



VIRTUAL/TELECONFERENCE
BOARD OF NURSING
Virtual, 4822 Madison Yards Way, Madison
Contact: Brad Wojciechowski (608) 266-2112
June 13, 2024

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 (1-5)**
- B. Approval of Minutes of May 9, 2024 (6-10)**
- C. Reminders: Conflicts of Interests, Scheduling Concerns**
- D. Introductions, Announcements and Recognition – Discussion and Consideration**
 - 1. Recognition: Janice A. Edelstein, Registered Nurse
- E. Administrative Matters – Discussion and Consideration**
 - 1. Department, Staff and Board Updates
 - 2. **Appointments of Liaisons and Alternates, Delegation of Authorities (11-16)**
 - 3. Board Members – Term Expiration Dates
 - a. Anderson, John G. – 7/1/2025
 - b. Edelstein, Janice A. – 7/1/2024
 - c. Guyton, Vera L. – 7/1/2025
 - d. Kane, Amanda K. – 7/1/2027
 - e. Malak, Jennifer L. – 7/1/2026
 - f. McNally, Patrick J. – 7/1/2026
 - g. Sabourin, Shelly R. – 7/1/2027
 - h. Saldivar Frias, Christian – 7/1/2023
 - i. Weinman, Robert W. – 7/1/2027
- F. Education and Examination Matters – Discussion and Consideration**
 - 1. Overview of Nursing School Approval Process – Presentation by Attorney DeVoe **(17-39)**
 - 2. Lac Courte Oreilles Ojibwe University – Review of Plan for Improvement of NCLEX Pass Rates (ADN) **(40-88)**

- G. Credentialing Matters – Discussion and Consideration**
- H. Legislative and Policy Matters – Discussion and Consideration**
 - 1. 2023 Wisconsin Senate Bill 145 Update
- I. Administrative Rule Matters – Discussion and Consideration (89-102)**
 - 1. Scope Statement: N 8, relating to Advanced Practice Nurse Prescribers **(90-91)**
 - 2. Final Rule Draft: N 6, relating to delegated acts **(92-100)**
 - 3. Pending and Possible Rulemaking Projects **(101-102)**
- J. Interdisciplinary Advisory Council – Discussion and Consideration**
- K. Public Agenda Request: Nurse Mental Wellness Peer Support – Discussion and Consideration (103-109)**
 - 1. Presentation by Kristin Waite-Labott, RN – WisPAN **(104-109)**
- L. Speaking Engagements, Travel, or Public Relation Requests, and Reports – Discussion and Consideration**
 - 1. Travel Report: 2024 Discipline Case Management Conference, May 30-31, 2024 – Annapolis, MD
 - 2. NLC Commission and NCSBN Annual Meeting, August 27-30, 2024 – Chicago, IL **(110-115)**
- M. Newsletter Matters – Discussion and Consideration (116)**
- N. Nurse Licensure Compact (NLC) Update – Discussion and Consideration**
- O. Liaison Reports – Discussion and Consideration**
- P. Discussion and Consideration of Items Added After Preparation of Agenda:**
 - 1. Introductions, Announcements and Recognition
 - 2. Administrative Matters
 - 3. Election of Officers
 - 4. Appointment of Liaisons and Alternates
 - 5. Delegation of Authorities
 - 6. Education and Examination Matters
 - 7. Credentialing Matters
 - 8. Practice Matters
 - 9. Legislative and Policy Matters
 - 10. Administrative Rule Matters
 - 11. Liaison Reports
 - 12. Board Liaison Training and Appointment of Mentors
 - 13. Public Health Emergencies
 - 14. Informational Items
 - 15. Division of Legal Services and Compliance (DLSC) Matters
 - 16. Presentations of Petitions for Summary Suspension
 - 17. Petitions for Designation of Hearing Examiner
 - 18. Presentation of Stipulations, Final Decisions and Orders
 - 19. Presentation of Proposed Final Decisions and Orders
 - 20. Presentation of Interim Orders
 - 21. Petitions for Re-Hearing
 - 22. Petitions for Assessments

23. Petitions to Vacate Orders
24. Requests for Disciplinary Proceeding Presentations
25. Motions
26. Petitions
27. Appearances from Requests Received or Renewed

Q. 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.).

R. Credentialing Matters

1. Educational Review

- a. S.A.B. – RN NCLEX Eligibility (117-129)

S. Deliberation on Division of Legal Services and Compliance Matters

1. Administrative Warnings

- a. 22 NUR 618 – L.M.L. (130-131)
- b. 23 NUR 002 – M.R.O. (132-133)
- c. 23 NUR 065 – J.A.R. (134-135)
- d. 23 NUR 444 – L.E.P. (136-137)
- e. 23 NUR 528 – C.J.B (138-139)
- f. 23 NUR 600 – E.J.W. (140-141)
- g. 24 NUR 126 – G.L.A. (142-143)

2. Case Closings

- a. 22 NUR 041 – B.G.B. (144-148)
- b. 22 NUR 103 – T.S. (149-163)
- c. 22 NUR 656 – A.D.N. (164-168)
- d. 22 NUR 741 – S.C.N. (169-177)
- e. 22 NUR 757 – K.B.D. (178-180)
- f. 22 NUR 820 – T.A.M. (181-185)
- g. 22 NUR 851 – D.C.D. (186-189)
- h. 23 NUR 406 – M.L.R. (190-195)
- i. 23 NUR 413 – C.H.L. (196-198)
- j. 23 NUR 583 – K.L.O. (199-207)
- k. 23 NUR 656 – R.B.R. (208-214)
- l. 23 NUR 744 – C.G.C. (215-219)
- m. 23 NUR 777 – K.J.H. (220-223)
- n. 23 NUR 778 – N.M.O. (224-228)
- o. 23 NUR 866 – J.R.F. (229-233)
- p. 24 NUR 035 – J.O. (234-240)
- q. 24 NUR 086 – A.S.M. (241-245)
- r. 24 NUR 0166 – M.P. (246-248)

3. Proposed Stipulations, Final Decisions, and Orders

- a. 21 NUR 766, 23 NUR 114, and 23 NUR 666 – Patricia M. Jones-Cooper **(249-257)**
- b. 22 NUR 121 – Jasmine A. Aleem **(258-264)**
- c. 22 NUR 422 – Debra A. Gerlach-Strout **(265-271)**
- d. 22 NUR 703 – Catherine M. Bichler **(272-278)**
- e. 22 NUR 737 – Alexandra P. Stanton **(279-286)**
- f. 22 NUR 842 – Hannah P. Grover **(287-292)**
- g. 23 NUR 050 – Kelsi A. Knivila **(293-301)**
- h. 23 NUR 060 – Alecia M. Dennis **(302-307)**
- i. 23 NUR 071 – Donna M. Collins **(308-313)**
- j. 23 NUR 200 – Nicole M. Penass **(314-326)**
- k. 23 NUR 425 – Keri L. Karnopp **(327-332)**
- l. 23 NUR 442 – Danielle R. Kiel **(333-344)**
- m. 23 NUR 452 – Jamie L. Gilbert **(345-356)**
- n. 23 NUR 484 – Michael J. Silber **(357-362)**
- o. 23 NUR 532 – Valerie L. Tschampl **(363-368)**
- p. 23 NUR 880 – Catherine M. Orth **(369-374)**
- q. 24 NUR 120 – Pauline M. Knutson **(375-379)**
- r. 24 NUR 125 – Susanne T. Althaus **(380-385)**
- s. 24 NUR 0159 – Samantha S. Persson **(386-394)**

T. Monitoring Matters (395-645)

1. Monitor Heller

- a. Timothy Harrington, R.N. – Requesting Full Licensure **(397-412)**
- b. Tasha Harris, L.P.N., R.N. – Requesting Full Licensure **(413-454)**
- c. Joan Swope, R.N. – Requesting Full Licensure **(455-482)**

2. Monitor Wagner

- a. Deborah Chitel, L.P.N. – Requesting Modification of Monitoring Order **(483-511)**
- b. Jennifer King, R.N. – Requesting Full Licensure **(512-535)**
- c. Jenica Koller, R.N. – Requesting Full Licensure **(536-564)**

3. Monitor Olson

- a. Fatuma Adam, R.N. – Requesting Review of Monitoring Materials **(565-585)**
- b. Amelia Fay – Requesting Reinstatement of Credential **(586-596)**
- c. Desiree Sims, R.N., A.P.N.P. – Requesting Modification of Monitoring Order **(597-645)**

U. Deliberation on Proposed Final Decision and Orders

- 1. Sharon L. Cadeau, L.P.N., – Respondent – (DHA Case Number SPS-23-0084/ DLSC Case Number 22 NUR 867) **(646-657)**

V. 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. Proposed Interim Orders
10. Administrative Warnings
11. Review of Administrative Warnings
12. Proposed Final Decisions and Orders
13. Matters Relating to Costs/Orders Fixing Costs
14. Case Closings
15. Board Liaison Training
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

W. Consulting with Legal Counsel

RECONVENE TO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION

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

Y. Open Session Items Noticed Above Not Completed in the Initial Open Session

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

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

ADJOURNMENT

NEXT MEETING: AUGUST 8, 2024

 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 virtually unless otherwise indicated. In-person meetings are typically conducted at 4822 Madison Yards Way, Madison, Wisconsin, unless an alternative location is listed on the meeting notice. In order to confirm a meeting or to request a complete copy of the board’s agenda, please visit the Department website at <https://dsps.wi.gov>. 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. Requests for interpreters for the hard of hearing, or other accommodations, are considered upon request by contacting the Affirmative Action Officer, or the Meeting Staff at 608-267-7213.

**VIRTUAL/TELECONFERENCE
BOARD OF NURSING
MEETING MINUTES
MAY 9, 2024**

PRESENT: John Anderson, Janice Edelstein, Vera Guyton (*excused at 11:09*), Amanda Kane, Jennifer Malak, Shelly Sabourin

EXCUSED: Patrick McNally, Christian Saldivar Frias, Robert Weinman

STAFF: Brad Wojciechowski, Executive Director; Whitney DeVoe, Legal Counsel; Sofia Anderson, Administrative Rules Coordinator; Brenda Taylor, Board Services Supervisor; and other Department Staff

CALL TO ORDER

Vera Guyton, Vice Chairperson, called the meeting to order at 8:02 a.m. A quorum was confirmed with Six (6) members present.

ADOPTION OF THE AGENDA

MOTION: Jennifer Malak moved, seconded by Janice Edelstein, to adopt the Agenda as published. Motion carried unanimously.

APPROVAL OF MINUTES APRIL 11, 2024

MOTION: John Anderson moved, seconded by Amanda Kane, to approve the Minutes of April 11, 2024, as published. Motion carried unanimously.

INTRODUCTIONS, ANNOUNCEMENTS, AND RECOGNITION

MOTION: Amanda Kane moved, seconded by Jennifer Malak, to recognize and thank the nurses of Wisconsin for their dedicated service to the State of Wisconsin and its citizens. Happy nurses' month. Motion carried unanimously.

PUBLIC HEARING CR 24-031 REVISING N 6, RELATING TO DELEGATED ACTS

MOTION: John Anderson moved, seconded by Janice Edelstein, to accept all Clearinghouse comments for Clearinghouse Rule 24-031 (N 6), relating to delegated acts. Motion carried unanimously.

INTERDISCIPLINARY ADVISORY COUNCIL

MOTION: Jennifer Malak moved, seconded by John Anderson, to designate the Interdisciplinary Advisory Council liaison as the Board of Nursing representative on the Interdisciplinary Advisory Council. Motion carried unanimously.

CLOSED SESSION

MOTION: Amanda Kane moved, seconded by Jennifer Malak, 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.). Vera Guyton, Vice chairperson, read the language of the motion. The vote of each member was ascertained by voice vote. Roll Call Vote: John Anderson-yes; Janice Edelstein-yes; Vera Guyton-yes; Amanda Kane -yes; Jennifer Malak-yes; and Shelly Sabourin-yes. Motion carried unanimously.

The Board convened into Closed Session at 10:06 a.m.

DELIBERATION ON DIVISION OF LEGAL SERVICES AND COMPLIANCE MATTERS

Case Closings

MOTION: Jennifer Malak moved, seconded by Amanda Kane, to close the following DLSC Cases for the reasons outlined below:

- 22 NUR 843 – A.E.S. – No Violation
- 23 NUR 113 – K.N.T. – No Violation
- 23 NUR 149 – C.J.Y. – No Violation
- 23 NUR 188 – L.M.K. – No Violation
- 23 NUR 191 – K.K.C. – No Violation
- 23 NUR 374 – J.M.S. – Prosecutorial Discretion (P1)
- 23 NUR 443 – A.B. – Insufficient Evidence
- 23 NUR 488 – A.C.N. – Prosecutorial Discretion (P7)
- 23 NUR 489 – E.N.F. – Prosecutorial Discretion (P5)
- 23 NUR 576 – U. – Insufficient Evidence
- 23 NUR 638 – A.M.D. – Insufficient Evidence
- 23 NUR 715 – B.L.C. – Prosecutorial Discretion (P2)
- 23 NUR 853 – A.A.P. – No Violation
- 23 NUR 870 – E.G.W. – No Violation
- 24 NUR 054 – A.L.L. – Prosecutorial Discretion (P7)

Motion carried unanimously.

23 NUR 314 – J.D.N.

MOTION: John Anderson moved, seconded by Vera Guyton, to close DLSC Case Number 23 NUR 314 against J.D.N., for Insufficient Evidence. Motion carried unanimously.

(Amanda Kane recused herself and left the room for deliberation and voting in the matter concerning DLSC Case Number 23 NUR 314 against J.D.N.)

Administrative Warnings

MOTION: Amanda Kane moved, seconded by Janice Edelstein, to issue Administrative Warnings in the following DLSC Cases:
21 NUR 769 – K.E.P.
22 NUR 789 – A.M.L.
23 NUR 101 – J.J.H.
23 NUR 395 – A.I.R.
23 NUR 447 – M.E.C.
23 NUR 528 – A.L.K.
23 NUR 597 – A.M.F.
Motion carried unanimously.

23 NUR 528 – C.J.B.

MOTION: Jennifer Malak moved, seconded by Vera Guyton, to issue an Administrative Warning in the matter of C.J.B., DLSC Case Number 23 NUR 528. Motion failed.

MOTION: Jennifer Malak moved, seconded by John Anderson, to postpone consideration of the matter of C.J.B., DLSC Case Number 23 NUR 528 to the June 13, 2024, meeting. Motion carried unanimously.

Proposed Stipulations and Final Decisions and Orders

MOTION: Amanda Kane moved, seconded by John Anderson, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of the following cases:
21 NUR 289 and 21 NUR 726 – Amy M. Merten
22 NUR 414 – Roshanda E. Frazier
22 NUR 880 – Julie A. Garfield
23 NUR 037 – Jeffrey J. Gemignani
23 NUR 116 – Edelyn M. Cash
23 NUR 264 – Tonille M. Westphal
23 NUR 477 – Katarina L. Resch
23 NUR 514 – Jamie L. Daveler
23 NUR 569 – Jennifer E. Weith
23 NUR 585 – Cathy Bolan
23 NUR 608 – Stephanie R. Malesevich
23 NUR 699 – Precious B. York
Motion carried unanimously.

DELIBERATION ON PROPOSED FINAL DECISION AND ORDERS

Evgenia I. Gutich, L.P.N., Respondent – (DHA Case Number SPS-23-0077/ DLSC Case Number 21 NUR 390)

MOTION: John Anderson moved, seconded by Jennifer Malak, to delegate to Chief Legal Counsel the authority to review and act upon the Findings of Fact, Conclusions of Law, and Proposed Decision and Order, in the matter of disciplinary proceedings against Evgenia I. Gutich, L.P.N., Respondent – DHA Case Number SPS-23-0077/ DLSC Case Number 21 NUR 390. Motion carried unanimously.

(Vera Guyton recused herself and left the room for deliberation and voting in the matter concerning Evgenia I. Gutich, L.P.N., Respondent – DHA Case Number SPS-23-0077/ DLSC Case Number 21 NUR 390.)

DELIBERATION ON MATTERS RELATING TO COSTS/ORDERS FIXING COSTS

Jennifer J. Hogge, R.N. – DHA Case Number SPS-22-0056/DLSC Case Numbers 21 NUR 639, 22 NUR 341, & 22 NUR 358

MOTION: Jennifer Malak moved, seconded by Amanda Kane, to adopt the Order Fixing Costs in the matter of disciplinary proceedings against Jennifer J. Hogge, R.N. – DHA Case Number SPS-22-0056/DLSC Case Numbers 21 NUR 639, 22 NUR 341, & 22 NUR 358. Motion carried unanimously.

Nancy K. Reddick, R.N. - DHA Case Number SPS-22-0071/DLSC Case Number 22 NUR 182

MOTION: Janice Edelstein moved, seconded by Jennifer Malak, to adopt the Order Fixing Costs in the matter of disciplinary proceedings against Nancy K. Reddick, R.N. - DHA Case Number SPS-22-0071/DLSC Case Number 22 NUR 182. Motion carried unanimously.

Monitoring Matters

Brittani M. Seroogy, R.N. – Requesting Full Licensure

MOTION: John Anderson moved, seconded by Jennifer Malak, to grant the request of Brittani M. Seroogy, R.N., for full licensure. Motion carried unanimously.

