
<tr>
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<table>
<thead>
<tr>
<th>4) Meeting Date:</th>
<th>5) Attachments:</th>
<th>6) How should the item be titled on the agenda page:</th>
</tr>
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<tr>
<td>4/11/2019</td>
<td>☑ Yes</td>
<td>Program Approval</td>
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<tr>
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<td>☐ No</td>
<td>Silver Lake College of the Holy Family</td>
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<table>
<thead>
<tr>
<th>7) Place Item in:</th>
<th>8) Is an appearance before the Board being scheduled?</th>
<th>9) Name of Case Advisor(s), if required:</th>
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<tbody>
<tr>
<td>☑ Open Session</td>
<td>☐ No (Fill out Board Appearance Request)</td>
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<tr>
<td>☐ Closed Session</td>
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<thead>
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<th>10) Describe the issue and action that should be addressed:</th>
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Application for approval of the Bachelor of Science in Nursing pre-licensure program at Silver Lake College (SLC) of the Holy Family. SLC graduated its first cohort of nursing students in May 2018 with the eligibility to sit for the NCLEX.

<table>
<thead>
<tr>
<th>11) Authorization</th>
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<tr>
<td>Signature of person making this request</td>
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<tr>
<td>Date</td>
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</table>

**Joan R Gage**  
3/26/2019

<table>
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<th>Supervisor (if required)</th>
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<td>Date</td>
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<table>
<thead>
<tr>
<th>Executive Director signature (indicates approval to add post agenda deadline item to agenda)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
</tr>
</tbody>
</table>

**Directions for including supporting documents:**

1. This form should be attached to any documents submitted to the agenda.
2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director.
3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.

*Revised 12/2016*
SELF-EVALUATION REPORT FOR INITIAL BOARD OF NURSING APPROVAL

INTRODUCTION/OPPORTUNITY
N 1.08(1)(a) Governing Institution

Silver Lake College (SLC) of Holy Family is a four year, co-educational liberal arts college founded by the Franciscan Sisters of Christian Charity. The College has a rich history that is devoted to educating nursing professionals. As articulated in the mission, SLC is committed to embedding practical skill development with liberal arts. As a result, the College’s Board of Trustees approved the program proposal on May 15, 2015, to expand its offerings in nursing to include a pre-licensure Bachelor of Science in Nursing (BSN) program. The goal of this program is to respond to the need for nurses in our community, region, and state. A detailed description of the program polices are available in the Student Handbook that is attached.

- The Higher Learning Commission accredits Silver Lake College of the Holy Family.
- The Commission on Collegiate Nursing Education accredits Silver Lake College of the Holy Family’s Bachelor of Science in Nursing program (see attached).

PROSPECTIVE STUDENTS

The Office of Enrollment Management provided data that demonstrated a substantial volume of student interest in nursing. Prospective students identified nursing as an area of interest despite the fact that the college did not offer a pre-licensure BSN program. Historically the college provided a liberal arts education to students who then transferred to another local college to complete their nursing degree. The pre-licensure program affords students, who were interested in the mission of Silver Lake College of the Holy Family, the opportunity to complete both a liberal arts education, in addition to professional preparation.

Student data includes the following.
- Graduating cohort 2018: Seven students
- Graduating cohort 2019: Eighteen students projected
- Graduating cohort 2020: Twenty-four students projected

PROGRAM ADMINISTRATOR & FACULTY
N 1.08(2)(a)(3)

The educational administrator for nursing at Silver Lake College of the Holy Family was appointed Assistant Professor and Director of Nursing for the BSN Completion program in 2011. The Director of Nursing supports the college mission, vision, and expected student and faculty outcomes through internal and external service. The Director facilitated the fall 2013 Commission on Collegiate Nursing Education site visit, which resulted in a successful accreditation renewal for ten years. This site visit lead to the development of the pre-licensure program.

Initially one full-time faculty and an adjunct faculty were hired to teach the cohort entering fall 2016. In spring 2017, two additional full-time faculty were added to the department of nursing. The program continues to utilize adjunct faculty to support course and clinical offerings. Faculty

B. Neuser_9/2018
are hired based on their professional and practice expertise and aligned to teach courses and/or clinical that are appropriate for the content being taught. For more information regarding faculty please refer to the attached Program Review document.

CURRICULUM & CLINICAL EXPERIENCES
N 1.08(4)(a)(5)

The curriculum was designed to be completed in four consecutive semesters beginning fall of the junior year. This was intended to attract transfer students that were perhaps on another program’s ‘wait list’. Additionally, with limited marketing opportunities prior to the start of the program, it was unlikely that traditional Silver Lake College of the Holy Family students would be prepared to begin the program in fall 2016.

The Director of Nursing developed the first year of nursing courses in consultation with a mentor from the American Association of Colleges of Nursing (AACN) and faculty development and curriculum design specialist, Tim Bristol. After extensive planning and consultation, the model of a Concept-Based Curriculum was adopted to inform the curriculum.

As additional nursing faculty were hired, courses were created and revised through a collaborative process. Administration and faculty share the responsibility of making sure that courses infuse innovative knowledge, skills, and experiences. The faculty Program Review process designed and approved by Silver Lake College of the Holy Family faculty, illustrates the success of course and program learning outcomes, and informs the need for improvement. Program Review is geared toward program improvement and currency. Theory, lab, simulation, and clinical are infused in multiple course, and all four semesters of the program. (Program Review Attach)

Clinical affiliation agreements are in place with numerous community partners thanks to the well-established BSN Completion program. A detailed description of the program polices are available in the Clinical Faculty Handbook that is attached. Community partners include, but are not limited to the following organizations: Holy Family Memorial Medical Center; Aurora HealthCare; St. Rita’s HealthCare; Holy Sisters Health Systems; Manitowoc County Sheriff’s Department; The Crossing; Manitowoc Public School District; and the Community Health Clinic.

Table 1: BSN Program Curriculum

<table>
<thead>
<tr>
<th>Fall 1 Courses</th>
<th>Credits</th>
<th>Spring 1 Courses</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>NRS 201 Professional Nursing Concepts I</td>
<td>3</td>
<td>NRS 303 Psychosocial Concepts for Nursing(2 credit theory &amp; 1 credit clinical)</td>
<td>3</td>
</tr>
<tr>
<td>NRS 240 Foundations of Nursing Practice(3 credits theory; 2 credits lab; 1 credit clinical)</td>
<td>6</td>
<td>NRS 304 Nursing Care of the Older Adult(2 credit theory &amp; 1 credit clinical)</td>
<td>3</td>
</tr>
<tr>
<td>NRS 301 Pathophysiology</td>
<td>3</td>
<td>NRS 340 Adult Health Nursing I(4 credits theory; 2 credit clinical)</td>
<td>6</td>
</tr>
<tr>
<td>NRS 302 Pharmacology</td>
<td>3</td>
<td>Elective</td>
<td>3</td>
</tr>
<tr>
<td>Total</td>
<td>15</td>
<td>Total</td>
<td>15</td>
</tr>
<tr>
<td>Fall 2 Courses</td>
<td>Credits</td>
<td>Spring 2 Courses</td>
<td>Credits</td>
</tr>
<tr>
<td>---------------------------------------------------</td>
<td>---------</td>
<td>------------------------------------------------</td>
<td>---------</td>
</tr>
<tr>
<td>NRS 320 Nursing Research for Evidence-Based Practice</td>
<td>3</td>
<td>NRS 414 Professional Nursing Concepts II</td>
<td>3</td>
</tr>
<tr>
<td>NRS 401 Nursing Care of Children &amp; Family (1.5 credit theory &amp; 0.5 credit clinical)</td>
<td>2</td>
<td>NRS 415 Population Based Healthcare (3 credit theory &amp; 2 credits clinical)</td>
<td>5</td>
</tr>
<tr>
<td>NRS 402 Nursing Care of the Childbearing Family (1.5 credit theory &amp; 0.5 credit clinical)</td>
<td>2</td>
<td>NRS 430 Professional Practice Preparation</td>
<td>3</td>
</tr>
<tr>
<td>NRS 440 Adult Health Nursing II (4 credits theory; 2 credit clinical) Elective</td>
<td>6</td>
<td>NRS 450 Nursing Capstone (3 credits clinical)</td>
<td>3</td>
</tr>
<tr>
<td>Total</td>
<td>16</td>
<td>Total</td>
<td>14</td>
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</table>

**EVALUATION**

N 1.08(7)

Silver Lake College of the Holy Family's approach to keeping its courses and programs current demonstrates its established shared governance culture. The Academic Program Review process covers a five-year period encompassing an annual review of program and student learning outcomes, as well as reevaluation of faculty service, leadership, and scholarly/artistic work, resources and future program plans. Silver Lake College of the Holy Family utilizes a two-pronged approach to continuously improve its academic programs with a focus on quality and financial sustainability:

1. **Assessment & Faculty-driven Program Review Process**
   a. Annual program Assessment of Student Learning
      i. Program Learning Outcomes Assessment
      ii. Student Learning Outcomes Assessment
   b. Faculty-driven Program Review
      i. Mission, History & Context
      ii. Faculty Service & Leadership
      iii. Faculty Scholarly & Artistic work
      iv. Resources/Program Goals (including Snapshots)
      v. Future Planning

2. **Program Improvement & Financial Sustainability Review Process**
   a. Program Snapshots
   b. Program Improvement & Financial Sustainability Review
      i. Initial Review
      ii. Program Viability Study

Academic Affairs is currently working on developing a comprehensive Program Improvement & Financial Sustainability Review process in collaboration with the faculty, HLC Steering Committee, and the President's Cabinet. The new process will be approved by the end of fall 2018.

A detailed description of the Program Review Process is attached.
NCLEX PASS RATES
N 1.09

First time NCLEX pass rates were reviewed and a program improvement plan was developed. A detailed description of the self-evaluation of NCLEX success rate is attached.

For more information, please do not hesitate to contact me.

Respectfully submitted,

Brianna Neuser MSN
Dean, School of Professional Studies
Director of Nursing
Silver Lake College of the Holy Family
2406 S. Alverno Road, Manitowoc, WI 54220
920-686-6213
Brianna.neuser@sl.edu
NURSING SCHOOL SELF-EVALUATION REPORT
FOR INITIAL BOARD OF NURSING APPROVAL

As indicated in Chapter N 1.05, a school of nursing may apply for approval of the school of nursing upon graduation of the first class or eligibility to sit for the NCLEX, but may not apply later than graduation of the third class. The school of nursing shall submit a self-evaluation report setting forth evidence of compliance with the standards in N 1.08 and an evaluation of the NCLEX success rate. This form #3029 must be completed as part of the self-evaluation report for initial Board of Nursing approval.

Directions for completing the Self-Evaluation Report: On the line next to each requirement, please indicate the date of compliance or anticipated compliance, or “NA” for not applicable. For each “NA” indicated, please explain why the requirement does not apply to the nursing school in the space provided on page six or on attached clearly labeled pages.

After receiving the Self-Evaluation Report, the Board may conduct a site survey of the school of nursing to verify compliance with Board standards.

Please submit this completed and signed report to dspsexaminationoffice@wisconsin.gov.

Name of Nursing School: Silver Lake College of the Holy Family
Address: 2400 South Aurora Road, Manitowoc, WI 54220
Program (ADN, BSN, Other): Bachelor of Science in Nursing

An electronic version of Chapter N 1 is available at: https://docs.legis.wisconsin.gov/code/admin_code/n/1.pdf.

CHAPTER N 1.08(1) ORGANIZATION AND ADMINISTRATION

N 1.08 (1)(a) Governing Institution

NOTE: The Board may examine administrative policies during a site survey to ensure Board standards are being met.

1. 2015 Institution assumes legal responsibility for overall conduct of the school of nursing.

2. 2016 Institution has a designated educational administrator, established administrative policies and fiscal, human, physical, clinical and technical learning resources adequate to support school processes, security and outcomes.

3. 2014 Institution has maintained institutional accreditation; attach evidence of accreditation to Self-evaluation Report.

4. 2016 Institution has developed and maintained written school of nursing administrative policies which are in accord with the institution.
Wisconsin Department of Safety and Professional Services

5. Institution has written contracts in place between the school of nursing and institutions which offer associated academic study, clinical facilities and agencies for related services for students.

CHAPTER N 1.08(2)(a) EDUCATIONAL ADMINISTRATOR

6. Nursing school educational administrator holds a current, active registered nurse license or privilege to practice in Wisconsin that is not encumbered.

7. Nursing school educational administrator has evidence of a graduate degree with a major in nursing.

8. Nursing school educational administrator has 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.

9. Educational administrator has current knowledge of nursing practice.

10. Institution must notify the board within 48 hours of the termination, resignation or retirement of an educational administrator and designate the interim educational administrator within 5 business days. The institution may request board approval of an interim educational administrator who does not meet the qualifications in N 1.08 (2)(a), but the interim educational administrator may serve no longer than 6 months. The institution may request an extension of time based upon hardship.

CHAPTER N 1.08(3) FACULTY

NOTE: Evidence of meeting faculty standards shall be noted on Form #1114 and kept on file in the School of Nursing office and the forms may be examined by the Board representative(s) during the survey.

11. School of nursing has evidence of the faculty meeting the standards in N 1.08 on file in the school of nursing office and available to the board upon request.

12. All faculty of the school of professional nursing hold a current, active registered nurse license or privilege to practice in Wisconsin that is not encumbered.

13. All faculty of the school of professional nursing have a graduate degree with a major in nursing. Interprofessional faculty teaching non-clinical nursing courses all have advanced preparation appropriate for the content being taught.

14. All faculty of the school of practical nursing hold a current, active registered nurse license or privilege to practice in Wisconsin that is not encumbered.

15. All faculty of the school of practical nursing have a baccalaureate degree with a major in nursing.

16. If faculty exceptions are utilized, all were requested for approval following requirements in N 1.08 (3)(d).

CHAPTER N 1.08(4)(a) CURRICULUM

17. Curriculum enables the student to develop the nursing knowledge, skills and abilities necessary for the level, scope and standards of competent nursing practice expected at the level of licensure.

18. Curriculum is developed by a faculty member with a graduate degree and is revised as necessary to maintain a program that reflects advances in health care and its delivery.
Wisconsin Department of Safety and Professional Services

19. The curriculum includes all of the following:

(a) Evidence-based learning experiences and methods of instruction consistent with the written curriculum plan. Note: Method of instruction may include distance education methods.

(b) Diverse, didactic and clinical learning experiences consistent with program outcomes.

20. Coursework includes all of the following:

(a) Content in the biological, physical, social and behavioral sciences to provide a foundation for safe and effective nursing practice.

(b) Content regarding professional responsibilities, legal and ethical issues, and history and trends in nursing and health care.

(c) Didactic content and supervised clinical experiences in the prevention of illness and the promotion, restoration and maintenance of health in patients across the lifespan and from diverse cultural, ethnic, social and economic backgrounds.

CHAPTER N. 1.08(5) CLINICAL LEARNING EXPERIENCES

NOTE: The Board may inspect clinical facilities during a site survey to ensure Board standards are being met.

21. Patient experiences occur in a variety of clinical or simulated settings and include all of the following:

(a) Integration of patient safety principles throughout the didactic and clinical coursework.

(b) Implementation of evidence-based practice to integrate best research with clinical expertise and patient values for optimal care, including skills to identify and apply best practices to nursing care.

(c) Provision of patient-centered culturally competent care that recognizes that the patient or designee is the source of control and full partner in providing coordinated care by doing the following:

1) Respect of patient differences, values, preferences, and expressed needs.
2) Involvement of patients or designees in decision-making and care management.
3) Coordination and management of patient care across settings.
4) Explanation of appropriate and accessible interventions to patients and populations that may positively affect their ability to achieve healthy lifestyles.

(d) Collaboration of interprofessional teams to foster open communication, mutual respect and shared decision-making in order to achieve quality patient care.

(e) Participation in quality improvement processes to monitor patient care outcomes, identify possibility of hazards and errors and collaborate in the development and testing of changes that improve the quality and safety of health care systems.

(f) Use of information technology to communicate, mitigate errors and support decision-making.
Wisconsin Department of Safety and Professional Services

22. **2018** All cooperating agencies selected for clinical experiences have standards which demonstrate concern for the patient and evidence of the skillful application of all measures of safe nursing practices.

23. **2018** All faculty teaching clinical or practicum courses are experienced in the clinical areas of the course and maintain clinical expertise.

24. **2018** Faculty-supervised clinical practice includes all of the following:
   (a) **2018** Development of skills in direct patient care.
   (b) **2018** Making clinical judgments.
   (c) **2018** Care and management of both individuals and groups of patients across the lifespan.
   (d) **2018** Delegation to and supervision of other health care providers.

25. **2018** Clinical experiences shall be supervised by qualified faculty.

26. **2018** All student clinical experiences, including those with preceptors, shall be directed by nursing faculty.

CHAPTER N 1.08(6) PRECEPTORS

27. **2018** Preceptors shall be approved by the faculty of the school of nursing:

28. **2018** School of nursing shall provide each preceptor with an orientation concerning the roles and responsibilities of the students, faculty and preceptors. The preceptor shall have clearly documented roles and responsibilities.

29. **2018** Clinical preceptors shall have an unencumbered license or privilege to practice in Wisconsin as a nurse at or above the licensure level for which the student is being prepared.

30. **2018** Preceptors shall demonstrate competencies related to the area of assigned clinical teaching responsibilities.

CHAPTER N 1.08(7) EVALUATION

31. **2018** Educational administrator shall implement a comprehensive, systematic plan for ongoing evaluation and evidence of implementation shall reflect progress toward or achievement of program outcomes.

CHAPTER N 1.09 NCLEX PASS RATES

**IMPORTANT:** School of nursing NCLEX pass rate includes all programs or tracks in the school of nursing. The Board shall consider both the registered nurse NCLEX and practical nurse NCLEX pass rates when evaluating a school of professional nursing that grants a certificate of completion for practical nursing.

32. **2018** Nursing school must provide a self-evaluation of NCLEX success rate, including any current steps being taken to improve NCLEX success rate or plans to implement steps in the near future.
SELF-EVALUATION NOTES

For each “NA” indicated in this report, please provide an explanation as to why the rule does not apply to the specific nursing school in the space provided below. Please write the corresponding report item number for each explanation. Attach clearly labeled additional pages as necessary.

(see attachments)

REPORT/FORM COMPLETED BY:

Brianna Neuser
Educational Administrator
Signature

920.676.6743
Telephone Number

Title
Director of Nursing
Dean School of Professional Studies
Date
9/25/2018
Email Address
brianna.neuser@si.edu
CHAPTER N 1.09 NCLEX PASS RATES

This report includes first-time pass rates on the NCLEX-RN examination for Silver Lake College of the Holy Family Bachelor of Science in Nursing (BSN) students. The BSN program was launched in fall 2016. All graduates were transfer students from another College or University entering the program at the junior level, which is the program entry point. The information in this report represents the first graduating cohort of seven students from the newly designed pre-licensure BSN program. While the goal was a successful first time pass rate of 80% or higher, the actual rate was 71%. This represents two out the seven students not passing on the first attempt. As of September 6, 2018, both students had successfully passed on the second attempt. This report will share student data and current program policies and will focus on a plan for continuous assessment and improvement for maintaining program quality and increasing NCLEX first time pass rates as the ultimate program outcome.

Admission Standards

A number of criteria are considered for admission to the nursing program, and applicants must meet the following criteria:

- Cumulative GPA 2.75 on a 4.0 scale
- Completion of a “C” or better in all core pre-requisite courses, which include the following: Microbiology, Human Anatomy & Physiology, Chemistry, Probability & Statistics, and Lifespan Development
- A course required for the nursing major may be repeated only once for GPA calculation in the nursing major. In accordance with college policy, repeated courses are counted only once in total credits earned. A grade of C or better is necessary in each required science, math, and nursing course.

The Health Education System Incorporated Admission Examination (HESI A2 Exam) is required by new students entering their Junior year. While planning the program it was decided that the HESI A2 would not be used as an admission requirement, but rather to track baseline knowledge in core pre-requisite courses. Courses have many variables that contribute to the success of the student and therefore it was decided that the use of a standardized test would provide a fair baseline upon entry. The students can then remediate in areas of need.

Currently the science GPA alone is not being used as admission criteria. Upon review of the literature, it is suggested that science GPA between 2.75 and 3.0 is a standard that may be predictive of NCLEX success (Serembus, 2016). It is noted in Table 1 that students with a low science GPA failed the NCLEX exam on first attempt.

TABLE 1

<table>
<thead>
<tr>
<th>Student</th>
<th>Entrance GPA</th>
<th>Exit GPA</th>
<th>Science GPA</th>
<th>CHEMISTRY I</th>
<th>A &amp; P</th>
<th>Prob &amp; Stats</th>
<th>SCIENCE</th>
<th>MICROBIOLOGY</th>
<th>HESI Exit</th>
<th>NCLEX 1st Attempt</th>
<th>NCLEX 2nd Attempt</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>3.05</td>
<td>3.15</td>
<td>2.77</td>
<td>B+</td>
<td>C</td>
<td>B</td>
<td>B</td>
<td>B</td>
<td>797</td>
<td>failed</td>
<td>passed</td>
</tr>
<tr>
<td>2</td>
<td>3.44</td>
<td>3.43</td>
<td>3.22</td>
<td>B+</td>
<td>B</td>
<td>B+</td>
<td>B</td>
<td>B+</td>
<td>1011</td>
<td>passed with 75 questions</td>
<td>passed</td>
</tr>
<tr>
<td>3</td>
<td>3.4166</td>
<td>3.22</td>
<td>3.0C</td>
<td>BC</td>
<td>BC</td>
<td>AB</td>
<td>A</td>
<td>A</td>
<td>977</td>
<td>passed with 75 questions</td>
<td>passed</td>
</tr>
<tr>
<td>4</td>
<td>2.84</td>
<td>3.14</td>
<td>2.66</td>
<td>A-</td>
<td>C+</td>
<td>B-</td>
<td>C</td>
<td>B</td>
<td>787</td>
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<td>5</td>
<td>3.1775</td>
<td>3.3</td>
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<td>AB</td>
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<td>823</td>
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<td>A</td>
<td>940</td>
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<td>passed</td>
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<td>B</td>
<td>BC</td>
<td>B</td>
<td>B</td>
<td>947</td>
<td>passed</td>
<td></td>
</tr>
</tbody>
</table>

WI BON Self-Evaluation Report B. Neuser_2018_08
Intermediate Standards

Academic progression policies and procedures are in place and nursing students must meet the following criteria:

- Maintain a cumulative GPA 2.75 on a 4.0 scale
- Only one nursing course will be allowed to be repeated once to obtain a grade of “C” or better for that course.

Silver Lake College of the Holy Family faculty designed an Academic Program Review process encompassing an annual review of student learning outcomes, as well as reevaluation of resources, faculty service, leadership, and scholarly work, and future program plans. Within this process, Academic Program Assessment is completed. Program assessment provides faculty and administration with the annual opportunity to review learning outcomes and the curriculum map, and assess the performance of the program. Attachment A represents the Nursing Program Review process for 2017-2018.

In 2017, the addition of two new full-time faculty resulted in the review of Academic policies. “The 80 Percent Rule” was reinforced and the following course grading criteria was utilized:

- In all nursing courses, students must meet the “80 percent rule”. Students must achieve an overall average of 80 percent through examination before any other graded items are tabulated in the course final grade. The course final grade also must meet the minimum average of 80 percent (C). Failure to achieve 80 percent or higher results in course failure.
- A student who earns a final course evaluation of less than 80 percent in any nursing course will not progress and must repeat that course in the next semester it is offered to further progress.
- A student who earns an unsatisfactory laboratory or clinical evaluation in a nursing course will receive a final grade no higher than a “D” for that course.
- A maximum of ONE nursing core course may be repeated. Failure of a second nursing course will result in dismissal from the program.

The following grading scale is utilized in all nursing courses.

<table>
<thead>
<tr>
<th>Grade</th>
<th>Percentage Range</th>
<th>GPA</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>97 - 100%</td>
<td>4.00</td>
</tr>
<tr>
<td>A-</td>
<td>94 - 96%</td>
<td>3.67</td>
</tr>
<tr>
<td>B+</td>
<td>92 - 93%</td>
<td>3.33</td>
</tr>
<tr>
<td>B</td>
<td>89 - 91%</td>
<td>3.00</td>
</tr>
<tr>
<td>B-</td>
<td>87 - 88%</td>
<td>2.67</td>
</tr>
<tr>
<td>C+</td>
<td>84 – 86%</td>
<td>2.33</td>
</tr>
<tr>
<td>C</td>
<td>80 - 83%</td>
<td>2.00</td>
</tr>
<tr>
<td>C-</td>
<td>77 - 79%</td>
<td>1.67</td>
</tr>
<tr>
<td>D+</td>
<td>75 - 76%</td>
<td>1.33</td>
</tr>
<tr>
<td>D</td>
<td>72 - 74%</td>
<td>1.00</td>
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<tr>
<td>D-</td>
<td>70 - 71%</td>
<td>0.67</td>
</tr>
<tr>
<td>F</td>
<td>0.00</td>
<td>Failure</td>
</tr>
<tr>
<td>I</td>
<td></td>
<td>Incomplete</td>
</tr>
<tr>
<td>P/NC</td>
<td></td>
<td>Pass/No Credit</td>
</tr>
<tr>
<td>W</td>
<td></td>
<td>Withdraw</td>
</tr>
</tbody>
</table>

Not making satisfactory progress

WI BON Self-Evaluation Report B. Neuser_2018_08
NOTE: Only final course grade percentage will be rounded to the nearest whole number. Individual exam grades and the cumulative average of all exam grades will not be rounded.

In addition to the grading policy an exam policy was developed. It was determined that attention to evaluation methods in each course is critical. Therefore, objective testing was adopted in each of the four semesters of the nursing program. The Health Education System Incorporated (HESI) Specialty Exams and Exit Exams are utilized in the program. The value of HESI testing is two-fold, offering benchmark data that is compared nationally, as well as many opportunities for students to practice taking NCLEX style questions. The remediation policy for HESI testing includes the following statement and specific guidelines for remediation based on earned score. It is critical that all faculty enforce the remediation policy in effort to ensure optimal student outcomes. Student Remediation Plans based on HESI scores are as follows:

HESI Exams require a passing score of 850. If the score on the proctored Specialty Exam is below 850, the student is required to study the remediation review content generated from the results of the Specialty Exam for that particular course and then take Version II. Students must provide evidence of remediation to course faculty before receiving approval to take Version 2 of the proctored Specialty Exam. Remediation must occur no sooner than 7 days and no later than 14 days following Version I.

Resources for Student Success

Although the Silver Lake College of the Holy Family Nursing Program has a standardized admission process, student retention always deserves attention. Program review and multiple faculty meetings identified several areas where students struggle during the first semester of the nursing program. Students were found to struggle with the rigor of nursing courses, including difficulty with answering the exam questions that are written at a higher level of Bloom’s Taxonomy. Other challenges in the first semester included familiarity with medication terminology and medication calculation. Many students also planned to work and balance a very hectic personal life with their responsibilities in the nursing program. It was determined that all incoming junior students would attend a mandatory nursing boot camp. Originally, the boot camp was scheduled on the morning of the first day of classes. This simply did not provide enough time to process information and prepare for the semester. In fall 2018, the boot camp was scheduled the week prior to the start of classes and extended to include two consecutive mornings of orientation in effort to ease the transition into the program.

All nursing students are monitored closely to identify student concerns regarding behaviors or actions that may jeopardize academic success. The Director of Nursing and current Academic Advisor, and the Nursing Faculty meet regularly to discuss student progress and decide on best solutions for early intervention. In fall of 2017, the nursing department developed and implemented a Performance Improvement Plan to use with students that scored below the 80% benchmark on exams. Following the first semester exams, students who scored below 80% met with the course faculty and Director of Nursing to check-in on how things were going. Student success tips were shared and from that time moving forward, the students were expected to meet regularly with their course faculty member for additional assistance. Moreover, those students that were identified as needing further assistance were assigned to a full-time faculty member for additional support. The purpose was to provide mentoring, academic and career assistance.
To better serve students, at the start of the 2018-2019 academic year, faculty were assigned to all incoming junior students as Academic Advisors. The purpose is to enhance the relationships between multiple faculty and students therefore providing a mentor-student relationship. Additionally, peer and community tutors are being piloted. A senior nursing student was hired as a work college student to provide tutoring for both NRS 301 Pathophysiology and NRS 302 Pharmacology. Furthermore, two community volunteers, who are discipline experts, are being utilized for tutoring in NRS 440 Adult Health Nursing II and NRS 402 Nursing Care of the Childbearing Family.

In the last semester of the program, students are afforded the opportunity to take NRS 430 Professional Practice Preparation. This seminar course is to facilitate the transition from student to professional nurse and has the following course learning outcomes:

- Evaluate individual results of the standardized comprehensive predictor exam.
- Design an individualized NCLEX-RN® focused review.
- Acquire additional strategies to understand and apply core content knowledge and testing skills necessary to pass the NCLEX-RN.
- Integrate current evidence based practice to answer review questions.
- Create a complete resume representing skills, experience, and educational background.
- Prepare for the interview process.

During the first semester of the senior year, students are required to take the Health Education System Incorporated Admission Examination (HESI) Exit exam. Students then review the results of Version I and develop a remediation plan, in consultation with faculty, to prepare the HESI Exit Exam Version II. Student who achieve a score <700 are monitored more closely. Later in the semester senior students repeat the HESI Exit Exam Version II, which is then used to help inform remediation for the final semester when they take NRS 430 Professional Practice Preparation.

In conclusion, multiple strategies have been implemented within the nursing program to support student success. It is critical to gather data and track student progress from admission to graduation in order to inform program improvement. Due to the infancy of the program, data analysis is limited; therefore, without a full program review program revisions are conservative. In the end, it is the goal of faculty and administration to continuously assess program quality to ensure graduates are prepared for the today’s nursing profession.

Respectfully submitted,

Brianna Neuser MSN

Dean School of Professional Studies
Director of Nursing
Silver Lake College of the Holy Family

WI BON Self-Evaluation Report B. Neuser_2018_08
Silver Lake College
Bachelor of Science in Nursing Programs

Student Handbook
Welcome to Silver Lake College’s Bachelor of Science in Nursing Program!

The nursing faculty of Silver Lake College of the Holy Family welcomes you and wishes you much success in your educational goal of pursuing a baccalaureate nursing degree! We are eager to embark with you on your academic journey. The following student handbook has been developed to assist you while you are a student in the nursing program. Students are responsible for reading and understanding the contents in the handbook and are bound to adhere to its policies and procedures. The faculty reserves the right to make changes in any materials contained herein as deemed necessary. Students will receive revisions as indicated.

The Bachelor of Science in Nursing Program leads to meeting the necessary requirements for graduation that ensure student eligibility to sit for and successfully pass the NCLEX-RN examination, and to obtain licensure to practice as a registered professional nurse.

The handbook is designed to be used in conjunction with the Silver Lake College Student Handbook and Academic Bulletin. The nursing faculty and academic advisors are excellent resources for your questions and concerns regarding the program.

Director of Nursing
Brianna Neuser, MSN, RN

Handbook Adopted: August 2006
Handbook Revised: September 2011; April 2012; June 2016; June 2017; July 2018

Silver Lake College reserves the right to modify, delete, or change policies in the current student handbook. Students will be notified in a timely manner of any changes in the handbook.
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Mission Statement
Silver Lake College of the Holy Family is a dynamic learning community that empowers students through a quality liberal arts education integrated with professional preparation offered in an environment of mutual respect and concern for persons based on the principles and truths of Franciscan Catholic tradition.

Goals
Silver Lake College of the Holy Family strives to:
- Develop a community of lifelong learners.
- Provide educational opportunities for professional preparation within a liberal arts experience.
- Prepare students for self-directed intellectual inquiry and aesthetic appreciation.
- Foster commitment to Christian values, service, and leadership in the world community.

Our Vision
Silver Lake College of the Holy Family will be known as a Franciscan Catholic college dedicated to developing students to serve, lead, and transform our world. Our future will be centered on educating the whole person in an environment that celebrates teaching and learning, integrates our Franciscan values in all that we do, and delivers on a promise of quality liberal arts education and professional preparation.

Diversity Statement
Silver Lake College believes diversity is integral to the educational and developmental experience of all learners. As a college community, we strive to be inclusive recognizing and valuing opportunities to integrate dimensions of diversity in broadening our interpretation and understanding of humanity. We respect and uphold the many facets of human identity in helping support and strengthen our college mission, vision, and values.

History
Nursing education is very much a part of our history.

Holy Family College, the predecessor of Silver Lake College of the Holy Family, was established by the Franciscan Sisters of Christian Charity in 1935 for the purpose of educating young women who entered the religious community. Nursing students from the Holy Family Hospital School of Nursing attended the college by special arrangement.

Since 2006, Silver Lake College has been offering a Bachelor of Science in Nursing completion program for registered nurses who have an Associate Degree.

The College signed articulation agreements with the University of Wisconsin Colleges and the Wisconsin Technical College System to make it easier for nursing students to transfer their credits from those learning institutions to Silver Lake College.