Kathryn Techmeier, R.N. – Requesting to reduce work reporting and terminate self-reporting

MOTION: Jennifer Malak moved, seconded by Amanda Kane, to grant the request of Kathryn Techmeier, R.N., for a reduction of work reports to every six (6) months and termination of the self-report requirements. Motion carried unanimously.

Lori Cuene, R.N. – Requesting Full Licensure

MOTION: Janice Edelstein moved, seconded by John Anderson, to grant the request of Lori Cuene, R.N., for full licensure. Motion carried unanimously.

Lisa Olsen, L.P.N. – Requesting Access to Controlled Substances in the Work Setting

MOTION: John Anderson moved, seconded by Amanda Kane, to deny the request of Lisa Olsen, L.P.N., for access to controlled substances in the work setting. **Reason for Denial:** Failure to demonstrate continuous and successful compliance under the terms of the Board Order (4/13/2023). Insufficient time under the Board Order (4/13/2023) to demonstrate adequate compliance. Motion carried unanimously.

Margaret Cina, R.N. - Requesting Full Licensure

MOTION: Jennifer Malak moved, seconded by John Anderson, to grant the request of Margaret Cina, R.N., for Full Licensure. Motion carried unanimously.

Amanda Wing, R.N. - Requesting Full Licensure

MOTION: Vera Guyton moved, seconded by Amanda Kane, to grant the request of Amanda Wing, R.N., for Full Licensure. Motion carried unanimously.

RECONVENE TO OPEN SESSION

MOTION: Jennifer Malak moved, seconded by Vera Guyton, to reconvene into Open Session. Motion carried unanimously.

The Board reconvened into Open Session at 11:07 a.m.

Vera Guyton excused at 11:09 a.m.

VOTING ON ITEMS CONSIDERED OR DELIBERATED UPON IN CLOSED SESSION

MOTION: John Anderson moved, seconded by Janice Edelstein, 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.)

ADJOURNMENT

MOTION: Amanda Kane moved, seconded by Jennifer Malak, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 11:11 a.m.

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

AGENDA REQUEST FORM

1) Name and title of person submitting the request: Whitney DeVoe, Board Counsel		2) Date when request submitted: 06/04/24 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: 06/13/24	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Appointments of Liaisons and Alternates, Delegation of Authorities	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if applicable: N/A	
10) Describe the issue and action that should be addressed: Discussion and consideration of monitoring delegations			
11) Authorization			
Whitney DeVoe		06/04/24	
Signature of person making this request		Date	
Supervisor (Only required for post agenda deadline items)		Date	
Executive Director signature (Indicates approval for post agenda deadline items)		Date	
Directions for including supporting documents: 1. This form should be saved with any other documents submitted to the Agenda Items folders. 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.			

Roles and Authorities Delegated for Monitoring

The Monitoring Liaison (“Liaison”) is a Board/Section designee who works with department monitors (“Monitor”) to enforce Board/Section orders as explained below.

Authorities Delegated to the Monitoring Liaison

The Liaison may take the following actions on behalf of the Board/Section:

1. Grant a temporary reduction in random drug screen frequency upon Respondent’s request if he/she is unemployed and is otherwise compliant with Board/Section order. The temporary reduction will be in effect until Respondent secures employment in the profession. The Department Monitor (“Monitor”) will draft an order and sign on behalf of the Liaison.
2. Grant a stay of suspension if Respondent is eligible per the Board/Section order. The Monitor will draft an order and sign on behalf of the Liaison.
3. Remove the stay of suspension if there are repeated violations or a substantial violation of the Board/Section order. In conjunction with removal of any stay of suspension, the Liaison may prohibit Respondent from seeking reinstatement of the stay for a specified period of time. The Monitor will draft an order and sign on behalf of the Liaison.
4. Grant or deny approval when Respondent proposes continuing/disciplinary/remedial education courses, treatment providers, mentors, supervisors, change of employment, etc. unless the order specifically requires full-Board/Section approval.
5. Grant full reinstatement of licensure if Respondent has fully complied with all terms of the order without deviation. The Monitor will draft an order and obtain written authorization from the Liaison to sign on their behalf.
6. Grant or deny a request to appear before the Board/Section in closed session.
7. The Liaison may determine whether Respondent’s petition is eligible for consideration by the full Board/Section.
8. Accept Respondent’s written request to surrender credential. If accepted by the Liaison, Monitor will consult with Board Counsel to determine if a stipulation is necessary. If a stipulation is not necessary, Monitor will draft an order and sign on behalf of the Liaison. If denied by the Liaison, the request to surrender credential will go to the full Board for review. (Except PHM, MED)

9. Grant Respondent's petition for a reduction in drug screens per the standard schedule, below. If approved, Monitor will draft an order and sign on behalf of the Liaison. Orders that do not start at 49 screens will still follow the same standard schedule.
 - a. Initial: 49 screens (including 1 hair test, if required by original order)
 - b. 1st Reduction: 36 screens (plus 1 hair test, if required by original order)
 - c. 2nd Reduction: 28 screens plus 1 hair test
 - d. 3rd Reduction: 14 screens plus 1 hair test
10. (*Dentistry only*) Ability to approve or deny all requests from a respondent.
11. The Liaison may approve or deny Respondent's request to be excused from drug and alcohol testing for work, travel, etc. (Applies only to these Boards: Dietitians, Massage/Bodywork Therapy Board, DEN, PAB, CHI, MED, RAD)
12. **The Liaison may have full authority to approve or deny a Board request from a Respondent if the request cannot be heard and voted on ONLY due to lack of quorum at the Board meeting the request is to be heard at.**
13. **The liaison may have full authority to terminate any treatment ONLY upon written request from Respondent and written recommendation from Respondents treater.**

Authorities Delegated to the Department Monitor

The Monitor may take the following actions on behalf of the Board/Section, draft an order and sign:

1. Grant full reinstatement of licensure if education is the sole condition of the limitation and Respondent has submitted the required proof of completion for approved courses.
2. Suspend the license if Respondent has not completed Board/Section-ordered education and/or paid costs and forfeitures within the time specified by the Board/Section order. The Monitor may remove the suspension and issue an order when proof of completion and/or payment have been received.
3. Suspend the license (or remove stay of suspension) if Respondent fails to enroll and participate in an Approved Program for drug and alcohol testing within 30 days of the order, or if Respondent ceases participation in the Approved Program without Board approval. This delegated authority only pertains to respondents who must comply with drug and/or alcohol testing requirements.
4. Grant or deny approval when Respondent proposes treatment providers [, mentors, supervisors, etc.] unless the Order specifically requires full-Board/Section or Board designee approval. (Except for MED)
5. Grant a maximum of one 90-day extension, if warranted and requested in writing by Respondent, to complete Board/Section-ordered continuing/disciplinary/remedial education.
6. Grant a maximum of one 90-day extension or payment plan for proceeding costs and/or forfeitures if warranted and requested in writing by Respondent.
7. Grant a maximum of one 90-day extension, if warranted and requested in writing by Respondent, to complete a Board/Section-ordered evaluation or exam.

Authorities Delegated to Board Legal Counsel

Board Legal Counsel may take the following actions on behalf of the Board/Section:

1. Sign Monitoring orders that result from Board/Section meetings on behalf of the Board/Section Chair.
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Updated 12/06/2023

2024 Roles & Authorities

BOARD OF NURSING

Appointments of Liaisons and Alternates

LIAISON APPOINTMENTS	
Credentialing Liaison	Janice Edelstein, Vera Guyton (<i>LPN Reviews</i>), Robert Weinman Amanda Kane <i>Alternate: Vera Guyton</i>
Monitoring Liaison	John Anderson <i>Alternate: Patrick McNally</i>
Professional Assistance Procedure (PAP) Liaison	Shelly Sabourin Jennifer Malak
Legislative Liaison	John Anderson, Robert Weinman, <i>Alternate: Patrick McNally</i>
Newsletter Liaison	Janice Edelstein, Jennifer Malak <i>Alternate: Vera Guyton</i>
Communication Liaison	Robert Weinman
Education and Examination Liaison	Janice Edelstein / Amanda Kane <i>Alternate: Jenny Malak</i>
Controlled Substances Board Liaison as per Wis. Stats. §15.405(5g)	Amanda Kane <i>Alternate: Robert Weinman (Primary)</i>
Wisconsin Coalition for Prescription Drug Abuse Reduction Liaison	Amanda Kane
Interdisciplinary Advisory Council Liaison (added 5/9/2024)	
Travel Authorization Liaison	Robert Weinman (Chair) <i>Alternate:</i> Vera Guyton (Vice Chair)
COMMITTEE MEMBER APPOINTMENTS	

Legislation and Rules Committee	Janice Edelstein, Robert Weinman (Chair), John Anderson
BOARD APPOINTMENT TO THE INTERSTATE NURSE LICENSURE COMPACT COMMISSION	
Administrator of the Nurse Licensure Compact	Robert Weinman <i>Alternate:</i> Janice Edelstein

SCREENING PANEL APPOINTMENTS	
Alternates	Robert Weinman
2024 Screening Panel Rotation	
January – March	Janice Edelstein, Amanda Kane
April – June	John Anderson, Shelly Sabourin
July – September	Robert Weinman, Patrick McNally
October – December	Patrick McNally, Jennifer Malak

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

AGENDA REQUEST FORM

1) Name and title of person submitting the request: Whitney DeVoe, Board Counsel		2) Date when request submitted: 05/31/24 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: 05/31/24	5) Attachments: <input type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Overview of Nursing School Approval Process	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if applicable: N/A	
10) Describe the issue and action that should be addressed: Overview of Nursing School Approval Process			
11) Authorization			
Whitney DeVoe		05/31/24	
Signature of person making this request		Date	
Supervisor (Only required for post agenda deadline items)		Date	
Executive Director signature (Indicates approval for post agenda deadline items)		Date	
Directions for including supporting documents: 1. This form should be saved with any other documents submitted to the Agenda Items folders. 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.			

**WISCONSIN
BOARD OF NURSING**

**GUIDELINES FOR
NURSING SCHOOL
APPROVAL**

April 2024

**WISCONSIN BOARD OF NURSING
GUIDELINES FOR NURSING SCHOOL
APPROVAL**

I. Role of the Board of Nursing

The Board of Nursing has the legal authority to establish minimum standards for schools for professional nurses and schools for licensed practical nurses in Wisconsin. (Ch. 441.01, Wis. Stats.) All nursing schools for professional nurses or practical nurses operating in Wisconsin shall be approved by the Board.

(§ 441.12, Wis. Stats.)

II. School Approval Process. Step 1: Authorization to Plan a School

The institution planning to establish a school of nursing for professional or practical nursing shall submit a written proposal including Form #3025. The written proposal shall include five items:

- (1) Name and address of the controlling institution and evidence of the accreditation status of the 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. [Note: No contracts with clinical facilities may be signed until after the institution receives authorization to plan from the board.]
- (4) Plans to recruit and employ a qualified educational administrator and qualified faculty.
- (5) A proposed timeline for planning and implementing the program and intended date of entry for the first class.

The Board shall make a decision on the application within two months of the receipt of the completed application and notify the controlling institution of the action taken. (§ N 1.03(2), Wis. Admin. Code)

III. School Approval Process. Step 2: Authorization to Admit Students

Once the institution is prepared to seek the authorization to admit the first class of nursing students, the institution shall submit an application with the Board including Form 3027 and the following information: (§ N 1.04, Wis. Admin. Code):

- (1) Verification of employment of an educational administrator meeting the following requirements (Form # 1114):
 - Holds a current, active registered nurse license or privilege to practice in Wisconsin that is not encumbered.
 - Holds a graduate degree with a major in nursing. A doctoral degree is required for a school of nursing offering a graduate degree nursing program.
 - Has knowledge of learning principles for adult education, including nursing curriculum development, administration, and evaluation and either 2 years experience as an instructor in a nursing education program within the last 5 years or 1 year experience as an instructor in a nursing education program within the last 5 years with a graduate degree which included education preparation.
 - Current knowledge of nursing practice.
- (2) Evidence of employment of sufficient number of faculty to teach the courses offered for the first six months. The faculty shall meet the following requirements (Form #1114):
 - Holds a current license active registered nurse license or privilege to practice as a registered nurse in Wisconsin that is not encumbered.
 - Holds a graduate degree with a major in nursing for professional nursing schools.
 - Holds a baccalaureate degree with a major in nursing for practical nursing schools. [Note: Interprofessional faculty teaching interdisciplinary courses not

specific to nursing shall have expertise and a graduate degree appropriate for the content being taught.]

- Apply for faculty exemptions if appropriate (Form # 2662)
- (3) The school of nursing's philosophy and objectives.
 - (4) An overview of curriculum including the following:
 - Content
 - Course sequence
 - Course descriptions
 - Course syllabi for the first year and plan for subsequent years.
 - (5) Documentation of a school evaluation plan.
 - (6) Verification of the establishment of student policies for admission, progression, retention, and graduation.
 - (7) Documentation of a plan for student or prospective student access to student policies.
 - (8) Verification of the students' ability to acquire clinical skills by providing the following (Form # 1004):
 - Written agreements from clinical facilities securing clinical opportunities and documentation of the facility, type, size, number of beds, and type of patients. All written agreements shall be signed and dated after the date on which the school of nursing was granted authorization to plan by the Board.
 - Documentation of simulation equipment and experiences.
 - Documentation that clinical experiences are representative of all areas of nursing practice covered by the school of nursing's curriculum.
 - (9) An updated timeline for implementing the program and intended date for entry of the first class.

The nursing school should provide proof of the requirements listed above by submitting Form #3027 and the required supplementary material. The Board shall notify the institution of the action taken on the application within 2 months of the receipt of the completed applications.

Until the school of nursing receives approval, the school of nursing shall provide to the Board evidence of employment of sufficient number of faculty (meeting § N 1.08 (3) standards) to teach the courses offered four months from the date the report is due. The faculty reports are due on the first day of March, June, September, and December.

The Board may review the school of nursing to determine whether § N 1.08 standards are being met by requiring a site survey, a self-assessment or a plan for improvement and any progress reports. A withdrawal of the authorization to admit may occur for failure to meet the standards in § N 1.08.

IV. School Approval Process. Step 3: School Approval

A nursing school that has previously received authorization to admit students is eligible for school approval after the graduation of its first class of students but no later than graduation of third class (Note: Class means a graduating class for each 12-month period). The school of nursing shall submit the following:

- (1) A self-evaluation report, Form # 3029, setting forth evidence of compliance with the standards in § N 1.08.
- (2) The school of nursing's ongoing systematic evaluation plan. The systematic evaluation plan shall include an evaluation of the annual pass rate of any graduates who took the NCLEX or an advanced practice certification examination.

The Board may conduct a site survey of the school of nursing. A determination to conduct a site survey shall occur within 2 months of receipt of completed application for approval.

The Board shall make a decision on the application within 2 months of the completed site survey or receipt of the completed application, whichever is later. The Board shall approve the school of nursing based on verification that the school of nursing is in compliance with nursing education standards in § N 1.08.

The Board may grant conditional approval. The notice of conditional approval shall contain a short statement in plain language of the basis, specifying the standard upon which the conditional approval is based. A school of nursing that receives a conditional approval may not admit new students to the school of nursing until the school of nursing receives full approval. The school of nursing may apply for full approval 3 months or later from the date the school of nursing received conditional approval.

If the Board denies the school of nursing approval, the notice of denial shall contain a short statement in plain language of the basis for denial, specifying the standard upon which the denial is based. The controlling institution shall do the following:

- (1) Implement the time frame established by the board for transfer of enrolled students to an approved school of nursing and report to the Board the date of transfer for each student by name.
- (2) Arrange for the secure storage and access to academic records and transcripts for the next 50 years. Provide the Board with the name and address of the educational institution or other organization that will be responsible for secure storage and access to academic records and transcripts for 50 years.
- (3) Close the school of nursing when the last student has transferred.
- (4) Submit progress reports during the closure process upon request of the Board.

V. Requirements for Continuation of Approval

Schools of nursing shall file with the Board the following:

- (1) Annual self-evaluation reports (Form # 3028) by February 1st.
- (2) All documents submitted to or received from nursing accreditation agencies relating to compliance with accreditation standards.
- (3) Notification of any actions, withdrawal or changed in school nursing accreditation status within 30 days.

Accreditation

Schools of nursing are required to maintain nursing accreditation through a Board recognized accreditation body (including Commission on Collegiate Nursing Education (CCNE) and Accrediting Commission for Education in Nursing (ACEN)). Failure to maintain accreditation shall result in withdrawal of school approval.

Board Determines N 1.08 Standards are Not Being Met

The Board may review the school of nursing to determine whether § N 1.08 standards are being met in the following situations:

- (1) Change in school nursing accreditation status.
- (2) Nursing accreditation reports indicate standards are not being met.
- (3) Complaints regarding the conduct of the school are received and it is necessary to evaluate the complaints.
- (4) Failure to meet annual pass rate standards.
- (5) Violation of any of the rules under Chapter N 1.

The review of the school may include any of the following:

- (1) A site survey.
- (2) A self-assessment.

- (3) A plan for improvement and any progress reports.