Silver Lake College is Manitowoc County’s only four-year institution of higher learning.
Section I: Department of Nursing

Program Purpose
The purpose of the Bachelor of Science in Nursing at Silver Lake College is to develop professional nursing leaders in all areas of practice who can respond to the health care needs of a changing society.

Program Philosophy
Silver Lake College of the Holy Family’s Nursing Program believes that every individual is unique and is entitled to receiving an education which fosters intellectual inquiry, development of self and mutual respect and concern for others.

Health is a dynamic state that embraces physical, psychosocial, spiritual, and cultural well-being. Silver Lake College is committed to providing our students with a community that enables personal and professional development.

Professional nursing is a dynamic, interactive, caring process, making a distinctive contribution to society. Nursing education is based on liberal arts and sciences. Evolved from nursing theory and research, nursing education prepares the nurse for evidence-based nursing practice, utilizing critical thinking skills to provide a holistic approach to delivery of care that is culturally sensitive. Nursing provides healthcare to individuals, families, and communities. Central to professional nursing are Silver Lake College’s Franciscan values: community, compassion, peacemaking, and reverence for creation.

The Nursing Program is committed to demonstrating the role of leader, educator, facilitator, and communicator. The nursing faculty is designed to develop a community of lifelong learners through curriculum excellence. Developing nursing leaders who are caring professionals, and who understand the ethical, moral, and legal implications of their nursing practice, fulfills our mission and goals.

Program Learning Outcomes

1. Synthesize theoretical and empirical knowledge from the liberal arts and science with nursing to enhance professional practice. (Essential I)

2. Incorporate effective communication techniques and collaborative skills within the professional roles of nursing. (Essential IV, VI)

3. Effectively apply frameworks, theories, concepts, models, and evidence-based practice to maximize positive health outcomes for individuals, families, groups, and communities. (Essential III)

4. Apply leadership concepts, skills, and decision-making in the provision of high-quality nursing care, healthcare team coordination, and the oversight and accountability for care delivery in a variety of settings. (Essential II)

5. Utilize a holistic approach to advocate for and improve access to healthcare for vulnerable populations locally, nationally, and globally. (VII)
6. Collaborate with other professionals to provide health promotion and maintenance, disease prevention, illness management, and end-of-life care across the life span. (Essential VII, IX)

7. Recognize personal accountability of shaping healthcare delivery by participating in political and regulatory process as a member of the nursing profession. (Essential V)

8. Articulate the value of pursuing practice excellence, lifelong learning, and professional engagement to foster professional growth and development. (Essential VIII)

9. *Provide academic foundation that will enhance practical knowledge, skills, and attitudes of the nursing professional. (Essential VIII)

*Student Learning Outcome #9 applies to the BSN Completion Program.

Accreditation and Program Approval
Silver Lake College of the Holy Family is accredited by the Higher Learning Commission of the North Central Association. The BSN Completion Program has been approved by the Wisconsin State Board of Nursing. The Bachelor of Science in Nursing Degree is accredited by the Commission on Collegiate Nursing Education (CCNE).
BSN Completion Nursing Framework

The BSN Completion Program is designed for adult learners who are actively engaged in nursing practice. The conceptual framework has been designed to provide organization to the nursing curriculum by serving as a guide for the selection of nursing content, ordering of courses and sequencing of learning experiences. The American Nurses Association (ANA) Standards of Clinical Nursing Practice, ANA’s Code of Ethics for Nurses and American Association of Colleges of Nursing (AACN) Essentials of Baccalaureate Education for Professional Nursing Practice form the basis for nursing practice. As a result, these documents are used as the conceptual framework for the BSN Completion Program curriculum.
Pre-Licensure BSN Program Framework

The pre-licensure nursing framework affirms nursing’s human foundations and is primarily concerned with human beings, their values, beliefs, perceptions, capacities, and achievements. The humanistic framework addresses nursing as its central concept. Integral to nursing are professional values, nursing concepts, and professional development. Nursing interacts with each of these three concepts as they interact with each other. The sub-concepts of nursing are Liberal Arts, Franciscan Values, Service, and Servant Leadership.

Liberal Arts Studies
The Franciscan Way of Knowing is the basis for Silver Lake College’s Liberal Arts Studies Program. The liberal arts are branches of knowledge that cultivate individual freedom; at the same time, the liberal arts provide persons with an educational basis for professional preparation and lifelong learning. A Franciscan approach to the liberal arts offers students a distinct process for integrating values, academic disciplines, and their own experiences.

Silver Lake College students join a community of learners who embrace the following values:
- Compassion
- Reverence for Creation
- Community
- Peacemaking
General Education Learning Outcomes

1. Students analyze and interpret texts and data, articulating the differences and connections they discover, while recognizing the historical and social forces that shape the production of knowledge.
2. Students conduct ethical, effective research by asking questions and solving problems, collaborating across their social networks, and communicating their findings with clarity and precision to create positive social change.
3. Students embrace human and cultural diversity and interconnectedness of societies worldwide.
4. Students synthesize elements of the Franciscan Tradition and Worldview into their own lives and disciplinary contexts.

Program Learning Outcomes

<table>
<thead>
<tr>
<th>BSN ESSENTIALS</th>
<th>PROGRAM LEARNING OUTCOMES</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. Liberal Education for Baccalaureate Generalist Nursing Practice</td>
<td>Synthesize theoretical and empirical knowledge from the liberal arts and sciences with nursing to enhance professional practice.</td>
</tr>
<tr>
<td>II. Basic Organizational and Systems Leadership for Quality Care and Patient Safety</td>
<td>Apply leadership concepts, skills, and decision-making in the provision of high-quality nursing care, healthcare team coordination, and the oversight and accountability for care delivery in a variety of settings.</td>
</tr>
<tr>
<td>III. Scholarship for Evidence Based Practice</td>
<td>Effectively apply frameworks, theories, concepts, models, and evidence-based practice to maximize positive health outcomes for individuals, families, groups, and communities.</td>
</tr>
<tr>
<td>IV. Information Management and Application of Patient Care Technology</td>
<td>Incorporate effective communication techniques and collaborative skills within the professional roles of nursing.</td>
</tr>
<tr>
<td>V. Healthcare Policy, Finance, and Regulatory Environments</td>
<td>Recognize personal accountability in shaping healthcare delivery by participating in political and regulatory process as a member of the nursing profession.</td>
</tr>
<tr>
<td>VI. Interprofessional Communication and Collaboration for Improving Patient Health Outcomes</td>
<td>Incorporate effective communication techniques and collaborative skills within the professional roles of nursing.</td>
</tr>
<tr>
<td>VII. Clinical Prevention and Population Health</td>
<td>Utilize a holistic approach to advocate for and improve access to healthcare for vulnerable populations locally, nationally, and globally.</td>
</tr>
</tbody>
</table>
VII. Clinical Prevention and Population Health

Collaborate with other professionals to provide health promotion and maintenance, disease prevention, illness management, and end-of-life care across the life span.

VIII. Professionalism and Professional Values

Articulate the value of pursuing practice excellence, lifelong learning, and professional engagement to foster professional growth and development.

Provide academic foundation that will enhance practical knowledge, skills, and attitudes of the nursing professional.

IX. Baccalaureate Generalist Nursing Practice

Collaborate with other professionals to provide health promotion and maintenance, disease prevention, illness management, and end-of-life care across the life span.

Nursing Student Expectations

Professionalism implies a respect and courtesy in our educational setting and chosen profession. We expect our students to maintain the highest standards of professionalism in all learning settings. All that you do and say and the way you present yourself visually either elevates or diminishes your professional image in the eyes of others. Students enrolled in a program of study in nursing must learn the importance of establishing and maintaining professional boundaries. In a student role, professional boundaries exist between the student and the client. Students unclear of proper behavior or of an appropriate response to a client should consult the instructor for guidance. Significant time, effort, and focus are required to meet professional expectations.

Relevant factors to consider before making this commitment include:

- **Home commitments:** It is demanding to meet the needs of a family while carrying a full college schedule. Clinical courses may require evening and/or weekend time commitments.
- **Work commitments:** Work requirements may interfere with a student's success. Heavy work schedules may make academic success difficult.

**Student and Faculty:** Faculty and students will maintain a professional relationship:

- Students should not expect an instructor to act as a personal counselor or therapist.
- Students should seek assistance from academic advisors and counselors.
- Students should not ask or expect the instructor to join an individual, group, or class in any social situation while the course is in progress.
- Students should not offer the instructor gifts or money as a gratitude for instruction. Instructor may accept cards or notes when students wish to thank the instructor.

**Student and Clients:** Students will maintain a professional nurse-client relationship.

- Students providing nursing care strive to inspire the confidence of clients. Students must treat all clients, as well as other health care providers, professionally. Clients can expect those providing nursing care to act in their best interests and respect their dignity. The
student should abstain from obtaining personal gain at the client’s expense and refrain from inappropriate involvement in the client’s personal relationships.

- Boundary violations can result when there is confusion between the needs of the student and those of the client. Such violations are characterized by excessive personal disclosure by the student nurse, secrecy, or even a reversal of roles. Boundary violations can cause delayed distress for the client, which may not be recognized or felt by the client until harmful consequences occur.

**Student Representation**

All students are encouraged to provide input on decisions including admission standards, curriculum, student services, and the teaching/learning process. Students are invited to become active in student government and nursing student associations and organizations, both on campus and in the community.

**Mobile Device Responsibilities**

When used appropriately, mobile devices can be a valuable tool for healthcare education. The following guidelines apply:

- Professional behavior and proper technology etiquette should be observed at all times when using cellphones, iPads, iPods, mobile devices, laptops, or other electronic devices.
- These may be used only when authorized by faculty and for clinical activities, not personal use.
- Cellphones and mobile devices must be on “airplane mode” or “silent” during class or clinical experiences.
- No photos may be taken by students in the clinical agency or lab environments. The exception to taking photos or videos in the laboratory environment is when it is needed for a course assignment.
- No personal phone conversations or texting allowed at any time while in a client area. NOTE: A clinical warning will be given for the first violation of using the mobile device for socializing during clinical time. A second violation may result in dismissal from the clinical, and course failure.
- For combined cellphone/mobile device appliances, students are expected to have the equipment turned off if agency policy requires it and to go to an area designated for cell phone use when necessary to access information on their mobile device.
- Be respectful to the client at all times and ensure that your entire attention is focused on the client when you are in the client’s room. If you are using the mobile device at the bedside, apologize for the interruption and explain how this will help in their care.
- Faculty or hospital staff may ask to see what programs you are using at any time. Use of facility computers for personal use is prohibited.
- You must protect the confidentiality of patient information at all times in accordance with HIPAA policy.
- Students may not take any photographs of clients or client records nor make copies of client records.
- Students who violate patient privacy with the mobile device will be subject to HIPAA infractions of the clinical agency.
- Just as other medical equipment may act as a reservoir for microorganisms and contribute to the transfer of pathogens, so may mobile devices. Be sure to disinfect and decontaminate them as needed.
- Social networking sites: When contributing to a social networking site, it is important to remember that everyone can see and read what is placed on the site. Keep your
interactions professional and err on the conservative side when placing written communication or posting pictures. Always remember that your online presence reflects you as a professional. Be aware that your actions captured via images, posts, or comments can reflect on you and many recruiters routinely search the social networking venues when considering people for a new hire. **NOTE: It is never appropriate to post photos or information about a patient. Social network postings can be subject to disciplinary action by the clinical affiliate and up to and including dismissal from the nursing program.**

- For additional information on how to use social media without professional or personal consequences, [https://ncsbn.org/NCSBN_SocialMedia.pdf](https://ncsbn.org/NCSBN_SocialMedia.pdf).

**Email Etiquette**

Email has easily become the most popular way to communicate in the workplace. It is a quick and efficient way to disseminate information to several people at once. It offers recipients the opportunity to read and respond thoughtfully when they have time to process the information, whereas a phone call can catch them off guard. In addition, it creates a legitimate and trustworthy paper trail that can sometimes come in handy when decisions, assignments, or plans come into question. While email is certainly an efficient means of communicating, it often is a source of confusion, frustration, and anger. Without the benefit of seeing body language and hearing voice tone, recipients can interpret your words as being hostile or condescending. That can lead to conflict.

**Essential Skills and Functional Abilities for Nursing Students**

Students enrolled in Silver Lake College Nursing Program must be able to perform essential skills as explained in the following chart. If a student believes that he or she cannot meet the standards without accommodations, the nursing program must determine, on an individual basis, whether reasonable accommodation can be made and will engage in interactive discussions to facilitate the process. The determination regarding reasonable accommodations will be based upon the preservation of patient safety in compliance with federal and state laws and professional standards.
<table>
<thead>
<tr>
<th>Functional Ability</th>
<th>Standard</th>
<th>Examples of Required Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Motor Abilities</td>
<td>Physical abilities and mobility sufficient to execute gross motor skills, physical endurance, and strength, to provide patient care.</td>
<td>Mobility sufficient to carry out patient care procedures such as assisting with ambulation of clients, administering CPR, assisting with turning and lifting patients, and providing care in confined spaces such as treatment room or operating suite.</td>
</tr>
<tr>
<td>Perceptual/Sensory Ability</td>
<td>Perceptual/sensory ability to monitor and assess clients.</td>
<td>Sensory abilities sufficient to hear alarms, ausculatory sounds, cries for help, etc.</td>
</tr>
</tbody>
</table>
| Manual Dexterity        | Demonstrate fine motor skills sufficient for providing safe nursing care. | • Motor skills sufficient to handle small equipment such as insulin syringes, and to administer medications by all routes, to perform tracheotomy suctioning, and to insert urinary catheters.  
  • Visual acuity to read calibrations on 1 cc syringe, assess color (cyanosis, pallor, etc.)  
  • Tactile ability to feel pulses, temperature, palpate veins, etc.  
  • Olfactory ability to detect smoke and odor. |


<p>| Communication |
|---------------|--------------------------------------------------|
| • Ability to communicate in English with accuracy, clarity, and efficiency with patients, their families, and other members of the healthcare team. |
| • Required communication abilities, including speech, hearing, reading, writing, language skills, and computer literacy. |
| • Gives verbal directions to or follows verbal directions from other members of the healthcare team and participates in healthcare team discussions of patient care. |
| • Elicits and records information about health history, current health state, and responses to treatment from patients or family members. |
| • Conveys information to clients and others to teach, direct, and counsel individuals in an accurate, effective, and timely manner. |
| • Establishes and maintains effective working relations with patients and co-workers. |
| • Recognizes and reports critical patient information to other caregivers. |</p>
<table>
<thead>
<tr>
<th>Cognitive Conceptual Quantitative Abilities</th>
<th>Ability to:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Read and understand written documents in English and solve problems involving measurement, calculation, reasoning, analysis, and synthesis.</td>
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<tr>
<td></td>
<td>• Gather data, develop a plan of action, establish priorities, and monitor and evaluate treatment plans and modalities.</td>
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<tr>
<td></td>
<td>• Comprehend three-dimensional and spatial relationships.</td>
</tr>
<tr>
<td></td>
<td>• React effectively in an emergency situation.</td>
</tr>
<tr>
<td></td>
<td>• Calculates appropriate medication dosage given specific patient parameters.</td>
</tr>
<tr>
<td></td>
<td>• Analyzes and synthesizes data and develops an appropriate plan of care.</td>
</tr>
<tr>
<td></td>
<td>• Collects data, prioritizes needs, and anticipates reactions.</td>
</tr>
<tr>
<td></td>
<td>• Comprehends spatial relationships adequate to properly administer injections, start intravenous lines, or assess wounds of varying depths. Recognizes an emergency situation and responds effectively to safeguard the patient and other caregivers.</td>
</tr>
<tr>
<td></td>
<td>• Transfers knowledge from one situation to another.</td>
</tr>
<tr>
<td></td>
<td>• Accurately processes information on medication containers, physicians’ orders, and monitor equipment calibrations, printed documents, flow sheets, graphic sheets, medication administration records, other medical records and policy and procedure manuals.</td>
</tr>
<tr>
<td>Behavioral Interpersonal Emotional</td>
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<tr>
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<tr>
<td>• Ability to relate to colleagues, staff, and patients with honesty, civility, integrity, and nondiscrimination.</td>
<td>• Establishes rapport with patients/clients and colleagues.</td>
</tr>
<tr>
<td>• Capacity for development of mature, sensitive, and effective therapeutic relationships.</td>
<td>• Works with teams and workgroups.</td>
</tr>
<tr>
<td>• Interpersonal abilities sufficient for interaction with individuals, families, and groups from various social, emotional, cultural, and intellectual backgrounds.</td>
<td>• Emotional skills sufficient to remain calm in an emergency situation.</td>
</tr>
<tr>
<td>• Ability to work constructively in stressful and changing environments with the ability to modify behavior in response to constructive criticism.</td>
<td>• Behavioral skills sufficient to demonstrate and exercise good judgment and prompt completion of all responsibilities attendant to the diagnosis and care of patients.</td>
</tr>
<tr>
<td>• Negotiate interpersonal conflict.</td>
<td>• Adapts rapidly to environmental changes and multiple task demands. Maintains behavioral decorum in stressful situations.</td>
</tr>
<tr>
<td>• Capacity to demonstrate ethical behavior, including adherence to the professional nursing and student honor codes.</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Environment</th>
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<tbody>
<tr>
<td>• Recognize the personal risk for exposure to health hazards.</td>
<td>• Takes appropriate precautions for possible exposures such as communicable disease, blood-borne pathogens, and latex.</td>
</tr>
<tr>
<td>• Use equipment in laboratory or clinical settings needed to provide patient care.</td>
<td>• Uses personal protective equipment (PPE) appropriately.</td>
</tr>
<tr>
<td>• Tolerates exposure to allergens (latex, chemical, etc.)</td>
<td></td>
</tr>
<tr>
<td>• Tolerate wearing protective equipment (e.g. mask, gown, gloves)</td>
<td></td>
</tr>
<tr>
<td>Safe environment for patients, families and co-workers</td>
<td>Ability to:</td>
</tr>
<tr>
<td>------------------------------------------------------</td>
<td>-------------</td>
</tr>
<tr>
<td></td>
<td>• Accurately identify patients.</td>
</tr>
<tr>
<td></td>
<td>• Effectively communicate with other caregivers.</td>
</tr>
<tr>
<td></td>
<td>• Administer medications safely and accurately.</td>
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<tr>
<td></td>
<td>• Operate equipment safely in the clinical area.</td>
</tr>
<tr>
<td></td>
<td>• Recognize and minimize hazards that could increase healthcare associated infections.</td>
</tr>
<tr>
<td></td>
<td>• Recognize and minimize accident hazards in the clinical setting including hazards that contribute to patient, family, and co-worker falls.</td>
</tr>
<tr>
<td></td>
<td>• Prioritizes tasks to ensure patient safety and standard of care.</td>
</tr>
<tr>
<td></td>
<td>• Maintains adequate concentration and attention in patient care settings.</td>
</tr>
<tr>
<td></td>
<td>• Seeks assistance when clinical situation requires a higher level of expertise or experience.</td>
</tr>
<tr>
<td></td>
<td>• Responds to monitor alarms, emergency signals, call bells from patients, and orders in a rapid and effective manner.</td>
</tr>
<tr>
<td>Punctuality Work habits</td>
<td>Ability to adhere to all policies, procedures and requirements as described in the Student Nurse Handbook, college catalog student handbook, and course syllabus.</td>
</tr>
<tr>
<td></td>
<td>• Attends class and clinical assignments punctually.</td>
</tr>
<tr>
<td></td>
<td>• Reads, understands, and adheres to all policies related to classroom and clinical.</td>
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### 4 Year Pre-Licensure Nursing Program Plan of Study: Total Program Credits = 121

<table>
<thead>
<tr>
<th>YEAR 1</th>
<th>FALL FRESHMAN</th>
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<td>Nursing Research for Evidence Based Practice</td>
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RN to BSN Completion Plan of Study

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<td>Health Promotion &amp; Disease Management</td>
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<td>Modern Historical Movements</td>
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<td>Nursing Research</td>
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<td>Community Health Nursing</td>
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<tr>
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<td>Nursing Capstone</td>
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</tr>
<tr>
<td></td>
<td>7</td>
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</tbody>
</table>

Health Requirements
Each student is required to submit an up-to-date health record as a junior. The health requirements are necessary to meet the expectations of each clinical agency. Changes of student health status warrant medical clearance to ensure safety in the clinical setting.

- All students entering nursing courses must meet all health and safety requirements to maintain enrollment status for the course. Students will meet these requirements by providing a completed and signed Health History/Physical Exam Form to the Silver Lake College Nursing Office.
- Students unable or unwilling to provide documentation of compliance with the Health History/Physical Exam Form will not be registered or allowed to continue in nursing courses.
- A physician note or other documentation will not negate the need to complete all health and essential function documentation requirements due to the need to protect patient safety. There are no exceptions to these requirements.
- In circumstances of student illness, injury, or other health limitations, both the clinical agency and the college health policies must be upheld. The faculty member and/or clinical agency representative will determine a student’s ability to provide nursing care, regardless of a physician’s approval for return.
- Students who are not physically fit to perform their student nursing duties in a safe manner such as using assistive devices such as crutches, foot braces or boots, and casts of any type will not be allowed to participate in clinical experiences. The student may have to withdraw from the nursing course. Upon the student’s clearance from their medical doctor, the
student will be readmitted into the nursing program and be allowed to retake the course without a penalty.

The delivery of nursing care occurs in environments that could have high health risks. Therefore, a health status that contributes to a safe environment for the client and students is the minimal expectation to participate in clinical courses. You must carry health insurance to cover any unforeseen incidents. If the student is not already covered, it is encouraged to explore coverage at a reasonable cost through the College. A statement of Health Insurance Coverage form completion and signature is required prior to clinical experiences.

It is your responsibility to submit accurate and timely health information to the Program Director. Failure to comply with the student health policies will result in exclusion from clinical sites or being dropped from the course.

Nursing students are required to have and maintain current:

- Titors showing immunity for measles, mumps, rubella, varicella, and hepatitis B and necessary vaccination/boosters.

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>MMR #1</td>
<td>1st PPD Tuberculin skin test within 90 days of starting the program and annually thereafter</td>
</tr>
<tr>
<td>MMR #2</td>
<td>2nd PPD Tuberculin skin test</td>
</tr>
<tr>
<td>OR</td>
<td>OR</td>
</tr>
<tr>
<td>Measles titer (attach lab report)</td>
<td>IGRA (Interferon Gamma Release Assay)</td>
</tr>
<tr>
<td>Mumps titer (attach lab report)</td>
<td></td>
</tr>
<tr>
<td>Rubella titer (attach lab report)</td>
<td></td>
</tr>
<tr>
<td>Varicella vaccine #1</td>
<td>Hepatitis B #1 *</td>
</tr>
<tr>
<td>Varicella vaccine #2</td>
<td>Hepatitis B #2 *</td>
</tr>
<tr>
<td>OR</td>
<td>Hepatitis B #3 *</td>
</tr>
<tr>
<td>Varicella titer</td>
<td>*OR documentation by health provider that student is in process of receiving 3-dose Hepatitis B</td>
</tr>
<tr>
<td></td>
<td>*OR signed Hepatitis B vaccine declination form</td>
</tr>
<tr>
<td>Tdap within last 10 years</td>
<td>Influenza (Flu shot annually)</td>
</tr>
</tbody>
</table>

If you are pregnant, you should be under the care of a healthcare provider and should follow his/her recommendations for immunization during pregnancy. If you live with or have frequent contact with someone who is immuno-compromised, please consult the patient’s healthcare provider regarding the safety of certain immunizations, should you need them.
Healthcare Provider BLS Requirements Policy

- Must be Healthcare Provider Basic Life Support (BLS) from an Approved American Heart Association Provider.
- No lapse in certification is allowed. Renewal of Healthcare Provider BLS certification must be completed prior to the expiration date on the BLS card.
- Online BLS certification and recertification will not be accepted to meet this requirement.

Current CPR (cardiopulmonary resuscitation) certification is a prerequisite for entry into all required clinical nursing.

Pregnancy Policy

It is our intent to protect you and your family. Therefore, the following guidelines should not be viewed as restrictive.

- A student who is pregnant is required to notify the program director and the nursing course faculty member of the nursing program as soon as she becomes aware of her pregnancy. In addition, a statement from her healthcare provider certifying the student is physically able to participate in clinical experiences without restrictions (i.e., moving, lifting, and transferring patients) is required.
- Following delivery, the student is required to notify the program director and the course faculty member of the BSN Program of plans to resume clinical practice. In addition, a statement from her healthcare provider certifying the student is physically able to participate in clinical experiences without restrictions (i.e., moving, lifting and transferring patients) are required. For health purposes, it is customary that students DO NOT return before their postpartum check-up. Clinical attendance is mandatory. Inability to attend clinical sessions may necessitate course withdrawal and/or failure.
- Any change in health status must be reported immediately to the clinical instructor in written format. All students and faculty must adhere to a clinical agency’s policy and protocol concerning pregnancy.
- Students who have declared pregnancy during clinical portions of their program must have written documentation from their primary healthcare provider to remain in clinical without restriction during the course of their pregnancy. An update of this written documentation must be submitted for each new clinical rotation.
- Students are responsible for obtaining this documentation and providing it to the program director, theory, and clinical instructor.

Student Responsibilities and Conduct in the Clinical Agencies

As a healthcare professional, the student is expected to conduct himself or herself in a professional manner. Students are guests of the clinical site. Inappropriate behavior or actions will not be tolerated, may jeopardize the student’s enrollment in the program, and may adversely affect the availability of the clinical site for other students. The following are some guidelines of acceptable behavior and conduct. When in doubt, the student should act discreetly and in such a fashion that will reflect positivity on self, the college, and the profession. Responsibilities and conduct at the clinical site are as follows:

- Follow the administrative policies, standards, and practices of the agency.
- Obtain medical care at his/her own expense for any injuries or illnesses sustained as a direct or indirect result of his/her affiliation with the agency.
• Provide his/her own transportation to and from the clinical agency.

• Report to the agency on time and follow all established regulations during the regularly scheduled operating hours of the agency.

• Meet the personal, ethical, and professional standards required of employees of the agency and consistent with the applicable professional Code of Ethics and the applicable standards of the joint Commission and/or other relevant accrediting or regulatory bodies.

• Cell phones are not allowed in the clinical setting per faculty discretion and clinical site policy (refer to Mobile Device Responsibilities).

• Patient, residents, families, and coworkers are addressed by their preferred title.

• Students are not permitted to consume or bring alcoholic beverages to the clinical site or be under the influence of alcohol. This is a cause for dismissal from the program.

• Controlled substances are prohibited from being brought into or possessed on clinical grounds. Students are not to be under the influence. A student violating this policy will be immediately dismissed.

• Smoking and gum chewing are not permitted during clinical or on any clinical unit.

• Students will be immediately dismissed for falsification of any patient or resident records.

• Breaks/meals are at the discretion of the clinical instructor. Students must not leave the clinical unit without the instructor’s approval. Leaving the unit without approval will result in dismissal from the program.

• In the clinical area, social conversations between students should be avoided. Behavior should be becoming of a professional person.

• The learning experience is conducted in English. Alternative languages should be avoided, except where necessary to render patient care.

• Students are to have contact with the clinical agency only during their scheduled clinical rotation days.

• The students are accountable for their behavior during their clinical experience.

• The student is directly under the supervision of the clinical faculty member.

Failure to follow these guidelines may result in immediate dismissal from the program.

Caregiver Background Information Disclosures (BID)
Congruent with current Wisconsin state law and statues, Silver Lake College requires that all students have a completed caregiver background check prior to admission to the Nursing program. Under law, clinical agencies must prohibit placement of a student in their clinical environment if the student’s background check reveals criminal records cited as restrictions or “bars” to employment or educational experiences in healthcare environments. The existence of a criminal record does not automatically preclude admission to the nursing program. However, each criminal record will be reviewed as to its relationship to the listing of crimes that do constitute restrictions or bars. A
caregiver background check must be completed every three years. The cost of each background check is the responsibility of the student.

The Wisconsin Caregiver Background Check Law requires that all healthcare workers complete the Background Information Disclosure Form (HFS64). Although not all criminal offenses mandate denial of admission to the program, certain offenses will not allow or will severely restrict placement in clinical settings. Since a large part of the program is contingent upon clinical experience, the ability to complete the program could be in jeopardy. Students will be required to complete the disclosure form upon admittance to the nursing program. More specifically:

I. Students without a completed background check will not be allowed to participate in clinical activities.

II. It is the responsibility of the student to inform the program director about any situations that could potentially affect participation in clinical. Failure to comply with this requirement could involve suspension and/or dismissal from the program.
Clinical Placement
*BSN Completion Program
Multiple clinical facilities are used for application of the nursing process across the spectrum of healthcare agencies, settings, and populations. Clinical placements and assignments are secured by the students with guidance from the nursing faculty.

Each student is required to know and follow emergency measures in case of fire, cardio-pulmonary arrest, and other disasters, for each clinical facility to which the student is assigned. If an orientation to the facility is required, the student is expected to complete this orientation in addition to the required clinical hours outlined in the course syllabus.

Students must complete the required number of clinical hours as identified in the course syllabus. Students will maintain a journal of clinical hours, activities, and achievement of clinical outcomes that will be signed by the clinical preceptor to document clinical attendance. The actual days and times of clinical hours are not defined, but can be set based on the student's and preceptor’s schedules.

Clinical Attendance Policy
In order to ensure continuity of patient care, a student must notify the clinical faculty of an absence 30 minutes prior to the start of a clinical experience. Nonhospital clinical students must notify the agency and instructor one hour before the clinical start time. Failure to notify the clinical faculty of an absence in advance of the clinical experience will be documented and the student will receive a written warning for failing to provide proper notification.

Clinical instructors will notify course instructor of absences the same day the student misses clinical.

In order to maintain patient safety, the faculty may dismiss the student from the clinical area with instructions to remedy the problem if the student is not prepared for the clinical experience. Such dismissal will be documented as an absence.

Clinical absences will be documented and the student will be held accountable to make up the clinical hours missed to meet the required course hours. Hospital-based clinical hours missed will be made up on a 1:1 hour basis either by simulation, demonstrating skills in lab, or a combination of both as determined by the course instructor and clinical instructor. Non-hospital based clinical hours will be made up as determined by the course instructor.

Students are required to make up the missed clinical hours within a designated time period as assigned by the course instructor. If the clinical hours are not made up as assigned by the course instructor, students may be dropped from the course.

Students must meet all required clinical hours listed on the course syllabus, course and clinical learning outcomes to achieve a “pass” for clinical.

*Missing the first clinical day/clinical orientation of the course may result in a drop from the course.*
Clinical Courses with 45 Hours or Less Clinical Absences:

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<th>Student Will:</th>
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<tr>
<td>1st Clinical Absence</td>
<td>Student given Student Performance Improvement Plan (SPIP)</td>
</tr>
<tr>
<td>2nd Clinical Absence</td>
<td>Will be dropped from the course.</td>
</tr>
<tr>
<td>Failure to notify faculty of clinical absence.</td>
<td>Receive an SPIP. Second occurrence will result in being dropped from the course.</td>
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Clinical Courses with 46 Hours or More Clinical Absences:

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<th>Student Will:</th>
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<tbody>
<tr>
<td>1st Clinical Absence</td>
<td>Student given SPIP. Hours missed will be made up.</td>
</tr>
<tr>
<td>2nd Clinical Absence</td>
<td>Student given SPIP. Hours missed will be made up.</td>
</tr>
<tr>
<td>3rd Clinical Absence</td>
<td>Will be dropped from the course.</td>
</tr>
<tr>
<td>Failure to notify faculty of clinical absence.</td>
<td>Receive and SPIP. Second occurrence will result in being dropped from the course.</td>
</tr>
</tbody>
</table>

- Clinical Sessions: Students are expected to attend all clinical sessions necessary to meet the learning outcomes and credit requirements of the course.
- Clinical hours include pre-clinical laboratory practice, pre- and post-conferences, all scheduled clinical days, alternative clinical learning activities, and simulation.
- All students must complete the clinical orientation requirements and attend the agency specific orientation prior to all clinical rotations.
- Late arrival or leaving early from the clinical experience may result in a student conference and may place the student at risk for failing to achieve the clinical course outcomes.
- In case of serious illness or emergency situations, a student may find an absence unavoidable. When an absence occurs, the student must notify the clinical instructor a minimum of 30 minutes in advance of the clinical hours. Any absence can jeopardize successful achievement of course outcomes. Consequences of any absences will be determined at the time of the clinical evaluation.
- Students are required to attend all clinical sessions.
  - A missed clinical is defined as a clinical absence due to illness or personal reasons.
  - Any clinical absences may lead to an “unsatisfactory” in clinical and failing grade (F) for the course.
  - Emergency circumstances are individually evaluated by the faculty in consultation with the program director.