After the review, if the Board determines the standards are not being met, the following procedures will be followed:

- (1) The school of nursing shall submit an institutional plan, including timelines, to correct identified deficiencies in the school of nursing.
- (2) The Board shall review the proposed plan and may make modifications to the plan.
- (3) The school of nursing shall make progress reports to the Board as requested.
- (4) The Board may withdraw Board approval if the school of nursing continues to not meet standards.

VI. Annual Pass Rates

Generally, the school of nursing national council licensure examination (NCLEX) pass rate includes all prelicensure students taking the NCLEX 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 for practical nursing. A school of nursing which contains graduate programs shall include all advanced practice certification examinations related to programs offered in the school of nursing.

The annual pass rate of graduates taking the NCLEX or advanced practice certification examinations for all test takers is a minimum of 80%. If the annual pass rate standard is not met, the school of nursing shall receive a warning letter. The school shall identify factors that are potentially affecting the low pass rate and submit an assessment of contributing factors and institutional plan for improvement of examination results including outcomes and timeframes. The assessment and institutional plan shall be submitted to the board within 45 days of the board notifying the school of nursing of its failure to meet the annual pass rate standard and the institutional plan shall be acted on by the board no later than July 15. Failure to have a board approved plan by July 15 results in a review of the school of nursing under § N 1.10 (4).

VII. Out-of-State Schools of Nursing

An out-of-state school of nursing operating in Wisconsin shall be approved by the Board if the school of nursing is approved by the board of the state the school is located and the school is accredited by a Board recognized accreditation body (including CCNE and ACEN). The school of nursing maintains approval as long as those requirements are met. In order to be approved, submit Form # 3067OEE and any requested documentation. Faculty and preceptors for clinicals taking place in Wisconsin must have a Wisconsin license or privilege to practice in Wisconsin.

VIII. Additional Information

If you have any additional questions or concerns, please contact the Board of Nursing at DSPSBON@Wisconsin.gov.

Wisconsin Department of Safety and Professional Services

Office Location: 4822 Madison Yards Way
 Madison, WI 53705
 Phone Number: (608) 266-2112

LicensE Portal: LicensE.wi.gov
 Email: dspsbon@wisconsin.gov
 Website: dsps.wi.gov

BOARD OF NURSING

FACULTY / EDUCATIONAL ADMINISTRATOR QUALIFICATION RECORD

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

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

Change in educational administrator: Institutions are required to notify the Board of Nursing of a vacancy in the educational administrator position and designation of an interim or permanent educational administrator within five (5) business days of the vacancy. If an interim educational administrator is designated, the institution shall notify the Board of Nursing within five (5) business days of hiring a permanent educational administrator. Completion and submission of this form is required as part of the notification process.

Faculty/EA Name (Last, First):			
RN License Number(s):		State(s) in which license(s) held:	Multistate?: <input type="checkbox"/> Yes <input type="checkbox"/> No
School of Nursing Employed By:			
Type of Nursing Program(s) (ADN, PN, BSN, etc.):			
Position:	<input type="checkbox"/> Faculty <input type="checkbox"/> Seeking Faculty Exception		
Appointment Effective Dates:			
Position:	<input type="checkbox"/> Educational Administrator <input type="checkbox"/> Interim		
Appointment Effective Dates:			

FACULTY APPOINTMENTS (Complete Section A below. Attach additional pages as needed.)

- Fully qualified professional nursing faculty must have a current, active Registered Nurse license or privilege to practice in Wisconsin that is not encumbered and a graduate degree with a major in nursing. *See Form 2262 for faculty exceptions.*
- Fully qualified practical nursing faculty must have a current, active registered nurse license or privilege to practice in Wisconsin that is not encumbered and a baccalaureate with a major in nursing.

A. EDUCATIONAL PREPARATION

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

Wisconsin Department of Safety and Professional Services

EDUCATIONAL ADMINISTRATOR APPOINTMENTS

A qualified educational administrator must have a current, active registered nurse license or privilege to practice in Wisconsin that is not encumbered, a graduate degree with a major in nursing (a doctoral degree if the school offers a graduate degree in nursing program), knowledge of learning principles for adult education, including nursing curriculum development, administration and evaluation, current knowledge of nursing practice, and at least two (2) years' experience as an instructor in a nursing education program within the last five (5) years or one year experience as an instructor in a nursing education program with the last five (5) years and the graduate degree included education preparation.

List most recent education preparation and instruction experience first. **Include** a current curriculum vitae for Board review. (Attach additional pages as needed.)

A. EDUCATIONAL PREPARATION

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

B. NURSING INSTRUCTION EXPERIENCE

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

C. CURRENT KNOWLEDGE OF NURSING PRACTICE (Detail below. Attach additional pages as needed.)

Educational Administrator:	Title:
Signature: (Provide a digital signature or print and sign form.)	Date:
Telephone Number (with area code):	Email Address:



OVERVIEW OF NURSING SCHOOL APPROVAL PROCESS

BOARD OF NURSING MEETING

JUNE 13, 2024

Authority to Approve Nursing Schools

Wis. Stat. § 441.01(3):

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

Wis. Admin. Code ch. N 1 Approval for Schools of Nursing

N 1.01 Authority and intent.

- (1) The rules in this chapter are adopted pursuant to authority of ss. 15.08 (5) (b) and 441.01 (3), Stats.
- (2) The intent of the board of nursing in adopting rules in this chapter is to clarify requirements and develop efficient timelines for the nursing school approval process and to reduce duplication that exists between the board and nursing accreditation processes for nursing schools.

Nursing School Approval Process

Authorization to Plan a Nursing School – N 1.03 (Phase I)



Authorization to Admit Students – N 1.04 (Phase II)



Approval of Nursing School – N 1.05 (Phase III)



Continuation of Board Approval – N 1.10

Authorization to Plan – N 1.03

- File an application with the Board containing the following information:
 - Name and address of the controlling institution and evidence of the accreditation status of the controlling institution.
 - 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.
 - Evidence of the availability of sufficient clinical facilities and resources.*
 - Plans to recruit and employ a qualified educational administrator and qualified faculty.
 - A proposed timeline for planning and implementing the program and intended date of entry for the first class.
- The Board is required to make a decision on the application within two months of receipt of the completed application.

* No contracts with clinical facilities may be signed until after the institution receives authorization to plan from the board.

Authorization to Admit Students – N 1.04

- File an application with the Board containing the following information:
 - Verification of employment of an educational administrator that meets Board established qualifications (N 1.08)
 - Evidence of employment of sufficient number of qualified faculty to teach the courses offered for the first six months.
 - The school of nursing's philosophy and objectives.
 - An overview of curriculum including all of the following:
 - Content.
 - Course sequence.
 - Course descriptions.
 - Course syllabi for the first year and plan for subsequent years.
 - Documentation of a school evaluation plan.
 - Verification of the establishment of student policies for admission, progression, retention, and graduation.
 - Documentation of a plan for student or prospective student access to student policies.
 - Verification of the students' ability to acquire clinical skills by providing all of the following:
 - Written agreements from clinical facilities securing clinical opportunities and documentation of the facility, type, size, number of beds, and type of patients.
 - Documentation of simulation equipment and experiences.
 - Documentation that clinical experiences are representative of all areas of nursing practice covered by the school of nursing's curriculum.
 - An updated timeline for implementing the program and intended date for entry of the first class.

Authorization to Admit Students – N 1.04 (cont.)

- The Board is required to make a decision on the application within two months of receipt of the completed application.
- After receiving authorization to admit students, the school must provide the Board on the first day of March, June, September, and December evidence of employment of sufficient number of faculty to teach courses offered four months from the date the report is due.
- The Board may review the school of nursing to determine whether the standards contained in N 1.08 are being met. The Board may require any of the following:
 - A site survey
 - A self-assessment
 - A plan for improvement and any progress reports
- **Withdrawal of authorization may occur for failure to meet the standards in N 1.08.**

Approval of Nursing School - N 1.05

- A school may apply for approval of the nursing school upon graduation of the first class, but not later than graduation of the third class.
- As part of the application, the nursing school submits
 - a self-evaluation report showing evidence of compliance with N 1.08
 - the nursing school's ongoing systematic evaluation.
- Board may conduct a site survey
- Board must make a decision on the application within two months of the completed site survey or receipt of the completed application, whichever is later.

Approval of Nursing School N 1.05 – Conditional Approval or Denial

- Board may grant conditional approval.
 - Notice of conditional approval must contain a short statement specifying the standard upon which conditional approval is based.
 - If a nursing school received conditional approval, they may not admit new students until the school receives full approval.
 - Nursing school may apply for full approval three months from the date it receives conditional approval.
- If the Board denies nursing school approval, the notice of denial shall contain a short statement of the basis for denial.
- The controlling institution is required to take certain action upon receiving a denial, including implementing a time frame for transfer of students and submit progress reports during the closure process.
- A nursing school who is denied or given conditional approval may request a hearing within 30 days after mailing notice.

Approval of Out-of-State Nursing Schools

N 1.06

- An out-of-state school of nursing shall be approved if
 - The school is approved by the board of the state the school is located.
 - The school is accredited by a nursing accreditation body recognized by the Wisconsin board.
- An approved out-of-state nursing school maintains approval as long as it maintains the above requirements.

Standards

- Standards are contained in N 1.08 including
 - qualifications for educational administrator
 - qualifications for faculty and faculty exceptions
 - curriculum requirements
 - clinical learning experiences requirements
 - simulation requirements
 - preceptor requirements
- The institution assumes legal responsibility for overall conduct of the school
- Nursing school must implement a comprehensive, systematic plan for ongoing evaluation.

Continuation of Board Approval N 1.10

- Nursing schools must file with the board the following:
 - Annual self-evaluation reports by February 1.
 - All documents submitted to or received from nursing accreditation agencies relating to compliance with accreditation standards.
 - notification of any actions, withdrawal or change in school nursing accreditation status within 30 days.
- Failure to maintain nursing accreditation results in withdrawal of Board approval.

Board Review N 1.10

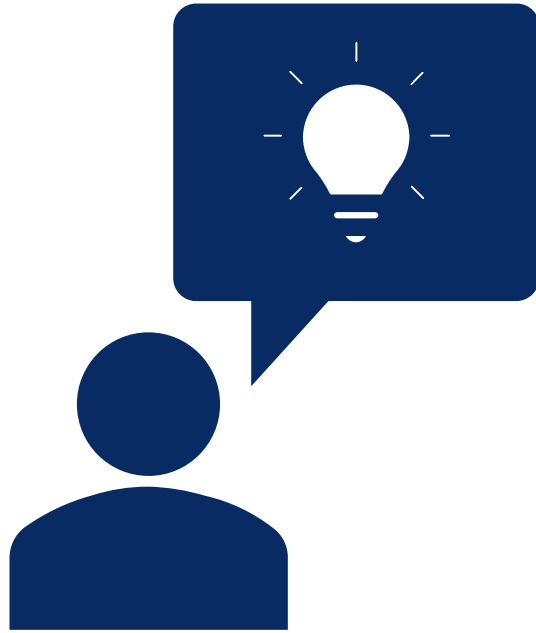
- Board may review nursing school to determine whether N 1.08 standards are being met in the following situations:
 - Change in school nursing accreditation status.
 - Nursing accreditation reports indicate standards are not being met.
 - Complaints regarding the conduct of the school are received and it is necessary to evaluate the complaints.
 - Failure to meet annual pass rate standard.
 - Violation of any of the rules in chapter N 1.
- The review may include site survey, self-assessment or plan for improvement and any progress notes.

Board Review N 1.10 (cont.)

- If the board makes a determination that standards are not being met, all of the following procedures shall be followed:
 - The school of nursing shall submit an institutional plan, including timelines, to correct identified deficiencies in the school of nursing.
 - The board shall review the proposed plan and may make modifications to the plan.
 - The school of nursing shall make progress reports to the board as requested.
 - The board may withdraw board approval if the school of nursing continues to not meet standards.

Closure of Nursing School

- N 1.11(1) contains procedure for voluntary school closures including submitting a plan of intent to close a school of nursing to the board
- N 1.11(2) contains procedure for action to be taken when the Board withdraws approval of a nursing school including notice requirements.



Discussion - Questions
What's on your mind?

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

AGENDA REQUEST FORM

1) Name and title of person submitting the request: Joan Gage, OEE Program Manager		2) Date when request submitted: 05/31/2024 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: 06/13/2024	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Institutional Plan for Improvement of NCLEX Pass Rates Lac Courte Oreilles Ojibwe University	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled? <i>(If yes, please complete Appearance Request for Non-DSPS Staff)</i> <input checked="" type="checkbox"/> Yes See Below <input type="checkbox"/> No	9) Name of Case Advisor(s), if applicable: <Click Here to Add Case Advisor Name or N/A>	
10) Describe the issue and action that should be addressed: Jamie Gohde, MSN, APRN, FNP-C Nursing Program Director Will present the plan to the BON			
11) Authorization			
<NAME>		<Date: M/D/YYYY>	
Signature of person making this request Joan Gage		Date 5/31/2024	
Supervisor (Only required for post agenda deadline items)		Date	
Executive Director signature (Indicates approval for post agenda deadline items)		Date	
Directions for including supporting documents: 1. This form should be saved with any other documents submitted to the Agenda Items folders. 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.			

Lac Courte Oreilles Ojibwe University Institutional Plan for Improvement of NCLEX Pass Rates		
Contributing Factors to Low Pass Rate	Corrective Action	Implementation Timeframe
Admission Criteria	<p>The admission process was reviewed for the selection process for the spring of 2021. The process was updated to review the applicant holistically. Applicants are selected based on their general courses completed, grades, GPA, admission essay, and letters of recommendation.</p> <p>The admission process was reviewed at this time. The plan is to continue the current admission process with TEAS testing being added as a requirement for admission. The current students will be given the TEAS test in the fall of 2023 to assess areas in need of development. Starting in the fall of 2024 admission cycle, students will be required to meet a score of proficient for acceptance into the program. Those who do not meet the score of proficient will be given pathways, which include courses (depending on the area in need of improvement) in science, math, English, and reading to gain the knowledge to enter the program.</p>	<p>Cohort starting in the fall of 2021.</p> <p>Spring 2024 Admission Cycle</p>
Test Taking Policies	<p>The ADN Test Taking Policy was reviewed and updated. The updates include requirements for allotted time per question, blueprints based on the NCLEX categories, progression of questions assessment level following Bloom’s Taxonomy throughout the program, analyzing test results, and faculty review of test questions.</p> <p>June 14, 2022, faculty attended ANCC Test Writing Workshop.</p>	<p>March 1, 2022, ADN Test Taking Policy was implemented.</p> <p>June 14, 2022,</p>
Academic Dishonesty	<p>Nursing Exams are given in Canvas. It was noted students have been leaving the exam and opening other website browsers during exams which is highly suggestive students are looking up the answer to the question. In response to these findings, lock down browser software has been purchased and implemented in testing in the fall of 2022.</p>	<p>August 2022</p>
Clinical Experience	<p>Students were noted to have minimal clinical experience with little variety in the fall of 2020. Due to Covid all clinical sites shut down and no students were allowed to participate in in-person clinical settings. Virtual clinical replacement software was purchased as a clinical replacement. In the spring of 2021, the students were allowed to complete some clinical hours at the Hayward Hospital and the Central Wisconsin Center.</p> <p>A 96-hour clinical course was added to the first semester of the program.</p>	<p>Fall 2020/Spring 2021</p> <p>Started Fall 2021.</p>

	<p>Clinical hours were increased in the second semester by 48 hours.</p> <p>Since spring 2020 we have gained contracts with:</p> <ul style="list-style-type: none"> • Hayward Memorial Hospital • Spooner Health • Memorial Medical Center • Indian Health Medical Center • Nurse Disrupted • Water Edge • Lac Courte Oreilles Community Health Center • Bizhiki Wellness Center • Essentia Health • Cosmo Home Health Care • Augustana Care Health Rehabilitation • Hennepin County Medical Center • Presbyterian Homes & Services • Regions Hospital Fairview • Villa at Osso • Sawyer County Public Health • Health Partners • Sacred Heart Hospital • American Red Cross • Northwest Connections 	<p>Started spring 2021 and continues to grow.</p>
<p>Nursing Faculty Ratios to Students</p>	<p>The program staffing needs were reviewed, and 3 full time nursing faculty have been employed in the nursing program.</p> <p>Two nursing faculty members are schedule to attend a simulation workshop for professional development training.</p>	<p>Current</p> <p>June 2023</p>
<p>Curriculum and Program Rigor</p>	<p>The curriculum is currently under review to ensure it is consistent with contemporary nursing practice and incorporates established professional nursing standards, guidelines, and competencies. The student learning outcomes are being reviewed to ensure the course student learning outcomes consistently progress throughout the curriculum in support of the end-of-program student learning outcomes. The instructional materials and evaluation methods are being reviewed to ensure they are appropriate and consistent with the end-of-program student learning outcomes. This review will continue through the summer and will be implemented in the fall of 2022. The clinical courses were reviewed in the summer of 2021 and implemented fall of 2021. Some changes were also implemented in the theory courses starting in the</p>	<p>8/1/22</p> <p>Fall 2021</p>

	<p>fall of 2021. These changes include an update to the testing policy. The testing policy includes review of the questions to ensure reliability and validity of the questions. ATI total package was implemented in fall of 2021. This includes standardized testing throughout the program. A two-credit clinical course was added to the first semester. New clinical experiences were added such as rotations in the behavioral health unit, medical surgical unit, clinic setting, ER, OB, long term care, community health, public health, and outpatient surgery.</p> <p>Formative and summative simulation activities have been added into the curriculum to provide students a safe learning environment to practice clinical skills and enhance clinical judgement.</p> <p>Standardized testing was implemented to assess students' knowledge and identify areas in need of improvement. The test data is used to strengthen the course plan.</p> <p>Curriculum review continues. Courses assessment is ongoing. The medical surgical courses are under review for content and moving to a concept-based approach.</p>	<p>Fall 2023</p> <p>Fall 2022</p> <p>Summer 2023</p>
<p>Effects of Covid-19</p>	<p>During the fall of 2020 the college campus was closed, and all courses moved to an online format. All clinical sites also closed and did not allow students. Classes were moved to a zoom format. Virtual clinical replacement software was purchased to provide students with clinical replacement. During the spring of 2021 the campus reopened. Students were allowed to return to the clinical setting by the end of the semester. The in-person clinical hours were greatly reduced due to the pandemic. This is thought to overall have a great impact on the students learning. This also is thought to have lowered the NCLEX pass rate. Courses have returned to the in-person format and clinical sites have resumed allowing students as of the fall of 2021.</p>	<p>Fall 2020</p>

Lac Courte Oreilles Ojibwe University Institutional Plan for Improvement of NCLEX Pass Rates		
Contributing Factors to Low Pass Rate	Corrective Action	Implementation Timeframe
In 2023, 7 students graduated from the ADN program. All 7 completed there NCLEX with an ultimate pass rate of 6/7 with 2 students passing on retake. There was a total of 14 first time test takers for 2023.	<p>For some unknown reason the past cohorts of student did not complete their NCLEX exam for years after graduation. LCOOU has implemented an incentive program for student to complete their NCLEX within 45 days of gradation. Completing the NCLEX is in a timely manner is known to produce increased likeliness of passing the exam. Students who pass within 45 days are reimbursed for the cost of the NCLEX exam and given nursing supplies such as a stethoscope for incentive.</p> <p>Students also complete the Virtual ATI and an additional credit has been added to the Introduction to NCLEX course giving students more time to practice and prepare for the NCLEX exam.</p>	January 2024
Exam Scores	Overall exam scores were evaluated in 2023/2024. It was decided to increase the percentage the exams were worth in the didactic courses from 60% to 70%.	August 2024
Program Evaluation	Ongoing program evaluation is being completed to assess for areas of improvement for the nursing program. Current methods of assessment include reviewing NCLEX data collected from our student exams, course surveys, testing data from standardized testing, and assignment and clinical rubrics.	Annually
<ul style="list-style-type: none"> • Academic Dishonesty • Admission Criteria • Rigor of the nursing program • Staffing • Clinical sites • Clinical hours • Assessment methods 	Since 2020 there have been many factors identified in our previous plans for improvement. Please see previous plans of improvement for more information.	2020 to current



SITE VISIT REPORT
Lac Courte Oreilles Ojibwe University
Hayward, WI

Date of Visit: March 26–28, 2024
Program Type: Associate
Purpose of Visit: Initial Accreditation

I. GENERAL INFORMATION			
Nursing Education Unit		Governing Organization	
Associate Degree of Nursing Program 13466 West Trepania Road Hayward, WI 54843		Lac Courte Oreilles Ojibwe University 13466 West Trepania Road Hayward, Wisconsin 54843	
Nurse Administrator		Chief Executive Officer (governing)	
Jamie Gohde, MSN, APRN, FNP-C Director of Nursing		Dr. Russel Swagger, Ph. D. President	
Telephone:	(715) 634-4790	Telephone:	(715) 634-4790
Email:	jgohde@lco.edu	Email:	rswagger@lco.edu
Accreditation Status (governing organization)		State Regulatory Agency Approval Status	
Agency:	Higher Learning Commission	Agency:	N/A
Current Status:	Accredited May 2021	Current Status:	N/A

Title IV
The ACEN does not serve as the Title IV gatekeeper for the governing organization.

Additional Locations
The nursing program is not offered at any additional locations.

Associate Program Accreditation Status			
Accreditation Status		Nursing State Regulatory Agency Approval Status	
Agency:	Accreditation Commission for Education in Nursing	Agency:	Wisconsin Board of Nursing
Candidacy Start Date:	March 18, 2022	Current Status:	Approved

Associate Program Options	
Name of Program Option:	ADN Traditional
Official Published Program(s) of Study:	Full-time
Academic Term Type:	Semesters
Distance Education	
How many total didactic credits are offered via Distance Education (if applicable)?	N/A

Name of Program Option (as cited in the program of study):	LPN-to-ADN Option
Official Published Program(s) of Study:	Full-time
Academic Term Type:	Semesters
<u>Distance Education</u> How many total didactic credits are offered via Distance Education (if applicable)?	N/A

Associate Student Enrollment	
Students:	Nursing Student Enrollment:
Total Number:	14
Traditional ADN Program	14
LPN-to-ADN Program	0

II. VISIT/TEAM INFORMATION	
Site Visit Team	
Chairperson	Member
Anita Reed, MSN, RN Department Chair Community Health Practice retired. Franciscan Health Lafayette (Former) Email: anitar6285@gmail.com	Frances Anne Freitas, PhD, MSN, BSN, CNE retired Assistant Professor Kent State University Email: Ffreitas0811@gmail.com
Member	
Lynn Yamakawa, MSN, RN Chairperson Health Sciences, Director ADN Program Los Angeles Harbor College Email: yamakalm@lahc.edu	

Associate Student Interview Counts	
Students:	Nursing Students Interviewed During Visit:
Total Number:	8
Traditional ADN Program	Semester 2: 4 students Semester 4: 3 students
LPN-to-ADN Program	0

Introduction
This is an initial visit to the Lac Courte Oreilles Ojibwe University (LCOOU), with candidacy being awarded on March 28, 2022. There are a total of 14 students and three full-time faculty. The nurse administrator was faculty at LCOOU from 2020–2021 and assumed the nurse administrator role in November of 2021. The nursing program had a student issue with cheating on exams by opening web browsers to find the answers, which occurred in 2022. Those students were administratively dismissed from the school. The NCLEX pass rate was zero for 2022. The program has followed admission criteria and purchased a lock-down browser for testing as a strategy to improve program completion, NCLEX pass rates, and job placement.

Third-Party Comments
The nursing education unit had a reasonable process for soliciting third-party comments. The ACEN accreditation site visit was verified by the peer evaluators on the LCOOU website and in a Facebook announcement.
Written third-party comments were not received by the ACEN.

Public Meeting	
Number of Attendees at Public Meeting:	12
There were 12 attendees at the Public Meeting at LCOOU: clinical partners, Advisory Board members, ADN graduates of May 2023, and Sawyer County Public Health Department. The attendees spoke highly of the LCOOU nursing students as they have a desire to learn and put forth the effort into the development of educational projects on blood-borne pathogens and personal protective equipment for the Sawyer County Public Health Department's Community Fair. The graduates were very complimentary of the faculty and staff and appreciated the small class size along with the support, emotionally and academically, given by the dedicated faculty.	

III. EVALUATION OF THE STANDARDS AND CRITERIA	
Program Name: Lac Courte Oreilles Ojibwe University	
Program Type: Associate	
STANDARD 1	
Administrative Capacity and Resources	
The mission and/or philosophy of the nursing program reflects the governing organization’s mission, goals, and/or values. The governing organization and nursing program have administrative capacity and resources that support the effective delivery of the program and facilitate the achievement of the end-of-program student learning outcomes and program outcomes for each nursing program type, and additionally for graduate programs the role-specific nursing competencies.	
Criterion 1.1	
The mission, goals and/or values of the governing organization are evident in the mission, goals, values, and/or philosophy of the nursing program.	
The mission and the philosophy of the Lac Courte Oreilles Ojibwe University (LCOOU) and the nursing program were verified in the SSR (Table 1.1a, p. 7) and with the President of LCOOU. They share the common themes of providing post-secondary education enriched with the culture and history of the Ojibwe Nation while serving the health needs of the community they serve.	
Compliance	
<input checked="" type="checkbox"/>	Compliant with no suggested improvements.
Criterion 1.2a	
The nurse administrator and nursing faculty have formal representation in governing organization and nursing program governance activities.	
The nurse administrator serves on LCOOU committees of Assessment, Curriculum, Faculty Senate, and Academic Integrity. Faculty serve on the Faculty Senate, Curriculum, and Academic Integrity committees of the university. For the nursing program, the nurse administrator is the division chair for the Division of Allied Health Committee and chairs the Nursing Program Advisory Board, along with all three faculty members serving on both those committees (SSR, pp. 9–10) as verified by the faculty and nurse administrator.	
Compliance	
<input checked="" type="checkbox"/>	Compliant with no suggested improvements.
Criterion 1.2b	
Students have opportunities to participate in governance activities for the governing organization and the nursing program.	
Students may participate in the LCOOU Student Senate to share comments and concerns and ask questions of the administration. Students verified that they were able to serve on university committees, but usually do not participate due to family/work/school obligations. Students may also participate as student ambassadors and provide campus tours and high school visits. Students verified the opportunity to have lunch with the President or Chief Academic Officer (CAO) each semester.	
Students verified that they could serve as student representatives, presenting student concerns during the monthly Division of Allied Health meetings of the nursing program as well as during the nursing program Advisory Board meetings. An election occurs each semester for one student representative from each cohort to be elected by their peers. Students serve for one semester and sign an Acknowledgment of Duty form, which states that the students will communicate questions, issues, or concerns of the students they are representing, as verified in the student representative student record file.	
Students also provide input into the nursing program and decision-making through completion of end-of-course evaluations. The nurse administrator verified that the program is transitioning from an Excel	

spreadsheet format for course evaluations to end-of-course evaluations, clinical site evaluations, and faculty evaluations that are available through an ATI complete package.	
Compliance	
<input checked="" type="checkbox"/>	Compliant with no suggested improvements.

Criterion 1.3	
Communities of interest have opportunities to provide input into nursing program processes and/or decision-making.	
Communities of interest are the nursing program Advisory Board members, which include the directors of clinical agencies utilized by the LCOOU nursing program, current nursing students, alumni of LCOOU nursing program, student services coordinator, faculty, and the universities with BSN completion programs.	
<p>The nurse administrator provided program updates on English language learners who continue to have high attrition rates in the nursing program. Discussion by the members included asking the students about possible financial or emotional struggles that attributed to their leaving the nursing program. Members suggested a Student Success Coordinator might be helpful, or a TEAS prep course (Advisory Board meeting minutes). The nurse administrator discussed a recent incident involving students taking photos of the MAR (medical administration record) with their cell phones for their care plan assignment. Clinical policies were discussed by the group, and the school will revise the clinical policy to include specific information on cell phone use and consequences for misuse as verified in Advisory Board Meeting minutes and with the nurse administrator.</p>	
Compliance	
<input checked="" type="checkbox"/>	Compliant with no suggested improvements.

Criterion 1.4a	
The nurse administrator is a nurse who:	
a.	holds educational qualifications as required by the:
	<ul style="list-style-type: none"> • governing organization and • regulatory agencies;
Governing Organization Educational Qualification Requirements	
The educational qualification required by the governing organization for the nurse administrator position is a master's degree in nursing education or a related field or a preferred master's or above degree in nursing, which was verified in the "Nursing Program Director Position Title" document in the repository.	
Regulatory Agency Educational Qualification Requirements	
The educational qualification required by the Wisconsin Administrative Code, in the repository, for the nurse administrator position is a graduate degree with a major in nursing; as well as knowledge of learning principles for adult education, including nursing curriculum development, administration, evaluation, current knowledge of nursing practice and one of the following: two years' experience as an instructor in a nursing education program within the last five years or one year of experience as an instructor in a nursing education program within the last five years and a graduate degree which includes education preparation.	
The nurse administrator has an earned master's degree in nursing with a major of Nursing Family Nurse Practitioner (FNP) from Marian University on May 16, 2020, as verified by transcript review. The nurse administrator meets the requirements of both the governing organization and the regulatory agency.	
Compliance	
<input checked="" type="checkbox"/>	Compliant with no suggested improvements.

Criterion 1.4b	
The nurse administrator is a nurse who:	
b. holds nursing licensure, and certification as applicable, consistent with the assigned roles and responsibilities; and	
The nurse administrator holds a valid RN license in the state of Wisconsin as verified in the repository and Wisconsin online license verification site. The nurse administrator also has a Post-master's Certificate (PMC) in Nursing Education, earned May 2022, and is an AANP Certified FNP (May 2023–present) as verified by review of transcripts in the repository.	
Compliance	
<input checked="" type="checkbox"/>	Compliant with no suggested improvements.

Criterion 1.4c	
The nurse administrator is a nurse who:	
c. is experientially qualified for the assigned roles and responsibilities.	
The nurse administrator coordinates and facilitates didactic and clinical education, coordinates faculty, evaluates student progress, maintains program records and instruction of students, and coordinates and participates in Advisory Committee activities (“Nursing Program Director Position Title” in the repository). The nurse administrator and SSR (p. 14) verified that she has experience providing direct patient care for 12 years in various roles, 14 years in leadership roles in nursing, and nursing education for five years as a clinical instructor. In her role, she also manages all admission applicants to the nursing program. The nurse administrator currently practices part-time as an FNP in a clinical setting.	
Compliance	
<input checked="" type="checkbox"/>	Compliant with no suggested improvements.

Criterion 1.5a	
The nurse administrator:	
a. is oriented and mentored in the assigned roles and responsibilities;	
The nurse administrator was oriented and mentored into the role through working with the former Provost of LCOOU, who is currently the CAO of the University. The program initiated a professional development plan for the nurse administrator to include professional development focused on nursing education, accreditation standards, and leadership development. The nurse administrator completed a graduate certificate in nursing education in the spring of 2022, which included 525 clinical hours with preceptors who served as nursing program administrators as verified by the nurse administrator.	
Compliance	
<input checked="" type="checkbox"/>	Compliant with no suggested improvements.

Criterion 1.5b	
The nurse administrator:	
b. develops and maintains expertise in the assigned responsibilities, including administration and leadership of the nursing program; and	
The nurse administrator attended the NLN Legal Perspectives, Health Educators' Conference, ACEN Self-Study Forum, and Standards and Criteria Ecourse conference and became a peer evaluator to strengthen her knowledge of nursing education and accreditation standards (repository, Nurse Administrator Professional Development).	
Compliance	
<input checked="" type="checkbox"/>	Compliant with no suggested improvements.

Criterion 1.5c	
The nurse administrator:	
c. has sufficient time for the assigned roles and responsibilities.	
The nurse administrator is currently 100% administrative, working 40 hours per week (52 weeks per year) and she verified that she has sufficient time to do her job. The workload of the nurse	

<p>administrator is as the program director of the nursing program with two options, Traditional ADN and an LPN-to-ADN option. In interviews with the nurse administrator, her position has been adapted to include oversight of the newly created Emergency Medical Service (EMS) program. As this program grows, a full-time EMS lead instructor will be hired, and the nurse administrator will then supervise that instructor. The nurse administrator verified that she has sufficient time for the assigned roles and responsibilities. There is not an individual on the university campus that has a similar role for comparison, as verified by the nurse administrator.</p>	
Compliance	
<input checked="" type="checkbox"/>	Compliant with no suggested improvements.

Criterion 1.6a	
The nurse administrator has the authority to:	
a. administer and lead the nursing program;	
<p>Peer evaluators reviewed the Wisconsin Administrative Code and the LCOOU nurse administrator job description and found that the nurse administrator is responsible for the development and administration of an accredited educational program, which includes coordination/facilitation of didactic and clinical education; coordination of program faculty, evaluation of student progress, and maintenance of program records.</p>	
Compliance	
<input checked="" type="checkbox"/>	Compliant with no suggested improvements.

Criterion 1.6b	
The nurse administrator has the authority to:	
b. prepare the nursing program budget with faculty input; and	
<p>The nurse administrator is responsible for program fiscal planning and coordinates the budget requests for the nursing program, as verified by the job description in the repository. Faculty verified that they may bring budget requests to the nurse administrator, who then presents those budget requests to the Chief Financial Officer (CFO).</p>	
Compliance	
<input checked="" type="checkbox"/>	Compliant with no suggested improvements.

Criterion 1.6c	
The nurse administrator has the authority to:	
c. administer fiscal resources allocated to the nursing program.	
<p>The nurse administrator evaluates, selects, and purchases educational material and equipment for the nursing program as verified by the job description in the repository. The faculty requested virtual headsets to be utilized by the students in simulation, when used, they magnify the cyanosis of the lips or tears in the mannequin's eyes. The faculty and nurse administrator researched diverse types of virtual headsets and software needed for the headsets to function. The CFO and nurse administrator work through the list of budget requests to assess the needs of the program first, and then determine if funding remains for additional budget requests, as verified by the faculty and nurse administrator.</p>	
Compliance	
<input checked="" type="checkbox"/>	Compliant with no suggested improvements.