**How to decide if you are too sick to attend clinical (verified with a healthcare provider’s note)**

- Fever > 100.4
- Conjunctivitis (pink eye)
- Diarrhea – lasting more than 12 hours
- Group A Strep-culture confirmed or physician diagnosed
- Jaundice – yellowing of the skin which might suggest viral hepatitis
- Cold sores (herpes)
- Active measles, mumps, pertussis, rubella, or chicken pox
• Upper respiratory infection
• Tuberculosis and/or positive TB skin test
• Shingles (chicken pox) or any rash of unknown origin
• Head lice
• Scabies (mites that burrow under the skin causing a rash)
• Any draining wound such as an abscess or boil
• Impetigo (type of skin infection)
• Mononucleosis

Transportation
Classroom and clinical experiences are provided at a variety of settings around the region. Students are required to arrange for their own transportation to and from these settings.

Clinical Requirements and Policies
Students must be able to provide direct patient care with no restrictions. At a minimum, students will be required to lift patients, stand for several hours at a time, and perform bending activities. The clinical nursing experience also places students under considerable mental and emotional stress as they undertake responsibilities and duties influencing patients’ lives. Students must be able to demonstrate rational and appropriate behavior under stressful conditions to remain in the program. Individuals should consider the mental and physical demands of the program prior to applying.

This list of health requirements is not inclusive due to clinical agency requirements. Health examinations and titers are a part of the health requirements. It is the responsibility of the student to ensure that the college receives all information. Students are required to keep copies of all information submitted.

Professional Behavior
Professional behavior is required. Failure to demonstrate professional behavior may result in dismissal from the learning environment. Professional conduct includes:
  • Treating the classroom or clinical environment as a learning environment.
  • Taking actions that are consistent with the Nursing’s Standards of Clinical Practice, Nursing’s Code of Ethics, and the Wisconsin State Statutes.
  • Exhibiting respect to peers, instructors, and others in the environment.
  • Attending learning experiences regularly and punctually.
  • Coming to the learning environment prepared to participate in learning activities or to provide patient care.
  • Maintaining professional appearance as described in the Nursing Student Handbook.
  • Abiding by HIPAA regulations.

Confidentiality
The 1996 Health Insurance Portability and Accountability Act (HIPAA) requires that patients have the right to control who will see their protected, identifiable health information. Only the patient and those individuals whom the patient has authorized have access to his or her information. All students must comply with HIPAA requirements, whether in course-related or work-related/other settings.
- The patient's confidentiality is to be maintained and respected. For example, students should refrain from talking about their patients on elevators, cafeteria, buses, or any other place where conversation could be overheard (HIPAA regulations must be followed).

- Discussion regarding the patient/resident should be conducted in the appropriate designated areas and be discussed only with other healthcare workers actually caring for the patient.
Unusual Occurrence Guidelines
An unusual occurrence is any event that has the potential to bring harm to any person while in the nursing program classes, laboratories, or clinical agencies.

- Student must notify instructor.
- Upon notification of the occurrence, the instructor will meet with the student to determine the nature of the occurrence. The faculty member will subsequently determine the necessary actions and steps required to be taken.
- A nursing program incident report must be completed to document any unusual occurrence.
- Any student failing to notify the instructor immediately upon discovery of an unusual occurrence as defined will be subject to disciplinary actions, including course failure and program dismissal.
- When a behavior occurs that could jeopardize life, impede recovery, or interfere with the maintenance of the patient’s current health status, a conference will be held as soon as possible with the nursing student, nursing instructor, and the program director.

Dress Code
Students’ appearance at clinical experiences must reflect a professional image. Casual business attire with a long-sleeve lab coat is required when attending clinical experiences. Name pins that are issued by the college will be worn by all students when at clinical sites.

1. No jeans, tennis shoes, or sandals are to be worn. Stockings/socks are to be worn.
2. Dress length is to be no shorter than the knee. Appropriate undergarments must be worn.
3. Body piercing jewelry is not permitted with the exception of one small pair of post-type earrings in the ears. No dangling earrings or hoops are allowed. Wedding and engagement rings are allowed. No other jewelry of any kind is to be worn.
4. Nails must be kept short, clean, and filed. Students may not wear artificial nails or colored nail polish in the clinical areas. Make-up should be natural looking.
5. It is expected that students will present themselves professionally by exhibiting cleanliness and control of body odors including smoke odors. No fragrances may be worn.
6. No visible body piercings or tattoos.
7. There will be no smoking or gum chewing during clinical time.
8. Hair must be clean and neatly combed. Long hair must be neatly fastened away from face. Beards must be neatly trimmed.

Program Dress Code Standards
- Hair: Must be off the shoulder. Long hair must be restrained – no extreme styles or unnatural color.
- Jewelry: Must be limited to watch, wedding band, and post or small simple earrings (one set only).
- No visible body piercings or tattoos are allowed.
- Nails: No longer than fingertip length. No artificial/acrylic nails.
- Males must be clean shaven or have neatly trimmed facial hair.
- Females: makeup must be conservative; clear polish only.
Clinical Dress Code Standards
Students are expected to comply with the dress and behavior standards of the clinical site (e.g. no smoking policy). Failing to do so will result in the student being removed from the site and course failure.

Uniforms
The uniform is a symbol of the profession of nursing and important for identification. Information regarding the purchase of the uniform is provided in the nursing department. Uniforms are purchased through Workingman's Friend, Manitowoc, WI.

- Silver Lake College’s nursing patch applied to upper left sleeve of lab coat and uniform top.
- Silver Lake student ID is to be worn on a white long lab coat. Student ID must be clearly visible to anyone.
- White uniform shoes (leather enclosed or athletic shoes with minimal logo coloring).
- White socks for females and males.
- Uniforms are to be clean and wrinkle free.
- Blue and grey uniform pants.

Required Equipment:
1. Watch with second hand
2. Bandage scissors
3. Stethoscope
4. Pen light
5. Student ID badge
6. Notepad
7. Ink pen (black ink)

NOTE: Faculty has the right to dismiss students from the clinical setting if dress code violations occur. Adherence to the dress code policy is a part of the student’s professional attire.

Guidelines Regarding Exposure to Body Fluids
All nursing personnel and nursing students are professionally and ethically obligated to provide client care with compassion and respect for human dignity. Hence, they may not ethically refuse to care for clients solely because the client is at risk of contracting, or has, an infectious disease such as HIV, AIDS, or HBV. All rules of confidentiality and HIPAA compliance are followed when working with clients.

- Gloves should be worn when it can be reasonably anticipated that the individual may have hand contact with blood, other potentially infectious material, mucous membranes, and non-intact skin, when performing vascular access procedures, and when touching contaminated items or surfaces.
- Masks, eye protection, and face shields shall be worn whenever splashes, spray, splatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated.
- Gowns, aprons, and other protective body clothing shall be worn in occupational exposure situations, and will depend upon the task and the degree of exposure anticipated.
• Surgical caps or hoods and shoe covers shall be worn in instances when gross contamination can be reasonably anticipated.

• Standard precautions – All blood and body fluids are considered potentially infectious and are treated as if known to be infectious for HIV, HBV, and other blood-borne pathogens.

• Contaminated sharps shall not be bent, recapped, or removed. Shearing or breaking of contaminated needles is prohibited.

• Contaminated sharps must be placed in appropriate container as soon as possible.

• When exposure is possible, personal protective equipment shall be used.

• Wash hands immediately after removal of gloves or other personal protective equipment.

**Blood-borne Pathogen Exposure**

Students participating in lab and clinical experiences are responsible for adhering to universal blood, body substance precautions, and agency guidelines to prevent exposure to blood and body substances infected with blood borne diseases. An exposure can be caused by the splattering of blood, body fluids, or other potentially infectious substances into the eyes, mouth, mucous membranes, or non-intact skin. An exposure also can be caused by a puncture from a contaminated needle or other sharp object.

**Exposure Guidelines**

Students must wear appropriate clothing/equipment when performing any task(s) that may involve exposure to body fluids. Any direct exposure to body fluids occurring while functioning as a nursing student must be reported immediately to the clinical instructor. Students exposed to body fluids shall follow this protocol:

• Wash the area immediately with a disinfectant agent; for eye splashes, rinse the area with clean water.

• Report the incident to the clinical instructor.

• The student should immediately go to an Emergency Department, Employee Health (if available), or Urgent Care to seek triage and treatment. The student is responsible for all costs related to exposure, triage, and treatment. All students are required to have health insurance.

• The clinical instructor and student will notify the agency department supervisor and Program Director of BSN Program.

• The student will complete an agency site incident report.

• The student will complete the college student accident report.

• Information from the US Department of Labor, Occupational Safety & Health Administration (OSHA) is available at: [http://www.osha.gov/SLTC/bloodbournepathogens/index.html](http://www.osha.gov/SLTC/bloodbournepathogens/index.html).

• In the event of an exposure in the nursing lab, the student must report the incident immediately to supervising faculty.

**Incident Reports**

Students are responsible for notifying their clinical instructor of any event that caused or may have caused patient or student harm as soon as possible, but no later than the clinical day the event occurred. A Silver Lake College incident report must be completed by the nursing student who has been involved in an incident or error during clinical. The form is to be submitted to the program director with 24 hours of the incident. A student also is responsible for completing any other documentation as required by the clinical facility.
Student Practice Regulations

Students practice within the boundaries of the Wisconsin State Board, the ANA Code of Ethics for Nurses, the guidelines of the Silver Lake College Nursing Student Handbook, and the policies and regulations of the healthcare agency where they are assigned for clinical learning. Examples of unsafe practice include, but are not limited to:

- Refuses an assignment based on client’s race, culture, religious preference, or medical diagnoses.
- Denies, covers-up or does not report own errors in clinical practice.
- Ignores and fails to report dishonest or unethical behavior in others.
- Practices skills that have not yet been assigned/taught, or are intended to be checked off prior to independent performance.
- Lacks information processing ability necessary for making appropriate clinical judgments or decisions.
- Interacts inappropriately with agency staff, co-workers, peers, patients/clients, families, and/or faculty resulting in miscommunication, disruption of the learning and/or patient care environment.
- Violates principles of confidentiality (HIPAA).
- Fails to respect client rights and dignity.
- Solicits, borrows, or removes property or money from a client or client’s family.
- Assumes client care tasks for which the student lacks the education or competence to perform, or lack of preparation for clinical practice.
- Removes drugs, supplies, equipment, or medical records from the clinical setting.
- Abandonment: Leaves clinical agency or patient assignment without notification.

Health Insurance Portability and Accountability Act (HIPAA)

All students are required to sign a HIPAA (Health Insurance Portability and Accountability Act of 1996) form during clinical orientation. This document outlines the appropriate handling of confidential medical information. All students are required to strictly adhere to HIPAA regulations per agency guidelines.

Patients have a legal right to confidentiality related to all aspects of their care, and professional nurses have a legal obligation to safeguard the patient's confidentiality. Students may not provide information about their patient(s) to any individual not directly involved with the patient’s care, including other staff and classmates. Conversation related to patients is only allowed in the clinical area, clinical conference area, and the classroom for the purposes of furthering nursing education. Discussion related to patients or any clinical occurrences are prohibited in public places such as the cafeteria, lounge, or at home. Any materials or documents with identifying patient information contained on them may not be removed from the clinical setting and must be discarded in a confidential manner.

All verbal, electronic, and written information relating to patients/clients and contracted agencies is considered confidential and is not to be copied or discussed with anyone. Information may be disclosed only as defined in HIPAA guidelines for educational purposes. A breach of confidentiality will result in disciplinary action, up to and including possible dismissal from the program and/or course. All students may be required to complete a HIPAA tutorial each semester of the nursing program preclinical agency policy.

Failure to adhere to HIPAA regulations may result in probation or program dismissal.
Course and Clinical Evaluation
At the end of each course, students must complete an online nursing faculty (didactic) and course evaluation, and a paper nursing faculty (clinical), and clinical site evaluation.

Clinical Safety Measures
Students are expected to safely perform in clinical areas. Students may require corrective action and/or dismissal from the program for the following, but are not limited to these examples:

- Any student not prepared to perform clinical skills may be dismissed from the clinical for that day and sent to the nursing skills lab for remediation. Proof of remediation and skills practiced must be submitted to the instructor of record.

- Any alteration of physical and/or emotional status of a student that would negatively impact delivery of patient care will result in removal of the student from the clinical site until it is deemed safe for the student to return.

- A Potential Error Medication Form will be completed for any student who attempts to pass a medication without completing the rights of medication administration. If a medication error occurs, the student will be expected to complete an incident report and write a plan of action that identifies the wrong action and correctly identifies the action that should have occurred.

A plan of action will be developed for any clinical behavior that is identified as needing improvement. Students must successfully meet all terms of the contract in order to pass the course. Examples include, but are not limited to:

- Tardiness; absenteeism
- Dress-code infractions
- Poor organizational skills
- Lack of preparation for clinical experience
- Unprepared for medication administration

Clinical Skills and Simulation Laboratory
The Clinical Skills and Simulation Laboratory are an integral part of the nursing program. Students will practice and demonstrate competency in nursing skills while utilizing a variety of simulation and hospital equipment to create a multi-model learning experience. Students will be evaluated on successful demonstration of skills and procedures learned in the laboratory session and must review skills prior to patient care. All students are encouraged to spend time in the simulation laboratory in addition to the scheduled lab time to gain experience in nursing skills and procedures required for safe patient care. The goal of the simulation laboratory experience is to provide the students with an environment that allows for attainment, practice, and reinforcement of safe skills, along with the development of confidence and proficiency in providing safe clinical practices to meet the needs of the healthcare environment.
Nursing Students' Responsibilities in the Clinical Skills Simulation Laboratory include:

- **Preparation:** Students are required to review skills prior to attending a class or lab session. Students are expected to attend lab with the appropriate equipment, including a watch with a second hand, a stethoscope, and textbook.

- **Laboratory Attendance Policy:**
  Students are expected to attend all lab and simulation sessions necessary to meet the objectives and credit requirements of the course.

- **Late arrival or leaving early from the laboratory experience may result in a student conference or may place a student at risk for failing to achieve the course objectives.**

- **Lab Environment Attire:**
  - Attire to be worn in the scheduled laboratory sessions includes uniform and white lab coat. If a student is attending a tutoring session, appropriate street attire and lab coat may be worn.
  - Students wearing inappropriate clothing (halter tops, shorts, short skirts, saggy pants, and shirts with profanity or inappropriate slogans) will be excused from the lab setting and will need to reschedule the entire session.
  - Visible tattoos must be covered.
  - School ID must be worn at all times.
  - NO food or drinks, cellphones, iPods, MP3 players, or recording devices are allowed in the lab during lab experience.
  - Students are expected to clean up their work area at the completion of the session.

Section II: Academic Policies

Grading “The 80 Percent Rule”

All students completing nursing courses required for the Silver Lake College Nursing Program are evaluated based on satisfactory completion of class, laboratory, and clinical competencies. The following is the nursing course grading criteria which is utilized:

- In all nursing courses, students must meet the “80 percent rule” at the undergraduate level. Students must achieve an overall average of 80 percent through examination before any other graded items are tabulated in the course final grade. The course final grade also must meet the minimum average of 80 percent (C). Failure to achieve 80 percent or higher results in course failure.
- A student who earns a final course evaluation of less than 80 percent in any nursing course will not progress and must repeat that course in the next semester it is offered to further progress.
- A student who earns an unsatisfactory laboratory or clinical evaluation in a nursing course will receive a final grade no higher than a “D” for that course.
- A maximum of ONE nursing core course may be repeated. Failure of a second nursing course will result in dismissal from the program.
### Grading Scale

<table>
<thead>
<tr>
<th>Grade</th>
<th>Range (Percentage)</th>
<th>GPA</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>97 - 100%</td>
<td>4.00</td>
</tr>
<tr>
<td>A-</td>
<td>94 - 96%</td>
<td>3.67</td>
</tr>
<tr>
<td>B+</td>
<td>92 - 93%</td>
<td>3.33</td>
</tr>
<tr>
<td>B</td>
<td>89 - 91%</td>
<td>3.00</td>
</tr>
<tr>
<td>B-</td>
<td>87 - 88%</td>
<td>2.67</td>
</tr>
<tr>
<td>C+</td>
<td>84 – 86%</td>
<td>2.33</td>
</tr>
<tr>
<td>C</td>
<td>80 - 83%</td>
<td>2.00</td>
</tr>
<tr>
<td>C-</td>
<td>77 - 79%</td>
<td>1.67</td>
</tr>
<tr>
<td>D+</td>
<td>75 - 76%</td>
<td>1.33</td>
</tr>
<tr>
<td>D</td>
<td>72 - 74%</td>
<td>1.00</td>
</tr>
<tr>
<td>D-</td>
<td>70 - 71%</td>
<td>0.67</td>
</tr>
<tr>
<td>F</td>
<td>0.00</td>
<td></td>
</tr>
<tr>
<td>I</td>
<td>Incomplete</td>
<td></td>
</tr>
<tr>
<td>P/NC</td>
<td>Pass/No Credit</td>
<td></td>
</tr>
<tr>
<td>W</td>
<td>Withdraw</td>
<td></td>
</tr>
</tbody>
</table>

*Not making satisfactory progress*

NOTE: Only final course grade percentage will be rounded to the nearest whole number. Individual exam grades and the cumulative average of all exam grades will not be rounded.

### Academic Resource Center

The Academic Resource Center also provides tutoring, mentoring, writing assistance, and coordinates supplemental instruction. The Academic Support Coordinator serves as a resource for students needing Americans with Disabilities Act (ADA) accommodations and coordinates prior learning assessment.

### Grievance Procedure

Silver Lake College recognizes the rights of community members in conflict. Resolution is first sought through dialogue. If no resolution can be found, formal grievance procedures can be utilized. The College community may also file a grievance by emailing the information to complaints@sl.edu.

### Grievance in Academic Matters

In the case of a grievance in a strictly academic matter, for example, grading in a course, acceptance into or continuation in an academic program, or similar grievance, the initial recourse is through departmental procedures. An academic grievance that cannot be resolved by the faculty and student should be referred to the Department Chair within 10 days of the incident. A matter that cannot be resolved on the department level is referred to the School Dean.

The student will present the matter to the Dean in writing along with his/her reasons for making the appeal. The petition should include documentation of evidence that supports the student’s request for consideration of the question. A summary of the materials, including a re-grading by a different faculty member when appropriate, are submitted with a recommendation to the Dean.
the student is not satisfied with the result, they may appeal to the Deans Council. If the facts warrant a review, the Deans Council will consult with the concerned parties, student, faculty, and department to ascertain the facts of the matter and render a final judgment.

**Grievance in Non-Academic Matters**
Grievances in non-academic matters are coordinated through the Office of Student Development. An appropriate designee is assigned for investigation and resolution of the grievance.

A non-academic grievance follows the same process as in academic matters.

**Incompletes**
Incompletes are granted at the discretion of the instructor if a student is unable to complete the course requirements prior to the end of the course. With the exception of emergency situations, incompletes are granted only when the following criteria are met:

- There are unanticipated, but accepted circumstances, and
- The student makes a formal written request to the instructor prior to the end of the course.

An incomplete must be removed within one month of the ending date of the course. If the incomplete is not removed by the deadline, the instructor may issue a grade based on the work completed. If no grade is submitted, the Registrar will assign a grade of F for the course. Requests for extensions beyond one month are granted under limited circumstance by the Office of Academic Affairs in consultation with the instructor. A fee is charged for removal of an incomplete.

**Repeating Courses**
If a nursing or pre-nursing student repeats a required science, math or nursing course, the most recent grade will be used to compute the math/science/nursing GPA for entrance or progression in the nursing major. A cumulative GPA of 2.75 in supporting math and science courses is required for admission to the nursing major and a cumulative GPA of 2.75 must be maintained in all required science and nursing courses for progression in the nursing major. A course required for the nursing major may be repeated only once for GPA calculation in the nursing major. In accordance with college policy, repeated courses are counted only once in total credits earned. A grade of C or better is necessary in each required science, math, and nursing course. All other policies for admission and progression remain the same as published in the Silver Lake College Undergraduate Bulletin.

**Academic Integrity**
Students must be guided by a sense of personal integrity and institutional obligation in honestly completing academic assignments. Students who cheat or plagiarize jeopardize their integrity and violate their institutional obligation.

Cheating is the act of being fraudulent, deceptive, or dishonest in the completion of course work or in willingly helping others to dishonestly complete work. Plagiarism is presenting the work of others as one’s own.

In addition, students at all times must take care to protect the privacy of patients and clients according to the rules established under current HIPPA regulations. Failure to do so will be regarded as unethical or unprofessional conduct and a violation of the Academic Integrity Policy of the college.
Procedure
An instructor suspecting a student of cheating or plagiarism will meet with the student. The meeting will afford the student the opportunity of explaining the specifics behind the alleged infraction.

- If the student is exonerated, the issue is dismissed.
- If the student admits culpability, a description of the violation written and signed by the instructor and signed by the student will be placed on file in the office of the Academic Affairs. The appropriate penalty will then be levied.
- If the student denies the allegation, but the instructor insists a violation has occurred, the issue will be brought before the School Dean. The student and the instructor will each be given the opportunity to present his/her side of the case to the School Dean who will then determine an appropriate course of action.
- A non-transferable record of all student violations shall be kept by the Office of Academic Affairs and removed upon graduation.

Penalties
- First Infraction: The student receives a grade of "F" for the work constituting the violation.
- Second Infraction: The student receives a grade of "F" for the course.
- Third Infraction: The student is dismissed from Silver Lake College.

Withdrawal
Registered students who wish to withdraw from the college must complete a withdrawal form. This form must be returned to the Office of the Registrar before the withdrawal is official. Failure to withdraw officially results in both academic and financial penalty.

The college reserves the right to require the withdrawal of any student.

Students may withdraw from courses without academic penalty, that is a grade of "F" on the transcript, provided that they:
- Complete an official withdrawal form and return it to the Registrar
- Withdraw prior to completion of 60 percent of the course

Withdrawal after 60 percent of the course has been completed, or at any time without official notification to the Registrar, merits academic failure, a grade of "F" in the course.

Dismissal from the Program
The nursing faculty has a legal, ethical, academic, and professional responsibility to protect the public from unsafe nursing practice. It is within this context that the nursing faculty may discipline or dismiss a nursing student from nursing practice which threatens the safety of a client, a family member, significant other, another student, a faculty member or other health and professional care provider. Nursing students are subject to probation and dismissal from the university, as are all other university students, in accordance with university policy. Nursing students may be dismissed from the nursing program in accordance with the university's standards and as a result of:
- Unsatisfactory course grades.
- Unethical behavior in the clinical area.
• Unprofessional nursing practice or conduct.
• Unsafe clinical practice.
• Physical or emotional disability or use of any drugs to a degree that interferes with ability to practice nursing.
• Violation of clinical agency policies.
• Disciplinary action by the Board of Nursing that issued the student’s license.

Reinstatement Policy
A student who leaves the program, and was not dismissed, may reapply for reinstatement within one year of leaving the program. A student must meet the requirements for admission to the program at the time readmission is sought.

• A student’s reinstatement will be contingent on:
  ○ The student completing an exit interview with the program director, including a completion plan for the remainder of the program.
  ○ The student must meet all program admission requirements at the time reinstatement is sought.
  ○ The student must have an earned cumulative GPA of 2.75 or higher.
  ○ There is available space in the program at the time of reinstatement.

Student Participation in Nursing Program Evaluation
• The nursing faculty values the input and evaluation feedback from students in the nursing program. Students provide evaluations in a variety of ways including the evaluation of clinical agencies, faculty effectiveness, course organization and curriculum. This data is used for continued program improvement and course refinement.

• Students are invited to provide course feedback at the end of each course online via CoursEval. Program feedback may be given at any time to the faculty or program director. Students may file formal written complaints with recommendations for improvement to the program director by completing the Student Complaint Record.

Graduation Requirements
Students must earn a cumulative GPA of 2.75 and a “C” or better in all nursing courses. There must be a minimum of 30 semester hours granted from Silver Lake College and a minimum of 120 total semester hours for a bachelor’s degree. Students must apply for graduation by September 15 of the academic year prior to their anticipated graduation term.

Compliance with these policies is required throughout a student’s entire enrollment in the Silver Lake College Nursing Program. Noncompliance with this policy will result in disciplinary action up to and including dismissal from the program.
Clinical Site Incident/Error Report

This form is to be completed by the nursing student who has been involved in an incident or error during clinical. The form is to be submitted to the program director within 24 hours of the incident.

Student ____________________________ Phone __________________________

Date of Incident ______________________ Time of Incident ________________

Clinical Facility Name ________________________________

Clinical Facility Address ________________________________

Type of Incident/Error

☐ Medication ☐ Treatment ☐ Equipment
☐ Assessment ☐ Evaluation ☐ Reporting
☐ Safety ☐ Other __________________________

Complete description of incident/error:

How does the student perceive this incident/error could have been prevented?

Description of recommendations/follow-up:

Student Signature ____________________________ Date ______________

Preceptor Signature ____________________________ Date ______________
Student Complaint Record

The nursing faculty values the input and feedback from students in the BSN Completion program. Students are encouraged to provide verbal feedback directly to nursing faculty or the program advisor or can ask to be included in the nursing faculty meeting agenda to discuss the matter with all nursing faculty. Students may choose to file written formal concerns with recommendations for improvement and submit it to the program advisor.

Name ___________________________________________ Date ______________

1. Have you already discussed this concern with faculty or program advisor?
   ☐ Yes ☐ No

2. If yes, describe results of discussion:

3. Describe incident or concern completely; include dates and times if appropriate (Attach supportive documents as appropriate.):

4. Describe recommendations for improvement:
STUDENT PERFORMANCE IMPROVEMENT PLAN (SPIP)

Student Name: _______________________________ Faculty: _______________________________

Academic Term:  Fall  Spring  Year  

Date SPIP Initiated: __________________________ Course: ___________________________

This plan is to be instituted by faculty when a student is NOT meeting expectations at any point during the course. If outcomes are not met by the end of the course, the student may fail the course. This performance plan must be reviewed with the student and signed by both faculty and student within one week of the unsatisfactory performance. The intent of the performance plan is to clearly identify the problem areas and outline a remedial plan of action for the student to follow. The student must be reevaluated and progress (or lack of) documented with both the faculty’s and the student’s signatures. Failure of the student to keep the evaluation appointment will be documented.

**Section I**

<table>
<thead>
<tr>
<th>Date:</th>
<th>Week of SPIP:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify outcome not being met</td>
<td></td>
</tr>
<tr>
<td>Description of circumstances and unsatisfactory behavior(s) demonstrated and date observed</td>
<td></td>
</tr>
<tr>
<td>Faculty and student’s plan to meet outcome</td>
<td></td>
</tr>
<tr>
<td>Evaluation – not met and plan continues</td>
<td></td>
</tr>
<tr>
<td>Evaluation – continue with plan to demonstrate consistency</td>
<td></td>
</tr>
<tr>
<td>Evaluation – outcome met</td>
<td></td>
</tr>
</tbody>
</table>
### Section II

**Student Reflection – Completed by Student** (If additional room is needed, please continue on separate sheet of paper.)

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>How do you feel you are doing academically?</td>
<td></td>
</tr>
<tr>
<td>In what areas are you making progress?</td>
<td></td>
</tr>
<tr>
<td>What help have you sought from faculty, the Academic Resource Center, your advisor, and others? (Give specific examples)</td>
<td></td>
</tr>
<tr>
<td>If you did not seek academic help, how do you expect to succeed?</td>
<td></td>
</tr>
<tr>
<td>Faculty Comments:</td>
<td></td>
</tr>
</tbody>
</table>

Date and time for next review__________________________________________

Student Signature ___________________________ Date ____________________

Faculty Signature ___________________________ Date ____________________

One copy of the SPIP will be given to the student and one copy will be retained by the faculty member and advisor.
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SILVER LAKE COLLEGE OF THE HOLY FAMILY MISSION, GOALS, AND VISION
DIVERSITY STATEMENT AND HISTORY

Mission Statement
Silver Lake College of the Holy Family is a dynamic learning community that empowers students through a quality liberal arts education integrated with professional preparation offered in an environment of mutual respect and concern for persons based on the principles and truths of Franciscan Catholic tradition.

Goals
Silver Lake College of the Holy Family strives to:
- Develop a community of lifelong learners.
- Provide educational opportunities for professional preparation within a liberal arts experience.
- Prepare students for self-directed intellectual inquiry and aesthetic appreciation.
- Foster commitment to Christian values, service, and leadership in the world community.

Our Vision
Silver Lake College of the Holy Family will be known as a Franciscan Catholic college dedicated to developing students to serve, lead, and transform our world. Our future will be centered on educating the whole person in an environment that celebrates teaching and learning, integrates our Franciscan values in all that we do, and delivers on a promise of quality liberal arts education and professional preparation.

Diversity Statement
Silver Lake College believes diversity is integral to the educational and developmental experience of all learners. As a college community, we strive to be inclusive recognizing and valuing opportunities to integrate dimensions of diversity in broadening our interpretation and understanding of humanity. We respect and uphold the many facets of human identity in helping support and strengthen our college mission, vision, and values.

History
Nursing education is very much a part of our history.

Holy Family College, the predecessor of Silver Lake College of the Holy Family, was established by the Franciscan Sisters of Christian Charity in 1935 for the purpose of educating young women who entered the religious community. Nursing students from the Holy Family Hospital School of Nursing attended the college by special arrangement.

Since 2006, Silver Lake College has been offering a Bachelor of Science in Nursing completion program for registered nurses who have an Associate Degree.

The College signed articulation agreements with the University of Wisconsin Colleges and the Wisconsin Technical College System to make it easier for nursing students to transfer their credits from those learning institutions to Silver Lake College.

DEPARTMENT OF NURSING PURPOSE AND PHILOSOPHY

Program Purpose
The purpose of the Bachelor of Science in Nursing at Silver Lake College is to develop professional nursing leaders in all areas of practice who can respond to the health care needs of a changing society.
**Program Philosophy**

Silver Lake College of the Holy Family's Nursing Program believes that every individual is unique and is entitled to receiving an education which fosters intellectual inquiry, development of self and mutual respect and concern for others.

Health is a dynamic state that embraces physical, psychosocial, spiritual, and cultural well-being. Silver Lake College is committed to providing our students with a community that enables personal and professional development.

Professional nursing is a dynamic, interactive, caring process, making a distinctive contribution to society. Nursing education is based on liberal arts and sciences. Evolved from nursing theory and research, nursing education prepares the nurse for evidence-based nursing practice, utilizing critical thinking skills to provide a holistic approach to delivery of care that is culturally sensitive. Nursing provides healthcare to individuals, families, and communities. Central to professional nursing are Silver Lake College's Franciscan values: community, compassion, peacemaking, and reverence for creation.

The Nursing Program is committed to demonstrating the role of leader, educator, facilitator, and communicator. The nursing faculty is designed to develop a community of lifelong learners through curriculum excellence. Developing nursing leaders who are caring professionals, and who understand the ethical, moral, and legal implications of their nursing practice, fulfills our mission and goals.
### PROGRAM LEARNING OUTCOMES

<table>
<thead>
<tr>
<th>BSN ESSENTIALS</th>
<th>PROGRAM LEARNING OUTCOMES</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. Liberal Education for Baccalaureate Generalist Nursing Practice</td>
<td>Synthesize theoretical and empirical knowledge from the liberal arts and sciences with nursing to enhance professional practice.</td>
</tr>
<tr>
<td>II. Basic Organizational and Systems Leadership for Quality Care and Patient Safety</td>
<td>Apply leadership concepts, skills, and decision-making in the provision of high-quality nursing care, healthcare team coordination, and the oversight and accountability for care delivery in a variety of settings.</td>
</tr>
<tr>
<td>III. Scholarship for Evidence Based Practice</td>
<td>Effectively apply frameworks, theories, concepts, models, and evidence-based practice to maximize positive health outcomes for individuals, families, groups, and communities.</td>
</tr>
<tr>
<td>IV. Information Management and Application of Patient Care Technology</td>
<td>Incorporate effective communication techniques and collaborative skills within the professional roles of nursing.</td>
</tr>
<tr>
<td>V. Healthcare Policy, Finance, and Regulatory Environments</td>
<td>Recognize personal accountability in shaping healthcare delivery by participating in political and regulatory process as a member of the nursing profession.</td>
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<tr>
<td>VI. Interprofessional Communication and Collaboration for Improving Patient Health Outcomes</td>
<td>Incorporate effective communication techniques and collaborative skills within the professional roles of nursing.</td>
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<tr>
<td>VII. Clinical Prevention and Population Health</td>
<td>Utilize a holistic approach to advocate for and improve access to healthcare for vulnerable populations locally, nationally, and globally.</td>
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<tr>
<td>VII. Clinical Prevention and Population Health</td>
<td>Collaborate with other professionals to provide health promotion and maintenance, disease prevention, illness management, and end-of-life care across the life span.</td>
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<tr>
<td>VIII. Professionalism and Professional Values</td>
<td>Articulate the value of pursuing practice excellence, lifelong learning, and professional engagement to foster professional growth and development. Provide academic foundation that will enhance practical knowledge, skills, and attitudes of the nursing professional.</td>
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</table>
The pre-licensure nursing framework affirms nursing's human foundations and is primarily concerned with human beings, their values, beliefs, perceptions, capacities, and achievements. The humanistic framework addresses nursing as its central concept. Integral to nursing are professional values, nursing concepts, and professional development. Nursing interacts with each of these three concepts as they interact with each other. The sub-concepts of nursing are Liberal Arts, Franciscan Values, Service, and Servant Leadership.
**GIDDEN’S CONCEPT-BASED NURSING CURRICULUM**

As the body of nursing content increases exponentially, it is no longer possible to learn all nursing content as in the past. Our approach with our nursing curriculum is necessary to prepare our students for this ever-changing profession. Silver Lake College has organized their pre-licensure BSN curriculum around Gidden’s Concept Based Curriculum. This involves a shift from the traditional methods of teaching health and illness content areas to key concepts that are presented across the life span and across clinical settings in both didactic and clinical courses. Exemplars are used to teach the concepts, but not all content is addressed. Student learning is interactive that focuses on critical thinking and using additional resources as needed.

View the brief, two-minute YouTube, *Gidden’s: Concepts of Nursing Practice* for additional insights. [http://www.youtube.com/watch?v=QykYJtXveVA](http://www.youtube.com/watch?v=QykYJtXveVA)

Foundational concepts from a theory course are used concurrently in the clinical setting with a variety of conditions to form connections between theoretical concepts’ the client is experiencing. Concept based learning is planned and purposeful to promote the transfer of learning that will transcend age, setting, and the health continuum. The clinical schedule will direct reading and review of concepts, explore necessary data collection elements, and continuous nursing skill practice to prepare for the clinical experience.

During the clinical experience, students are assigned a specific client. However, to provide a point of comparison, you should also have students perform a focused assessment for 1-3 additional clients, looking for potential or actual alterations in the assigned concept. The student will then present what was learned at the end of the clinical day. In this situation, a student may still receive an individual client assignment, but the focus of learning is on key points of the assigned concept for that clinical experience.

The focus of Concept-Based Learning in the clinical setting are pattern recognition and critical reflection, which support the development of clinical judgment and decision making abilities as opposed to completion of tasks. Using the conceptual approach in the clinical setting and assessing multiple clients helps students better understand that not every client will demonstrate every possible alteration of the concept. This approach helps students develop solid assessment skills and build a strong foundation for clinical judgment.


References:


### CLINICAL INSTRUCTOR RESPONSIBILITIES

**Checklist for Instructor**

<table>
<thead>
<tr>
<th>Requirements</th>
<th>Person Responsible</th>
<th>Initials</th>
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<tbody>
<tr>
<td>Current Unencumbered RN License</td>
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<td>Clinical Faculty Handbook Discussed</td>
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<td>Clinical Paperwork Discussed</td>
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<td>TB test (annual)</td>
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<td>Flu vaccine (annual)</td>
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<td>Hepatitis B Series (one time only)</td>
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<td>Agency Specific EHR Access and Training</td>
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Nursing faculty are required to have and maintain current:

- Titers showing immunity for measles, mumps, rubella, varicella, and hepatitis B and necessary vaccination/boosters.
CLINICAL SUPERVISION OF STUDENTS

Student-Focused Behaviors:

1. Student Expectations - Set clear expectations on Day 1
   a. Student Success Contract in Clinical – Based on 5P’s
      i. Preparedness – Arrived prepared.
      ii. Professional Behavior – Behaved in a professional manner.
      iii. Professional Appearance – Uniform appropriate, dress code upheld.
      iv. Punctuality – Was on time.
      v. Performance – Assured client safety.
   b. Student Conference Record – Student Performance Improvement Plan
2. Assess learning needs of students, recognizing and accepting individual differences.
3. Assess student level of anxiety, provide support and give ongoing feedback.
5. Weekly Student Learning Outcomes (SLO’s) for Clinical
   a. Relate to the Course Learning Outcomes - Clearly explain concepts and theories applicable to client care for each weekly focus.
   b. Student Preparation for concept based learning during the clinical setting. Evidenced by the guidelines for each student learning outcome.
6. Direct Client Care – determine amount of student supervision (Staff is responsible for Client)
   a. Need to focus on the concepts from theory and SLO’s.
   b. Assist with physical exam of client and interpretation of findings.
7. Assist students as needed with planning and organizing care. Provide tips on organization.
8. Review interventions and procedures with students prior to performance as needed and dependent upon level of student ability and knowledge.
9. Allow the student to work as independently as possible unless there is a safety issue.
10. Observe student for competency level in achieving Program Outcomes.
11. Ask higher level questions that assist students in thinking through complex clinical situations and cases requiring critical thinking. Help students notice salient features of situations and recognize patterns.
12. Encourage students through teaching and evaluation to think independently and beyond accepted practices and to try out new interventions.
13. Use reflective questioning for the student to evaluate their own performance.
    a. Example: What did you first notice about your client? How was what you noticed different than expected? What else did you need to know about your client? What was the client’s most important need? What evidence did you use to make a decision?
14. What learning needs can the student identify for the next clinical experience?
Teacher-Focused Behaviors:

1. Be well prepared for the skills and learning needs for the clinical teaching day. (Review Student Learning Outcomes within the Weekly Clinical Plan. Review the concept focus in Giddens)
2. Determine the policy of the facility in regards to client care and interventions performed by students.
3. Mistakes are part of learning. Be sure to correct students in private, but ask for permission to discuss with the group to enhance learning for all.
4. The instructor does not have all the answers. Role model by using available resources to help find answers. Discuss how resources are found and utilized.
5. Keep notes for evaluation of the students that include strengths and weaknesses, type of care provided to what type of client, agency, skills learned, etc.
6. Be available for questions and to provide assistance.
7. Determine a time management style to be available for medication administration and other supervised procedures.
8. When possible, seek feedback from staff that have observed student-client interactions.
9. Develop clinical teaching strategies that encourage students to problem solve, arrive at clinical decisions, and think critically in a clinical situation.
10. Vary clinical teaching methods to stimulate student interest and meet individual needs of students.
11. Be available to students in clinical settings when they need assistance. Provide constructive feedback during clinical and with clinical paperwork.
12. Serve as a positive role model for students.

References:


MAKING CLINICAL ASSIGNMENTS
Student-Focused Considerations:

1. Recognize each student as an individual and understand the skill level and learning needs of each student.
2. Determine if the traditional individual assignment is best or the use of dual or multiple assignment to enhance the experience.
3. Allow for collaboration with the student for assignments to meet individual interest and learning opportunity. Student self-assignment should be approved by instructor.
4. Consider student goals and needs during planning of clinical experience.
5. Provide opportunities for practice of clinical skills, procedures, and technology. This does not have to be with the assigned client.
6. Recognize the different skill level among the students and incorporate the appropriate level of practice to enhance and improve skills.
7. Choose assignments that will provide a diverse experience for the students. This could include diverse cultural background, gender, medical and nursing diagnosis, healthcare needs, and age groups.

Teacher-Focused Considerations:

1. Involve the staff when preparing for clinical assignment when possible to get better insight on issues that might benefit or hinder learning.
2. Structure clinical assignments and activities to build on one another.
3. Give assignments that you know that you would be able to handle.
4. Be aware of the skill sets required by the overall client load of the clinical group for your time management of the clinical day. Too many skills that require supervision leads to students waiting around and a chaotic day.
5. Plan assignments that help in transfer of learning in the clinical setting, meet learning needs, and promote acquisition of knowledge and development of competencies.
6. Look for opportunities for student collaboration and interaction with other health disciplines. Foster appreciation of inter-professional relationships to enhance understanding and appreciation of each role in the healthcare system.

References:

CONDUCTING PRE- AND POST-CONFERENCES

Pre- and post-conferences are group learning experiences that should bridge the gap between classroom learning experiences and clinical experiences. Well-developed conferences focus the learning experience and provide opportunities for students to critically apply concepts discussed in class to client situations. In addition, students should have the opportunity to examine issues that have arisen during the clinical experience (e.g., ethical, legal). Conference time should not introduce new didactic content. Both students and staff should be informed where and when these conferences will be scheduled (in case staff needs to locate instructor or students during conference). All students are expected to attend and participate in pre- and post-conferences.

Pre-Conferences:
1. Pre-conferences precede the clinical experience and allow each student to briefly share their goals for client care with the total group and can be used for preparatory guidance to assist the student in clarifying questions and preparing and identifying priorities for their care. Pre-conference is a good time to remind students of concept focus for the day.

2. Goal-oriented pre-conferences can be efficiently conducted with the entire clinical group, but individual student concerns may need to be discussed one-on-one after pre-conference between the student and faculty. Some instructors use this time to provide students with client status report from the off-going nurse or the nurse they will work with that day. Examples of goal oriented pre-conference include medications, laboratory findings, or interventions related to the concept focus.

Post-Conferences:
1. Post-conferences allow students to critically reflect upon their clinical experiences, learn from others in the group, and assist the students to develop more in-depth learning related to the clinical outcomes. The main focus of the post-conference should be the client-centered care for the concept(s) and interrelated concepts by comparing the student’s clients.

2. Allow the students to direct the post-conference discussion. Faculty may encourage further elaboration of important aspects of the students’ discussions by raising high-level questions, suggesting relationships, and facilitating all students’ participation in the topic.

3. Students can also participate in “grand rounds” in which (with client/parent permission) the student group and faculty member make rounds to demonstrate client characteristics and nursing care related to the selected concept(s) that provided the focus for care that day. Focused topics should be guided by the clinical outcomes and reinforce class content using specific client care examples, but should NOT replace or repeat content taught in class.

4. Students can participate in inter-professional communication by completing ISBARR to the nurse and/or to the Provider.

5. Preparation could include asking the students to bring articles (research or nursing care), standards of practice, or other published nursing literature to supplement ideas used for clinical topics.

6. Medication math exercises will be discussed in post-conferences.
References:


USING CRITICAL THINKING EXERCISES IN CLINICAL AND PRE/POST CONFERENCES

What is critical thinking? According to Alfaro-LeFevre (2004), critical thinking in nursing “refers to purposeful, informed reasoning both in and outside the clinical setting” whereas “clinical judgment and clinical reasoning refer to using critical thinking in the clinical setting...” Both involve “purposeful, informed, outcome-focused (results-oriented) thinking that requires careful identification of key problems, issues, and risks involved.” (p. 3) Both logic and intuition can be used, and the nurse’s knowledge and experience, as well as nursing process and the scientific method, are essential in contributing to reasoned, evidence-based practice.

Instructor can help students’ use critical thinking during clinical practice as well as in post-conference by raising some of the following questions to guide the students’ thinking. (Feel free to add your own questions to this list as you find those that seem best for you to use, but try to be gentle and avoid interrogating the students. It may be difficult for them to think critically if they are overly anxious. Sometimes asking the student to “think out loud” can be useful in tracking their thought processes.)

1. What symptoms or client/family characteristics are apparent related to the physiologic or psychosocial concept(s) that may be the focus of the clinical experience?
2. What outcomes or goals are appropriate related to the goals the client/family desire to achieve? When is a reasonable time to expect that the outcome can be achieved?
3. What nursing diagnoses can you identify based on the client/family data available to you? Why are the diagnoses you selected the best in this situation? Are the diagnoses actual or is the client at risk for some? How do you decide? What additional data do you really need? Why? Where/how can you obtain the data most quickly? What outcomes would be appropriate to expect and what criteria will you use to evaluate them?
4. What knowledge is necessary to provide best practice in this situation? This can range from pathophysiology or pharmacology to policies/procedures, the client/family’s culture, and knowledge of the nurse’s scope of practice. What resources will help you obtain this knowledge and where are they?
5. What has the client tried to do about the problem (What is the client’s “story”)? What is the rationale for planned or provided nursing interventions? How effective were these in achieving the desired outcomes? If the attempt was unsuccessful, why do you think so? What else should be done to achieve the desired outcome safely and efficiently? Why? What evidence supports your recommended action? What is the source of the evidence? What is your client’s opinion of your actions/recommendations? Do you have the knowledge, skills, and attitudes to do what you are recommending? If not, what help is needed?
6. When you reflect on your time with the client/family today and the outcome you wanted to achieve, contemplate whether or not you were successful in achieving the goals/outcomes. If not, what knowledge, skills, or attitudes need to change? What are the risks and benefits to your suggested changes? If you make no changes, what do you think the client/family’s condition or situation might be tomorrow?

References:

USING CONCEPT MAPS
Concept mapping is a critical thinking exercise that can be used in both classroom and clinical situations. In the classroom, concept mapping can be an exercise to stimulate students’ thinking about a particular case study. In clinical, the students would use their own clients for this exercise. It can be completed by an individual student to replace or supplement the written nursing process for a particular client, or conducted in post-conference using group dialogue applied to a particular client care situation. Concept maps have been found to improve non-linear thinking to identify relationships among concepts and foster critical thinking (Abel & Freeze, 2006; Hicks-Moore & Pastirik, 2006). Concept map care planning is an innovative technique for understanding the client’s condition and problems as well as planning interventions. According to Schuster (2002), the concept map is a diagrammatic representation that can be used to “organize client data, analyze relationships in the data, establish priorities, build on previous knowledge, identify what you do not understand, and enable you to take a holistic view of the client’s situation.” (p. 2)

1. Begin with a central or top circle or box to begin the process of the concept map. This could be the client’s age, admit date, admitting diagnosis, or home care referral, or for being seen in the clinic (presenting complaint or medical diagnoses).
2. Begin listing data in boxes that relate to this complaint. Medical History, Allergies, Assessment Data, Vital Sign Trends, Labs, and Diagnostics, Medications. Data can be moved back and forth but eventually the data should lead to the establishment of as many nursing diagnoses as the data support.
3. The data should be very specific, and include the client’s subjective and objective data
4. Add boxes or bubbles while continuing to list data and develop nursing diagnoses until all data and diagnoses have been exhausted.
5. Then connect the diagnoses with lines to show relationships. Which diagnoses are connected in some way, or flow from one another? When all the lines have been drawn, look at the diagnoses and the relationships. Do the lines assist in assigning priorities? At this point, the students should assign priorities to the identified nursing diagnoses and dialogue about their reasoning.

If this exercise is being conducted in post-conference, students may have actual data to include in a concept map of the outcome/evaluation of their care and begin revising the map to improve care, as well. It may be useful to have the student draw the map on a black or white board in the conference room, so all students can see it and participate in developing and modifying the map.

The same process can be useful to examine ethical dilemmas, community care, management issues, and other types of clinical problems.

References:


TIME FRAME FOR EVALUATION

(Formative and Summative)

Formative Evaluation (ongoing evaluation that occurs throughout the clinical experience). Formative evaluation provides:

1. Ongoing, specific, timely, and constructive feedback regarding clinical experiences to assist students’ further growth and skill development.
2. Insight into students’ preferred learning styles, readiness to learn, learning needs, levels of ability and aptitude to develop at progressively more advanced levels. For example, have assignments been too basic for the student? Is the student ready to care for more than one client? Are the instructor’s expectations appropriate and realistic?
3. Assess progress towards achievement of WEEKLY Student Learning Outcomes (SLO)
   a. Weekly Student Self-Reflection of SLO’s
      • Clinical Pre/Post-Conference
      • Clinical Paperwork
   b. Faculty Evaluation of SLO’s - See Appendix D
      • Direct Observation – Best way to measure and verify clinical competency - immediate feedback to student
      • Clinical Paperwork – Care map, picturegram, narrative
         o All assignments will be submitted through Joule with feedback expectation per the Clinical Coordinator (student due dates, instructor feedback response due dates, etc.)
4. If a student demonstrates unprofessional behavior, delivers unsafe client care, or fails to complete any clinical assignment satisfactorily, the Clinical Instructor will discuss the situation with the Clinical Coordinator.

Summative Evaluation

1. Make judgments concerning achievement of a satisfactorily level at the end of learning experience. Conferences will be held to discuss clinical progress. It is the student’s responsibility to attend the mid-term and final evaluation conference prepared to discuss their progress toward meeting the outcomes of the clinical course.

Mid-Semester Evaluation

Due process means that the student has the right to know what s/he must do to successfully complete the expectations of the clinical experience; all instructors have the responsibility to communicate these clearly to the student. Students must receive regular written and timely feedback on their performance, especially if it fails to meet expectations; be told the consequences of their continued failure to meet expectations and what they must to do meet them; and have the opportunity to remediate and improve.

End-Semester Evaluation – Most Critical

During a final summative evaluation, the students must be informed whether or not they have met the course/clinical outcomes. Students need to be informed if there is a certain point at which observations of their performance will begin to contribute to the final/summative clinical evaluation. Performance achieved at the end of the clinical experience matters most. Ultimately the instructor must decide if the student has met the course/clinical outcomes, if the student is safe to provide care, and whether or not the instructor has clear evidence that supports these judgments.
a. Indicate the level of the student’s performance during the final conference.
b. Include a brief narrative note describing the student’s overall performance relative to each objective for the clinical experience. It may be useful to include examples of student behaviors that support the rating achieved (satisfactory, needs improvement, unsatisfactory).
c. If the student does not achieve the clinical outcomes, the student deserves to be informed in private. The clinical coordinator may need to conduct this conversation or be present for it.
d. If a student demonstrates unprofessional behavior, delivers unsafe client care, or fails to complete any clinical assignment satisfactorily, the clinical instructor will discuss the situation with the Clinical Coordinator and make a decision regarding the student’s status in the clinical course and grade

Standards for Evaluation/Evaluation Tool
(Norm-referenced/Criterion-referenced)
1. Criteria is set standards
   a. If all criteria met – student passes
   b. If not all criteria met – student does not pass
      i. Not able to achieve Student Learning Outcomes
      ii. Cannot transfer theory into practice
      iii. Has consistent lack of understanding of his/her limitations
      iv. Cannot anticipate the consequences of actions or lack of actions
      v. Consistently fails to maintain communication with faculty and staff about client care
      vi. Is dishonest about client care
2. Clinical/Competency Performance is part of clinical
   a. Direct client care - Emphasize the thinking not the skill
   b. Experience
   c. Medication Calculations
3. Paperwork should support the Evaluation – it is not the evaluation.
4. Validity – measure what you want to measure
   a. Clinical learning outcomes match the course learning outcomes
      i. verifies that evaluators are in fact collecting and analyzing results they intend to measure
   b. Shows that measurement tools are relevant, accurate, and useful
5. Reliability – based on the outcome data – Are the students making the connection of the theory to the nursing practice?
   a. Is the extent to which the tool is dependable, precise, predictable, and consistent?
   b. Will the same tool yield the same results when used by different faculty?
Select the Evaluator

1. Faculty Evaluation
   Data sources contributing to the evaluation of clinical experience include observation of student-client interactions, actual care provided by students as well as their written plans of care, verbal report of their interactions with clients from students and staff, and students’ performance during laboratory activities or experiences. Faculty responsibilities include the following:
   a. Evaluation of critical thinking by asking open-ended higher level questions (why and why not?) for which several answers are possible. In the evaluation process, ask:
      i. How does the student develop answers to problems?
      ii. What does the student do when s/he doesn’t know the answer?
      iii. What are the student’s reasons? Sources of information?
      iv. Does the student ask reasons why things occur? Why some interventions are better? Know how to locate valid and reliable evidence?
      v. Are many alternatives generated by the student in choosing a solution?
      vi. What discrepancies in the environment are the students able to identify that may affect the client’s health, access to care, and outcomes?
   b. Maintain confidentiality; never compare this student’s performance with others in the clinical group. Provide feedback that identifies student deficiencies away from the bedside, staff, and other students.

2. Student Self Evaluation - Provide opportunity for students to evaluate their own performance and include this written document as part of the evaluation materials that remain in the student’s file.
   a. Knowledge/Cognitive - verification
   b. Skills/ Psychomotor demonstrated -competency
   c. Attitude/ Affective- reflection

3. Only Faculty can complete evaluation
   a. Keep meticulous documentation
   b. Meet with student to provide frequent/weekly Constructive Feedback
   c. Assist poorly performing students
      i. Revisit Student Success Performance Improvement Plan
      ii. Follow school policies consistently – Student Handbook
      iii. Notify student of reason for failures/non-competence
      iv. Maintain student confidentiality
      v. Show genuine concern
      vi. Refer to Faculty Coordinator/Director of Nursing
      vii. Student Conference Record if necessary
   d. Ask another faculty to evaluate student and be present at student conference

4. Preceptor can’t complete evaluation.

References:

CONCEPTUAL CLINICAL TEACHING STRATEGIES

Judging how much Ambiguity

1. Two students take vital signs on all clients.
2. The students then will look at the client’s history, medications, etc.
3. After reviewing the health record, the students will then determine the variations among the clients.
4. During post conference, the students would then discuss what the acceptable and unacceptable ranges of the vital signs for each client and why.

Relating Concepts to Nursing Skills

1. Two students review three nursing skill procedures (including a checklist for performing the skill)
2. These two students assess 2 or 3 clients.
3. After assessing each client, determine how each skill will be modified to accommodate the individual needs of each client.
4. Then for each area that needs to be modified, discuss the concept that relates to the modification. i.e. Urinary catheter insertions skill – client with limited range of motion- then Mobility would be the concept for necessary modification in the positioning of the client.

Continuum of Care

1. Two students arrive on the unit for the day.
2. These two students will assess/interview, gather data on a group of clients (2 or 3) with alterations in "Concept of the Day". The students do not provide traditional client care so are not ‘assigned’ these clients.
3. The students compare/contrast the clients; they compare and contrast treatment modalities.
4. The students develop a care plan.
5. The students talk with the discharge planner. Decide what community resources they will need and that are available for adults, for children, etc.
6. The students complete an internet search and learn about the community resources, gathering data about how this community resource works.
7. The students then relate these community resources to their specific clients.
8. Present their investigation in post-conference

Compare/Contrast Clients with Same Condition

1. Two students find 4 clients with the same medical diagnosis
2. The students collect information on all 4 clients such as: history, pre-existing conditions, diet, medications, treatments, limitations in ADL’s
3. The students visit each client and perform an assessment.
4. During post-conference – the students compare and contrast noting how what they learned in the textbook compares with what they are seeing, and identify what is different and why.
5. Discuss all the pertinent information and note reasons: shy diet, medications, treatments, etc. vary from client to client.
6. Discuss the assessment findings and note when specific findings would be out of range, what those would be, and what actions to take.
7. Note possible complications for each client and nursing interventions to prevent those complications.
<table>
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<th>Client 3</th>
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<td>Diagnostic Tests</td>
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**Addressing the Larger Health Care System**

1. Two students spend a day assessing the environment and at least 3 clients.
2. The students need to assess the environment and those clients from the perspective of the National Patient Safety Goals.
3. Determine the following questions for each client:
   a. What precautions should the nurse take relative to each safety goal for each client?
   b. For each client, is there a safety goal that is the most important for each of these clients?
   c. What information about each of these clients is most important to communicate to the nurse on the next shift?
   d. What factors about the environment indicate these safety goals are being met?
   e. What factors about the environment indicate a need to change so the safety goal can be met? (Gap Analysis)
4. During Post-Conference, the students will discuss the findings of their assessments.

**Medication Administration/Health Care System**

1. Two students work with two different nurses on day one and then two different nurses on day two – four total nurses.
2. “Shadow” the nurse, watching and noting every step of the system in which medications are administered. From the time the medication prescription is written/ordered until the effects of that medication have been evaluated.
3. On the 2nd day of the experience, the two students work together to develop a description of the medication system used in that healthcare agency. Can be a chart, concept map, any other visualization of the process.
4. Access ismp.org
   a. Explain what information on that site relates to the experience?
   b. What new information did you learn?
5. The students will then describe and discuss the process in post-conference focusing on the elements of the larger system and where in the process an error might be made and by whom that can result in a medication error by the nurse.
QSEN Questions:

Patient Centered Care:
1. What can you do to demonstrate intentional caring and promote client centered care with sensitivity and respect for your client in the context of this clinical experience?
2. How can you ensure and assess the effectiveness of communication with the client and family?
3. How can you integrate your client's preferences/values as you coordinate your plan of care or provide any needed education?
4. How can you ensure that your client is an active partner while under your care and promote self-care once they are discharged?

Teamwork and Collaboration:
1. What can you do to facilitate a safe and effective update/report to the physician or oncoming nurse?
2. What would you do if you were not comfortable performing any new skill that was required to take care of this client?

Evidenced Based Practice:
1. As a new nurse, what resources could you utilize to provide current, evidenced based, and individualized care planning based on the needs of this client?

Safety/Quality Improvement:
1. What would you as a nurse do if you almost gave the wrong dose of one of the ordered medications because of a similarity in the label provided by pharmacy to another drug?

Informatics:
1. What medical electronic data bases are available in your clinical setting that would be a resource if needed to obtain needed information on a medication you have not given before or an illness/surgery you have never seen before?
Clinical Attendance Policy

In order to ensure continuity of patient care, a student must notify the clinical faculty of an absence 30 minutes prior to the start of a clinical experience. Nonhospital clinical students must notify the agency and instructor one hour before the clinical start time. Failure to notify the clinical faculty of an absence in advance of the clinical experience will be documented and the student will receive a written warning for failing to provide proper notification.

Clinical instructors will notify course instructor of absences the same day the student misses clinical.

In order to maintain patient safety, the faculty may dismiss the student from the clinical area with instructions to remedy the problem if the student is not prepared for the clinical experience. Such dismissal will be documented as an absence.

**Clinical absences will be documented and the student will be held accountable to make up the clinical hours missed to meet the required course hours.** Hospital-based clinical hours missed will be made up on a 1:1 hour basis either by simulation, demonstrating skills in lab, or a combination of both as determined by the course instructor and clinical instructor. Non-hospital based clinical hours will be made up as determined by the course instructor.

Students are required to make up the missed clinical hours within a designated time period as assigned by the course instructor. If the clinical hours are not made up as assigned by the course instructor, students may be dropped from the course.

Students must meet all required clinical hours listed on the course syllabus, course and clinical learning outcomes to achieve a “pass” for clinical.

*Missing the first clinical day/clinical orientation of the course may result in a drop from the course.*
### Clinical Courses with 45 Hours or Less

**Clinical Absences:**

<table>
<thead>
<tr>
<th>Student Will:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1&lt;sup&gt;st&lt;/sup&gt; Clinical Absence</td>
<td>Student given Student Performance Improvement Plan (SPIP)</td>
</tr>
<tr>
<td>2&lt;sup&gt;nd&lt;/sup&gt; Clinical Absence</td>
<td>Will be dropped from the course.</td>
</tr>
<tr>
<td>Failure to notify faculty of clinical absence.</td>
<td>Receive an SPIP. Second occurrence will result in being dropped from the course.</td>
</tr>
</tbody>
</table>

### Clinical Courses with 46 Hours or More

**Clinical Absences:**

<table>
<thead>
<tr>
<th>Student Will:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1&lt;sup&gt;st&lt;/sup&gt; Clinical Absence</td>
<td>Student given SPIP. Hours missed will be made up.</td>
</tr>
<tr>
<td>2&lt;sup&gt;nd&lt;/sup&gt; Clinical Absence</td>
<td>Student given SPIP. Hours missed will be made up.</td>
</tr>
<tr>
<td>3&lt;sup&gt;rd&lt;/sup&gt; Clinical Absence</td>
<td>Will be dropped from the course.</td>
</tr>
<tr>
<td>Failure to notify faculty of clinical absence.</td>
<td>Receive and SPIP. Second occurrence will result in being dropped from the course.</td>
</tr>
</tbody>
</table>

- Clinical Sessions: Students are expected to attend all clinical sessions necessary to meet the learning outcomes and credit requirements of the course.
- Clinical hours include pre-clinical laboratory practice, pre- and post-conferences, all scheduled clinical days, alternative clinical learning activities, and simulation.
- All students must complete the clinical orientation requirements and attend the agency specific orientation prior to all clinical rotations.
- Late arrival or leaving early from the clinical experience may result in a student conference and may place the student at risk for failing to achieve the clinical course outcomes.
- In case of serious illness or emergency situations, a student may find an absence unavoidable. When an absence occurs, the student must notify the clinical instructor a minimum of 30 minutes in advance of the clinical hours. Any absence can jeopardize successful achievement of course outcomes. Consequences of any absences will be determined at the time of the clinical evaluation.
- Students are required to attend all clinical sessions.
  - A missed clinical is defined as a clinical absence due to illness or personal reasons.
  - Any clinical absences may lead to an “unsatisfactory” in clinical and failing grade (F) for the course.
  - Emergency circumstances are individually evaluated by the faculty in consultation with the program director.

**How to decide if you are too sick to attend clinical (verified with a healthcare provider’s note):**

- Fever > 100.4
- Conjunctivitis (pink eye)
- Diarrhea – lasting more than 12 hours
- Group A Strep-culture confirmed or physician diagnosed
- Jaundice – yellowing of the skin which might suggest viral hepatitis
- Cold sores (herpes)
- Active measles, mumps, pertussis, rubella, or chicken pox
- Upper respiratory infection
• Tuberculosis and/or positive TB skin test
• Shingles (chicken pox) or any rash of unknown origin
• Head lice
• Scabies (mites that burrow under the skin causing a rash)
• Any draining wound such as an abscess or boil
• Impetigo (type of skin infection)
• Mononucleosis
Student Success Contract  
NRS: ____

Clinical is a critical component of learning in Silver Lake College Nursing Program. In clinical the student represents the nursing profession and Silver Lake College. Students are expected to be professional and provide safe client care. In order to do this, students are expected to follow the 5 P’s:

- **Professional Appearance**: Students are expected to be dressed in appropriate professional clinical attire, including hair, nails, shoes, and cleanliness. Students who are inappropriately dressed for clinical will be sent home. Reference Nursing Student Handbook for details.

- **Professional Behavior**: Character attitude of teachable and accountable spirit, professional communication, and demeanor. Each clinical experience across the program of study builds on each other in complexity and performance expectations. Even though the focus of the client changes, such as pediatric, community, or complex care of the adult, the behaviors and knowledge of what is expected for the student to pass clinical respectively increases as their ability to perform more independent complex client care increases. Expected student performance for the clinical is clearly detailed by weekly clinical outcomes and level program outcome in the clinical evaluation tool with specific exemplars.

- **Preparedness**: Be prepared for clinical. This means that all required clinical preparation (supplies/equipment, assignments, and medication preparation) must be completed before the time you are expected to be at clinical. Students who are unprepared for clinical will be removed from the clinical site and sent home from clinical. Consistently being unprepared for clinical will result in failure of the clinical portion of the course, hence failure in the course.

- **Punctuality**: Students are expected to be on time for clinical and must complete the clinical paperwork by the due date. Completes assessments and documentation on time. Consistently late or minimal performance will be considered inadequate and result in failure of the clinical portion of the course, hence failure in the course.

- **At times students become ill or have an emergency and are not able to attend clinical. Students are expected to contact the clinical faculty and the clinical site before the time clinical starts to get an excused clinical absence and discuss make-up requirements. Reference Nursing Student Handbook for details.**

- **Performance**: Provide safe client care. Clinical is a learning experience where students apply what they learned in class and through preparation provide safe client care. Therefore students are evaluated on their ability to consistently perform safe client care, which is clearly detailed in the weekly learning outcomes and in the clinical evaluation tool. Students who are unsafe in clinical practice will fail clinical, hence will fail the course.

Students will be formally evaluated by faculty at mid-clinical and at the end of the clinical experience. Students will complete a detailed clinical self-evaluation at the mid-term and final clinical experience, which is to be presented and discussed with their clinical faculty at each clinical evaluation.

____________________________________________  ________________________
(Student)  (Date)

____________________________________________  ________________________
(Clinical Faculty)  (Date)
STUDENT CONFERENCE RECORD

Student Performance Improvement Plan

Date__________________________Student Name______________________________

Signatures of All Individuals in Attendance:

<table>
<thead>
<tr>
<th>Incident</th>
<th>Remediation Plan/Consequences</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Outcome:

Remediation    Met __
                Not Met ___

Final Disposition:
Program Review Plan
Bachelor of Science in Nursing
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Section 1: Program Overview

Nursing education is very much a part of our history.

Holy Family College, the predecessor of Silver Lake College of the Holy Family (SLC), was established by the Franciscan Sisters of Christian Charity in 1935 for the purpose of educating young women who entered the religious community. Nursing students from the Holy Family Hospital School of Nursing attended the college by special arrangement.

Since 2006, Silver Lake College of the Holy Family has been offering a Bachelor of Science in Nursing (BSN) Completion program that is approved by the Wisconsin Board of Nursing and accredited by Commission on Collegiate Nursing Education (CCNE). The RN to BSN Program is a post-licensure degree completion program. The pre-licensure BSN program expansion will enable us to become a major force in local and regional health care and a sustainable center of excellence in nursing education and service for the people of Wisconsin. The pre-licensure program delivery contributes to the College's mission and vision and will increase its impact and influence in Wisconsin.

The Board of Trustees of Silver Lake College of the Holy Family approved the program proposal on May 22, 2015. The new program delivery took one year for creation and development, with the first cohort enrolled fall 2016.