Criterion 1.7a	
When present, faculty and/or staff who assist or support nursing program administration:	
a.	hold the educational qualifications as required by the:
	<ul style="list-style-type: none"> • governing organization and • regulatory agencies;
Criterion 1.7b	
When present, faculty and/or staff who assist or support nursing program administration:	
b.	are experientially qualified for their assigned roles and responsibilities;
Criterion 1.7c	
When present, faculty and/or staff who assist or support nursing program administration:	
c.	are sufficient in number; and
Criterion 1.7d	
When present, faculty and/or staff who assist or support nursing program administration:	
d.	have sufficient time for their assigned roles and responsibilities.
The nurse administrator confirmed in interviews that there are no faculty and/or staff who assist or support the administration of the nursing program.	

Criterion 1.8	
The nursing program has sufficient and sustainable fiscal resources to support the program at all locations and for all methods of delivery.	
<p>The sources of fiscal resources for the nursing program are funded under a Title III grant, which authorizes the use of federal funds to benefit immigrant and limited English proficiency students in public schools, American Indian Tribally Controlled Colleges and University funding, the U.S. Department of Education (USDE) funding, and student tuition and fees (SSR, p. 18). The budget process in Table 1.8a (SSR, p. 17) was clarified with the CFO. The process begins in October, grants and scholarships are received by the university (each program of the university has its own department), and the budget amount is based on the needs of each program. For the two years 2022–2024, the nursing budget has been 4% of the total institutional budget, which is sufficient at this time to meet the students’ learning needs, as verified in interviews with the nurse administrator and faculty.</p> <p>Title III grants are not sustainable for the long term, and the University is working on establishing relations and partnerships with healthcare facilities in the community as revenue sources for the nursing program as verified by the President of LCOOU. Additionally, the EMS program was started at LCOOU with a physician in the community, who volunteered to be the Medical Director of the EMS program and donated \$10,000 to jumpstart the program, which would then increase income for the university. There is only one location for the nursing program and distance education is not utilized as verified by the nurse administrator.</p>	
Compliance	
<input checked="" type="checkbox"/>	Compliant with no suggested improvements.

Criterion 1.9	
The nursing program has sufficient and sustainable physical resources to support the program at all locations and for all methods of delivery.	
<p>The nursing program is only offered on the main LCOOU campus with face-to-face delivery, and the peer evaluators verified that the nursing program has sufficient and sustainable physical resources. The SSR (Table 1.9a, pp.20–22) verified the physical resources available as dedicated and additional classrooms with tables, chairs, whiteboards, faculty desks with a computer, cameras for streaming, and an 85-inch projector screen. There is a computer lab with 22 student desktop computers with printing. There is a skills lab with three beds, one low-fidelity mannequin, and a vital signs monitor. The simulation lab has four high-fidelity and two low-fidelity adult mannequins, IV pumps, five hospital beds, and two crash carts. There is a Student Learning Center with desktop computers, tables and chairs, and current textbooks. The Cultural Center contains artifacts and a picture wall of the history of</p>	

the tribe. The library is also a public library, which is available 8:00am to 4:30pm, Monday through Friday.

For nursing students, the faculty decided that current textbooks should be available for student use while on campus and a set is stored in the library. There were no historic nursing books identified in the library. Online access to nursing searches, such as EBSCOhost, JSTOR, and Ethnic NewsWatch with ProQuest, are available to students on campus as well as remotely as verified by the librarian. Nursing faculty share a locked and divided office space with a shared printer. Faculty can access available classrooms and meeting rooms separately for private meetings with students. Each faculty has a desk, phone, bookcase, file cabinet, laptop computer, and dual computer screens. The nurse administrator has a private office with the same resources as the faculty and shares the faculty printer.

The nursing program purchases, for each student, a Nurse Tim bundle of Nurse Think books, a critical thinking textbook, and a Kaplan NCLEX Review book with Next-Gen questions. If students are successful in passing the NCLEX-RN exam, the student is reimbursed their \$200 testing fee and given a \$200 Littman cardiac stethoscope as verified by faculty. Students verified that the number of resources available is immense.

Distance Education

The nursing program does not utilize distance education.

Compliance

<input checked="" type="checkbox"/>	Compliant with no suggested improvements.
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Summary of Compliance

<input checked="" type="checkbox"/>	The nursing program is in compliance with Standard 1.
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STANDARD 2	
Faculty	
<p>Faculty are educationally and experientially qualified for their assigned roles and responsibilities, maintain expertise, and are regularly evaluated to support the achievement of the end-of-program student learning outcomes and program outcomes for each nursing program type, and additionally for graduate programs the role-specific nursing competencies.</p>	
<p>Full- and part-time faculty include those individuals teaching and/or evaluating students in didactic, clinical, and/or laboratory settings.</p>	

Criterion 2.1a	
<p>Full-time faculty are nurses who:</p>	
a.	<p>hold the educational qualifications as required by the:</p> <ul style="list-style-type: none"> • governing organization and • regulatory agencies;
Governing Organization Educational Qualification Requirements	
<p>The educational qualification required by the LCOOU governing organization for full-time nursing faculty is identified in the job description. Minimum job requirements for nursing faculty are a baccalaureate in nursing approved by the Wisconsin State Board of Nursing (WSBN), current unencumbered RN licensure, teaching experience or willingness to attend teaching/learning strategy sessions, and the ability to meet the health requirements of the clinical agency. Preferred requirements are a master's degree, teaching and clinical supervision experience, training in pedagogy, and demonstrated success in classroom instruction. All three faculty meet the minimum requirements of LCOOU.</p>	
Regulatory Agency Educational Qualification Requirements	
<p>The educational qualification(s) required by the state regulatory agencies for full-time faculty are a graduate degree with a major in nursing, current active unencumbered RN licensure, and expertise and a graduate degree appropriate for the content being taught. A minimum of 50% of the faculty must meet the faculty requirements. All three faculty meet the minimum requirements for faculty, according to the WSBN. A standard exception is available to faculty who have a baccalaureate degree in nursing and are enrolled in and/or actively pursuing a master's degree in nursing. The baccalaureate faculty has achieved this standard exception according to WSBN documentation, which is updated yearly, and plans to graduate with her MSN in May 2026. The updated form will be submitted later this year. Students are currently only participating in clinical experiences in the state of Wisconsin for Spring 2024.</p>	
Distance Education Educational Qualifications	
<p>The nursing program does not utilize distance education.</p>	
Compliance	
<input checked="" type="checkbox"/>	Compliant with no suggested improvements.

Criterion 2.1b	
<p>Full-time faculty are nurses who:</p>	
b.	<p>hold nursing licensure, and certification as applicable, consistent with their assigned roles and responsibilities;</p>
<p>All three faculty members hold current, active unencumbered RN licensure in the state of Wisconsin at the time of the site visit. Faculty education and experience is consistent with their roles and responsibilities, according to review of their curricula vitae and interviews with the faculty.</p>	
Compliance	
<input checked="" type="checkbox"/>	Compliant with no suggested improvements.

Criterion 2.1c	
Full-time faculty are nurses who:	
c. are experientially qualified for their assigned roles and responsibilities; and	
Interviews with faculty, review of the faculty profile table, transcripts, yearly evaluations, and assignments, and discussion with the nurse administrator support the fact that all three faculty are academically and experientially qualified for the courses they teach. Review of the faculty curricula vitae and interviews with faculty support that faculty have continuing education in simulation, test construction, concept instruction, ATI seminars, and other multiple workshops and conferences. According to interviews with the nurse administrator and faculty and review of the program agenda, the university provides continuing education the week before each semester begins and faculty are required to attend. Clinical agencies provide clinical continuing education and updates for faculty as needed.	
Distance Education Experience	
The nursing program does not utilize distance education.	
Compliance	
<input checked="" type="checkbox"/>	Compliant with no suggested improvements.

Criterion 2.1d	
Full-time faculty are nurses who:	
d. are sufficient in number.	
Faculty-to-Student Ratios at the Time of the Visit	
Academic Setting	Ratio
Overall Full-time Faculty-to-Student Ratio:	1:5
Classroom:	1:10
Laboratory:	1:5
Clinical:	1:5
Simulation:	1:5
The nursing program is offered at only one location. Faculty state that there are sufficient faculty to run the program. At the time of the visit, there are three full-time faculty and 14 students. Faculty interviews and review of the LCOOU Faculty Handbook support that faculty work 24 instructional credit hours per academic year, with an average of 40 hours per week for 38 weeks of the year with five office hours per week (LCOOU Faculty Handbook, pp. 8–10). Faculty state that the university expects them on campus from 8:00am to 4:30pm, Monday–Friday, unless they are in clinical.	
Interviews with faculty, review of the faculty profile table, transcripts, yearly evaluations, and assignments, and discussion with the nurse administrator support that all three faculty are academically and experientially qualified for the courses they teach. Review of faculty curricula vitae and interviews with faculty support that faculty have continuing education in simulation, test construction, ATI seminars, concept instruction, and other multiple workshops and conference to increase accessibility for students. Faculty interviews support that the university expects faculty to participate in teaching, advising, scholarship, and service (Faculty Handbook, pp. 4–6), as seen on their evaluation forms.	
Currently, the nurse administrator does all student advising as faculty are new, but they state that they are transitioning slowly into the advising role. There are currently no faculty on overload but faculty voice that any overload is voluntary. Faculty monitor students and preceptors as part of their workload.	
Compliance	
<input checked="" type="checkbox"/>	Compliant with no suggested improvements.

Criterion 2.2a	
Part-time faculty are nurses who:	
a.	hold the educational qualifications as required by the: <ul style="list-style-type: none"> • governing organization and • regulatory agencies;
Criterion 2.2b	
Part-time faculty are nurses who:	
b.	hold nursing licensure, and certification as applicable, consistent with their assigned roles and responsibilities;
Criterion 2.2c	
Part-time faculty are nurses who:	
c.	are experientially qualified for their assigned roles and responsibilities; and
Criterion 2.2d	
Part-time faculty are nurses who:	
d.	are sufficient in number.
The nurse administrator confirmed in interviews that, at the time of the visit, there were no part-time faculty teaching in the nursing program.	
Criterion 2.3a	
Non-nurse faculty who teach nursing courses:	
a.	hold the educational qualifications as required by the: <ul style="list-style-type: none"> • governing organization and • regulatory agencies;
Criterion 2.3b	
Non-nurse faculty who teach nursing courses:	
b.	are experientially qualified for their assigned roles and responsibilities.
The nurse administrator confirmed during interviews that, at the time of the visit, there were no non-nurse faculty teaching in the nursing program.	
Criterion 2.4	
Policies for nursing faculty are comprehensive and consistent with those of the governing organization; justification is provided for any policy differences.	
Interviews with faculty and a review of faculty curricula vitae, transcripts, and the LCOOU Faculty Handbook support the fact that nursing faculty comply with university faculty requirements. The university requires that faculty participate in teaching, advising, scholarship, and service. Faculty advise no more than 24 students, according to the LCOOU Faculty Handbook (pp. 4–6). Upon hire, faculty are required to take a criminal background check (Employee Handbook Policy 3.3). Nursing faculty state that they must also comply with RN licensure and clinical agency requirements including, but not limited to, CPR, health and immunization requirements, criminal background checks, continuing education, drug testing, and any other clinical agency requirements that may arise.	
Compliance	
<input checked="" type="checkbox"/>	Compliant with no suggested improvements.

Criterion 2.5a	
Full-time faculty are oriented and mentored in their assigned responsibilities.	
Full-time faculty state and the Human Resources (HR) Director verified that new LCOOU faculty hires are oriented to the university and their assigned responsibilities upon hire by the HR Director. Faculty stated that they are then further oriented, mentored, and evaluated by the nurse administrator and informally mentored by their peers. Faculty stated that they are allowed to shadow clinical agency personnel to orient themselves to their assigned clinical units. The faculty and the nurse administrator stated that they work closely together and help to develop each other.	
Compliance	
<input checked="" type="checkbox"/>	Compliant with no suggested improvements.

Criterion 2.5b	
Part-time faculty are oriented and mentored in their assigned responsibilities.	
The nurse administrator confirmed in interviews there were no part-time faculty teaching in the program at the time of the site visit.	

Criterion 2.6a	
Full-time faculty develop and maintain current expertise in their teaching responsibilities, including (but not limited to):	
a. evidence-based teaching/instructional strategies that are relevant for all methods of delivery;	
Faculty stated that they have been ATI Champions as part of their continuing education. Two of the three have completed this program at LCOOU to date. The third was an ATI Champion at a previous employment. Faculty stated and curricula vitae confirmed that faculty have continuing education related to test construction, simulation, and specialty areas. One BSN faculty is in her master's program with an anticipated graduation date of May 2026. Essentia Health Systems has continuing education available to all nursing faculty. Faculty stated that they participate in clinical agency continuing education as needed and required. The state of Wisconsin has no required continuing education for licensure renewal. The state of Minnesota requires 24 credit hours of continuing education credits to renew licensure, according to faculty who are licensed in both states. There are no Minnesota clinical experiences in Spring 2024.	
Compliance	
<input checked="" type="checkbox"/>	Compliant with no suggested improvements.

Criterion 2.6b	
Full-time faculty develop and maintain current expertise in their teaching responsibilities, including (but not limited to):	
b. standards of clinical practice;	
Faculty stated that standards of clinical practice are maintained by keeping current in clinical practice and meeting the requirements of the clinical agencies in which they work. All three faculty have clinical assignments as part of their workload. One faculty is an EMT as well as an RN; as part of that role, she maintains her practice with continuing education in her specialty of emergency medicine. Two of the three faculty are RNs with licensure in Minnesota as well as Wisconsin, though there are no clinical experiences in Minnesota at the time of the site visit. One faculty stated that she is a Sigma Theta Tau member. One faculty is in the middle of her doctoral study. Nurse Tim and Essentia (which is a magnet hospital) provide continuing education to keep faculty current with standards of clinical practice.	
Compliance	
<input checked="" type="checkbox"/>	Compliant with no suggested improvements.

Criterion 2.6c	
Full-time faculty develop and maintain current expertise in their teaching responsibilities, including (but not limited to):	
c. assessment and evaluation methods; and	
Faculty have completed continuing education in simulation, research, test writing, formative and summative evaluation, culture, curriculum integration, use and evaluation of ATI and its results, and specialty areas. The university requires updates at the beginning of each semester regarding teaching and the Ojibwe community; faculty stated that they attend.	
Compliance	
<input checked="" type="checkbox"/>	Compliant with no suggested improvements.

Criterion 2.6d	
Full-time faculty develop and maintain current expertise in their teaching responsibilities, including (but not limited to):	
d. principles of diversity, equity, and/or inclusion.	
Faculty have participated in university-sponsored programs promoting cultural awareness, specifically related to the Ojibwe community. The Seven Generation Leadership Summit occurs yearly, and faculty and students are required to participate. Continuing education sponsored by the university at the beginning of each semester also focuses on Ojibwe culture and student development.	
Compliance	
<input checked="" type="checkbox"/>	Compliant with no suggested improvements.

Criterion 2.7a	
Part-time faculty develop and maintain current expertise in their teaching responsibilities, including (but not limited to):	
a. evidence-based teaching/instructional strategies that are relevant for all methods of delivery;	

Criterion 2.7b	
Part-time faculty develop and maintain current expertise in their teaching responsibilities, including (but not limited to):	
b. standards of clinical practice;	

Criterion 2.7c	
Part-time faculty develop and maintain current expertise in their teaching responsibilities, including (but not limited to):	
c. assessment and evaluation methods; and	

Criterion 2.7d	
Part-time faculty develop and maintain current expertise in their teaching responsibilities, including (but not limited to):	
d. principles of diversity, equity, and/or inclusion.	
The nurse administrator confirmed in interviews that, at the time of the visit, there were no part-time faculty teaching in the nursing program.	

Criterion 2.8a	
Full-time faculty performance is regularly evaluated for effectiveness in their assigned responsibilities.	
Full-time faculty are evaluated on a yearly basis, according to the job description and interviews with faculty and the nurse administrator. The faculty evaluation form covers the responsibilities of “teaching,” “service,” “advising,” “scholarship,” and “reliability and attendance” as well as plans for development completed with the nurse administrator. This was further supported by yearly evaluations found in all three of the faculty files and interviews with faculty and the nurse administrator. Student evaluations of faculty at the end of each class were reviewed for Fall 2023 and Spring 2023. Due to poor returns and difficulty interpreting results, the faculty evaluation system at the end of each	

semester will be changing to ATI Faculty Evaluation for Spring 2024. Spring 2024 student evaluations have yet to be completed.	
Compliance	
<input checked="" type="checkbox"/>	Compliant with no suggested improvements.

Criterion 2.8b	
Part-time faculty performance is regularly evaluated for effectiveness in their assigned responsibilities.	
The nurse administrator confirmed in interviews there were no part-time faculty teaching in the program at the time of the site visit.	

Criterion 2.9a	
Preceptors, when used:	
a.	hold the educational qualifications as required by the:
	<ul style="list-style-type: none"> • nursing program and • regulatory agencies;
Governing Organization Educational Qualification Requirements	
According to the LCOOU Preceptor Handbook, the educational qualification required by the governing organization for preceptors is an ADN, as a minimum qualification, with a baccalaureate degree in nursing as a preferred qualification. Preceptors must also hold a current, unencumbered RN license in the state in which they practice and be approved by the nurse manager and/or the LCOOU nursing program nurse administrator to be a preceptor. Verification was supported in review of the preceptor files and interviews with the clinical representatives, faculty, and the nurse administrator.	
Regulatory Agency Educational Qualification Requirements	
According to the WSNB, the educational qualification required by the governing organization for preceptors is an ADN as a minimum qualification with a baccalaureate degree in nursing as a preferred qualification. Preceptors must also hold a current, unencumbered RN license and be approved by the nurse manager and/or the LCOOU nursing program nurse administrator to be a preceptor. Verification was supported in review of the preceptor files and interviews with the clinical representatives, faculty, and the nurse administrator.	
There are six preceptors for the five students in the spring semester, all in the state of Wisconsin. All six had a current, active unencumbered RN license, curriculum vitae (résumé), and a signed nurse preceptor agreement. Faculty stated that they prefer preceptors have at least two years of nursing clinical experience.	
Compliance	
<input checked="" type="checkbox"/>	Compliant with no suggested improvements.

Criterion 2.9b	
Preceptors, when used:	
b.	hold licensure, and certification as applicable, consistent with their assigned roles and responsibilities;
All six preceptor files were reviewed and had current, active unencumbered RN licensure, curriculum vitae, and a signed nurse preceptor agreement. All had greater than two years of nursing experience.	
Compliance	
<input checked="" type="checkbox"/>	Compliant with no suggested improvements.

Criterion 2.9c	
Preceptors, when used:	
c. are experientially qualified for their assigned roles and responsibilities,	
Preceptors submit a curriculum vitae, current licensure, and are approved by the clinical managers on the units and/or the LCOOC nurse administrator. The students are then assigned a preceptor for the preceptor experience. This was verified onsite by review of preceptor files and interviews with students and faculty. All preceptors meet the WSBN and LCOOU criteria.	
Compliance	
<input checked="" type="checkbox"/>	Compliant with no suggested improvements.

Criterion 2.9d	
Preceptors, when used:	
d. are oriented, mentored, and monitored; and	
Faculty stated and the syllabi supported that preceptors are used in the last semester of the program. Faculty stated that preceptors are chosen at the clinical site or by the nurse administrator and are approved by faculty and the nurse administrator. They are then oriented to the role and given the student assignment and necessary documents. Interviews with the nurse administrator, preceptors, faculty, and students support the fact that faculty are always available during the student assignment with the preceptor. Faculty stated that students are to use an Outlook calendar to invite the preceptor faculty to their preceptor experiences, so that faculty know when they are to be available for the student's preceptor experience.	
Compliance	
<input checked="" type="checkbox"/>	Compliant with no suggested improvements.

Criterion 2.9e	
Preceptors, when used:	
e. have clearly documented responsibilities, which may include input into student evaluation.	
Preceptors are provided a preceptor handbook that is reviewed with the preceptor before they are assigned with a student. It identifies the rights and responsibilities of both the preceptor and the student and includes an example of an evaluation form, which covers concepts from all five end-of-program student learning outcomes (EPSLOs).	
Compliance	
<input checked="" type="checkbox"/>	Compliant with no suggested improvements.

Summary of Compliance	
<input checked="" type="checkbox"/>	The nursing program is in compliance with Standard 2.

STANDARD 3

Students

Student policies and services support the achievement of the end-of-program student learning outcomes and program outcomes for each nursing program type, and additionally for graduate programs the role-specific nursing competencies.

Criterion 3.1

The nursing program’s current ACEN accreditation status and the ACEN contact information are accurate and readily accessible to the public.

ACEN accreditation candidacy status was located on the LCOOU website on the nursing page and is readily available to the public with accurate information.

Compliance

<input checked="" type="checkbox"/>	Compliant with no suggested improvements.
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Criterion 3.2a

The following nursing program or governing organization policies are publicly accessible, current, non-discriminatory, and implemented as published; justification is provided when nursing policies differ from the governing organization:

a. admissions;

The admission criteria for LCOOU are accessible on the university website and in the student handbook (pp. 19–20) as an open-door admission policy that welcomes all who complete the application process. Applicants complete the online application; provide proof of high school completion, GED, or HSED; provide official transcripts from post-secondary institutions previously attended; and provide proof of tribal enrollment or letter of tribal affiliation (student handbook, p. 20; website). For the nursing program, admission criteria are found in the Nursing Student Handbook (pp. 7–8) and on the university website and were verified by peer evaluators to be publicly accessible, current, non-discriminatory, and implemented as published. Admission requirements are a completed LCOOU application, an essay stating why the applicant would like to be a nurse, two letters of recommendation, and submission of unofficial transcripts. The minimum GPA requirement is 2.5 or above. Applicants must complete a nursing assistant course to gain entrance to the nursing program. The university does not offer this course, but it is offered at a local hospital for free. Students need to pass the nursing assistant course with a grade earned of “C” or higher but do not need to be licensed as a certified nursing assistant, as verified by the nurse administrator.

For the LPN-to-ADN progression track, advanced standing credits for the nursing course credits in semester 1 and 2 must be from an accredited school, and the student must have an active unencumbered LPN license. All nursing applicants must be able to pass a background check and complete the health requirements of the clinical sites (SSR, pp. 32–33). The additional requirements of the nursing program support the increased rigor required of the nursing major, as verified by the nurse administrator. Intro to Higher Education (EDC 110) is a three-credit 16-week course that is offered each semester. It is required by the nursing program as a general education course in the curriculum, but not mandated by the university as verified by the nurse administrator.

Fourteen student files from the Traditional ADN option (there are zero students at the time of the visit in the LPN-to-ADN option) and one LPN-to-ADN graduate file were reviewed and contained the required application, essay, two letters of reference, transcripts, and CastleBranch documentation of background check and health requirements.

Compliance

<input checked="" type="checkbox"/>	Compliant with no suggested improvements.
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Criterion 3.2b	
The following nursing program or governing organization policies are publicly accessible, current, non-discriminatory, and implemented as published; justification is provided when nursing policies differ from the governing organization:	
b. progression;	
LCOOU does not have a progression policy. The nursing program defines progression in the Nursing Student Handbook (pp. 21–22) as a student must earn an 80% overall grade to pass each nursing course and all non-nursing courses must have an earned grade of 70% (“C”) or above. Students may only repeat any nursing course once or be removed from the nursing program. Students may only withdraw from no more than two nursing courses throughout the entire program, including students who withdraw from an entire semester, which counts as one withdrawal. The policy is non-discriminatory and implemented as published as verified by the nurse administrator. The nurse administrator verified that the nursing program does not participate in high stakes testing. Standardized testing is administered throughout the curriculum following the ATI recommended placement in the curriculum, and no students are delayed or prevented from progressing based on their testing score.	
Compliance	
<input checked="" type="checkbox"/>	Compliant with no suggested improvements.

Criterion 3.2c	
The following nursing program or governing organization policies are publicly accessible, current, non-discriminatory, and implemented as published; justification is provided when nursing policies differ from the governing organization:	
c. graduation;	
The graduation policies are current, non-discriminatory, and implemented as published, as verified by peer evaluators. The graduation requirement for the associate degree from LCOOU is a 2.0 GPA for an associate degree (Student Handbook, p. 41). The nursing program requires a grade earned of 80% (“B”) or above in all nursing courses and a 70% (“C”) or above in all non-nursing courses (Nursing Student Handbook, p. 21) due to the rigor of the nursing program. A credit audit will be completed one semester before the planned graduation date by the Director of Records and Registration (LCOOU Student Handbook, p. 41).	
Compliance	
<input checked="" type="checkbox"/>	Compliant with no suggested improvements.

Criterion 3.2d	
The following nursing program or governing organization policies are publicly accessible, current, non-discriminatory, and implemented as published; justification is provided when nursing policies differ from the governing organization:	
d. formal complaints and grievances procedures; and	
The nursing program’s grievance/complaints procedure consists of the student first discussing the concern directly with the course instructor (Nursing Student Handbook, p. 23). If the complaint is not resolved, the student notifies the nurse administrator to schedule a mediation meeting between the student and the instructor. If the complaint remains unresolved, the student is encouraged to follow the procedure outlined in the LCOOU Student Handbook (pp. 56–57), where the student clicks on the Guardian link on the LCOOU website, which is an advanced incident and reporting software. The student then follows the prompts to submit the complaint. If the student is not satisfied with the outcome of their complaint/grievance, a letter of appeal is submitted within five business days via email to the Associate Dean of Students. Then, an Appeal Committee meets to provide a recommendation to the Associate Dean of Students, who then conveys the findings to the student and instructor (if appropriate). Once a decision is reached, there can be no further appeals on the same matter. Students verified in interviews that the grievance policy is available in the Nursing Student Handbook and were able to describe the steps of the grievance procedures.	
Compliance	
<input checked="" type="checkbox"/>	Compliant with no suggested improvements.

Criterion 3.2e	
The following nursing program or governing organization policies are publicly accessible, current, non-discriminatory, and implemented as published; justification is provided when nursing policies differ from the governing organization:	
e. technology requirements.	
Governing Organization/Nursing Program Technology Requirements	
LCOOU and nursing program policies for technology are publicly accessible, current, non-discriminatory, and implemented as published, as verified by the peer evaluators in the LCOOU Student Handbook (pp. 23–24) and the Nursing Student Handbook (p. 8). The nursing program requires students to have a laptop computer with a working camera, as defined in the Nursing Student Handbook (p. 8) and verified by student interviews. Students’ official school email address is used for all school-related electronic communication. Students verified that they were oriented to technology during orientation to the nursing program by the faculty including the Canvas learning management system (LMS) and ATI technologies. If students have questions, they may email the IT department or email the virtual help desk; students verified the prompt return of email responses. Faculty verified their availability to assist students with their technology needs.	
Distance Education Technology Requirements	
The nursing program does not utilize distance education.	
ACEN as Title IV Gatekeeper	
The ACEN does not serve as the Title IV Gatekeeper for this program (no narrative required).	
Compliance	
<input checked="" type="checkbox"/>	Compliant with no suggested improvements.

Criterion 3.3	
Governing organization or nursing program records for resolution of formal complaints or formal grievances include evidence of:	
a. due process; and	
b. timely resolution in accordance with the governing organization or nursing program policies or procedures.	
There have been six formal complaints since candidacy was achieved in 2022. Two of the grievances were for unfair grading, three were unfair dismissal, and one was for plagiarism. The students submitted the complaint to the Guardian link and followed the prompts. The Appeals Committee notes were in each file, following due process and the timely resolution according to the policy, as verified in grievance review by the peer evaluators.	
Compliance	
<input checked="" type="checkbox"/>	Compliant with no suggested improvements.

Criterion 3.4	
Student records maintained by the nursing program are kept secure and are in compliance with applicable policies/procedures of the governing organization and regulatory agencies.	
The nursing student records pertaining to vaccines, background checks, and student handbook acknowledgements are maintained electronically and indefinitely in CastleBranch, with current access by the nurse administrator. The paper files of student admission information are maintained by the nurse administrator in her locked office inside a locked filing cabinet with sole access by the nurse administrator. LCOOU student records, as verified by the Registrar, are stored electronically in Guardian software for seven years following the federal and LCOOU policies. The files are password protected with limited access by the Registrar’s Office. The older student records are stored in the basement in locked file cabinets within a locked door and limited access by the Registrar department.	
Compliance	
<input checked="" type="checkbox"/>	Compliant with no suggested improvements.

Criterion 3.5

Changes in nursing program policies/procedures are clearly and consistently communicated to students in an effective and timely manner.

The nursing program policies/procedures are listed in the Nursing Student Handbook, which is posted on the LCOOU website and provided to the students at orientation (SSR, p. 35). Students sign an acknowledgment of receiving the student handbook, which is stored in Castle Branch, as a required clinical document. When changes occur, the students verified that they are notified through in-person notifications by faculty or the nurse administrator, school email, and Canvas notifications.

Compliance

<input checked="" type="checkbox"/>	Compliant with no suggested improvements.
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Criterion 3.6

Student support services are commensurate with the needs of nursing students, regardless of location, methods of delivery, or program option.

The nursing program has one location with two program options and face-to-face delivery. All students of LCOOU are notified weekly of upcoming events on campus, which were verified in the repository with emails and meeting notifications. There was an announcement of the availability of two nursing peer tutors, writing lab hours (which assists with evidence-based research and writing skills), free U-Will mental health counseling available 24/7, and the opportunity to attend a financial literacy workshop offered on campus. Faculty verified their support of students with their ability to assist students with lecture content, tutoring, and skills lab practice. There is a virtual help desk, which assists with technology support for email and Canvas. There is a Learning Center with current textbooks, study spaces, and desktop computers. Financial aid assistance is available to all students via email or appointment. Elder support is available to provide wisdom and life experiences of traditional teaching of the Indian culture to the students as verified in the SSR (pp. 35–36), on the LCOOU website, and with the students.

The Lac Courte Oreilles Circles of Care Grant provides the students with a Social Services Resource Directory yearly, which provides tribal and community resources to assist students. If a student develops computer problems, LCOOU will loan the student a laptop, provide computer repairs, or a purchase can be made. Emergency aid is available to students, which is provided by the American Indian College Fund, Otto Bremmer Foundation, and Ascendum Higher Education Philanthropy. This is called Project Success Emergency Aid, which is a student retention program that assists students in meeting unexpected financial needs to keep the students enrolled in college. This program has an 85–90% retention rate for LCOOU. Students could qualify for up to \$500 for the unexpected expenses of childcare, auto expenses, medical bills, utilities, food, and transportation. The qualifications, application, and instructions are available on the LCOOU website. The TRIO office (which provides academic tutoring, personal counseling, mentoring, financial guidance, and other support necessary for educational access and retention) has a computer, tables and chairs, free coffee, microwave, clothing for daily use, dress clothes for an interview, and food for students as well as for pets in need. Students verified that the resources available to assist them in being successful are amazing.

As noted previously, the nursing program purchases for each student a Nurse Tim bundle of Nurse Think books, a critical thinking textbook, a Kaplan NCLEX Review book with Next-Gen questions, and a monthly Legal Eagle Eye Newsletter. If students are successful passing the NCLEX-RN exam, the student is reimbursed their \$200 testing fee and given a \$200 Littman cardiac stethoscope as verified by faculty. Students verified that the number of resources available is immense. The administration, in interviews, verified that they value the nursing program and want to provide many services to promote student success. The administration offices have an open-door policy for students to access at any time. The nurse administrator, students, and faculty verified that physical and learning resources are sufficient, sustainable, and adequate to meet the EPSLOs.

Compliance

<input checked="" type="checkbox"/>	Compliant with no suggested improvements.
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Criterion 3.7a

Learning and technology resources for nursing students are selected by the faculty and relevant to the educational level at which students are being prepared.

Faculty verified the selection of learning resources that are available for students to practice, including IV pumps, otoscopes and ophthalmoscopes, crash carts, blood pressure equipment, and oral medications. The library's webpage contains online web resources of JSTOR, Ethnic NewsWatch, and EBSCOhost. Technology resources are Canvas, the LMS, and CastleBranch, the electronic health record system that allows students to scan their documents into the system. The program utilizes ATI resources, and faculty select or deselect the skills, content modules, case studies, and/or activities to assure that nursing course outcomes are met. The nursing department requested to LCOOU the purchase of Turnitin Respondus Lockdown Browser for use in Fall 2022, when the faculty and nurse administrator determined that nursing students were accessing answers on a browser during online testing in the 2022 spring term. Faculty verified that they review textbooks annually to assure the content is meeting the course outcomes.

Compliance

<input checked="" type="checkbox"/>	Compliant with no suggested improvements.
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Criterion 3.7b

Students are oriented to and receive support for learning and technology resources.

All new and returning students must attend orientation before classes begin, as students verified in interviews. This orientation includes enrollment in Canvas, where the New Student Orientation course is available to students during enrollment in the nursing program. The orientation course contains all the information provided at orientation, as well as learning modules for student success, academic support services, financial aid assistance, and health and wellness. There are technology tutorials for accessing email, navigating Canvas, ordering textbooks from eCampus, and using Zoom. The LCOOU virtual help desk provides technology support, referrals, assistance with technology, book ordering assistance, and general questions (SSR, p. 37) as verified by faculty and students.

Compliance

<input checked="" type="checkbox"/>	Compliant with no suggested improvements.
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Criterion 3.7c

Learning and technology resources are current and accessible regardless of location, methods of delivery, or program option.

Learning and technology resources are current and accessible. Both program options are offered at one location and by face-to-face delivery method as verified by the faculty and students.

Distance Education

The nursing program does not utilize distance education.

Compliance

<input checked="" type="checkbox"/>	Compliant with no suggested improvements.
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Criterion 3.8

Students are informed of their responsibilities regarding any financial assistance.

The LCOOU financial aid webpage provides the FAFSA application with information on completing the form and scholarships available to students, along with a scholarship application. These multiple scholarships range from Indian Health Services, Tribal Scholarships, Religious, Military, Medical and Nursing, Education, and Science. The financial aid handbook is available on the website, which discusses the Federal Pell Grant program, FSEOG grants, work-study program, and Federal Supplemental Educational Opportunity Grants. The financial aid office is available to assist students with the FAFSA form completion.