Silver Lake College of the Holy Family developed a pre-licensure Bachelor of Science in Nursing program leading to the Bachelor of Science Degree with a Major in Nursing. This four-year program beginning in the freshman year will primarily be delivered onsite. The program provides eligibility to take the National Council Licensure Examination (NCLEX) to be licensed as a Registered Nurse (RN) after completion of the program. The program is offered at the SLC campus with clinical sites at affiliated health care institutions in Manitowoc and surrounding counties.

Silver Lake College of the Holy Family is accredited by the Higher Learning Commission.
Section 2: Program Level Student Learning Outcomes

The purpose of the Bachelor of Science in Nursing at Silver Lake College is to develop professional leaders in all areas of practice who can respond to the health care needs of a changing society.

Program Level Student Learning Outcomes:

1. Synthesize theoretical and empirical knowledge from the liberal arts and science with nursing to enhance professional practice. (Essential I)

2. Incorporate effective communication techniques and collaborative skills within the professional roles of nursing. (Essential IV, VI)

3. Effectively apply frameworks, theories, concepts, models, and evidence-based practice to maximize positive health outcomes for individuals, families, groups and communities. (Essential III)

4. Apply leadership concepts, skills, and decision making in the provision of high quality nursing care, healthcare team coordination, and the oversight and accountability for care delivery in a variety of settings. (Essential II)

5. Utilize a holistic approach to advocate for and improve access to health care for vulnerable populations locally, nationally, and globally. (Essential VII)

6. Collaborate with other professional to provide health promotion and maintenance, disease prevention, illness management, and end-of-life care across the lifespan. (Essential VII, IX)

7. Recognize personal accountability of shaping healthcare delivery by participating in political and regulatory process as a member of the nursing profession. (Essential V)

8. Articulate the value of pursuing practice excellence, lifelong learning, and professional engagement to foster professional growth and development. (Essential VIII)

9. *Provide academic foundation that will enhance practical knowledge, skills, and attitudes of the nursing professional. Essential VIII

*Student Learning Outcome #9 applies to the RN to BSN Program.
Section 3: Curriculum Map

The Nursing Program curriculum map is a table containing the program level student learning outcomes and program courses that introduce and enhance the skills and knowledge students will master upon completion of the program. The eight program level student learning outcomes are columns (left to right), while the program courses are rows (top to bottom).

Courses addressing the program level student learning outcomes are identified with (B)-Beginner, (D)-Developing, and (P)-Proficient symbols. (B)-Beginner stands for curriculum that introduces a new program level student learning outcome, (D)-Developing represents areas where a specific outcome is revisited for improved complexity, while (P)-Proficient is for curriculum that leads to mastery of the learning outcome as defined by the program assessment matrix score of rubric.

<table>
<thead>
<tr>
<th>Program Level Student Learning Outcomes</th>
<th>PLO1</th>
<th>PLO2</th>
<th>PLO3</th>
<th>PLO4</th>
<th>PLO5</th>
<th>PLO6</th>
<th>PLO7</th>
<th>PLO8</th>
</tr>
</thead>
<tbody>
<tr>
<td>NRS 201 Professional Nursing Concepts</td>
<td></td>
<td></td>
<td></td>
<td>B</td>
<td></td>
<td>B</td>
<td></td>
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<tr>
<td>NRS 240 Foundations of Nursing Practice</td>
<td>B</td>
<td>B</td>
<td>B</td>
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<td>NRS 301 Pathophysiology</td>
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<td>NRS 302 Pharmacology</td>
<td>B</td>
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<tr>
<td>NRS 303 Psychosocial Concepts for Nursing</td>
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<tr>
<td>NRS 304 Nursing Care of the Older Adult</td>
<td>D</td>
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<td>NRS 320 Nursing Research for Evidence Based Practice</td>
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<tr>
<td>NRS 340 Adult Health Nursing I: Health &amp; Illness Concepts</td>
<td>D</td>
<td>D</td>
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<td>D</td>
<td>D</td>
<td>D</td>
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<tr>
<td>NRS 401 Nursing Care of Children &amp; Family</td>
<td>D</td>
<td>D</td>
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<tr>
<td>NRS 402 Nursing Care of the Childbearing Family</td>
<td>D</td>
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<tr>
<td>NRS 414 Professional Nursing Concepts II</td>
<td>P</td>
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<td>NRS 415 Population Based Healthcare</td>
<td>D</td>
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<td>NRS 430 Professional Practice Preparation</td>
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<td>NRS 440 Adult Health Nursing II: Complex Health Concepts</td>
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<tr>
<td>NRS 450 Nursing Capstone</td>
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</tbody>
</table>

Legend: Program course supports achievement of a PLO at (B)-Beginner, (D)-Developing, or (P)-Proficient
<table>
<thead>
<tr>
<th>Program Level Student Learning Outcomes</th>
<th>PLO1</th>
<th>PLO2</th>
<th>PLO3</th>
<th>PLO4</th>
<th>PLO5</th>
<th>PLO6</th>
<th>PLO7</th>
<th>PLO8</th>
<th>PLO9</th>
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<tbody>
<tr>
<td>NRS 310 Health Assessment</td>
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<td>NRS 312 Theoretical Foundations</td>
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<td>NRS 311 Disease Management &amp; Health Promotion</td>
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<td>NRS 313 Nursing Research</td>
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<td>NRS 410 Community Health Nursing</td>
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<tr>
<td>NRS 411 Nursing Management &amp; Leadership</td>
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<td></td>
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<tr>
<td>NRS 413 Nursing Capstone</td>
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</tbody>
</table>
Section 4: General Education Learning Outcomes

This section works with courses that assure that students meet their general education student learning outcomes (GELOs); it is a combined curriculum map and assessment rubric template applicable only to undergraduate degree programs.

The rows list the four general education student learning outcomes, while the columns indicate the increasing complexity level of skills and knowledge as students’ progress through their program. The proficiency levels use the same terminology as the program level student learning outcomes (PLOs) described in previous sections.

Program General Education Learning Outcomes

The nursing program does not offer general education courses.
## Program General Education Learning Outcomes – Curriculum and Assessment

<table>
<thead>
<tr>
<th>General Education Learning Outcomes</th>
<th>Beginning Level</th>
<th>Developing Level</th>
<th>Proficient Level</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GELO #1</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Students analyze and interpret texts and data, articulating the differences and connections they discover, while recognizing the historical and social forces that shape the production of knowledge.</td>
<td>Students recognize important features of texts/data including differences, connections, and the influence of historical and social forces on the production of knowledge.</td>
<td>Students analyze and interpret the important features and significance of texts/data, including differences, connections, and the influence of historical and social forces on the production of knowledge.</td>
<td>Students evaluate and create texts and data in order to articulate differences and connections, and the influence of historical and social forces on the production of knowledge.</td>
</tr>
<tr>
<td>Course Title and Number</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td><strong>GELO #2</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Students conduct ethical, effective research by asking questions and solving problems, collaborating across their social networks, and communicating their findings with clarity and precision to create positive social change.</td>
<td>Students identify ethical, effective research products and processes.</td>
<td>Students demonstrate understanding of the ethical and collaborative dimensions of research and how research can effect positive social change.</td>
<td>Students prepare research findings for consumption by an audience.</td>
</tr>
<tr>
<td>Course Title and Number</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>GELO #3</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Students embrace human and cultural diversity and the interconnectedness of societies worldwide.</td>
<td>Students recognize the characteristics of diversity and social justice.</td>
<td>Students discuss and explore the components of culture, the development of societies with differing social values and beliefs worldwide.</td>
<td>Students reflect on the forces of globalization affecting social welfare and justice in the world.</td>
</tr>
<tr>
<td>Course Title and Number</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>GELO #4</strong></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Students synthesize elements of the Franciscan Tradition and Worldview into their own lives and disciplinary contexts.</td>
<td>Students distinguish elements of the Franciscan Tradition (Franciscan values).</td>
<td>Students apply elements of the Franciscan Tradition (Franciscan values).</td>
<td>Students synthesize elements of the Franciscan Tradition (Franciscan values).</td>
</tr>
<tr>
<td>Course Title and Number</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Section 5: Program Level Student Learning Outcomes Assessment Matrices

The assessment matrices identify the assessment methods used by programs to measure how well students are meeting program level student learning outcomes (PLOs). The assessment matrices must comprise each program level student-learning outcome and the assessment methods aligned with them. Key elements are the student-level achievement threshold and the program-level achievement metrics. The elements of the two matrices are described below.

The first matrix is an overview map of the assessment methods selected by the department as measures for assessing achievement of program level student learning outcomes (PLOs). It is intended to provide an at-a-glance view of representative assessments used in the program, and their relationship to the desired program outcomes. The rows of this matrix are the assessment methods tracked by the plan, while the columns represent the program level student-learning outcomes identified for the program. The intersection of rows and columns show the correlation between each assessment method and each specific program level student-learning outcome. Leaving the cell blank indicates lack of applicability of an assessment method to a specific program level student-learning outcome.

The second matrix is a detailed representation of each assessment method and its role in assuring that program level student-learning outcomes are met. The first column lists the selected assessment method used in a course or the culminating capstone experience (project, portfolio, board examination, etc.) to show that students know and are able to do everything Silver Lake College of the Holy Family claimed they would when graduating from the program. Column two is used to provide a brief description of the assessment method in question, indicating whether it is formative or summative in nature. Column three communicates to others what each assessment is intended to measure (PLO). Column four shows the desired level of individual student performance (SLO) – every student graduating from the program needs to meet this score or proficiency level expectation - indicated with a performance score or a rubric criteria-based performance level. Column five indicates the desired overall target level of performance for all students - the program is meeting expectations or performing at the desired level - expressed as the percent of total program students demonstrating they meet individual student-level achievement scores. Column six is used to record the actual attained program-level achievement percentage. Columns seven, eight, and nine specify the course the assessment will be administered in, who is responsible for carrying it out and recording the results, and which department will analyze the results.
### BSN Program Level Student Learning Outcomes Assessment Matrix (Overview)

<table>
<thead>
<tr>
<th>Assessment Method</th>
<th>BSN Program Level Student Learning Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>PLO1</td>
</tr>
<tr>
<td>NRS 201 Service Learning</td>
<td></td>
</tr>
<tr>
<td>NRS 240 Clinical Skills</td>
<td>B</td>
</tr>
<tr>
<td>NRS 301 Exams</td>
<td>B</td>
</tr>
<tr>
<td>NRS 302 Exams</td>
<td>B</td>
</tr>
<tr>
<td>NRS 303 Clinical</td>
<td></td>
</tr>
<tr>
<td>NRS 304 Simulation/Clinical</td>
<td>D</td>
</tr>
<tr>
<td>NRS 304 Concept Presentations</td>
<td></td>
</tr>
<tr>
<td>NRS 320 Research Paper</td>
<td>D</td>
</tr>
<tr>
<td>NRS 340 Simulation/Clinical</td>
<td>D</td>
</tr>
<tr>
<td>NRS 340 Poster Presentations</td>
<td></td>
</tr>
<tr>
<td>NRS 401 Clinical</td>
<td>D</td>
</tr>
<tr>
<td>NRS 402 Simulation</td>
<td>D</td>
</tr>
<tr>
<td>NRS 414 Leadership &amp; Meeting Paper</td>
<td>P</td>
</tr>
<tr>
<td>NRS 414 Role Playing</td>
<td>P</td>
</tr>
<tr>
<td>NRS 414 QI Project</td>
<td>P</td>
</tr>
<tr>
<td>NRS 415 Health Teaching Project</td>
<td>P</td>
</tr>
<tr>
<td>NRS 430 Nursing Careers</td>
<td>P</td>
</tr>
<tr>
<td>NRS 430 HESI Exit</td>
<td>P</td>
</tr>
<tr>
<td>NRS 440 Simulation/Clinical</td>
<td>D</td>
</tr>
<tr>
<td>NRS 450 Capstone Culminating Experience</td>
<td>P</td>
</tr>
</tbody>
</table>

**Legend:** Program course supports achievement of a PLO at (B)-Beginner, (D)-Developing, or (P)-Proficient Assessment method specified (X) assesses achievement of a PLO.
<table>
<thead>
<tr>
<th>Assessment Method</th>
<th>PLO1</th>
<th>PLO2</th>
<th>PLO3</th>
<th>PLO4</th>
<th>PLO5</th>
<th>PLO6</th>
<th>PLO7</th>
<th>PLO8</th>
<th>PLO9</th>
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<tbody>
<tr>
<td>Capstone Culminating Experience NRS 413 Nursing Capstone</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

Legend: Assessment method specified (X) assesses achievement of a PLO.
### BSN Program Level Student Learning Outcomes Assessment Matrix (Detail)

<table>
<thead>
<tr>
<th>Assessment Method</th>
<th>Description of Assessment Method</th>
<th>Program-Level Student Learning Outcome</th>
<th>Student-Level Achievement Score (points)</th>
<th>Program-Level Achievement Target (%)</th>
<th>Program-Level Achievement Actual (%)</th>
<th>Data Collection Course</th>
<th>Data Recording Instructor</th>
<th>Data Analysis Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>Final Exam NRS 240</td>
<td>NCLEx style test questions</td>
<td>PLO 1, 2, 3</td>
<td>98 Points</td>
<td>80%</td>
<td>88.6% (79.6%-97.1%)</td>
<td>NRS 240</td>
<td>M. Hamachek &amp; J. Pomeroy</td>
<td>Nursing Department</td>
</tr>
<tr>
<td>Final Exam NRS 304</td>
<td>NCLEx style test questions</td>
<td>PLO 1-8</td>
<td>100 Points</td>
<td>80%</td>
<td>81.18% (71%-94%)</td>
<td>NRS 304</td>
<td>J. Pomeroy</td>
<td>Nursing Department</td>
</tr>
<tr>
<td>Final Exam NRS 340</td>
<td>NCLEx style test questions</td>
<td>PLO 1-8</td>
<td>97 points</td>
<td>80%</td>
<td>81.87% (71%-93)</td>
<td>NRS 340</td>
<td>M. Hamachek</td>
<td>Nursing Department</td>
</tr>
<tr>
<td>Final Exam NRS 402</td>
<td>NCLEx style test questions</td>
<td>PLO 1-8</td>
<td>75 Points</td>
<td>80%</td>
<td>86.1% (72%-98.7%)</td>
<td>NRS 402</td>
<td>J. Pomeroy</td>
<td>Nursing Department</td>
</tr>
<tr>
<td>Final Exam NRS 440</td>
<td>NCLEx style test questions</td>
<td>PLO 1-8</td>
<td>100 Points</td>
<td>80%</td>
<td>91.78% (82.5%-94%)</td>
<td>NRS 440</td>
<td>J. Pomeroy</td>
<td>Nursing Department</td>
</tr>
<tr>
<td>HESI Maternity/ Peds Exam</td>
<td>Standardized exam; 9 students.</td>
<td>PLO 1-8</td>
<td>850</td>
<td>75%</td>
<td>44% Mean 815 (573-1108)</td>
<td>NRS 401</td>
<td>M. Hamachek</td>
<td>Nursing Department</td>
</tr>
<tr>
<td>HESI Fundamentals Version I</td>
<td>Standardized exam; 17 students.</td>
<td>PLO 1-6</td>
<td>850</td>
<td>75%</td>
<td>47% Mean 874 (682-1075)</td>
<td>NRS 340</td>
<td>M. Hamachek</td>
<td>Nursing Department</td>
</tr>
<tr>
<td>HESI Fundamentals Version II</td>
<td>Standardized exam; 14 students.</td>
<td>PLO 1-6</td>
<td>850</td>
<td>75%</td>
<td>64% Mean 886 (577-1122)</td>
<td>NRS 340</td>
<td>M. Hamachek</td>
<td>Nursing Department</td>
</tr>
<tr>
<td>QI Presentation</td>
<td>Presentation rubric</td>
<td>PLO 1-8</td>
<td>45 points</td>
<td>80%</td>
<td>98% (93-100)</td>
<td>NRS 414</td>
<td>J. Pomeroy</td>
<td>Nursing Department</td>
</tr>
<tr>
<td>HESI Exit Version I</td>
<td>Standardized exam; 9 students.</td>
<td>PLO 1-8</td>
<td>850</td>
<td>75%</td>
<td>22% Mean 740 (533-925)</td>
<td>NRS 440</td>
<td>J. Pomeroy</td>
<td>Nursing Department</td>
</tr>
<tr>
<td>HESI Exit Version II</td>
<td>Standardized exam; 7 students</td>
<td>PLO 1-8</td>
<td>850</td>
<td>75%</td>
<td>57% Mean 894 (747-1011)</td>
<td>NRS 430</td>
<td>J. Pomeroy</td>
<td>Nursing Department</td>
</tr>
</tbody>
</table>

### RN to BSN Program Level Student Learning Outcomes Assessment Matrix (Detail)

<table>
<thead>
<tr>
<th>Assessment Method</th>
<th>Description of Assessment Method</th>
<th>Program Level Student Learning Outcome</th>
<th>Student Level Achievement Score (points)</th>
<th>Program Level Achievement Target (%)</th>
<th>Program Level Achievement Actual (%)</th>
<th>Data Collection Course Title</th>
<th>Data Recording Instructor</th>
<th>Data Analysis Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>Capstone Culminating Experience NRS 413 Service Project</td>
<td>Culminating experience demonstrating mastery of all program level learning outcomes.</td>
<td>PLO1, PL02, PLO3, PLO4, PLO5, PLO6, PLO7, PLO8, PLO9</td>
<td>Rubric</td>
<td>75%</td>
<td>100%</td>
<td>Program Capstone Course</td>
<td>B. Neuser</td>
<td>Nursing Department</td>
</tr>
</tbody>
</table>

B. Neuser September 2018
Section 6: Program Performance Assessment

This section is the first element of the comprehensive program performance analysis. It calculates program performance by focusing on program output and efficiency measures. Comparing the targeted achievement goal to the actual results identifies the program performance assessment. These two indicators (target and actual) are calculated as percentage of program students who met the required student-level achievement score or performance expectation.

Aggregate program performance results are calculated by averaging the individual program performance assessment scores. Based on the aggregate score, programs are assigned a program performance status indicator of green, yellow, or red based on whether the program-level achievement target was met or exceeded (higher than target, green), was close to but not quite at target (+/- 5% of target, yellow), or considerably below the desired level (below target minus 5%, red). The program performance status indicator draws attention to serious issues and potential problem areas, effectively communicating the status of the program as exceeding, meeting, or falling short of satisfying desired performance targets in meeting program level student learning outcomes.
### BSN Program Performance Assessment

<table>
<thead>
<tr>
<th>Assessment Method</th>
<th>Program-Level Student Learning Outcome</th>
<th>Program-Level Achievement Target (%)</th>
<th>Program-Level Achievement Actual (%)</th>
<th>Overall Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Graduation (Fall Junior entry; 4 semesters)</td>
<td>PLO 1-8</td>
<td>75%</td>
<td>70% (10 students entered in fall 2016; 1 student dropped after fall semester junior year 2016; 2 students progressed part-time after fall semester senior year 2017)</td>
<td><strong>5%</strong></td>
</tr>
<tr>
<td>Retention (Junior cohort)</td>
<td>PLO 1-8</td>
<td>75%</td>
<td>77% (22 fall junior starts; 7 drop fall; 2 transfer students started spring 2018; 2 students will restart part-time in fall 2018)</td>
<td><strong>0%</strong></td>
</tr>
<tr>
<td>Retention (Senior cohort)</td>
<td>PLO 1-8</td>
<td>75%</td>
<td>77.78% (9 students started fall 2017; 2 students were unsuccessful in fall in 2 courses, NRS 402 and NRS 440, and appealed to progress part-time spring 2018)</td>
<td><strong>0%</strong></td>
</tr>
<tr>
<td>1st Time NCLEX Pass Rate</td>
<td>PLO 1-8</td>
<td>80%</td>
<td>71%</td>
<td><strong>Below target minus 5%</strong></td>
</tr>
<tr>
<td>Employment</td>
<td>PLO 1-8</td>
<td>100% within 6 months of graduation</td>
<td>5 of 7 students report employment at date of graduation; 100% employment within 4 months of graduation</td>
<td><strong>0%</strong></td>
</tr>
</tbody>
</table>
Section 7: Program Performance Reporting

The responsibility for assessing program performance and reporting program performance results to Academic Affairs lies with faculty departments and deans. This first section of the program performance reporting works with the type of reporting necessary depending on the program status indicator determined in the previous step (green, yellow, or red).

Programs that have a green and yellow status indicator need only to submit a Program Status Report (executive summary) by the April 1st deadline. Actions for programs with green and yellow status indicators remain at departmental level, governed by faculty and deans. A brief outline of planned continuous improvement actions need to be presented for individual program-level student-learning outcomes as well as for the whole program.

Programs with red status indicator are those not meeting desired program performance targets, with lower than desirable aggregate performance score, are struggling with low enrollment, or are otherwise high risk. These programs undergo priority review and experience greater oversight from Academic Affairs, including development of a Program Improvement Plan by the January 1st or July 1st deadline. The goal of the priority review, enhanced monitoring and support, and creation of an improvement plan is to assure that the program returns to the desired performance level and meets the target.

The table below indicates the necessary reporting type and deadline depending on the program’s performance status (green, yellow, or red).

<table>
<thead>
<tr>
<th>Program</th>
<th>CIP Code</th>
<th>Status Indicator</th>
<th>Review Schedule</th>
<th>Reporting Type</th>
<th>Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program A</td>
<td>XYZ</td>
<td>Green</td>
<td>Regular</td>
<td>Program Status Report</td>
<td>April 1st</td>
</tr>
<tr>
<td>Program B</td>
<td>XXX</td>
<td>Yellow</td>
<td>Regular</td>
<td>Program Status Report</td>
<td>April 1st</td>
</tr>
<tr>
<td>Program C</td>
<td>ABC</td>
<td>Red</td>
<td>Priority</td>
<td>Program Improvement Plan</td>
<td>January 1st</td>
</tr>
</tbody>
</table>

...
Reporting Program Status

Silver Lake College of the Holy Family
Program Performance Status Report

School of Professional Studies
Program: Pre-licensure BSN
Date: May 9, 2018

<table>
<thead>
<tr>
<th>Program Assessment</th>
<th>Program Level Achievement Target (%)</th>
<th>Program Level Achievement Actual (%)</th>
<th>Overall Performance</th>
<th>Departmental Actions Planned for this Program Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Graduation (Fall Junior entry; 4 semesters)</td>
<td>PLO 1-8</td>
<td>75%</td>
<td>5%</td>
<td>Program Status Report</td>
</tr>
<tr>
<td>Retention (Junior cohort)</td>
<td>PLO 1-8</td>
<td>75%</td>
<td>0%</td>
<td>Program Status Report</td>
</tr>
<tr>
<td>Retention (Senior cohort)</td>
<td>PLO 1-8</td>
<td>75%</td>
<td>0%</td>
<td>Program Status Report</td>
</tr>
<tr>
<td>1st Time NCLEX Pass Rate</td>
<td>PLO 1-8</td>
<td>80%</td>
<td>Below target minus 5%</td>
<td>Program Status Report</td>
</tr>
<tr>
<td>Employment</td>
<td>PLO 1-8</td>
<td>100% within 6 months of graduation</td>
<td>0%</td>
<td>Program Improvement Plan</td>
</tr>
</tbody>
</table>

Analysis – Pre-licensure BSN

- Number enrolled in initial cohort was 10 students. One student switched majors.
- 1st time courses were offered and faculty were new to the nursing program.
- Grading policy change implemented fall 2017, which included the adoption of the 80% exam average requirement.
- Two senior level students did not progress full-time from fall to spring 2018; however, they will continue to progress in program part-time fall 2018.
- All seven students that progressed from fall 2017 to spring 2018 did graduate.
- Two junior level students did stop out in fall 2018 due to not being successful. Both students will restart in fall 2018. One of the 2 students did retake Anatomy & Physiology in spring 2018 per advisors recommendation.

Action Plan – Pre-licensure BSN (See attached self-evaluation of NCLEX)

- Continue with faculty mentors were utilized to assist with student success (retention, progression, and graduation). Intentional faculty mentoring was provided to six ‘high risk’ students in spring 2018.
- Continue to meet as a department every other week to discuss academic needs.
- The nursing department will continue to work collaboratively to review and revise concept-based curriculum and program outcomes at the end of each semester.
- In fall 2018, the nursing department will institute volunteer professional tutors. Specific courses with professional tutors will include NRS 402 Nursing Care of the Childbearing

B. Neuser September 2018
Family and NRS 440 Adult Health Nursing II: Complex Health Concepts. In addition, alumni and senior level students will be utilized as tutors. Finally, the Student Nursing Association is planning to implement “nursing circles” to foster learning.

- Continue to monitor individual student success and early intervention. Early course assessments, by week 5 in the semester, will continue.
- Enhance ‘boot camp’ experience for incoming junior cohort. Boot camp will be slated for two days the week prior to classes resuming. Within the first two weeks of fall classes the Student Nursing Association will host a Welcome Back event to engage freshmen through senior level students.
Section 8: Program Review Cycle

This section follows the program review cycle adopted by faculty in fall 2016. It is designed to meet short and long-term program goals, with special focus on improving student learning outcomes.

The program review cycle contains two main segments: the program level student learning outcomes and overall program performance, reviewed every year during the five year cycle, and the year-specific rotational element, reviewed once during a five-year period. As outlined by the program review criteria document, the first rotational element, assessed in the first year or the review cycle focuses on mission, history, and context. Subsequent years work with faculty service and leadership, faculty scholarly work, program resources, and future plans as rotational elements assessed in consecutive review years.

<table>
<thead>
<tr>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
<th>Year 4</th>
<th>Year 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Level Student Learning Outcomes &amp; Overall Program Performance</td>
<td>Program Level Student Learning Outcomes &amp; Overall Program Performance</td>
<td>Program Level Student Learning Outcomes &amp; Overall Program Performance</td>
<td>Program Level Student Learning Outcomes &amp; Overall Program Performance</td>
<td>Program Level Student Learning Outcomes &amp; Overall Program Performance</td>
</tr>
<tr>
<td>Mission, History, &amp; Context</td>
<td>Faculty Service &amp; Leadership</td>
<td>Faculty Scholarly &amp; Artistic Work</td>
<td>Resources</td>
<td>Future Plans</td>
</tr>
</tbody>
</table>
### Nursing Program Review Cycle

<table>
<thead>
<tr>
<th>Year 1 2016-2017</th>
<th>Year 2 2017-2018</th>
<th>Year 3 2018-2019</th>
<th>Year 4 2019-2020</th>
<th>Year 5 2020-2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Level</td>
<td>Program Level</td>
<td>Program Level</td>
<td>Program Level</td>
<td>Program Level</td>
</tr>
<tr>
<td>Student</td>
<td>Student</td>
<td>Student</td>
<td>Student</td>
<td>Student</td>
</tr>
<tr>
<td>Learning</td>
<td>Learning</td>
<td>Learning</td>
<td>Learning</td>
<td>Learning</td>
</tr>
<tr>
<td>Outcomes &amp;</td>
<td>Outcomes &amp;</td>
<td>Outcomes &amp;</td>
<td>Outcomes &amp;</td>
<td>Outcomes &amp;</td>
</tr>
<tr>
<td>Overall</td>
<td>Overall</td>
<td>Overall</td>
<td>Overall</td>
<td>Overall</td>
</tr>
<tr>
<td>Program</td>
<td>Program</td>
<td>Program</td>
<td>Program</td>
<td>Program</td>
</tr>
<tr>
<td>Performance</td>
<td>Performance</td>
<td>Performance</td>
<td>Performance</td>
<td>Performance</td>
</tr>
</tbody>
</table>

**Responsible:**
Departmental Faculty and Dean School of Professional Studies

<table>
<thead>
<tr>
<th>Year 1 2016-2017</th>
<th>Year 2 2017-2018</th>
<th>Year 3 2018-2019</th>
<th>Year 4 2019-2020</th>
<th>Year 5 2020-2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faculty Service &amp; Leadership</td>
<td>Faculty Service &amp; Leadership</td>
<td>Faculty Service &amp; Leadership</td>
<td>Faculty Service &amp; Leadership</td>
<td>Faculty Service &amp; Leadership</td>
</tr>
<tr>
<td>Faculty Scholarly &amp; Artistic Work</td>
<td>Faculty Scholarly &amp; Artistic Work</td>
<td>Faculty Scholarly &amp; Artistic Work</td>
<td>Faculty Scholarly &amp; Artistic Work</td>
<td>Faculty Scholarly &amp; Artistic Work</td>
</tr>
<tr>
<td>Resources</td>
<td>Resources</td>
<td>Resources</td>
<td>Resources</td>
<td>Resources</td>
</tr>
<tr>
<td>Future Plans</td>
<td>Future Plans</td>
<td>Future Plans</td>
<td>Future Plans</td>
<td>Future Plans</td>
</tr>
</tbody>
</table>

**Deadline:**
- Complete Section 9: Faculty Service and Leadership by April 1<sup>st</sup>, 2018.
- Complete Section 10: Faculty Scholarly and Artistic Work by April 1<sup>st</sup>, 2018.
- Complete Section 11: Resources by May 1<sup>st</sup>, 2018.
- Future Plans by end fall 2018.
### BSN Completion Program Review Cycle

<table>
<thead>
<tr>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
<th>Year 4</th>
<th>Year 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Level</td>
<td>Program Level</td>
<td>Program Level</td>
<td>Program Level</td>
<td>Program Level</td>
</tr>
<tr>
<td>Student Learning Outcomes &amp; Overall Program Performance</td>
<td>Student Learning Outcomes &amp; Overall Program Performance</td>
<td>Student Learning Outcomes &amp; Overall Program Performance</td>
<td>Student Learning Outcomes &amp; Overall Program Performance</td>
<td>Student Learning Outcomes &amp; Overall Program Performance</td>
</tr>
</tbody>
</table>

Responsible: Program Faculty and Dean School of Professional Studies

<table>
<thead>
<tr>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
<th>Year 4</th>
<th>Year 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faculty Service &amp; Leadership</td>
<td>Faculty Service &amp; Leadership</td>
<td>Faculty Service &amp; Leadership</td>
<td>Faculty Service &amp; Leadership</td>
<td>Faculty Service &amp; Leadership</td>
</tr>
<tr>
<td>Faculty Scholarly &amp; Artistic Work</td>
<td>Faculty Scholarly &amp; Artistic Work</td>
<td>Faculty Scholarly &amp; Artistic Work</td>
<td>Faculty Scholarly &amp; Artistic Work</td>
<td>Faculty Scholarly &amp; Artistic Work</td>
</tr>
<tr>
<td>Resources</td>
<td>Resources</td>
<td>Resources</td>
<td>Resources</td>
<td>Resources</td>
</tr>
<tr>
<td>Future Plans</td>
<td>Future Plans</td>
<td>Future Plans</td>
<td>Future Plans</td>
<td>Future Plans</td>
</tr>
</tbody>
</table>

Deadline:
- Complete Section 9: Faculty Service and Leadership by April 1\textsuperscript{st}, 2018.
- Complete Section 10: Faculty Scholarly and Artistic Work by April 1\textsuperscript{st}, 2018.
- Complete Section 11: Resources by May 1\textsuperscript{st}, 2018.
- Future Plans by end fall 2018.
Section 9: Faculty Service, Leadership, and Scholarly Work

Brianna Neuser MSN, RN
Dean, School of Professional Studies; Director of Nursing; Assistant Professor

Service
2017  Member, Vision 2022 Healthiest Manitowoc County (current)
2017  Member, Member, Performance Improvement Committee Holy Family Memorial Medical Center Manitowoc, WI (current)
2017  Member, Higher Learning Steering Committee & Program Assessment Subgroup (current)
2017  Professional Development Committee (current, ex-officio)
2016  Member, Deans Council (current)
2015  Chair, Curriculum Committee (2015-2016)
2015  Member, President’s Extended Cabinet (current)
2014  Member, Manitowoc County Health Literacy Task Force (2014-2015)
2014  Member, Rivers Bend Health & Rehabilitation Center Advisory Board (2014-2015)
2013  Chair, Math, Science, & Business Department (2013-2014)
2012  Member, Professional Development Council: Holy Family Memorial Medical Center Manitowoc, WI (2012-2104)
2012  Member, Liberal Arts Studies Council: Silver Lake College (2012-2013)
2012  Member, Committee on Curriculum and Instruction: Silver Lake College (2011-2015)
2011  Member, Lakeshore Health Care Alliance: Manitowoc & Sheboygan Counties (current)

Leadership
2016  Dean, School of Professional Studies,
2014  Assistant Dean, School of Professional Studies,
2013  Chair, Math, Business, Science
2011  Director, Bachelor of Science in Nursing Completion Program
Judith A. Pomeroy MSN, RN
Assistant Professor

Service
2018 Elsevier/Evolve/HESI Resource Coordinator
2018 Advisor, Student Nurse Association
2018 Member, Assessment Committee
2017 Professional Mentor for Students (current)
2017 Volunteer, College of Menominee Nation Supplies
2017 EPIC Liaison Aurora Health System (current)
2017 Silver Lake College Nursing Program Boot Camp (current)
2017 Testing Policy for Nursing Program
2017 Member, Faculty at Large
2017 Facilitated SLC Serves –
2017 Member, American College of Nurse Educators
2017 Member, National League for Nursing
2017 Member, National Council of State Boards of Nursing
2017 Member, Cornerstone On-Demand
2017 Member, Magna Publications/Faculty Focus
2008 Distribute Association of Women’s Health, Obstetric and Neonatal Nurses publication “Health for Women” (current)