The Financial Aid Office on campus is available to students daily from 8:00am to 4:30pm, Monday through Friday, and via email as verified by the Financial Aid Director. During orientation in the fall

semester, financial aid resources are discussed with the students, and the availability of the office to assist students and answer any financial aid questions is reiterated.	
Compliance	
<input checked="" type="checkbox"/>	Compliant with no suggested improvements.

Criterion 3.9a	
Compliance with the <u>Higher Education Reauthorization Act Title IV</u> eligibility and certification requirements are maintained, including having a:	
a. plan to improve the federal loan default rate, as applicable; and	
The governing organization participates in federal financial aid but does not participate in federal loan programs.	
LCOOU does not offer student loans as verified by the Financial Aid Director.	

Criterion 3.9b	
Compliance with the <u>Higher Education Reauthorization Act Title IV</u> eligibility and certification requirements are maintained, including having a:	
b. written, comprehensive federal student loan repayment program addressing student loan information, counseling, and monitoring.	
The governing organization participates in federal financial aid but does not participate in federal loan programs.	

Criterion 3.10	
Federal financial aid record maintenance complies with federal guidelines.	
The maintenance of financial aid records was clarified with the Director of Financial Aid from the information in the SSR (p. 38). The federal regulations for financial aid record retention are for seven years. LCOOU follows the same federal regulations and requirements. Financial aid files are stored on the financial aid electronic “S” drive, which is only accessible by financial aid staff and password protected. Previous years’ paper files are stored in the basement in a locked file cabinet within a locked room with extremely limited access by the financial aid department as verified by the financial aid officer. The financial aid officer verified that audits are conducted yearly, and those audits have not identified any issues.	
Compliance	
<input checked="" type="checkbox"/>	Compliant with no suggested improvements.

Summary of Compliance	
<input checked="" type="checkbox"/>	The nursing program is in compliance with Standard 3.

Strengths	
<input checked="" type="checkbox"/>	The nursing program has a strength for the following Criteria:
Criterion 3.6	Rationale: The availability, quantity, and quality of student support services was immense as students verified in interviews. See Criterion 3.6 for a list of support services, which includes faculty, staff, and administration, as verified in interviews.

STANDARD 4 Curriculum	
Classroom/Laboratory Observation #1	
Course Prefix and Number:	NSG220
Course Title:	Complex Alterations II
Program Type/Option:	ADN
Method of Course Delivery:	Face-to-Face
Observation Method:	In Person
Location:	Main Campus
Faculty Name and Credentials:	Pam Ebel MSN, RN
Number of Students in Attendance:	5/5
<p>The class was observed from 10:30am to 11:3am. PowerPoints were projected to the TV screen and case study examples were given, eliciting student feedback and input. Neurological assessments, diagnostic testing, and differences were discussed (with appropriate visuals). Safety measures and body mechanics were reinforced. Questions applicable to the content with appropriate rationale were reviewed. Alzheimer’s pathophysiology; incidence; assessment; differentiation between Alzheimer’s, delirium, and dementia; health promotion and maintenance; stages; and treatment were reviewed. Students felt free to contribute, clarify and participate in class.</p> <p>The instructor cited pages and chart numbers for student reference. The instructor had an excellent rapport with students. Methods to avoid elder abuse were discussed, as well as how to stay safe as a caregiver. EPSLO concepts were discussed, including safety, communication, legal ethical concerns, nursing process, professionalism, and collaboration with the health care team. Parkinson’s disease, etiology and genetics, incidence and prevalence, assessment and progression, and planning and implementation were presented. Discussion of the exam date and content chapters, which will be covered, was observed. The faculty presented an Exam 3 review with Next Gen questions and scenarios with multiple formats. Faculty guided students via the questions and how to answer them.</p>	

Criterion 4.1a	
<p>The nursing curriculum has one set of end-of-program student learning outcomes that:</p> <p>a. are based on contemporary professional nursing standards, guidelines, and/or competencies; and</p>	
<p>Review of course syllabi and interviews with faculty and students confirmed that the nursing program curriculum has one set of five EPSLOs that are threaded throughout the curriculum and leveled from simple to complex. The EPSLOs are derived from criteria found in the Wisconsin Technical College System (WTS) of community colleges, of which the university is not a member; however, the criteria apply to associate degree programs. According to nursing faculty minutes and interviews with the faculty, the faculty and the nurse administrator created the curriculum. The curriculum is revised and updated on an ongoing basis, at least every two years, with review at the end of each semester. Each nursing course is based on nursing competencies and standards found in QSEN (Quality and Safety Education in Nursing), the Wisconsin Administrative code N1.08 (WAC), the ANA Code of Ethics, NLN integrating concepts, NCLEX-RN test plan major concepts, integrated processes, and clinical judgement parameters. The chart found in the SSR (pp. 40–42) was verified with faculty via interviews onsite and review of the syllabi. Each syllabus is organized around these five EPSLOs.</p> <p>EPSLO #1 is “integrate professional nursing identity reflecting integrity, responsibility, and nursing standards.” These concepts are found in QSEN to “continuously improve the quality and safety of health care systems.” The concepts are also found in the WAC, which states that students are 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.” Concepts for this EPSLO are found in each nursing class syllabi. Assignments and expected behaviors progress from simple understanding of concepts to application and analysis of nursing standards in professional situations culminating in the</p>	

final semester. Review of all nursing syllabi and interviews of students and faculty support these observations.	
EPSLO #5 is “function as a health team member to provide safe and effective care.” The ANA Code of Ethics supports this EPSLO, stating that “the nurse through individual and collective effort, establishes, maintains and improves the ethical environment of the work setting and conditions of employment that are conducive to improve the quality and safety of health care systems.” QSEN supports this EPSLO with “teamwork and collaboration” as part of their criteria for safety. Expectations for meeting this EPSLO are found in each nursing syllabus, progressing from basic skill evaluation to medication administration, then to safe implementation and evaluation of nursing care, which is either pass or fail in each of the nursing program clinical experiences. Review of all nursing syllabi, clinical evaluations, and interviews of students and faculty support these observations (SSR, Table 4.1, pp. 40–42).	
Compliance	
<input checked="" type="checkbox"/>	Compliant with no suggested improvements.

Criterion 4.1b	
The nursing curriculum has one set of end-of-program student learning outcomes that:	
b. apply to all program options and reflect the educational level at which students are being prepared.	
The five EPSLOs are in all syllabi and apply to both the ADN Traditional option and the LPN-to-ADN option. The syllabi are organized from simple to complex across the curriculum. The LPN-to-ADN option starts at a lower level in the third semester than the final semester. Throughout both program options, students work from basic and simple to more complex and advanced nursing care, culminating in their ability to earn their RN licensure.	
Compliance	
<input checked="" type="checkbox"/>	Compliant with no suggested improvements.

Criterion 4.2a	
Course student learning outcomes are organized to demonstrate progression to facilitate the students’ achievement of:	
a. the end-of-program students learning outcomes.	
Nursing department meeting minutes, review of all syllabi, and interviews with faculty and students verified that the nursing course’s learning outcomes are organized under the five EPSLOs, or concepts from them, and move from simple to more complex within the course and throughout the program (SSR, pp. 43–48). Students may sit for their LPN boards after successful completion of their second semester to be employed as an LPN; however, they must complete semesters 3 and 4 to complete the ADN program. If a student who, after semester 2, takes the LPN exam and chooses not to return for semesters 3 and 4, they are no longer enrolled in the ADN program.	
EPSLO #2 is “communicate comprehensive information using multiple sources in nursing practice” and is tracked through the following classes by the following course objectives, which the nursing program identifies as competencies:	
<ul style="list-style-type: none"> • Pharmacology NSG 219 has as a course competency of “assimilate verbal, nonverbal, and therapeutic communication strategies in complex client situations.” • Nursing Health Promotion NSG 117 has as a course competency of “plan nursing care for a healthy pregnant woman in an oral, written or performance assessment.” • Mental Health and Community Concepts NSG 216 has as a course competency of “assess a community including the relationships among individuals, groups, and health in an oral, written or performance assessment.” • Nursing Complex Health Alterations II NSG 220 has as a course competency of “evaluate nursing care for patients with alterations in the immune systems in an oral, written or performance assessment.” 	

EPSLO #4 is “integrate the nursing process into client care across diverse populations” and is tracked through the following classes by the following course objectives, which the nursing program identifies as competencies:

- Pharmacology NSG 219 has as a course competency of “examine legal, ethical, social, and cultural issues related to medication administration in an oral, written, or performance assessment.”
- Nursing Health Promotion NSG 117 has as a course competency of “your performance will be successful when you incorporate knowledge of family cultural practices related to health.”
- Mental Health and Community Concepts NSG 216 has as a course competency of “your performance will be successful when you identify necessary referrals to appropriate community agencies.”
- Nursing Complex Health Alterations II NSG 220 has as a course competency of “your performance will be successful when you consider patient diversity across the lifespan when applying principles of patient-centered care.”

Interviews with the nurse administrator and faculty confirmed that LPNs who desire to become RNs may enter the third semester after successful completion of their accredited LPN program, LPN board exam, and the necessary prerequisite general education requirements and other criteria for admission to that level (first and second semester) (Nursing Student Handbook, p. 8). Students and faculty verified that the program moves from simple to complex with a seamless transition for LPNs entering the program in the third semester (SSR, Table 4.2, pp. 42–48). For the Spring 2024 semester, there are no LPN-to-ADN students currently in the program. Two fourth semester students verified that they earned their LPN after successfully completing the second semester and are continuing in the ADN program to graduation and completion of the NCLEX-RN exam.

Compliance	
<input checked="" type="checkbox"/>	Compliant with no suggested improvements.

Criterion 4.3

Teaching/instructional strategies and learning activities in all learning environments are varied, appropriate for the method of delivery, and incorporate learning and technology resources to facilitate the students’ achievement of course student learning outcomes.

The nursing program is offered at only one location on the Hayward campus. General education classes may be taken at any of the three LCOOU campuses, if available (Hayward, Bad River, Lac du Flambeau). According to faculty, students, and the syllabi, there are a variety of teaching/instructional strategies and learning activities to enhance and promote student learning. Each course is evaluated at the end, and student feedback is used to improve instruction in its many forms. Students felt the need to have an hour added to the Pharmacology class and to separate the pharmacology hours into two days with 1.5 hours each day. Another course would lose an hour. This change is under consideration and process review and is anticipated to be official in Fall 2024

Teaching/instructional strategies include, but are not limited to, exams, assessments, ATI formative and summative programs, practice tests, class assignments, special projects (Native Nations Nursing, Helpers and Healers Summit in 2023), oral/written/performance assessments, teaching projects, YouTube videos, PowerPoints, Ojibwe cultural presentation, Kahoot, health fair, professional portfolio, ATI developmental, Capstone testing, and ATI NCLEX-RN live review. EPSLO #4, integrate the nursing process into client care across diverse populations, is supported by the Ojibwe cultural presentation and other special projects across the curriculum, such as the Native Nations Nursing Helpers and Healers Summit and the Seven Generation Leadership Summit, which occur yearly for three days and students and faculty are required to participate.

<p>The EPSLOs are supported by clinical experiences in the community (safety, communication, knowledge to support decision-making, nursing process, diversity, professionalism). Faculty and the nurse administrator identified that clinical is planned to meet course objectives, evaluated by clinical performance and oral/written/performance assessments, and is also evaluated as pass or fail. Skills are demonstrated and evaluated in the lab and grades are pass/fail. Simulations are graded and participation is required. WSBN mandates that less than 50% of clinical hours are simulation and the LCOOU nursing curriculum meets this criterion (Traditional ADN: 36 simulation hours/636 total clinical hours = 6%, LPN-to-ADN: 9/384 = 2%). Canvas is used as a repository for course documents, a communication tool for the class, and for testing purposes.</p> <p>According to faculty interviews and syllabi review, evidence-based practice is found in current textbooks and discussions of what is an appropriate source. Additionally, the writing lab helps students with research. Faculty direct students to appropriate resources, such as NIH, NLN, WHO, ANA, and the CDC. Faculty bring professional journals from home to share information with students.</p>	
Distance Education	
The nursing program does not utilize distance education.	
Compliance	
<input checked="" type="checkbox"/>	Compliant with no suggested improvements.

Criterion 4.4a	
The nursing curriculum is:	
a. developed by the faculty and regularly reviewed for currency; and	
<p>Faculty interviews and review of the faculty handbook and nursing department meeting minutes verified that the nursing curriculum was created by faculty and the nurse administrator, who was also faculty in 2020. Interviews with faculty and administrators, as well as review of the nursing department meeting minutes, verify that the nursing curriculum is reviewed at a “regular” interval determined by the Academic Dean, according to the academic program review manual. The curriculum has most recently been reviewed “extensively over the past three years,” according to interviews with faculty and administrators. The Academic Dean voiced that the nursing program curriculum is reviewed in total every two years. Faculty review identified a need for medical terminology for student success and content was added to the curriculum and threaded throughout the courses. Faculty informally review each course during and at the end of each course. Students evaluate each course at its completion.</p>	
Compliance	
<input checked="" type="checkbox"/>	Compliant with no suggested improvements.

Criterion 4.4b	
The nursing curriculum is:	
b. implemented as published.	
<p>Review of Canvas course implementation and interviews with faculty and students verified that the curriculum is implemented as published on the website, in the student handbook, and in the course catalog. Review and comparison of the syllabi in the repository and in Canvas also support the fact that the curriculum is delivered as publicized with correct class, lab, and clinical/practicum contact hours (Nursing Student Handbook, pp. 6–7).</p>	
Compliance	
<input checked="" type="checkbox"/>	Compliant with no suggested improvements.

Criterion 4.5a

The nursing program of study includes:

- a. General education courses/concepts that enhance nursing knowledge and practice for the educational level at which students are being prepared. (Undergraduate)**

Core/foundational courses that enhance nursing knowledge and practice for the educational level at which students are being prepared. (Graduate)

The curriculum requires education as a CNA and completion of EDC 110 Introduction to Higher Education before admission into the nursing program. General education courses are 31 credits and include PSY 210 General Psychology, ENG 108 College Writing Research and Critical Reading, BIO 230 and 231 Human Anatomy and Physiology I and II, ENG 112 Speech, PSY 242 Human Growth and Development, NAS 100 Intro to Ojibwe Culture, SOC 111 Intro to Sociology, and Bio 232 Microbiology. These courses are offered at the level of an associate degree and support the student’s development toward meeting the five EPSLOs, especially toward knowledge, communication, and diversity (SSR, pp. 55–57). Course descriptions in the university catalog also support this observation. Informal discussion with the science faculty verified the placing of Microbiology in the fourth semester as the science faculty who taught the course stated, “they do better because they understand and apply it more.”

Compliance

Compliant with no suggested improvements.

Criterion 4.5b

The nursing program of study includes:

- b. Nursing courses that facilitate student achievement of course student learning outcomes and end-of-program student learning outcomes. (Undergraduate)**

Review of all course syllabi and interviews with students, faculty, and the nurse administrator support the fact that the nursing courses are leveled from simple to complex and have course outcomes and objectives that support the EPSLOs. There are 17 nursing courses for a total of 45 nursing course credits. Nursing courses address fundamentals, skills, medical-surgical nursing (simple to complex), psychiatric nursing, pediatrics, obstetrics, leadership, and diversity. All courses, lab, simulation, and clinical experiences are face-to-face. Nursing Clinical Transitions (NSG 223, two credits) is a 96-hour practicum for students preparing to graduate (Repository, Curriculum, 23 Curriculum). Course SLOs (identified as competencies) support student development toward meeting the five EPSLOs and the role specific competencies of an associate degree nurse.

Compliant with no suggested improvements.

Criterion 4.6

Program Time Requirements in Credit Hours – Credit Hour Programs

Program Option	Academic Term		Credits				Contact Hours			
	Total Terms (including prerequisite)	Total Weeks in Term	Prior Learning Credits	Non-nursing Credits	Nursing Credits	Total Credit Hours	Skills Lab Hours	F2F Sim Lab Hours	Virtual Sim Lab Hours	Direct/ Hands-on Clinical/ Practicum Hours
ADN	5	16		34	42	76	192	36		636
LPN-to-ADN	2	16	19	34	23	76	96	9		384

Criterion 4.6a

Course credits and/or clock hours for all nursing courses in the program of study, including ratios for contact hours, comply with requirements of the:

- a. governing organization and**

The nursing program is 76 credits in length with 42 nursing credits and 34 general education credits. The WSBN does not mandate credit-to-contact hour ratios or program/course credit hour ratios. The USDE identifies the ratios to be used by programs for class, lab, and clinical, which were also found in

the LCOOU Faculty Handbook (pp. 9–10) and were verified by interviews with the nurse administrator and faculty.	
<ul style="list-style-type: none"> • Classroom: 1:1 • Lab: 1:2 • Simulation: 1:3 • Clinical/Practicum: 1:3 	
LPNs who are not part of the Traditional ADN program can earn advanced placement (AP) and 19 credit hours with passing their LPN accredited program and earning an unencumbered current LPN license (nursing student handbook, p. 8).	
Compliance	
<input checked="" type="checkbox"/>	Compliant with no suggested improvements.