Melissa Hamachek, MSN/Ed, RN
Instructor

Service
2018 Mentor, University of Phoenix MSN student (Ewen)
2018 Mentor, Grand Canyon University MSN student (Eichmann)
2018 Mentor, Grand Canyon University MSN student (Goetz)
2018 TB screenings, undergraduate education program
2018 Chair, Nursing Department
2018 American Correctional Association member (Current)
2018 American Nurses Association member (Current)
2018 Wisconsin Nurses Association Member (Current)
2017 Professional Development Council Chair (current)
2017 Faculty Executive Team (current)
2017 AHA CPR instructor (current)
2017 Simulation Coordinator (current)
2017 MPSD summer school health day July, 2017
2016 Meet with prospective nursing students (current)
2018 ANA Advisory Committee #EndNurseAbuse Professional Issues Panel
2018 Healthiest Manitowoc County Achieve Healthy 25 Planning Series
2017 First Aid and CPR certification, Girl Scout Leaders
2017 Mentor, University of Phoenix MSN student (Griffiths)
2017 Healthiest Manitowoc County (current)
2016 First Aid Badge Cadette Girl Scouts (current)
2016 First Aid Badge Junior and Brownie Girl Scouts (current)
2016 Registrar, Goalgetters United Soccer Club (current)
Cheryl A. Passel, RN, PhD, AHN-BC

Associate Professor of Nursing

Service
2018  Sigma Theta Tau International Honor Society of Nursing
2018  Marian University of Fond du Lac Nurse Honor Society
2018  National League for Nursing (NLN)
2018  American Holistic Nurses Association
2018  St. Gianna Molla Guild of Northeast Wisconsin
2018  Delta Epsilon Sigma
2018  Yoga Alliance
2018  Kappa Delta Pi
2017  Camp Tekewitha Camp Nurse
2017  Thesis Committee Member-Sam Kaminski-The Impact of Craniosacral Therapy on Perception of Pain and Quality of Life in Patients with Chronic Non-malignant Pain (current)
2017  Peer reviewer for Journal of Holistic Nursing (current)
2015  Relevant Radio Quarterly Fundraiser (current)
2014  St. John the Evangelist Adult Faith Formation (current)
2012  Peer reviewer for proposals for American Holistic Nurses Association Conference (current)
2011  NAMI gala (2011-2014)
2010  Summer camp nurse for the Fond du Lac Episcopal Diocese; Kinder-camp (current)
2010  NAMI Board of Directors (2010-2013)
2010  NAMI walk (current)
Section 10: Faculty Scholarly and Artistic Work

Brianna Neuser MSN, RN,  
Dean, School of Professional Studies; Director of Nursing; Assistant Professor

Scholarship

2017  “Concept-Based Curriculum: Bringing Concepts to Life in the Classroom” Faculty Colloquial Series, Silver Lake College of the Holy Family
2015  Developed & Implemented Pre-Licensure Bachelor of Science in Nursing Program
2010  "Integrating Quality and Safety into Nursing” Presented, Faculty Forum, Bellin College.
2009  Developed NCLEX-RN style questions for Tucker Test Item File (TIF), 1st edition, chapter 23 in connection with the work entitled Nutrition and Diet Therapy, by Sheila Tucker and Vera Dauffenbach

Judith A. Pomeroy BSN RN  
Assistant Professor

Scholarship

2015  Presented “Creative Teaching Strategies” at the Faculty Development “Speed Development” at Marian University.
2014  Presented “Passion as a Nurse Educator” at School of Nursing and Health Professions Lunch & Learn at Marian University.
2014  Presented a brief “Passion as A Nurse Educator” from the Striving for Evidenced-Based Practice in Nursing Education conference at “Let’s Talk about Scholarship of Teaching and Learning” at Marian University.
2013  Presented “Striving for Evidence-Based Practice in Nursing Education” at “Let’s Talk about Scholarship of Teaching and Learning” at Marian University.
2006  Presented “Divas in the Delivery Room” to Thedacare Staff at Education Day
2004  Presented “Postpartum Hemorrhage” to Thedacare Staff at Education Day
2002  Presented “Gestational Hypertension” to Thedacare Staff at Education Day
1998  Co-Presenter of Wisconsin Association of Perinatal Care’s “Fetal Monitoring Initiative”. (Biannually 1998-2009)
Melissa Hamachek, MSN/Ed, RN
Instructor

Scholarship
2015 American Correctional Association Conference
   “Nursing Care Challenges of Women Behind Bars” and
   “Health Consideration on Intake for Female Inmates Presentations”
2015 National Commission on Correctional Health Care Conference
   “Nursing Care Challenges of Women Behind Bars Presentation”
2015 National Commission on Correctional Health Care (NCCHC) certification
2012 WONE annual conference (Inspired Nurses, Inspired Care)
   Poster presentation on health literacy research
2011 American Heart Association Basic Life Support Instructor Renewal

Cheryl A. Passel, RN, PhD, AHN-BC
Associate Professor of Nursing

Scholarship
   in nursing home residents. Nursing & Residential Care, 20(2), 91-93. doi
   org/10.12968/nrec.2018.20.2.91
2018 Marian University 15th Annual Academic Symposium
   Theme: Food for Thought: Food Safety, Security, and Sovereignty, Eating Disorders: Striving
   for Perfection Down a Path of Deception
2018 Kappi Pi Poster Presentation: The Eden Alternative
2018 American Holistic Nurses Association Annual Conference, Niagara Falls, NY; The Eden
   Alternative
2017 Silver Lake College Faculty Colloquial: The Calling of a Mental Health Nurse
2017 Keynote Speaker-NAMI Brown County 7th Annual Gala-Rock Garden, Green Bay, WI: The
   Calling of a Mental Health Nurse
2016 Marian University Stress Less: Final Exam Week
2016 Marian University Faculty Fun Day-Breath and Asana
   New Beginnings, American Holistic Nursing: The Calling of a Mental Health Nurse: Preparing
   Students for Practice December 2016
2015 Marian University School of Nursing and Health
   Professions Guest Speaker, Service-Learning’s Impact on the Development of Undergraduate
   Nursing Students’ Soft Skills
2014 Marian University’s 11th Annual Academic Symposium Theme: What is the Next “American
   Dream?” An Atypical Expression of the American Dream Told Through Art: A Personal Journey
   through the Lens of a Person with Paranoid Schizophrenia
2013 Sigma Theta Tau Guest Speaker: “Attributes of Emotional Intelligence and Soft Nursing Skills:
   Nursing Perspectives of a Nursing Course with Service-Learning
2013 NAMI Educational presentation: “Calm Your Mind and Awaken Your Body”
2013 Trio Week-Student Support Services
2012 Marian University Student Leadership Conference
2012 NAMI Family to Family Education
Section 11: Program Review: Resources

_Human Resources_

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Section 12: Program Review: Future Plans

The annual Assessment & Faculty-driven Program Review process focuses on the assessment of student learning and improvement of program quality. The Program Improvement & Financial Sustainability Review Process focuses on program output and efficiency measures in order to assess financial sustainability of academic programs. Both of these processes inform the development of annual departmental operational budgets and additional resource requests.

Academic Affairs is currently working on developing a comprehensive Program Improvement & Financial Sustainability Review process in collaboration with the faculty, HLC Steering Committee, and the President’s Cabinet. The new process will be approved by the end of fall 2018.
Appendix

This appendix contains documents supporting the program assessment plan, such as assessment instruments and location of assessment artifacts, as well as helpful resources for those responsible for developing and maintaining a plan. The ultimate goal of program assessment is advancement of a continuous improvement mindset and process for all aspects of teaching and learning. Reflective review of program level student learning outcomes at the level of individual learners, as well as overall for the program as a whole on an annual basis will help Silver Lake College of the Holy Family academic faculty and staff instate a flexible, real, and continuously evolving assessment document that assures continuous program improvement and enhancement of student learning.

Appendix elements are:

1) **Artifacts (optional):**

   Indicate the location of key artifacts linked to every assessment instrument included in the program’s assessment plan; this may be a shared folder or drive or a live link accessible for review.

2) **Terms and Definitions:**

   **Academic Course:** is a unit of teaching on a subject designed for a specific length of time, such as an academic term; is taught by one or more instructors to a fixed roster of students.

   **Academic Program:** is a combination of courses and/or requirements leading to a degree, certificate, major, minor, academic track, concentration, or emphasis.

   **Assessment Methods:** are a variety of techniques and tools that educators use to evaluate, measure, and document the academic readiness, learning progress, skill acquisition, or educational needs of students; they inform instruction.

   **Assessment Types:** are assessment approaches with differing goals and terms such as assessing on short term what students already know or what progress they are making, or evaluating the gains after completing a learning unit; they can be formative or summative in nature.

   **Continuous Improvement:** is the act of infusing quality improvement into the daily work of individuals in a system; it is a set of institutional or program characteristics designed and managed to improve over time relative to desired outcomes, such as student learning. It approaches results as outflows of a system design that can be adjusted to better achieve desired goals.

   **Curriculum Mapping:** is the process of diagramming program curriculum to assure that program level student learning outcomes are met and to identify and address academic gaps, redundancies, and misalignments for the purpose of improving the overall coherence and effectiveness of a course of study.

   **Educational Assessment:** is the process of documenting, usually in measurable terms, students’ knowledge, skills, attitudes, and beliefs; uses tools and methods to obtain information from tests, class projects, or other sources about the knowledge achievement or abilities of students. The process culminates when the results are used to improve subsequent learning.

   **Grading Rubric:** is a scoring tool that presents the performance expectations for an assignment or piece of work, providing direction on the characteristics expected at varying levels of mastery; it can be developed holistically to evaluate the assignment as a whole or in detail, as to appraise each component individually.
General Education Learning Outcome: is defined as knowledge, skills, attitudes, and values college students need to be successful in work, family, and community; they serve as foundation of higher education general education programming.

Program Goal: is a broad statement about the long-term expectations of what should happen as a result of an academic program; serves as the foundation for developing program objectives.

Program Objectives: are statements describing the results or goals to be achieved by an academic program, and the manner in which they will be achieved; there are often multiple statements associated with each program goal.

Program Outcome: reflects the significant or essential skills, knowledge, or behaviors that program students must be able to demonstrate upon program completion; they are directly related to the academic discipline of the program.

Score: is a piece of information, usually a number or letter that conveys the performance of a student on a test or class project; it is the result of evaluating the responses a student gave on an exam or the level of mastery the student achieved on a class project.

Student Learning Outcome: specifies the significant or essential learning students will know or be able to do, demonstrate, or take with them when they complete or participate in a learning experience such as a program, an activity, a course, or a project; they are expressed as measurable knowledge, skills, attitudes, or values.

3) Resources:

Review the online resources listed on the next page for additional information on program assessment, including program goals, course versus program level student learning outcomes, curriculum mapping, assessment methods and types, and program performance improvement strategies.

Note: Copy and paste the links directly below into your browser rather than simply clicking on them to open.
- **Assessment Methods**
  https://facultyinnovate.utexas.edu/teaching/check-learning/methods

- **Assessment Techniques**

- **Assessment versus Evaluation**
  https://arc.duke.edu/documents/The%20difference%20between%20assessment%20and%20evaluation.pdf

- **Curriculum Mapping**
  http://uwf.edu/offices/cutla/supporting-pages/curriculum-maps-guidelines/

- **General Education Learning Outcomes Assessment**

- **Learning Objectives versus Outcomes**
  http://provost.rpi.edu/learning-assessment/learning-outcomes/objectives-vs-outcomes

- **Levels of Assessment**

- **Measuring and Improving Performance**

- **Program Assessment Plans and Status Reports**
  http://niu.edu/assessment/plans/index.shtml

- **Program Assessment Planning**
  https://uoee.asu.edu/creating-plan

- **Program Level Student Learning Outcomes**
  https://www.assessment.gatech.edu/resources/guidelines-for-writing-program-outcomes/

- **Program Based Review and Assessment**
  http://www.umass.edu/oapa/oapa/publications/online_handbooks/program_based.pdf

- **Student Learning Outcomes**
  http://www.oit.edu/faculty-staff/provost/learning-outcomes
The following Final Actions were taken by the CCNE Board of Commissioners at its meeting on April 22-25, 2014.

UPDATED - June 24, 2014

## Initial Accreditation

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<td>Fall 2023</td>
</tr>
<tr>
<td><strong>Silver Lake College of the Holy Family</strong></td>
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<tr>
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<td>June 30, 2024</td>
<td>Fall 2023</td>
</tr>
<tr>
<td><strong>Southwestern Adventist University</strong></td>
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<tr>
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<td>June 30, 2024</td>
<td>Fall 2023</td>
</tr>
<tr>
<td><strong>Spring Hill College</strong></td>
<td></td>
<td></td>
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<tr>
<td>Baccalaureate</td>
<td>June 30, 2024</td>
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<td>Accredited Program(s)</td>
<td>Accreditation Term Expires</td>
<td>Next On-Site Evaluation</td>
</tr>
<tr>
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<tr>
<td><strong>State University of New York Institute of Technology at Utica-Rome</strong></td>
<td><a href="#">Utica, NY</a></td>
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</tr>
<tr>
<td>Baccalaureate</td>
<td>June 30, 2024</td>
<td>Fall 2023</td>
</tr>
<tr>
<td>Master's</td>
<td>June 30, 2024</td>
<td>Fall 2023</td>
</tr>
<tr>
<td><strong>Tarleton University</strong></td>
<td><a href="#">Stephenville, TX</a></td>
<td></td>
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<tr>
<td>Baccalaureate</td>
<td>June 30, 2024</td>
<td>Fall 2023</td>
</tr>
<tr>
<td><strong>Texas Woman's University</strong></td>
<td><a href="#">Denton, TX</a></td>
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<td>Baccalaureate</td>
<td>June 30, 2024</td>
<td>Fall 2023</td>
</tr>
<tr>
<td>Master's</td>
<td>June 30, 2024</td>
<td>Fall 2023</td>
</tr>
<tr>
<td>DNP</td>
<td>June 30, 2024</td>
<td>Fall 2023</td>
</tr>
<tr>
<td><strong>Thomas Edison State College</strong></td>
<td><a href="#">Trenton, NJ</a></td>
<td></td>
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<tr>
<td>Baccalaureate</td>
<td>June 30, 2024</td>
<td>Fall 2023</td>
</tr>
<tr>
<td>Master's</td>
<td>June 30, 2024</td>
<td>Fall 2023</td>
</tr>
<tr>
<td><strong>University of California, Irvine</strong></td>
<td><a href="#">Irvine, CA</a></td>
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<tr>
<td>Baccalaureate</td>
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<td>Fall 2023</td>
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<tr>
<td><strong>University of Central Arkansas</strong></td>
<td><a href="#">Conway, AR</a></td>
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<tr>
<td>Baccalaureate</td>
<td>June 30, 2024</td>
<td>Fall 2023</td>
</tr>
<tr>
<td>Master's</td>
<td>June 30, 2024</td>
<td>Fall 2023</td>
</tr>
<tr>
<td><strong>University of Indianapolis</strong></td>
<td><a href="#">Indianapolis, IN</a></td>
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<tr>
<td>Baccalaureate</td>
<td>June 30, 2024</td>
<td>Fall 2023</td>
</tr>
<tr>
<td>Master's</td>
<td>June 30, 2024</td>
<td>Fall 2023</td>
</tr>
<tr>
<td><strong>University of Nevada, Las Vegas</strong></td>
<td><a href="#">Las Vegas, NV</a></td>
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</tr>
<tr>
<td>Baccalaureate</td>
<td>June 30, 2024</td>
<td>Fall 2023</td>
</tr>
<tr>
<td>Master's</td>
<td>June 30, 2024</td>
<td>Fall 2023</td>
</tr>
<tr>
<td><strong>University of New Mexico Hospitals</strong></td>
<td><a href="#">Albuquerque, NM</a></td>
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<tr>
<td>Residency</td>
<td>June 30, 2015</td>
<td>Fall 2014</td>
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<tr>
<td><strong>University of Pennsylvania</strong></td>
<td><a href="#">Philadelphia, PA</a></td>
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<tr>
<td>Baccalaureate</td>
<td>June 30, 2024</td>
<td>Fall 2023</td>
</tr>
<tr>
<td>Master's</td>
<td>June 30, 2024</td>
<td>Fall 2023</td>
</tr>
<tr>
<td><strong>University of Saint Joseph</strong></td>
<td><a href="#">West Hartford, CT</a></td>
<td></td>
</tr>
<tr>
<td>Baccalaureate</td>
<td>June 30, 2024</td>
<td>Fall 2023</td>
</tr>
<tr>
<td>Master's</td>
<td>June 30, 2024</td>
<td>Fall 2023</td>
</tr>
<tr>
<td><strong>University of South Carolina</strong></td>
<td><a href="#">Columbia, SC</a></td>
<td></td>
</tr>
<tr>
<td>DNP</td>
<td>June 30, 2024</td>
<td>Fall 2023</td>
</tr>
<tr>
<td><strong>University of South Carolina Beaufort</strong></td>
<td><a href="#">Bluffton, SC</a></td>
<td></td>
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<tr>
<td>Baccalaureate</td>
<td>June 30, 2024</td>
<td>Fall 2023</td>
</tr>
<tr>
<td><strong>University of Virginia</strong></td>
<td><a href="#">Charlottesville, VA</a></td>
<td></td>
</tr>
<tr>
<td>Baccalaureate</td>
<td>June 30, 2024</td>
<td>Fall 2023</td>
</tr>
<tr>
<td>Master's</td>
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<td>Fall 2023</td>
</tr>
<tr>
<td>DNP</td>
<td>June 30, 2024</td>
<td>Fall 2023</td>
</tr>
<tr>
<td><strong>Vanguard University of Southern California</strong></td>
<td><a href="#">Costa Mesa, CA</a></td>
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<tr>
<td>Baccalaureate</td>
<td>June 30, 2024</td>
<td>Fall 2023</td>
</tr>
<tr>
<td><strong>West Virginia University</strong></td>
<td><a href="#">Morgantown, WV</a></td>
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</tr>
<tr>
<td>DNP</td>
<td>June 30, 2024</td>
<td>Fall 2023</td>
</tr>
</tbody>
</table>
Accredited Program(s) | Accreditation Term Expires | Next On-Site Evaluation
--- | --- | ---
Western Governors University | Salt Lake City, UT |
| Baccalaureate | June 30, 2024 | Fall 2023 |
| Master’s | June 30, 2024 | Fall 2023 |
Westminster College | Salt Lake City, UT |
| Master’s | June 30, 2024 | Fall 2023 |

Accreditation Withdrawn

| Nursing Program | Effective Date |
--- | --- |
Dominican University of California | San Rafael, CA |
| Master’s | May 18, 2014 |

Accreditation Denied

| Nursing Program | Effective Date |
--- | --- |
Mount Marty College | Yankton, SD |
| Master’s | June 23, 2014 |

Click Here for Public Disclosure of Accreditation Decision-Making Process
State of Wisconsin
Department of Safety & Professional Services

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request:
Debra Sybell on behalf of Chair Peter Kallio

2) Date When Request Submitted:
4/10/19

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:
4/11/2019

5) Attachments:
☑ Yes
☐ No

6) How should the item be titled on the agenda page?
Reporting of NCLEX First-time Test Taking Results

7) Place Item in:
☑ Open Session
☐ Closed Session

8) Is an appearance before the Board being scheduled?
☐ Yes
☒ No

9) Name of Case Advisor(s), if required:

10) Describe the issue and action that should be addressed:
Per the request of the Chair, please review, and be prepared to discuss the attached letter.

11) Authorization

Signature of person making this request
Date

Supervisor (if required)
Date

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

Directions for including supporting documents:
1. This form should be attached to any documents submitted to the agenda.
2. Post Agenda Deadline items must be authorized by a Supervisor and the 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.
April 8, 2019

Mr. Peter Kallio, Chairperson
Wisconsin State Board of Nursing
Department of Safety and Professional Services
PO Box 8366
Madison, WI 53708-8366

Dear Mr. Kallio:

The Administrators of Nursing Education of Wisconsin (ANEW) are asking the Wisconsin State Board of Nursing (SBON) to return to reporting NCLEX data to Wisconsin Schools of Nursing in the way it did prior to the 2018 report. Specifically, we are asking the SBON to report:

- Number of first time RN test-takers from each program;
- First time candidates’ pass percentage;
- All RN test takers’ pass percentage;
- In addition, programs with more than one site need to have data for each site, as well as the aggregate data for the school.

The rationale for this request is detailed here.

<table>
<thead>
<tr>
<th>Concern with the 2018 Reporting</th>
<th>Potential Impact on State Board of Nursing</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Schools of Nursing are required to report <strong>first time NLCEX pass rates</strong> to our accrediting bodies.</td>
<td>Each school will have to individually request first time pass rates each year from the board. This could significantly impact SBON personnel workflow to process such information upon individual requests.</td>
</tr>
<tr>
<td>All Schools of Nursing are required to report the <strong>numbers of students</strong> from our programs who pass NLCEX on the first attempt.</td>
<td>Each school will have to individually request the numbers of students from our programs who tested. This could significantly impact SBON personnel workflow to process such information upon individual requests.</td>
</tr>
<tr>
<td>Schools that have undergone recent Commission on Collegiate Nursing Education (CCNE) accreditation site visits have specifically been asked to provide <strong>NCLEX outcomes separately for programs at different sites</strong>. For example, Marquette needed to report separate NCLEX pass rates for their traditional on-campus undergraduate program and for their Pleasant Prairie site; UW Eau Claire needed to report separate NCLEX pass rates for their traditional on-campus undergraduate program and for their Marshfield site.</td>
<td>Each school with multiple sites will have to individually request this information. This could significantly impact SBON personnel workflow to process such information upon individual requests.</td>
</tr>
<tr>
<td>There have been recent reports of fraudulent NCLEX exam takers in other states.</td>
<td>Members of ANEW believe that generating reports to reflect the pre-2018 format will allow us to provide the necessary information to our accrediting bodies, without requiring each school or program to make specific requests to the Wisconsin SBON.</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>When the number of testers is reported, this provides school leaders an opportunity to verify that the number of testers matches the number of graduates. One Wisconsin nursing school administrator recently noted one tester more than actually graduated from her program. Attempts to rectify and clarify this information led her to be handed off to multiple people between the Wisconsin SBON and NCSBN. To date, the concern has not been resolved.</td>
<td>Do not hesitate to contact me if you have any questions,</td>
</tr>
<tr>
<td></td>
<td>Sincerely,</td>
</tr>
<tr>
<td></td>
<td>Linda Young</td>
</tr>
<tr>
<td></td>
<td>Linda K. Young, PhD, CNE, CFLE</td>
</tr>
<tr>
<td></td>
<td>President, ANEW</td>
</tr>
<tr>
<td></td>
<td>Dean and Professor, UW-Eau Claire</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:younglk@uwec.edu">younglk@uwec.edu</a></td>
</tr>
<tr>
<td></td>
<td>1-715-836-4904</td>
</tr>
</tbody>
</table>
State of Wisconsin  
Department of Safety & Professional Services

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request:  
Ryan Zeinert  
Licensing Examination Specialist

2) Date When Request Submitted:  
3/8/19  
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:  
3/14/19

5) Attachments:  
☒ Yes  
☐ No

6) How should the item be titled on the agenda page?  
Annual NCLEX Pass Rate Report

7) Place Item in:  
☒ Open Session  
☐ Closed Session

8) Is an appearance before the Board being scheduled?  
☐ Yes  
☒ No

9) Name of Case Advisor(s), if required:  

10) Describe the issue and action that should be addressed:  
Discussion and consideration of 2018 Annual NCLEX Pass Rates.

11) Authorization  

Signature of person making this request  
Date  
3-8-19

Supervisor (if required)  
Date  
3-8-19

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.
### NCLEX Pass Rates - Board Approved PN Schools

<table>
<thead>
<tr>
<th>School</th>
<th>All PN Takers (Including Repeaters)</th>
<th>2018 % Passed (1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bryant and Stratton College</td>
<td></td>
<td>87%</td>
</tr>
<tr>
<td>US50110000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fox Valley Tech College</td>
<td></td>
<td>100%</td>
</tr>
<tr>
<td>US50101200</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lakeshore Tech Stand Alone</td>
<td></td>
<td>100%</td>
</tr>
<tr>
<td>US50110200</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MATC - Milw</td>
<td></td>
<td>100%</td>
</tr>
<tr>
<td>US5010400</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Northeast WI Tech</td>
<td></td>
<td>93%</td>
</tr>
<tr>
<td>US501000900</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1 Percentage of all PN candidates who passed the NCLEX regardless of times taking the test.
<table>
<thead>
<tr>
<th>School</th>
<th>All RN Takers (Including Repeaters)</th>
<th>All PN Takers (Including Repeaters)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2018 % Passed (1)</td>
<td>2018 % Passed (2)</td>
</tr>
<tr>
<td>Alverno College</td>
<td></td>
<td></td>
</tr>
<tr>
<td>US50509100</td>
<td>94%</td>
<td></td>
</tr>
<tr>
<td>Bellin College</td>
<td></td>
<td></td>
</tr>
<tr>
<td>US50502200</td>
<td>98%</td>
<td></td>
</tr>
<tr>
<td>Blackhawk Tech College</td>
<td></td>
<td></td>
</tr>
<tr>
<td>US50407700</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>US50100000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bryant and Stratton College (COMBINED)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>US50510500 / US50400200</td>
<td>94%</td>
<td></td>
</tr>
<tr>
<td>Cardinal Stritch University</td>
<td></td>
<td></td>
</tr>
<tr>
<td>US50502700</td>
<td>93%</td>
<td></td>
</tr>
<tr>
<td>Cardinal Stritch University</td>
<td></td>
<td></td>
</tr>
<tr>
<td>US50408300</td>
<td>80%</td>
<td></td>
</tr>
<tr>
<td>Carroll University</td>
<td></td>
<td></td>
</tr>
<tr>
<td>US50500000</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>Chippewa Valley Tech College</td>
<td></td>
<td></td>
</tr>
<tr>
<td>US50408100</td>
<td>96%</td>
<td></td>
</tr>
<tr>
<td>US50109700</td>
<td>99%</td>
<td></td>
</tr>
<tr>
<td>Col. of Menominee Nation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>US50402500</td>
<td>50%</td>
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</table>
## NCLEX Pass Rates - Board Approved RN Schools

<table>
<thead>
<tr>
<th>School</th>
<th>All RN Takers (Including Repeaters) 2018 % Passed (1)</th>
<th>All PN Takers (Including Repeaters) 2018 % Passed (2)</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Columbia-Mt. Mary</td>
<td>89%</td>
<td></td>
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<tr>
<td>Concordia University</td>
<td>93%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Edgewood College</td>
<td>98%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fox Valley Tech College</td>
<td>99%</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>Gateway Tech College</td>
<td>90%</td>
<td>99%</td>
<td></td>
</tr>
<tr>
<td>Herzing University - Brookfield (COMBINED)</td>
<td>83%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Herzing College - Madison</td>
<td>53%</td>
<td>75%</td>
<td></td>
</tr>
<tr>
<td>Lakeshore Tech College</td>
<td>98%</td>
<td>100%</td>
<td></td>
</tr>
</tbody>
</table>

1 Percentage of all RN candidates who passed the NCLEX regardless of times taking the test.
2 Percentage of all PN candidates who passed the NCLEX regardless of times taking the test.
<table>
<thead>
<tr>
<th>School</th>
<th>All RN Takers (Including Repeaters)</th>
<th>All PN Takers (Including Repeaters)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2018</td>
<td>2018</td>
</tr>
<tr>
<td></td>
<td>% Passed (1)</td>
<td>% Passed (2)</td>
</tr>
<tr>
<td>Madison Area Tech College</td>
<td>US50407900 96%</td>
<td>US50105600 95%</td>
</tr>
<tr>
<td>Maranatha Baptist Bible Col.</td>
<td>US50500100 100%</td>
<td></td>
</tr>
<tr>
<td>Marian University</td>
<td>US50503900 91%</td>
<td></td>
</tr>
<tr>
<td>Marquette University (COMBINED)</td>
<td>US50509700 / US50509800 95%</td>
<td></td>
</tr>
<tr>
<td>Mid State Tech College</td>
<td>US50400000 100%</td>
<td>US50101000 97%</td>
</tr>
<tr>
<td>Milwaukee Area Tech College</td>
<td>US50408000 98%</td>
<td>US50105800 98%</td>
</tr>
<tr>
<td>Milwaukee School of Engineering</td>
<td>US50504400 100%</td>
<td></td>
</tr>
<tr>
<td>Moraine Park Tech College</td>
<td>US50408200 99%</td>
<td>US50105300 100%</td>
</tr>
</tbody>
</table>

1 Percentage of all RN candidates who passed the NCLEX regardless of times taking the test.
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<tbody>
<tr>
<td>Nicolet Area Tech College</td>
<td>93%</td>
<td>100%</td>
</tr>
<tr>
<td>US50400100</td>
<td></td>
<td></td>
</tr>
<tr>
<td>US50100100</td>
<td></td>
<td></td>
</tr>
<tr>
<td>North Central Tech College</td>
<td>99%</td>
<td>100%</td>
</tr>
<tr>
<td>US50407500</td>
<td></td>
<td></td>
</tr>
<tr>
<td>US50100500</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Northeast WI Tech College</td>
<td>97%</td>
<td>93%</td>
</tr>
<tr>
<td>US50407300</td>
<td></td>
<td></td>
</tr>
<tr>
<td>US50105200</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rasmussen - Green Bay (COMBINED)</td>
<td>81%</td>
<td></td>
</tr>
<tr>
<td>US50510000 / US50408500</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rasmussen - Wausau (COMBINED)</td>
<td>91%</td>
<td></td>
</tr>
<tr>
<td>US50510100 / US50400400</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Silver Lake College</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>US50510200</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Southwest WI Tech College</td>
<td>92%</td>
<td>100%</td>
</tr>
<tr>
<td>US50407100</td>
<td></td>
<td></td>
</tr>
<tr>
<td>US50108600</td>
<td></td>
<td></td>
</tr>
<tr>
<td>JW-Eau Claire</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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<td></td>
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<td>2018 % Passed (2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>US50508400</td>
<td>98%</td>
<td></td>
<td>2018% Passed (1)</td>
<td>98% Passed (2)</td>
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<tr>
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<td>98% Passed (2)</td>
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<td>US50508200</td>
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<tr>
<td>Waukesha County Tech</td>
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<td>2018% Passed (1)</td>
<td>100% Passed (2)</td>
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<tr>
<td>US50407400</td>
<td></td>
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<td>94%</td>
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<td>WI Indianhead Tech College</td>
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<td>100%</td>
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<tr>
<td>1) Name and Title of Person Submitting the Request:</td>
<td>2) Date When Request Submitted:</td>
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<td>--------------------------------------------------</td>
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<td></td>
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</tr>
<tr>
<td>Joan Gage</td>
<td>April 1, 2019</td>
<td></td>
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Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting.

<table>
<thead>
<tr>
<th>3) Name of Board, Committee, Council, Sections:</th>
<th>4) Meeting Date:</th>
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<tbody>
<tr>
<td>Board of Nursing</td>
<td>April 11, 2019</td>
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<table>
<thead>
<tr>
<th>5) Attachments:</th>
<th>6) How should the item be titled on the agenda page?</th>
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<tbody>
<tr>
<td>☐ Yes</td>
<td>Herzing University – Brookfield Curriculum Complaint</td>
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<tr>
<td>☐ No</td>
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<tr>
<th>7) Place Item in:</th>
<th>8) Is an appearance before the Board being scheduled?</th>
<th>9) Name of Case Advisor(s), if required:</th>
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<tbody>
<tr>
<td>☑ Open Session</td>
<td>☐ Yes</td>
<td></td>
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<tr>
<td>☐ Closed Session</td>
<td>☐ No</td>
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10) Describe the issue and action that should be addressed:

<table>
<thead>
<tr>
<th>11) Authorization</th>
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</thead>
</table>

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.
Herzing University – Brookfield

Student Complaint – High Stakes testing

Received via email 3/27/19 – 3/30/19

First email received and forwarded to Joan Gage on 3/27/19

On behalf of myself and my fellow classmates, who are supposed to graduate May 2019 with our BSN have some questions. Our first question is about the rule/law about high stakes testing? Our second question is can a college hold back students because of NCLEX prep tests such as HESI, ATI, Kaplan, etc.?

Our college, Herzing University in Brookfield, WI, has decided to make a NCLEX prep class where we take ATI tests a one credit course that decides if we graduate or not. Two of our exams are worth 25% of our grade and if we do not get about a 72% in ATI then they will not let us graduate in May. This class was never in our academic schedule when we signed up for the program and has been recently added. We have talked to the dean and those higher in the academic staff and nothing is being changed. We would like some clarification on if our college can do this?

We look forward to hearing from you,

BSN students at Herzing University

Joan Gage requested more information and supporting documentation from the student. The response to the request was received by email 3/30/19

Here is all the information that we have regarding the course. I also have attached a degree schedule, when we all signed up, we never were informed that we had to take this course. This 449 course was never in our degree audit and now it will make or break if we graduate. This class is supposed to be a NCLEX prep course and not part of our credits toward our BSN degree. But before start of the semester they changed it to be a one credit course and have the exams be high stakes exams which are worth 25% of our grade. In the student handbook it says that our exams can only be 10% of our grade. We have had multiple talks with the dean and higher ups and there is nothing being done. I was told that there is a rule/law that says colleges cannot hold back students from graduating because of board exam prep courses. We were also told that a few years back MATC was penalized for holding back their students because of the same behaviors. We would greatly appreciate your help with this. Our college is Herzing University Brookfield.

Thank you,

BSN graduating class of 2019
Course Title: Integration of Concepts  
Course Code: NU449  
Credit Hours: 1.0

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 a synthesis of the program objectives and prior learning with a guided review in a faculty-assisted laboratory component.

Program: Nursing

Program Outcomes:
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 affect 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 lifespan 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.
**Course Learning Objectives:**

1. Utilize remediation to increase understanding of essential nursing concepts.
2. Apply the nursing process for safe client care related to physiological integrity, safe and effective care environment, health promotion, maintenance, and psychosocial integrity.
3. Utilize various learning strategies to enhance clinical judgment including critical thinking, delegation, and prioritization.

**Topics & Learning Activities**

<table>
<thead>
<tr>
<th>Unit</th>
<th>Topics &amp; Activities</th>
<th>Learning Objective Supported</th>
<th>Points Possible</th>
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<tbody>
<tr>
<td>1</td>
<td>Topic(s): Review syllabus for NU449, Review Capstone and ATI Virtual program expectations. Assessment(s): Pre-capstone Assessment test in the lab</td>
<td>CLO#1, CLO#2, CLO#3</td>
<td>25-35</td>
</tr>
<tr>
<td>2</td>
<td>Assessment(s): Fundamentals Assessment in lab</td>
<td>CLO#1, CLO#2, CLO#3</td>
<td>25-35</td>
</tr>
<tr>
<td>3</td>
<td>Assessment(s): Pharmacology I in Lab, Pharmacology II at home</td>
<td>CLO#1, CLO#2, CLO#3</td>
<td>25-35</td>
</tr>
<tr>
<td>4</td>
<td>Assessment(s): Medical Surgical I, Medical Surgical II in Lab, Comprehensive Predictor I Assessment</td>
<td>CLO#1, CLO#2, CLO#3</td>
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<tr>
<td>5</td>
<td>Assessment(s): Maternal Newborn/Women's Health in Lab</td>
<td>CLO#1, CLO#2, CLO#3</td>
<td>25-35</td>
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<tr>
<td>6</td>
<td>Assessment(s): Nursing Care of Children in Lab</td>
<td>CLO#1, CLO#2, CLO#3</td>
<td>25-35</td>
</tr>
<tr>
<td>7</td>
<td>Assessment(s): Mental Health in Lab</td>
<td>CLO#1, CLO#2, CLO#3</td>
<td>25-35</td>
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<tr>
<td>No.</td>
<td>Assessment(s)</td>
<td>CLO#1, CLO#2, CLO#3</td>
<td>Points</td>
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<td>------------------------------------------------------------------------------</td>
<td>-------------------------------------------</td>
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<td>8</td>
<td>Assessment(s): Leadership/Community Health in Lab</td>
<td>CLO#1, CLO#2, CLO#3</td>
<td>25-35</td>
</tr>
<tr>
<td>9</td>
<td>Assessment(s): ATI Capstone Comprehensive Form B in Lab</td>
<td>CLO#1, CLO#2, CLO#3</td>
<td>0-240</td>
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<tr>
<td>10</td>
<td>Virtual ATI Assessment(s): Critical Care ATI Drug Calculation test in Lab</td>
<td>CLO#1, CLO#2, CLO#3</td>
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<tr>
<td>11</td>
<td>Virtual ATI: Start Fundamentals Module in lab</td>
<td>CLO#1, CLO#2, CLO#3</td>
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<tr>
<td>12</td>
<td>Virtual ATI: Start Pharmacology Module in lab</td>
<td>CLO#1, CLO#2, CLO#3</td>
<td>(25% Stage)</td>
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<tr>
<td>13</td>
<td>Virtual ATI: Start Med-Surg module in lab</td>
<td>CLO#1, CLO#2, CLO#3</td>
<td>(50% Stage)</td>
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<tr>
<td>14</td>
<td>Virtual ATI: Start Maternal Newborn module in lab</td>
<td>CLO#1, CLO#2, CLO#3</td>
<td>75% stage = 240 Virtual ATI points to be awarded after achieving 75% stage in week 14</td>
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<tr>
<td>15</td>
<td>Assessment(s): ATI Comprehensive Proctored Predictor Assessment</td>
<td>CLO#1, CLO#2, CLO#3</td>
<td>0-240</td>
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<tr>
<td>16</td>
<td>Virtual ATI: Continue progress to complete Virtual ATI</td>
<td>CLO#1, CLO#2, CLO#3</td>
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*Pass rates may vary by program requirement- Refer to the University Catalog

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<th>Grade</th>
<th>Pass Rate</th>
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<tbody>
<tr>
<td>A</td>
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<tr>
<td>B</td>
<td>80.00-89.99%</td>
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<tr>
<td>C</td>
<td>76.00-79.99%</td>
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<tr>
<td>F</td>
<td>0.00-75.99%</td>
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### Points for ATI Capstone

<table>
<thead>
<tr>
<th>Capstone Assignments</th>
<th>Points Breakdown</th>
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<tbody>
<tr>
<td>ATI Assessment Remediation due by Midnight to receive</td>
<td>ATl Capstone Score</td>
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<tr>
<td>receive Capstone Assessment Points</td>
<td>Points</td>
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<tr>
<td>1 Pre-Capstone</td>
<td>Must complete - No Points</td>
</tr>
<tr>
<td>2 Fundamentals</td>
<td>25-35</td>
</tr>
<tr>
<td>3 Pharmacology I</td>
<td>25-35</td>
</tr>
<tr>
<td>4 Pharmacology II</td>
<td>25-35</td>
</tr>
<tr>
<td>5 Medical/Surgical I</td>
<td>25-35</td>
</tr>
<tr>
<td>6 Maternal Newborn/Women's Health</td>
<td>Must complete - No points</td>
</tr>
<tr>
<td>7 Nursing Care of Children</td>
<td>25-35</td>
</tr>
<tr>
<td>8 Mental Health</td>
<td>25-35</td>
</tr>
<tr>
<td>9 Leadership/Community Health</td>
<td>25-35</td>
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**Total Points Possible:** 280
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<tr>
<th>Assessment(s) ATI Capstone Comprehensive Form B – Proctored</th>
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<tr>
<td><strong>ATI Capstone Comprehensive B Predictor Score</strong></td>
<td><strong>Probability of Passing NCLEX</strong></td>
</tr>
<tr>
<td>72.0% or greater</td>
<td>90% or greater</td>
</tr>
<tr>
<td>68.7% - 71.3%</td>
<td>77-89%</td>
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<tr>
<td>64.7% - 68%</td>
<td>76% or less</td>
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<tr>
<td>64.0% or below</td>
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<td><strong>Total Points Possible:</strong></td>
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<th>Points for Virtual ATI Review</th>
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<td><strong>Stages of Review/Points</strong></td>
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<tr>
<td><strong>Stage</strong></td>
<td><strong>Test Taking Strategies Module</strong></td>
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<tr>
<td>25% Stage</td>
<td>Fundamentals Module</td>
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<tr>
<td>25% Stage</td>
<td>Pharmacological Module</td>
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<tr>
<td>50% Stage</td>
<td>Med-Surg Module</td>
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<tr>
<td>75% Stage must be completed</td>
<td>Maternal Newborn Module</td>
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*Note: Virtual-ATI points to be awarded after completing 75% stage in week 14*

| **Total Points Possible:** | **240** |

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<tr>
<th>ATI Comprehensive Proctored Predictor Assessment</th>
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<tr>
<td><strong>ATI Comprehensive Predictor Score</strong></td>
<td><strong>Probability of Passing NCLEX</strong></td>
</tr>
<tr>
<td>72% or &gt;</td>
<td>94% or greater</td>
</tr>
<tr>
<td>68.7 – 71.3%</td>
<td>89 - 93%</td>
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<tr>
<td>64.7 – 68%</td>
<td>78% - 87%</td>
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<tr>
<td>64.0% or below</td>
<td>76%</td>
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<td><strong>Total Points Possible:</strong></td>
<td><strong>240</strong></td>
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<tr>
<td>ATI Live Review – Required. Must attend and participate all 3 days (Scheduled on campus during week 8)</td>
<td>Required</td>
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<tr>
<td><strong>Total Points for ATI Capstone and Virtual ATI</strong></td>
<td><strong>1000 Points</strong></td>
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</table>

**POLICIES**

*University policies, such as attendance philosophy, notification of absences, extenuating circumstances, accommodation requests, academic dishonesty, late policy, 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 as an addendum. 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.*
<table>
<thead>
<tr>
<th>Semester</th>
<th>Courses</th>
<th>Credits</th>
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</table>

Semester Total: **13**

Program Credit Total: **120**

Note that this schedule is tentative and subject to change depending on course availability and clinicals.
OVERVIEW/HISTORY OF THE NURSING PROGRAM

Herzing University was founded in Milwaukee, Wisconsin in 1965 as a computer institute. In 1996, the name of the school was changed to Herzing College. With the addition of graduate programs, the name changed to Herzing University in 2009. Herzing was originally established as a proprietary, co-educational institution, and operated as a division of Herzing, Inc., a Wisconsin corporation. In 2015 Herzing University changed from a proprietary institution to a non-profit institution. The school has experienced consistent growth expanding its focus to include business management, electronics, health care, graphic design, and public safety. With eleven (11) campuses throughout the United States and a thriving Online Campus, the University awards diplomas, associate, bachelors, and master’s degrees. Herzing University is accredited by the Higher Learning Commission (HLC). Programs within the University are approved and/or accredited by their appropriate bodies or have been granted developing program or candidacy status.

The Bachelor of Science in Nursing degree in the southeastern Wisconsin market is offered as a consortia program between the Brookfield and Kenosha campuses of Herzing University. The Wisconsin Board of Nursing gave approval to admit its first students in September 2010. The program was granted full board approval and received full accreditation by the Commission on Collegiate Nursing Education (CCNE) in 2013.

WELCOME

Welcome to nursing at Herzing University, Brookfield-Kenosha. We are excited and pleased that you have chosen us to help prepare you for entry into the nursing profession. This Nursing Student Handbook will provide you with a summary of the key procedures, policies, and information you will need to be successful in your efforts. Successful completion of the program requires that you adhere to the policies and procedures of both the nursing program and Herzing University. If you have questions, concerns, or need additional clarification, please talk with your advisor, faculty member, or Program/Department Chairs.

We wish you success in achieving your goal to become a registered professional nurse. Enjoy your time here at Herzing University, Brookfield-Kenosha.

Herzing University Brookfield-Kenosha
Nursing Department Faculty and Staff
THE BACHELOR OF SCIENCE IN NURSING PROGRAM
MISSION, PHILOSOPHY, CONCEPTUAL FRAMEWORK AND OUTCOMES

MISSION STATEMENT

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

PHILOSOPHY

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

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

The nursing faculty believe that teaching and learning is a vigorous process where students demonstrate personal and professional accountability by taking an active role in their education. Instruction reflects respect for diversity, caring, and excellence in teaching through instructional delivery that is flexible to meet the needs of a diverse group of learners.

PROFESSIONAL NURSING

The faculty of Herzing University accept the American Nurses Association (2010) definition of nursing:

Nursing is the protection, promotion, and optimization of health and abilities, prevention of illness and injury, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, communities, and populations, (p.10)

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

1. Provision of a caring relationship that facilitates health and healing,
2. Attention to the range of human experiences and responses to health and illness within the physical and social environments,
3. Integration of objective data with knowledge gained from an appreciation of the patient or group's subjective experience,
4. Application of scientific knowledge to the processes of diagnosis and treatment through the use of judgment and critical thinking,
5. Advancement of professional nursing knowledge through scholarly inquiry, and
6. Influence on social and public policy to promote social justice.
As both an art and science, nursing interacts holistically with the client and the community in an effort to achieve health, wellness, and education. Professional nursing incorporates patient/client advocacy, caring, cultural sensitivity, evidence-based outcomes-oriented actions and professional values to assist the patient/client toward adaptation, self-care, and equilibrium.

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

PERSON

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

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

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

The person (patient/client; consumer; resident) is the recipient of nursing care and may be an individual, family, group, aggregate, community, or population. The person may “function in independent, interdependent, or dependent roles, and may seek or receive nursing interventions related to disease prevention, health promotion, or health maintenance, as well as illness and end-of-life” (AACN, 2008, p. 38) while preserving the locus of control.

HEALTH

Health is a homeostatic process, a continuum of physiological, psychological, sociological and spiritual levels of wellness fluctuating within a state of health-illness with the individual’s goal being an optimal level of health, where individual potential is realized to the fullest extent possible. Being a human experience, health is often expressed in terms of wellness and illness and may occur in the presence or absence of disease or injury. Health is perceived individually according to developmental stage, cultural context, spirituality, preferences, and health literacy.

Professional nursing focuses on the following areas of health across the lifespan: at both the individual as well as the community, and global levels including vulnerable populations, health promotion,
prevention, acute and chronic illnesses, elimination of health disparities, disease management, injury prevention, risk reduction, relationships of genetics and genomics to health and illness, health determinants including environmental assessments of health and illness parameters, and educating patient/clients and caregivers about the same areas.

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

ENVIRONMENT
The environment encompasses the world and we are responding constantly to both internal and external environmental factors resulting in varying degrees of health. External factors include availability and quality of air, water, food, and living conditions. With increasing global population, pollution, poverty, hunger, homelessness, natural disasters, and stressors of war and terrorism threatening our environment, people must collaborate to preserve our resources. Internal factors affecting a person include all of the dimensions of the person including mind, body, spirit, and emotions.

Taking a holistic approach, the professional nurse assesses the client’s responses to the internal and external environment determining how the health is being affected. “Because professional nurses are the human link between the patient/client and the complex healthcare environment, they must provide compassionate care informed by a scientific base of knowledge, including current evidence from research” (AACN, 2008, p. 29).

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

SOCIETY
Society is made up of groups of individuals in various dynamic arrangements. It is a system providing the framework for human behavior and expectations including physical, psychological, cultural, ethical, and spiritual elements. The framework provided allows for interactions to address personal needs and goals. The person, being an integral part of society, is also a member of a family, group, community, and population. Society’s structure and diverse cultures affect a person’s behavior in response to health and illness within their culture and community. The professional nurse must understand and be prepared to individualize care provided to the diverse population based on the responses exhibited.

The faculty affirm the beliefs and tenets related to the value-added dimension that the nursing profession offers to society in Nursing’s Social Policy Statement: The Essence of the Profession (ANA, 2010).

PROFESSIONAL ROLES
Professional nursing education prepares the student to practice as a professional nurse in various roles and settings. Consistent with the Essentials for Baccalaureate Education for Professional Nursing Practice (AACN, 2008, p. 35), the faculty believe the following roles are relevant for the baccalaureate-prepared generalist nurse:
• Provider of care (evaluation of client changes and progress over time; developing proficiency and efficiency in delivery of safe care).
• Designer/manager/coordinator of care (manage care transitions; be an active participant on the inter-professional team; identify system issues; develop working skills in delegation, prioritization, and oversight of care).
• Member of a profession (evaluate one’s practice; assume responsibility for supporting the profession).

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

CONCEPTUAL FRAMEWORK OF THE NURSING CURRICULUM
The conceptual framework of the Department of Nursing at Herzing University is consistent with the Mission and Philosophy of the Program, providing a model of professional nursing practice, utilizing a variety of concepts grounded in eclectic nursing theory, and serving as a foundation for the selection and sequencing of courses, content, and learning activities in the nursing curriculum. Required courses provide foundational knowledge that builds key concepts used to frame the actions of the professional nurse.

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

NURSING PROCESS
The nursing process consists of cognitive activities including of assessment, diagnosis, planning, intervening, and evaluating. In order to effectively make use of the nursing process, professional nurses must be able to be critical thinkers, understand the role of diversity in understanding human behavior, communicate effectively, possess clinical competencies, content knowledge, demonstrate effective leadership skills in planning and managing patient care, effectively use technology, demonstrate professionalism and demonstrate a commitment to life-long learning. Additionally, the professional nurse needs to make clinical judgments (related to evidence-based practice, meanings, quality improvement, and improved health outcomes) based on theoretical knowledge from nursing, sciences, and experience. The nurse is a critical thinker when resolving clinical and ethical problems using evidenced based practice guidelines, which includes reflective thought on delivery of quality care and patient preferences and values. The nurse recognizes, raises, and is open to questions and gathers evidence to support answers (Critical Thinking Institution 2011; Nursing Trends 2010; NLN 2010).
COMMUNICATION
The Joint Commission identifies communication as the root cause of approximately 70 percent of all sentinel events. Effective communication and teamwork are fundamental to quality patient care (Joint Commission, 2007). The definition of communication is the exchange of thoughts, messages, or information. The professional nurse is able to maintain congruency and accuracy in all therapeutic intra-professional and inter-professional exchanges whether verbal, nonverbal, written, or electronic. Other essential components of effective communication with patients/clients, families, colleagues, peers, and healthcare team members are conflict resolution and restorative justice.

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

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

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

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

CULTURE/DIVERSITY
A definition of culturally congruent care is behaviors or decisions that are designed to fit with cultural values to provide meaningful, beneficial, and satisfying health care (Bednarz, Schim, & Doorenbos, 2010). Diversity, as defined by the National League for Nursing (NLN 2016), "signifies that each individual is unique and recognizes individual differences—race, ethnicity, gender, sexual orientation and gender identity, socio-economic status, age, physical abilities, religious beliefs, political beliefs, or other attributes" (p.2). The provision of culturally sensitive care respects the need to have a diverse nursing workforce, student population, and faculty so that behaviors in nursing organizations, education, and health care create inclusive environments to achieve quality healthcare for all (NLN, p.2). Culturally
sensitive nursing care for patient/clients across the life span, during all transitions of care and across the continuum of healthcare environments, is an ongoing goal for professional nursing and a benchmark for quality healthcare provided in the professional nursing program at Herzing University.

PROFESSIONAL NURSING EDUCATION
Registered nurses need to be prepared with a broad knowledge base. Nursing education builds on and integrates the arts, sciences, and humanities with nursing science, providing a refinement of knowledge, beliefs, values, attitudes, and skills reflected in cognitive, affective, and psychomotor domains. Based on Herzing University’s foundation of valued student success and support of professional role development, the concepts and theories from nursing and related disciplines form the structure of the nursing curriculum.

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

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

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

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

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

The conceptual framework of the Nursing Program of Herzing University is consistent with the Mission and Philosophy of the Program. It provides a model of professional nursing practice, and serves as the foundation for the selection, sequencing of courses, course content, and learning activities in the nursing curriculum. The foundational knowledge upon which the key concepts used to frame the actions of the professional nurse is in the required liberal arts courses. It is the belief of the faculty that the key threads (previously defined in the philosophy) of the curriculum are nursing, critical thinking and decision making, the nursing process, environment, health, society, professional role, communication, caring, compassion, safety, evidence based practice, culture, and diversity. The person (patient/client/patient) is the center of the universe and it is our response to those identified needs that are the processes of the practice of nursing. Figure 1, Conceptual Framework, represents schematically the faculty’s view.

Revised 6/13; 6/14; 1/15; 7/15; 6/16; 9/16; 10/17
PROGRAM OUTCOMES

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

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

<table>
<thead>
<tr>
<th>PROGRAM OUTCOMES</th>
<th>CURRICULUM THREADS</th>
<th>CCNE ESSENTIALS OF BACCALAUREATE EDUCATION</th>
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<tbody>
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<td>1. Practice using caring, compassionate, culturally competent, and evidence-based practices in the roles of the baccalaureate nurse using the nursing process to provide patient/client-centered care in a variety of health care settings.</td>
<td>Person Nursing Nursing Process Professional Role Caring Compassion Safety Evidence-Based Practice Culture Diversity Environment Critical Thinking</td>
<td>Essential I: Liberal Education Essential III: Scholarship for EBP Essential VII: Clinical Prevention and Population Health Essential IX: Baccalaureate Generalist Nursing Practice</td>
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<tr>
<td>2. Use a broad base of techniques to effectively communicate with clients, families, health care teams, and communities.</td>
<td>Communication Society Nursing Professional Role</td>
<td>Essential IV: Information Management and Application of Patient Care Technology Essential VI: Inter-professional Communication &amp; Collaboration</td>
</tr>
<tr>
<td>3. Use critical thinking and decision making, local, state, national and global policies, legislative concepts, and healthcare economics to effect quality health care and the evolving health care system.</td>
<td>Critical Thinking Society Nursing Health</td>
<td>Essential V: Health Care Policy, Finance, and Regulatory Environment Essential II: Basic Organizational and Systems Leadership Essential VII: Clinical Prevention and Population Health</td>
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<tr>
<td>4. Integrate knowledge and skills in nursing leadership and management, quality improvement, and patient safety as required to provide health care.</td>
<td>Nursing Communication Evidence-Based Practice</td>
<td>Essential II: Basic Organizational and Systems Leadership Essential V: Healthcare Policy Essential VI: Inter-professional Communication and Collaboration</td>
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<tr>
<td>5. Integrate knowledge and skills to promote health and prevent disease across the lifespan and the continuum of health care environments.</td>
<td>Health Society Professional Role</td>
<td>Essential VII: Clinical Prevention and Population Health</td>
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</tbody>
</table>
6. Practice professionalism including the inherent values of altruism, autonomy, human dignity, integrity, and social justice.

7. Formulate a professional ethic that includes lifelong learning and continuous professional development in an ever-evolving health care environment.

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; understand human behavior in the context of the greater society in a world.

NURSING ADVISORY COMMITTEE

The Nursing Advisory Committee is made up of representatives of the community of interest of the Nursing Program. The Advisory Committee informs the Nursing Chair and the Nursing Faculty how the program can best serve needs of the community of interest.

References

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-Kenosha 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-Kenosha 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 (BID) 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 BID form;
- 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-RN 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-Kenosha. 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-Kenosha 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-Kenosha:

- 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-Kenosha 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-Kenosha, 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/Department Chair 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-Kenosha 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.

MAKE-UP COURSEWORK

Purpose: To apply a fair and consistent approach to the provision of opportunities to make-up work.

Policy: The faculty at Herzing University recognize that there are circumstances and events which may delay students from completing coursework on time. This may include events that require students to miss class and delay the submission of coursework which may have been due on the day of the absence. Under approved circumstances, students may be allowed to submit makeup work. Permissible reasons for requesting makeup include sickness, death of a relative, court appearance, family emergency, or other special circumstances.

Procedure: The following procedure should be followed:

1. The student must request approval from the instructor to submit makeup work. Ideally, except in the case of an emergency, the student will request approval to submit late work prior to the due date at the time in which he/she is notifying the instructor of the absence. Healthcare programs may, due to clinical site requirements or other reasons, require students to give advance notice of absences and/or missed assessments. The instructor may deny the request if there is not a valid reason.

2. Student leaving on military duty may be eligible for additional relief and should contact the Educational Funding Department.
3. Exams, quizzes, papers and other assignments or exercises must be completed no later than seven calendar days from the original due date, subject to the availability of a faculty member to proctor. Coursework due during the last week of the course must be completed and submitted by the last day of the grading period. Students requiring additional time beyond the end of the grading period must petition for an Incomplete (see section on Incomplete Grades).

4. Healthcare programs may, due to clinical site requirements or other reasons, require students to give advance notice of absences and/or missed assessments. This should not be limited to healthcare programs, all students should be expected to give advance notice of absence if at all possible.

5. A student who has a valid reason for making up missed coursework and is denied the opportunity to do so by the instructor may appeal to the Academic Dean. The decision of the Academic Dean is final.

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 NM/NU 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 Program/Department Chair, 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 “Bachelor of Science in Nursing (BSN)” 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.
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2. Any course with the prefix SC or MA required for nursing may be repeated two times.
3. The second failure of a nursing course (prefix NU or NM) will result in dismissal from the nursing program.
4. Students must maintain a 76% (C+) 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
See “Grade Appeals Procedure” in the Herzing University Undergraduate Catalog.

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.

STANDARDIZED TESTING

Students in the nursing program are required to take online-standardized tests throughout the curriculum. These standardized tests have been found to be predictors of success on the NCLEX-RN exam. Valuable feedback concerning the student’s strengths and weaknesses can assist the student in examining learning outcomes, while providing important information to the faculty who are responsible for ensuring that students’ learning experiences are leading to expected program goals and outcomes. Each course that utilizes a standardized online test will incorporate the grade earned on the standardized test as a percentage of the final course grade and will be specified in the course syllabus. Generally, the percentage will be at a level of no greater than 10% of the final grade.

The ATI standardized testing and remediation program will be used by the Herzing University Brookfield-Kenosha Nursing Department. Students who fail to take a course-related standardized exam will earn a grade of “incomplete”. See “Incompletes” in the Herzing University Undergraduate Catalog. Students who achieve less than the identified benchmark score will be expected to complete a course specific plan for review and remediation. The faculty have established benchmark criteria for the standardized tests in each subject area to promote success for students for the NCLEX-RN exam. The benchmark for ATI standardized tests is Level 2.

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

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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 Simulation Coordinator on each campus. Faculty teaching courses with a lab component plan lab experiences and are assisted by the Simulation Coordinator.

- **Lab Instruction:** The course instructor will collaborate with the Simulation 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/Simulation Coordinator prior to the final skills check-off. The course instructors monitor for completion of skills check-offs. The Simulation Coordinator will assist with skills check-offs. The Simulation 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 Simulation 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 Simulation 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 Simulation Coordinator for additional lab time.

DRESS CODE
The Nursing Program at Herzing University Brookfield-Kenosha 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:
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-Kenosha 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 shaved 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
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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-Kenosha 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/Department Chair.

**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-Kenosha 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 or 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-Kenosha 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).
• 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
Revised 6/13; 6/14; 1/15; 7/15; 6/16; 9/16; 10/17
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-Kenosha.

PROFESSIONAL STUDENT CONDUCT

The Nursing Program/Department Chair/Associate Director 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’s/client’s 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.
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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-Kenosha, 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.

Revised 6/13; 6/14; 1/15; 7/15; 6/16; 9/16; 10/17
SUBSTANCE ABUSE
Herzing University Brookfield-Kenosha 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-Kenosha.
- 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
- Program Evaluation Committee
- Faculty Student Awareness Committee
- Nursing Department Advisory Board

STUDENT NURSES ASSOCIATION (SNA)
The Herzing Brookfield-Kenosha 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.
APPENDICES

APPENDIX A

Criminal Background Checks/OIG/GSA

(Statements adopted from Aurora Health Care (2013) retrieved

Completion of Question 1 on the BID Form: Do you have criminal charges pending against you or were you ever convicted of a crime?

- Consider any interactions you have had with law enforcement, such as the police or sheriff.
- For the purposes of completing the BID form, “convicted of a crime” includes felonies, misdemeanors, municipal ordinance violations and tribal court offenses, even if the conviction is described as non-criminal.
- This also includes convictions resulting from a guilty plea or a plea of no contest.
- If you received a ticket and paid a fine, excluding parking violations and most traffic tickets, it is likely that you received a conviction and you should note this on your form.
- If you have been informed that a conviction will not be on your record or has been expunged, you must still report it as these almost always DO appear on your background check and it will be considered falsification if you have not disclosed them.
- Most pending charges and most convictions, as described above, will not prevent you from participating in clinical. However, any failure to fully disclose them may be viewed as falsification of your record which will make you ineligible for participation in clinical experiences.
- If you are unsure whether or not you need to report an offense, it is always in your best interest to do so.
APPENDIX B

Vaccine Waiver

Vaccine-preventable disease levels are at or near record lows. Even though most infants and toddlers have received all recommended vaccines by age two, many under-immunized children remain, leaving the potential for outbreaks of disease. Many adolescents and adults are under-immunized as well, missing opportunities to protect themselves against diseases such as Hepatitis B, Influenza, Pneumococcal disease, and Varicella Zoster.

Herzing University Brookfield-Kenosha encourages students and faculty to follow the recommendations of the Center for Disease Control and Prevention (CDC). The CDC strongly recommends that healthcare workers (e.g. physicians, nurses, emergency medical personnel, dental professionals and students, medical and nursing students, lab technicians, hospital volunteers, and administrative staff) receive vaccination for vaccine-preventable diseases.

I have read and understand the information on the CDC website www.cdc.org regarding:

☐ Hepatitis B Recombinant Vaccine (Hep B)

I understand the significance of the vaccination recommendation for healthcare workers. I choose NOT to obtain the vaccination based on health and/or personal reasons:

☐ Hepatitis B Recombinant Vaccine (Hep B)

Based on this, I hereby waive any claims against Herzing University, its board of trustees, officers, and affliating agents from any and all liability, responsibility, damage, or loss whether known or unknown, existing or potential, as a result of any contact or consequence that may arise from my exposure or denial of clinical placement.

Printed Name: ____________________________ Date: ____________________________

Signature: ________________________________
Dear Student:
Welcome to Nursing at Herzing University. All new nursing students are required to have a Health Record on file with the Nursing Department.

General Student Information

Name:

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
<th>Any Previous Names</th>
</tr>
</thead>
</table>

Date of Birth: ____________

Gender: Male  Female  Other

Permanent Address: __________________________________________________________

Phone Numbers: __________________ (Home) __________________ (Cell)

Email Address (for use until you receive your permanent Herzing email address):

________________________________________________________________________

Emergency Contact (include name, relationship, address, and phone number):

________________________________________________________________________

Medical Insurance:

<table>
<thead>
<tr>
<th>Company</th>
<th>Policy Number</th>
<th>Group Number</th>
<th>Contact Phone</th>
</tr>
</thead>
</table>

Expected Date of Graduation: ____________________________

Release of Information

I authorize release of the health information requested below to Herzing University Brookfield-Kenosha. I understand that information related to immunizations will be released to clinical agencies so that I may participate in the required experiences of the program.

Printed Name: ____________________________

Date: __________

Signature: ____________________________

Revised 6/13; 6/14; 1/15; 7/15; 6/16; 9/16; 10/17 29
### Medical Information

To be completed by the student. Please circle “Yes” if you have had any of the following:

<table>
<thead>
<tr>
<th>Condition</th>
<th>Circle One</th>
<th>If yes, please explain further</th>
<th>Circle One</th>
<th>If yes, please explain further</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma; Wheeze/Cough</td>
<td>Yes</td>
<td>Heart murmur, high blood pressure, or passing out</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Back Problems</td>
<td>Yes</td>
<td>Immune suppressed</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Birth Defects</td>
<td>Yes</td>
<td>Rapid, irregular pulse</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Blood disorders i.e., hemophilia, sickle cell, other. Explain.</td>
<td>Yes</td>
<td>Seizures (describe)</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Bone, joint problems, or injury; scoliosis</td>
<td>Yes</td>
<td>Shortness of breath (describe)</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Developmental Delay</td>
<td>Yes</td>
<td>Loss of function of one of the below paired organs (eye, ear, kidney, or testicle)</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Diagnosed Arthritis/Limitations</td>
<td>Yes</td>
<td>Family history of sudden death before age 50</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Diabetes</td>
<td>Yes</td>
<td>Tobacco Use (typed and frequency)</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Dizziness or chest paint with exercise</td>
<td>Yes</td>
<td>Alcohol or drug use</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Ear or hearing problems</td>
<td>Yes</td>
<td>Allergies: Medicine</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Head Injuries/Concussion/Passed Out</td>
<td>Yes</td>
<td>Allergies: Food or Environmental</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Dental Health</td>
<td></td>
<td>Eye/Vision: Glasses____ Contacts____</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospitalizations (please explain)</td>
<td></td>
<td>Surgeries, serious injuries, or illness (please explain):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medications currently taking (may use back of form):</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are you currently under care for a medical or emotional condition (explain):</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other concerns</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Workplace Physical Abilities Requirements

Read and sign off on the following list of required nursing activities:

<table>
<thead>
<tr>
<th>Abilities</th>
<th>R</th>
<th>O</th>
<th>Measurable Descriptor</th>
<th>Abilities</th>
<th>R</th>
<th>O</th>
<th>Measurable Descriptor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vision: Corrected or Normal</td>
<td>X</td>
<td></td>
<td>Ability to read syringes, labels, instructions, and equipment labels</td>
<td>Lifting</td>
<td>X</td>
<td></td>
<td>Lbs./ft.: 50, clients, equipment, and supplies</td>
</tr>
<tr>
<td>Color Vision</td>
<td>X</td>
<td></td>
<td>Color coded equipment, supplies, medications</td>
<td>Floor to Waist</td>
<td>X</td>
<td></td>
<td>Lbs.: 75, 3-man lift of patients</td>
</tr>
<tr>
<td>Hearing</td>
<td>X</td>
<td></td>
<td>Ability to hear in noisy environments</td>
<td>Reaching Forward</td>
<td>X</td>
<td></td>
<td>Moving clients &amp; equipment</td>
</tr>
<tr>
<td>Touch/Temperature Discrimination</td>
<td>X</td>
<td></td>
<td>Palpation of pulses &amp; discriminate temperature &amp; sensation. Must be able to use equipment requiring fine motor skills</td>
<td>Carrying</td>
<td>X</td>
<td></td>
<td>Lbs.: 50</td>
</tr>
<tr>
<td>Smell</td>
<td>X</td>
<td></td>
<td>Differentiate body odors, drainage, skill, &amp; stool odors</td>
<td>Standing &amp; Walking</td>
<td>X</td>
<td></td>
<td>Long periods up to 12 hours</td>
</tr>
<tr>
<td>Finger Dexterity</td>
<td>X</td>
<td></td>
<td>Manipulation of equipment, dressings, IV, &amp; other functions requiring finger dexterity; assessment</td>
<td>Sitting</td>
<td>X</td>
<td></td>
<td>Infrequent and short periods; lunch and breaks</td>
</tr>
<tr>
<td>Turning (head/neck/waist)</td>
<td>X</td>
<td></td>
<td>May be in position for long periods</td>
<td>Stooping/Bending</td>
<td>X</td>
<td></td>
<td>Infrequent and short periods; adjusting of equipment</td>
</tr>
<tr>
<td>Repetitive hand/arm movements</td>
<td>X</td>
<td></td>
<td>Typing/computer usage</td>
<td>Kneeling/Crouching</td>
<td>X</td>
<td></td>
<td>Infrequent and short periods; adjusting of equipment</td>
</tr>
<tr>
<td>Intelligible Oral Communication</td>
<td>X</td>
<td></td>
<td>Communication with clients, staff, peers, &amp; faculty</td>
<td>Running</td>
<td>X</td>
<td></td>
<td>Infrequent, emergency situations</td>
</tr>
<tr>
<td>Appropriate nonverbal communication</td>
<td>X</td>
<td></td>
<td>Therapeutic communication with client and healthcare team</td>
<td>Crawling</td>
<td>X</td>
<td></td>
<td>Short periods, emergency, adjusting equipment</td>
</tr>
<tr>
<td>Pushing</td>
<td>X</td>
<td></td>
<td>Lbs./ft.: 100, equipment, carts with and without clients</td>
<td>Climbing</td>
<td>X</td>
<td></td>
<td>Infrequent, patient care activities</td>
</tr>
<tr>
<td>Pulling</td>
<td>X</td>
<td></td>
<td>Lbs./ft.: 50, equipment &amp; client carts</td>
<td>Stairs (ascending &amp; descending)</td>
<td>X</td>
<td></td>
<td>Infrequent, patient care activities; emergencies</td>
</tr>
</tbody>
</table>

I have read, understand, and accept the above working conditions expected of a nursing student in the academic and clinical setting and certify that I am able to meet these requirements.

Signature: ___________________________ Date: ___________________________

Revised 6/13; 6/14; 1/15; 7/15; 6/16; 9/16; 10/17
Required Immunizations

Please complete this form as soon as possible and then immediately make a copy for your records. You may need to obtain dates/documentation from your health care provider or previous school records. If documentation is unavailable, a lab report of a blood test (titer) to determine level of immunity or re-immunization is required.

1. **Tuberculin Test**
   - **MUST BE VALID THROUGH** __ __ __ __ __ __ __ __ __ __ --NO EXCEPTIONS
   - REQUIRED ANNUALLY OR AS REQUIRED BY THE CLINICAL AGENCIES. May be either a tuberculin skin test, chest x-ray, or blood test (QuantiFERON) (if medically deemed by HCP)

<table>
<thead>
<tr>
<th>Tuberculin Test</th>
</tr>
</thead>
<tbody>
<tr>
<td>MM DD Year</td>
</tr>
</tbody>
</table>

2. **MMR (Measles, Mumps, Rubella)**
   - Immunization with two doses of MMR, given on or after first birthday, separated by at least one month

<table>
<thead>
<tr>
<th>MMR #1</th>
<th>MMR #2</th>
</tr>
</thead>
<tbody>
<tr>
<td>MM DD Year</td>
<td>MM DD Year</td>
</tr>
<tr>
<td>Measles #1</td>
<td>Measles #2</td>
</tr>
<tr>
<td>Mumps #1</td>
<td>Mumps #2</td>
</tr>
<tr>
<td>Rubella #1</td>
<td>Rubella #2</td>
</tr>
</tbody>
</table>

3. **Varicella**
   - Positive Titer: attached lab report showing positive immunity __

4. **Hepatitis B:** Series of 3 doses: 0, 1, and 6 months

<table>
<thead>
<tr>
<th>Hepatitis B #1</th>
<th>Hepatitis B #2</th>
<th>Hepatitis B #3</th>
</tr>
</thead>
<tbody>
<tr>
<td>MM DD Year</td>
<td>MM DD Year</td>
<td>MM DD Year</td>
</tr>
</tbody>
</table>

   The first dose of the series must be completed to register. The remaining doses can follow the series dose timeline.

5. **Influenza:** annual dosage

<table>
<thead>
<tr>
<th>Influenza</th>
</tr>
</thead>
<tbody>
<tr>
<td>MM DD Year</td>
</tr>
</tbody>
</table>

6. **Diphtheria, Tetanus, and Pertussis**

<table>
<thead>
<tr>
<th>Diphtheria, Tetanus, and Pertussis</th>
</tr>
</thead>
<tbody>
<tr>
<td>MM DD Year</td>
</tr>
</tbody>
</table>

I have read and understand the immunization requirements of this form and the enclosed information. This form has been truthfully completed to the best of my knowledge and I freely consent to this form being used for educational requirements for Herzing University.

Student Signature: __________________________ Date: __________

Revised 6/13; 6/14; 1/15; 7/15; 6/16; 9/16; 10/17
The above named individual is a student in the Herzing University nursing program. This program trains individuals to provide nursing care in both inpatient and community settings. Applicants are required to submit evidence of good physical and mental health status. Please complete the following which allows this student to apply for and participate in the nursing program.

### Physical Exam by Physician/Advanced Practice Nurse/Physician Assistant

<table>
<thead>
<tr>
<th>Height</th>
<th>Normal</th>
<th>Comments/Follow-Up/Needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weight</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blood Pressure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart Rate</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Skin</th>
<th>Normal</th>
<th>Comments/Follow-Up/Needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ears</td>
<td></td>
<td>Gastrointestinal</td>
</tr>
<tr>
<td>Eyes/Vision/Screen</td>
<td>Normal</td>
<td>Genito-Urinary</td>
</tr>
<tr>
<td>Nose</td>
<td></td>
<td>Neurological</td>
</tr>
<tr>
<td>Throat</td>
<td></td>
<td>Musculoskeletal</td>
</tr>
<tr>
<td>Mouth/Dental</td>
<td>Normal</td>
<td>Spinal Exam</td>
</tr>
<tr>
<td>Cardiovascular/HTN</td>
<td>Normal</td>
<td>Nutritional Status</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Respiratory</th>
<th>Normal</th>
<th>Comments/Follow-Up/Needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiovascular</td>
<td>Normal</td>
<td>Mental Health</td>
</tr>
</tbody>
</table>

### Allergies (food, drug, environmental, and other):

Medication (list all prescribed medication or medication taken on a daily basis):

### Needs/modifications required in the nursing setting:

able to lift up to 50 lbs.

### Special Instructions/Devices (e.g. safety glasses, glass eye, chest protector for arrhythmia, pacemaker, prosthetic device, dental bridges, false teeth, etc.):

### Mental Health/Other

Emergency action needed while in school due to person’s health conditions (seizures, asthma, insect sting, food, peanut allergy, bleeding problem, diabetes, heart condition)?

### Tuberculin testing required annually for nursing students/faculty, chest ex-ray or QuantiFERON if skin test medically waived by MD.

<table>
<thead>
<tr>
<th>Date Given:</th>
<th>MM/DD/Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Read:</td>
<td>MM/DD/Year</td>
</tr>
<tr>
<td>Results:</td>
<td>mm</td>
</tr>
</tbody>
</table>

### Additional comments:

I have examined and reported the medical history of the above named applicant and find him/her to be in (check one) □ SATISFACTORY □ UNSATISFACTORY physical and mental health to undertake a course of study in the field of Nursing.

### Physician/Advanced Practice Nurse/Physician Assistant Performing Exam:

Print Name: __________________________

Signature: __________________________

Date: __________________________
Herzing University Confidentiality Statement
Nursing Programs

Herzing University has an obligation to maintain the privacy and confidentiality of patient satisfaction with the healthcare services they receive here. It also demonstrates our commitment to professional standards and state and federal laws. Protected health information including the patient's admission, diagnosis, treatment, and financial status is confidential and must be protected by law. You are expected to limit your uses and disclosures of protected health information, and requests for protected health information, to minimum amount of information necessary. Mental health records of patients are under special protection and may not be released. You are required to keep all records and communications pertaining to patients confidential and show respect of patients' privacy.

Access to patient information in electronic, hard copy, or other forms is restricted to those involved in the patient's care or in monitoring the quality of patient care. Any additional use and disclosure of patient's protected health information requires written authorization by the patient or his/her legally designated representative, except as described above. Herzing University considers a breach of patient privacy and confidentiality a serious infraction of Herzing University policies. Violations will result in disciplinary action and sanctions being taken by Herzing University.

By signing below, you acknowledge your understanding of this policy and that it applies to patient records, personnel records, and certain business records for all health care agencies you are assigned and affiliated with during your tenure as a Herzing University student.

Nursing Department, Herzing University Brookfield-Kenosha

Student Name: 

(please print)

(signature)

(date)
APPENDIX E

HERZING UNIVERSITY

DEPARTMENT OF NURSING

ANNUAL STUDENT CLINICAL PLACEMENT INFORMATION ANNUAL AFFIRMATION FORM

DIRECTIONS: This form must be submitted (scan into Castle Branch) by the 10th week of the semester approaching your yearly anniversary of the submission of your initial physical examination form (for example PE form submitted 10/14; form due no later than 9/15; again by 9/16).

I, ________________________________, a student in the Herzing University Program at Brookfield-Kenosha, swear to the following:

I have not been arrested or charged with any crime since the date of my previous background check or have been or am being investigated by any governmental agency for any act or offense (Note: Perform Repeat Criminal Background Check per policy of your program).

I have not experienced any changes in my health or well-being that would affect my ability to provide client/patient care since the day of my previous physical examination by my primary health care provider.

I have not engaged in the unlawful use of any drugs since the date of my previous urine drug screen.

I acknowledge that it is my responsibility to disclose to the University as soon as possible, but no later than the next day that I am expected to attend my clinical practicum of any changes in health status, any unlawful drug use, or if I have been arrested or charged with any crime or have been or are being investigated by an governmental agency for any act or offense. Upon disclosure, I understand that I may be required to repeat a background check, physical examination, drug screen or provide a statement from my health care provider as applicable.

I understand that a change in the above may result in the delay or withdrawal of the clinical experience opportunity.

I acknowledge that if I fail to abide by any of the items detailed above, Herzing University has the right to immediately terminate my participation in an internship or clinical placement opportunity and to pursue other appropriate remedial and/or disciplinary measures as it deems appropriate.

By signing below, I certify that I have read and understand the above.

______________________________   ______________________________
Signature of Student          Date

______________________________   ______________________________
Printed Name of Student        Semester of Enrollment

Revised 6/13; 6/14; 1/15; 7/15; 6/16; 9/16; 10/17 35
Date: __________

Student’s Name: __________________________________________

This written statement is a _____ Counseling _____ Written Warning _____ Critical Incident

Conduct/Violation of P.R.I.C.E. model of success expectations: ______

Violation of Program Policy: ______

Complaint from Faculty/Students regarding behavior in clinical or classroom

Guidelines to Correct Conduct:

Timeframe for Correction of Conduct to Occur:
Consequences of Non-compliance with Guidelines:

The conditions of possible disciplinary action or the conditions to remain in the program have been discussed with me.

(The signature only verifies that I have been counseled regarding the above conduct, not that I agree)

Student Signature: __________________________ Date: __________________________

I have satisfactorily met the conditions of this contract. I am aware that I may remain in the program until such time that I might fail to meet the objectives and goals in this program.

Student Signature: __________________________ Date: __________________________

Faculty Signature: __________________________ Date: __________________________

____ Copy to Student   ____ Student Refused Copy

____ Beacon   ____ Advisor File   ____ Student File
Herzing University believes in the human potential and personal aspirations of each student. Based on feedback from a cross-section of our community partners (Employers, clinical sites, workforce centers), Herzing has developed a framework of behaviors and attributes that support a successful and meaningful career. This framework is called the "P.R.I.C.E. of Success". In order to help each student develop and expand upon these qualities, Herzing has created a culture where students are expected to exhibit these behaviors and attributes in all interactions - inside and outside of the classroom. Herzing believes student who apply themselves and embody the P.R.I.C.E. characteristics will more likely reach their full human potential.

**P = Professionalism:**
- Assume responsibility for my own actions.
- Demonstrate professional and appropriate communication skills.
- Present an appropriate professional appearance for the environment.
- Handle sensitive or difficult issues with grace and confidence.

**R = Respect**
- Provide consideration and mutual respect to other students, instructors, staff and colleagues.
- Approach others with a positive mindset.
- Exhibit respect in all settings including internship or clinical rotations.
- Demonstrate genuine interest in the thoughts, opinions, values, and needs of others.

**I = Integrity:**
- Practice academic and professional integrity.
- Follow rules and policies of the environment.
- Exhibit effort necessary to accomplish goals and objectives.
- Give proper credit to others for their work and contributions.

**C = Caring:**
- Exhibit a customer focus and care mindset in the workplace and clinical settings.
- Approach others with a positive attitude.
- Provide encouragement and support to fellow students and colleagues.
- Build relationships through honest communication and follow-through.

**E = Engagement:**
- Actively contribute to the classroom and workplace environment.
- Participate in and support positive community events.
- Seek opportunities to perform above minimum expectations in the workplace.
**APPENDIX G**

**HERZING® UNIVERSITY**

**STUDENT LEARNING CONTRACT**

Student: _________________________ COURSE: _________________________ DATE DEVELOPED ______________

Targeted Date of Completion: _________________________ Course: _________________________

<table>
<thead>
<tr>
<th>DESIRED OUTCOMES</th>
<th>ACTIVITIES</th>
<th>EXPECTED COMPLETION DATE</th>
<th>RESPONSIBLE PERSONS</th>
<th>EVIDENCE OF SUCCESSFUL COMPLETION</th>
<th>RESOURCES, EVALUATION, VERIFICATION DATES</th>
</tr>
</thead>
</table>

Disposition: The student concurs with the faculty recommendations and understands that failure to meet the outcomes defined in this plan may result in failure of the course. Consultations with the Instructional Team and/or Dean of the Nursing Program or designee were obtained in the preparation of this document.

____________________  ______________________
Student Date

____________________  ______________________
Faculty Date

____________________  ______________________
Faculty Date

____________________  ______________________
Faculty Date
MANDATORY LABORATORY/TUTOR REFERRAL FORM

NAME OF STUDENT: ___________________________ DATE: ______________________

STUDENT EMAIL: ___________________________ STUDENT CELL NUMBER: __________

COURSE NUMBER: ____________ FACULTY NAME AND CONTACT: ______________________

REASON FOR THE REFERRAL

☐ Missed Lab; Name Lab: ____________________________

☐ Tutoring: Name Topic(s):

☐ Remediation: Name Topic(s):

IS THIS A CLIENT SAFETY ISSUE TO BE COMPLETED BEFORE RETURNING TO CLINICAL?  ☐ Yes  ☐ No

Revised 6/13; 6/14; 1/15; 7/15; 6/16; 9/16; 10/17  40
LABORATORY NEEDS:

☐ Excused  ☐ Unexcused

Needs to bring a (nursing student) as partner:  ☐ Yes  ☐ No

Needs Faculty 1:1 time:  ☐ 30 minutes minimum  ☐ 1 hour maximum

Needs to View Media:  ☐ Yes  ☐ No  Name of Media: ____________________________

Needs Practice Prior to Supervised Check-off:  ☐ Yes  ☐ No

Total time required in lab make-up:  ☐ 1 hr.  ☐ 1.5 hrs.  ☐ 2 hrs.  ☐ 2.5 hrs.  ☐ 3 hrs.  ☐ ___ hrs.

DATE AND TIME STUDENT AVAILABLE: ____________________________

DEADLINE FOR COMPLETION: ____________________________

I understand that the defined activity is required. The failure to complete this requirement will result in a grade of “O” for the required activity or its associated experience. If previously defined as a safety issue, it may result in course failure or dismissal from the nursing program.

Student: ______________________ Date _________  Faculty: ______________________ Date: ______

Lab Instructor sign and date when activity (ies) completed and return to Faculty Member:

Nursing Lab Instructor: ____________________________

Date: ____________________________
**BACKGROUND INFORMATION DISCLOSURE (BID)**

For Instructions, see F-82064A.

Completion of this form is required under the provisions of Chapters 48.685 and 50.065, Wis. Stats. Failure to comply may result in a denial or revocation of your license, certification, or registration; or denial or termination of your employment or contract. Refer to the instructions (F-82064A) on page 1 for additional information. Providing your social security number is voluntary; however, your social security number is one of the unique identifiers used to prevent incorrect matches.

**PLEASE PRINT OR TYPE YOUR ANSWERS.**

Check the box that applies to you.

- Employee / Contractor (including new applicant)
- Applicant for a license or certification or registration (including continuation or renewal)
- Household member / lives on premises – but not a client
- Other – Specify:

**NOTE:** If you are an owner, operator, board member, or non-client resident of a Division of Quality Assurance (DQA) facility, complete the BID, F-82064, and the Appendix, F-82069, and submit both forms to the address noted in the Appendix Instructions.

<table>
<thead>
<tr>
<th>Name – (First and Middle)</th>
<th>Name – (Last)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Position Title (Complete only if you are a prospective employee or contractor,)</td>
<td></td>
</tr>
</tbody>
</table>

Any Other Names By Which You Have Been Known (Including Maiden Name)

<table>
<thead>
<tr>
<th>Birth Date</th>
<th>Gender (M / F)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race</td>
<td>Social Security Number(s)</td>
</tr>
<tr>
<td>American Indian or Alaskan Native</td>
<td>Black</td>
</tr>
<tr>
<td>Asian or Pacific Islander</td>
<td>White</td>
</tr>
<tr>
<td>Unknown</td>
<td></td>
</tr>
</tbody>
</table>

Home Address

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

Prior Residence for Past Seven Years

<table>
<thead>
<tr>
<th>1 – Address</th>
<th>From</th>
<th>To</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 – Address</td>
<td>From</td>
<td>To</td>
</tr>
<tr>
<td>3 – Address</td>
<td>From</td>
<td>To</td>
</tr>
<tr>
<td>4 – Address</td>
<td>From</td>
<td>To</td>
</tr>
</tbody>
</table>

Business Name and Address – Employer or Care Provider (Entity)

**SECTION A – ACTS, CRIMES, AND OFFENSES THAT MAY ACT AS A BAR OR RESTRICTION**

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

1. Do you have any criminal charges pending against you or were you ever convicted of any crime anywhere, including in federal, state, local, military, and tribal courts?
   - If Yes, list each crime, when it occurred or the date of the conviction, and the city and state where the court is located. You may be asked to supply additional information including a certified copy of the judgment of conviction, a copy of the criminal complaint, or any other relevant court or police documents.

2. Were you ever found to be (adjudicated) delinquent by a court of law on or after your 10th birthday for a crime or offense? (NOTE: A response to this question is only required for group and family day care centers for children and day camps for children.)
   - If Yes, list each crime, when and where it happened, and the location of the court (city and state). You may be asked to supply additional information including a certified copy of the delinquency petition, the delinquency adjudication, or any other relevant court or police documents.
3. Has any government or regulatory agency (other than the police) ever found that you committed child abuse or neglect?  
☐ A response is required if the box below is checked:  
☐ (Only employers and regulatory agencies entitled to obtain this information per sec. 48.981(7) are authorized to, and should, check this box.)  
☐ If Yes, explain, including when and where it happened.

4. Has any government or regulatory agency (other than the police) ever found that you abused or neglected any person or client?  
☐ If Yes, explain, including when and where it happened.

5. Has any government or regulatory agency (other than the police) ever found that you misappropriated (improperly took or used) the property of a person or client?  
☐ If Yes, explain, including when and where it happened.

6. Has any government or regulatory agency (other than the police) ever found that you abused an elderly person?  
☐ If Yes, explain, including when and where it happened.

7. Do you have a government issued credential that is not current or is limited so as to restrict you from providing care to clients?  
☐ If Yes, explain, including credential name, limitations or restrictions, and time period.

SECTION B – OTHER REQUIRED INFORMATION

1. Has any government or regulatory agency ever limited, denied, or revoked your license, certification, or registration to provide care, treatment, or educational services?  
☐ If Yes, explain, including when and where it happened.

2. Has any government or regulatory agency ever denied you permission or restricted your ability to live on the premises of a care providing facility?  
☐ If Yes, explain, including when and where it happened and the reason.

3. Have you been discharged from a branch of the US Armed Forces, including any reserve component?  
☐ If yes, indicate the year of discharge: ______  
☐ Attach a copy of your DD214 if you were discharged within the last 3 years.

4. Have you resided outside of Wisconsin in the last 3 years?  
☐ If Yes, list each state and the dates you lived there.

5. Have you had a caregiver background check done within the last 4 years?  
☐ If Yes, list the date of each check, and the name, address, and phone number of the person, facility, or government agency that conducted each check.

6. Have you ever requested a rehabilitation review with the Wisconsin Department of Health Services, a county department, a private child placing agency, school board, or DHS designated tribe?  
☐ If Yes, list the review date and the review result. You may be asked to provide a copy of the review decision.

A "NO" answer to all questions does not guarantee employment, residency, a contract, or regulatory approval. I understand, under penalty of law, that the information provided above is truthful and accurate to the best of my knowledge and that knowingly providing false information or omitting information may result in a forfeiture of up to $1,000.00 and other sanctions as provided in DHS 12.05 (4), Wis. Adm. Code.

SIGNATURE

Date Signed

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November 1, 2018

Deborah J. Ziebarth, PhD, RN-BC
Chief Nurse Administrator
Nursing Program
Herzing University, Brookfield
724 Beech St
West Bend, WI 53090

Dear Dr. Ziebarth:

On behalf of the Commission on Collegiate Nursing Education (CCNE), I am pleased to advise you that the CCNE Board of Commissioners acted at its meeting on October 2-4, 2018, to grant accreditation to the baccalaureate degree program in nursing at Herzing University, Brookfield for 10 years, extending to December 31, 2028. The accreditation action is effective as of March 7, 2018, which is the first day of the program’s recent CCNE on-site evaluation. You should plan for the next on-site evaluation to take place in the spring of 2028.

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

As is required for all accredited programs, a Continuous Improvement Progress Report (CIPR) must be submitted at the mid-point of the accreditation term. Please note that the CIPR needs to demonstrate the program’s compliance with the CCNE standards and key elements that are in effect at the time of its submission. As a courtesy, CCNE will send a reminder letter to the chief nurse administrator informing the program of the specific standards to be addressed and providing guidance for the preparation of the report. The deadline for submitting the CIPR to CCNE is December 1, 2023. The Report Review Committee, and then the Board of Commissioners, will review the CIPR. For more information about CIPRs and the report review process, please refer to the CCNE procedures.

As you know, the team report and the program’s response to the team report are available to the institution in the CCNE Online Community. We hope that the results of the self-study process and the team report will be useful to the continued growth and development of the nursing program. A certificate of accreditation is enclosed.

In accordance with CCNE policy, if a program or institution elects to make a public disclosure of a program's accreditation status with CCNE, the program or institution must disclose that status accurately. The program or institution disclosing the information must identify the nursing program and its affiliation with CCNE. Please refer to CCNE's disclosure policy and the statements CCNE has approved for use, as well as information on use of the CCNE accreditation seal, at http://www.aacnnursing.org/CCNE/Seal-Policy/Baccalaureate-Graduate. Please ensure that the institution’s website and other materials are updated to reflect this language, as appropriate.

As a reminder, the revised Standards for Accreditation for Baccalaureate and Graduate Nursing Programs (2018) go into effect on January 1, 2019. All programs are expected to comply with the CCNE standards and procedures that are in effect throughout the period of accreditation. These documents are available at http://www.aacnnursing.org/CCNE-Accreditation/Resources-for/Education-Administrators. This includes advising CCNE in the event of a substantive change.
affecting the nursing program. Substantive change notifications must be submitted to CCNE no earlier than 90 days prior to implementation or occurrence of the change, but no later than 90 days after implementation or occurrence of the change. These reporting requirements are described further in the CCNE procedures.

Thank you for your participation in the CCNE accreditation process. The Commissioners join me in expressing our very best wishes as you continue to promote excellence in nursing education.

Sincerely,

[Signature]

Judith Lewis, EdD, RN
Chair, Board of Commissioners

cc: President Renee Herzing
    CCNE Board of Commissioners
    CCNE Accreditation Review Committee
    CCNE Evaluation Team
Context for the NU 449 Integration of Concepts course

Part I: The NCLEX Improvement Plan 2016-2017 was approved

On October 28, 2016, Herzing University-Brookfield submitted an NCLEX improvement plan to the Wisconsin Nursing Board (WBON). There were a number of strategies included in the plan to help students to become successful on the NCLEX licensure exam. One of those strategies was the use of ATI products in NU 447 (Adult Health III/Practicum). Students would earn points based on their performance on ATI exams.

Part II: The division of NU447 into NU448 and NU449

After analyzing student performance in NU447 and graduate performance on NCLEX, faculty working with the Herzing Curriculum Committee elected to split NU447 into NU448 and NU449. This division allowed for the full implementation of ATI resources to test and remediate students as well as to provide a three day live ATI review session. The total number of BSN program credits remained the same and nursing students continue to take a 120 credit program.

Part III: Nine semesters rather than eight

Based on feedback from students, faculty, and advisory board members, Herzing University decided to deliver the 120-semester credit hours over nine semesters rather than eight. This was done to more evenly distribute the credit load per semester, with the intent of positively impacting student retention and academic success. The WBON was notified of this decision on March 27, 2017 and a Substantive Change notification was sent to CCNE on July 14, 2017. These notifications included NU448 and NU449. The curriculum changes were reflected in the University catalog.

Part IV: Analysis underpins changes in point distribution rubric

During the summer of 2018, an analysis of the NU 449 was undertaken and it was found that students who scored below 64% raw score = 76% probability on the RN Comprehensive Predictor were not sufficiently prepared to pass the NCLEX examination on their first try. It is important to note that after taking the Capstone Comp A, students are provided with a NCLEX study plan, resources for deficient areas, Capstone Content Review, a three day live ATI review, and begin Virtual ATI all in preparation for the RN Comprehensive Predictor. The 2018 fall syllabus reflected that points would not be awarded for a score of 64% and below on the RN Comprehensive Predictor. On the spring 2019 syllabus, points would not be awarded for a score of 64% and below on the Capstone Comprehensive B.

The point distribution in NU449 is written in a manner where if the student fails the Capstone Comprehensive B, but completes the Capstone Content Review with scores above 65% or higher, achieves 75% completion of the Virtual ATI by week 14 and achieves 72% or better on the RN Comprehensive Predictor, a 76 percent can be earned and the student will pass the course.

The points are also distributed so that if a student were to fail the RN Comprehensive Predictor, but complete the Capstone Content Review with scores of 65% or higher, achieve a 72% or greater on the Capstone Comprehensive B, and achieve 75% completion of Virtual ATI by week 14, a 76% can be earned and the student will pass the course.

The National League for Nursing (NLN) in their Fair Testing Guidelines offers that: "The NLN supports the belief that tests and evaluative measures are used not only to evaluate student achievement, but, as importantly, to support student learning, and evaluate and improve teaching and program effectiveness."
Within this framework, the standards for high stakes situations are consistent with the general practices for ethical fair testing practices.

**Part V: Performance in NU 449 Cohort Fall Semester 2018**

During the September semester of 2018, the NU 448 and NU 449 courses were offered. The students who failed the courses repeated the course in an eight week pilot version of NU 449. All three students completed the course; to date, two of the three students have taken and successfully passed the NCLEX. The third student has not yet tested.

**Part VI: Students concerns**

Consistent with standard instructional practice, faculty review the course syllabus with students on the first day of class with specific attention given to scoring rubrics. Students sign a form stating that they have read and understand the syllabus including grading rubrics and are aware that changes may occur to the syllabus. Although students had been engaged in ATI assessments and remediation throughout their BSN curriculum, the students voiced concern over the point distribution in NU449. Their concern actually validated the suspicion that the award of points for remediation activity rather than performance on assessment was not placing enough emphasis on preparation for the examination. To alleviate student concern, the instructor and the NCLEX coach met with the students, as well as the Program Chair and Academic Dean. Additionally, the ATI Live session was rescheduled to allow students to attend the three day live ATI Review prior to taking the Capstone Comprehensive B. Additionally, the NCLEX coach arranged for individual meetings with students to prepare them and provide additional resources.

Only one student failed the Capstone Comprehensive B exam. The student who failed was notified of her failure but was urged to stay focused on the material and to take the final RN Comprehensive Predictor. In the event that the student successfully passes the RN Comprehensive Predictor, demonstrating significant improvement, the student could appeal to the Dean, based on her improvement, for a grade exception. If the exception was denied, the student could appeal to the Academic Review Committee who, if the appeal were granted, could allow the student to remain in the program with the understanding that she would retake the course.

**Part VII: Curriculum Review Policy**

Herzing University maintains a process of Curriculum Review as described in the Herzing Catalog: “Whenever possible, the use of standards established by programmatic accreditation bodies, professional associations, and/or by industry is used as the basis for curriculum development and ultimately serve as the rationale for the definition of program learning outcomes. In order to ensure currency of the curriculum, the University maintains a regular cycle of curriculum review which draws upon insights from programmatic accreditation bodies, professional associations, and industry as well as feedback from students, faculty, employers and local and/or national advisory boards.” The Catalog further provides “The University also reserves the right to modify curriculum for all programs, and reentering students are required to meet all program requirements existing at the time of their re-entry.
STUDENT SIGNATURE-SYLLABUS

NU 449 INTEGRATION OF CONCEPTS

I______________________, on this day________________, in the month of________________, and in the year of________________, do confirm I have read the syllabus of NU 449 thoroughly and understand what is expected of me. I also understand what my classroom and personal expectations are in order to pass this course.

MODIFICATIONS TO THE SYLLABUS:

The instructor and the University reserve the right to modify, amend, or change the syllabus (schedule, course requirements, and teaching plan) as the curriculum and/or program require(s).

MAJOR POINTS RELATED TO THE COURSE:

I have read and understand the Capstone, Virtual, and ATI Live point assignment policy and the impact these points will/can have on my final grade and graduation requirements.

Testing policy:

You will earn zero points on an 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 for missing the exam, the student must contact the instructor.

ATI Live Review:

Mandatory attendance required for class completion; no opportunity for make-up is provided by the University.

Additional Important Information:

I understand this course is an active learning class. Many elements need to be done outside and prior to class. It is my responsibility to contact the instructors for a one to one meeting within the first two weeks of class to institute a personalized learning contract to assist me with passing this course.

Signature:______________________________
Students meet with the campus NCLEX Coach who provides them with an individualized study plan based on the results of their Capstone Comp A exam. Each student is given resources based on their individual deficiencies along with blanket resources for the cohort.

NCLEX Study Plan

Practice RN Comp Predictor

Virtual ATI

Capstone Comp A
- Capstone Comprehensive A exam is taken on the first day of class. This assessment will measure the student's knowledge and critical thinking right then and there.

Capstone Course
- A seven week remediation course beginning with Fundamentals. Students begin with pre-assessment activities, complete assessments, and are provided remediation by the Capstone ATI Coach.

Capstone Comp B
- Capstone Comprehensive B is taken after the Capstone Course is completed. Theoretically, student scores should improve as this is the post-test.

RN Comp Predictor
- The final exam of the program. Students are graded based on their score. A probability score is given based on their ability to pass NCLEX the first time.

Students take a Practice Comp Predictor exam allowing them to see the areas they need to concentrate their efforts on.

- Students begin Virtual ATI and work with an ATI Coach beginning with the clinical content of Fundamentals. These are assessments. Remediation is provided as needed until students achieve a desired score with the ultimate goal of a 72% or above on the VATI Predictor (Greenlight status). This may continue past the end of the course, but the student is required to at least get through 75% of VATI.

Capstone Comprehensive A exam is taken on the first day of class. This assessment will measure the student's knowledge and critical thinking right then and there.