Criterion 4.6b	
Course credits and/or clock hours for all nursing courses in the program of study, including ratios for contact hours, comply with requirements of the:	
b. regulatory agencies.	
The regulatory agencies do not have course/program credit ratios and/or clock hour requirements.	
The USDE identifies credit-to-contact hour ratios to be used by programs for class, lab, and clinical, which were also found in the faculty handbook (pp. 9–10) and were verified by interview with the nurse administrator and faculty. The LCOOU Student Handbook states that at least 15 credits must be earned at LCOOU to meet eligibility requirements. The Nursing Student Handbook is online and identifies the required courses and credit hours to graduate (pp. 6–7), which was verified via interviews with students, faculty, and the nurse administrator.	
Compliance	
<input checked="" type="checkbox"/>	Compliant with no suggested improvements.

Criterion 4.7a	
Emphasizing the role of the nurse at the educational level for which students are being prepared, the curriculum incorporates contemporary concepts in all learning environments, including, but not limited to:	
a. diversity, equity, inclusion, and/or social determinants of health;	
The university has yearly continuing education and/or programming related to the Ojibwe culture. Students and faculty stated that they are expected to participate, and programs pertaining to diversity are often part of a course. Curriculum review identifies cultural assessments, information, and expectations in every semester. The Native Nations Nursing Helpers and Healers Summit and the Seven Generation Leadership Summit in which faculty and students participated are examples.	
Compliance	
<input checked="" type="checkbox"/>	Compliant with no suggested improvements.

Criterion 4.7b	
Emphasizing the role of the nurse at the educational level for which students are being prepared, the curriculum incorporates contemporary concepts in all learning environments, including, but not limited to:	
b. evidence-based practice, research, and/or scholarship;	
One of the faculty is currently working on her MSN. Faculty keep current in evidence-based practice through continuing education including, but not limited to, ATI champion courses, CITI training for conducting research, Gaumard simulation training, Next Gen seminars for item writing, and accreditation seminars. According to interviews with faculty and the nurse administrator, this information is used to develop and promote the success of the students and, subsequently, the program.	

Students and faculty stated that students are to use professional resources in teaching projects and to defend their practice.	
Compliance	
<input checked="" type="checkbox"/>	Compliant with no suggested improvements.

Criterion 4.7c	
Emphasizing the role of the nurse at the educational level for which students are being prepared, the curriculum incorporates contemporary concepts in all learning environments, including, but not limited to:	
c. information literacy;	
According to interviews with students and faculty and review of course work, students use evidence-based practice in the development of their teaching projects and their plans of care. Students are taught how to discern credible sources of information during their orientation classes and also how to use technology throughout the program of study. A tour of the library and interviews with faculty and the nurse administrator identified that library services provide online resources with credible databases for students to achieve research-based evidence for practice.	
Compliance	
<input checked="" type="checkbox"/>	Compliant with no suggested improvements.

Criterion 4.7d	
Emphasizing the role of the nurse at the educational level for which students are being prepared, the curriculum incorporates contemporary concepts in all learning environments, including, but not limited to:	
d. interprofessional collaboration and delegation; and	
Team building and collaboration are part of the EPSLOs and are found in the syllabi for each semester. Interviews with students and faculty confirmed that this is an expectation in each semester, especially in the fourth semester. The culmination of interprofessional collaboration in the curriculum is found in the preceptor experience in the last semester of the program, according to faculty and students. Delegation and interprofessional collaboration are coordinated and most fully developed in the practicum course in the fourth semester.	
Compliance	
<input checked="" type="checkbox"/>	Compliant with no suggested improvements.

Criterion 4.7e	
Emphasizing the role of the nurse at the educational level for which students are being prepared, the curriculum incorporates contemporary concepts in all learning environments, including, but not limited to:	
e. professional identity and scope of practice.	
Faculty stated that the curriculum was developed to transition students into the RN role. Students identify that curriculum progression leads to RN role achievement if successfully completed. The rights and responsibilities of the student and then, subsequently, the RN are developed over the course of study, according to faculty and student interviews. As the curriculum progresses, students become more competent in communication and skill performance, as well as increasingly more collaborative in care of patients. These behaviors and development in the professional identity and scope of practice culminate in the practicum experience in the last semester.	
Compliance	
<input checked="" type="checkbox"/>	Compliant with no suggested improvements.

Criterion 4.8a	
If used, skills and/or simulation laboratory learning environments and experiences:	
a. reflect evidence-based nursing practice;	
Faculty and students identify that simulation and lab experiences are used to enhance skills of assessment and develop nursing care abilities. The lab focuses on skill development and testing. Simulation focuses on nursing assessment, care, and evaluation and is reflective of current evidence-based practice. This was further verified by faculty and student interviews and a review of clinical skill lists and skill-testing documents.	
Nursing skills categorized as physical assessment, specimen collection, medication administration, IV therapy, and enteral tubes are tested in the first semester. Advanced nursing skills are categorized as central lines, blood administration, nasogastric tubes, chest tube maintenance, and EKG interpretation and are tested in the third semester. Simulations and reflections include first semester “Antoinette” (safety); second semester “Bernice” (medication administration chest pain); third semester clients of “Ivanna” (blood administration) and “Emily Grace” (NG placement maintenance”); and fourth semester clients of “Baby Ava” and “Noelle” (postpartum hemorrhage OB) with two more simulations in the process of development.	
Compliance	
<input checked="" type="checkbox"/>	Compliant with no suggested improvements.
Criterion 4.8b	
If used, skills and/or simulation laboratory learning environments and experiences:	
b. include healthcare technology;	
Interviews with faculty, students, and health care agency personnel identified that students are oriented to health care technology in their clinical settings (electronic medical records, IV pumps, medication dispensers, and patient scanners). In the lab, IV pumps and electronic monitoring were observed for student use. For simulation, high- and medium-fidelity manikins are used and associated electronic monitoring systems were also observed.	
Compliance	
<input checked="" type="checkbox"/>	Compliant with no suggested improvements.
Criterion 4.8c	
If used, skills and/or simulation laboratory learning environments and experiences:	
c. meet regulatory agencies’ requirements for skills laboratory and/or simulation, as applicable; and	
The regulatory agencies do not have requirements for the use of and/or the number of hours for simulation and/or skills laboratory experiences. Peer evaluators verified there were no lab/sim requirements through a review of WSBN law and rule, although there is a limit to the corresponding number of simulation hours compared to clinical hours.	
WSBN does require that no more than 50% of clinical hours may be used as simulation. LCOOU currently has 2–6% of total simulation hours compared to total clinical hours for both program entry options.	
Compliance	
<input checked="" type="checkbox"/>	Compliant with no suggested improvements.

Criterion 4.8d	
If used, skills and/or simulation laboratory learning environments and experiences:	
d. reflect the educational level at which students are being prepared to facilitate the achievement of the course student learning outcomes and end-of-program student learning outcomes. (Undergraduate)	
reflect the educational level at which students are being prepared to facilitate the achievement of the course student learning outcomes, end-of-program student learning outcomes, and role-specific nursing competencies. (Graduate)	
Faculty stated and peer evaluators observed that the curriculum supports development to the associate degree RN level. Review of the syllabi, clinical course, simulation, and lab expectations and parameters support this level of development. Interviews with faculty and students also support this observation. Skill development in the lab progresses from simple to more complex. Nursing care in simulations also progresses from simple to complex. Activities in the lab and simulation settings support the EPSLOs to be met at the completion of the program.	
Compliance	
<input checked="" type="checkbox"/>	Compliant with no suggested improvements.

Criterion 4.9a	
Clinical/practicum learning environments and experiences:	
a. have current written agreements that specify expectations for all parties for the protection of the student;	
Seven clinical contracts for clinical agencies used in Spring 2024 were reviewed. They were confirmed to be current and identify the rights and responsibilities of the students, faculty, and the clinical agency. The Hayward campus is the only campus that houses the nursing program, and all clinical contracts reside there. Clinical agency nurse managers and the nurse administrator choose and/or approve preceptors. Preceptors then review the preceptor manual with the course faculty, which identifies the rights and responsibilities of the students and the preceptors. Course faculty verified that they are always available during the preceptor experiences for students.	
Compliance	
<input checked="" type="checkbox"/>	Compliant with no suggested improvements.

Criterion 4.9b	
Clinical/practicum learning environments and experiences:	
b. reflect evidence-based nursing practice;	
Interviews with clinical agency representatives and review of clinical forms, assignments, clinical evaluation tools, and syllabi verified the use of evidence-based practice as students care for their clients. SBAR, techniques of therapeutic communication, the use of report sheets for student use, and organization are part of clinical rotations. Concept maps, application of the ANA standards of care, Healthy People 2020 data and social determinants of health and application, and analysis and evaluation of the Joint Commission National Patient Safety Goal are utilized by the students as they provide safe and effective care to their clients.	
Compliance	
<input checked="" type="checkbox"/>	Compliant with no suggested improvements.

Criterion 4.9c	
Clinical/practicum learning environments and experiences:	
c. meet regulatory agencies' requirements for clinical/practicum learning environments, as applicable; and	
The regulatory agencies do not have requirements for clinical/practicum learning environments related to program type and/or program option. Peer evaluators verified there were no clinical/practicum learning environment requirements relating to program type/option through a review of WSBN law and rule and LCOOU policies and procedures	
The WSBN and LCOOU have criteria for nursing faculty and preceptors but not specific criteria for the clinical/practicum learning environments.	
Compliance	
<input checked="" type="checkbox"/>	Compliant with no suggested improvements.

Criterion 4.9d	
Clinical/practicum learning environments and experiences:	
d. reflect the educational level at which students are being prepared to facilitate the achievement of the course student learning outcomes and end-of-program student learning outcomes. (Undergraduate)	
reflect the educational level at which students are being prepared to facilitate the achievement of the course student learning outcomes and end-of-program student learning outcomes. (Graduate)	
Clinical and practicum experiences include, but are not limited to, medical-surgical, pediatric, obstetric, mental health, public health, and elder care experiences. Clinical experiences are leveled from simple to complex and support the concepts found in the EPSLOs. Practicum experiences are the most complex and collaborative experiences in the program and are in the last semester. The nurse administrator coordinates clinical experiences with the clinical educator/coordinator/manager at the desired agency. For practicum experiences, the appropriate staff schedule(s) need to be reviewed and coordinated with program and student needs.	
Clinical representatives were interviewed representing medical-surgical and the county public health services. Clinical representatives stated that they enjoy having students in the clinical/preceptor experiences and that graduates and students demonstrate the concepts in the EPSLOs. Public health representatives like having students in clinical but cannot hire them until they have earned their BSN.	
Compliance	
<input checked="" type="checkbox"/>	Compliant with no suggested improvements.

Criterion 4.10ab	
Formative and summative student evaluation methods:	
a. are utilized throughout the curriculum in all learning environments;	
b. are varied and appropriate for all methods of delivery; and	
Faculty stated that the curriculum progresses from simple to complex and that there are formative and summative evaluations of students in each nursing course. 70% of the students' grade is exams. Clinical is pass/fail with weekly evaluations and then the final evaluation. Students and faculty identify that students have two attempts to successfully complete a skill; faculty demonstrate the skill, students complete the skill, and then students practice until they are ready to test by an end date. If students are unsuccessful on the second attempt, they fail the course. Students and faculty identify that the student must have a B average (3.0) in all nursing courses and a C average (2.0) in the general education courses to be successful in the nursing program. Skills, evaluations, simulations, and exams increase in complexity as the program progresses toward completion/graduation.	
Compliance	
<input checked="" type="checkbox"/>	Compliant with no suggested improvements.

Criterion 4.10c	
Formative and summative student evaluation methods:	
c. align with the progression of course student learning outcomes.	
Faculty and students stated that the formative and summative evaluations of the students' development are used throughout the program in each course, at the end of each course and at the end of the program with the ultimate goal of meeting the EPSLOs. Evaluations progress from simple to complex and toward meeting the SLOs. Examples include ATI leveled exams progressing toward the ATI comprehensive exam and NCLEX-RN review class and skill, clinical, and simulation evaluations, which ultimately prepare the student for the practicum experience in the fourth semester. EPSLO concepts are covered in ATI offerings.	
Compliance	
<input checked="" type="checkbox"/>	Compliant with no suggested improvements.

Summary of Compliance	
<input checked="" type="checkbox"/>	The nursing program is in compliance with Standard 4.

STANDARD 5
Outcomes

Nursing program assessment demonstrates the extent of student learning at or near the end of the program as well as program outcome achievement using a systematic plan for evaluation (SPE).

The faculty create and implement a written SPE* for each nursing program type to determine the extent of the achievement of each end-of-program student learning outcome and program outcome, and additionally for graduate programs the role-specific nursing competencies, to inform program decision-making to maintain or improve student and program performance.

**Programs seeking initial accreditation are required to have data from the time that the nursing program achieves candidacy with the ACEN.*

Criterion 5.1a

The systematic plan for evaluation describes the process for regular summative nursing program-level assessment of student learning outcome achievement. The faculty will:

- a. use a variety of appropriate direct outcome assessment methods to ensure comprehensive summative assessment for each end-of-program student learning outcome;**

In the nurse administrator interview, it was clarified that she developed the systematic plan of evaluation (SPE) that was submitted in the self-study because, prior to her assuming the role, a SPE did not exist. In utilizing the SPE that was developed by the nurse administrator, it was determined that some of the assessment methods did not adequately evaluate the EPSLOs and the SPE was revised. A review of the revised SPE occurred onsite and will be referred to in this writing. It was verified that the revised SPE included the five EPSLOs with some changes in assessment methods that differed from the SPE in the self-study. The nurse administrator was asked to upload the revised SPE into repository, labeled as “revised SPE.”

The SPE identifies a variety of assessment methods to assess EPSLOs. These include the final evaluation tool utilized in NSG 222 Advanced Nursing Practice, the Five Year Projected Professional Development Goal Plan, the Management of Care sub-concept on the RN Leadership Exam, the Final Reflection of Overall Program Learning Objectives Assessment in NSG 224, the Quality Improvement Project in NSG 223, and the Management of Care, Clinical Judgement, Safety and Infection Control, and Psychosocial sub-concepts on the ATI RN Comprehensive Exam.

The Nursing 222 Advanced Clinical Practice rubric assesses EPSLOs #1–5. In this final clinical experience, students must “meet expectations for behavioral indicators for each end-of-program SLO.” For example, the behavioral indicators for SLO #1, “integrate professional nursing identity reflecting integrity, responsibility and nursing standards,” contain five assessment areas related to agency and school policies; advocating for client’s rights; incorporating professional behaviors; responsibility and accountability; and evidence-based practice.

The “Five Year Projected Professional Development Goal Plan” evaluates SLO #1. Students develop a five-year roadmap and summary as to how they will integrate professional nursing identity as they further their careers in nursing. The assignment is evaluated with an associated rubric. One example of the rubric criteria for scoring is “integrate responsibility and accountability for learning and client care;” 10 points are awarded for “the student demonstrated knowledge of integration responsibility and accountability for learning client care; and 0 points are awarded if “the student does not demonstrate knowledge and understanding of agency and school policies, state laws, industry standards, and/or ethical frameworks of nursing in their five-year plan.”

The SPE identifies the Final Reflection of Overall Program Learning Objectives to evaluate EPSLO #2, “communicate comprehensive information using multiple sources in nursing practice, #4 “integrate the

<p>nursing process into client care across diverse populations” and #5, “function as a healthcare team member to provide safe and effective care.” In this written assignment with associated rubric, students reflect on how they were able to meet the program objectives through learning activities in the classroom, skills lab, and clinical setting. Students must give specific examples of how they meet the EPSLOs.</p> <p>The Quality Improvement Project is the method of assessment for evaluating EPSLO #3, “integrate theoretical knowledge to support decision making.” This is a written assignment with associated rubric, in which students identify an area of improvement in the clinical site and plan and implement strategies promoting quality improvement in client care.</p> <p>The ATI RN Leadership examination sub-component of “Management of Care” assesses EPSLO #1. The sub-components “psychosocial integrity,” “clinical judgement,” and “safety and infection control” of the ATI Comprehensive Predictor are assessment methods identified for EPSLOs #2–5, respectively.</p> <p>In the faculty meeting, the faculty verbalized that they developed the plan, but it appeared that they were unfamiliar with terminology, such as SPE, EPSLOs, methods of assessment, collection of data, analysis of data, and resulting actions. They were unable to verbalize how the SPE worked within the nursing program. One member of the nursing faculty stated that the assessment of EPSLOs is verified when students successfully complete the class and clinical experience. With prompting and directed questioning, some faculty members verbalized program improvements such as ATI implementation, developing professional rubrics, increasing the course pass rate to 80% for progression, and monitoring licensing pass rates. They were unable to relate these program actions to EPSLO assessment.</p>	
Compliance	
<input checked="" type="checkbox"/>	Compliant with no suggested improvements.

Criterion 5.1b	
<p>The systematic plan for evaluation describes the process for regular summative nursing program-level assessment of student learning outcome achievement. The faculty will:</p> <p>b. establish a specific, measurable expected level of achievement outcome statement for each summative assessment method;</p>	
<p>The SPE includes expected level of achievement (ELA) statements that are specific and measurable for each summative assessment. Each ELA indicates the percentage of students who will achieve the ELA for the EPSLOs. For example, the ELA for the EPSLO #3, “integrate theoretical knowledge to support decision making,” is “70% of students will score 80% or higher on the Management of Care on the RN Comprehensive Exam.” Another example is the ELA for EPSLO #5, “function as a healthcare team member to provide safe and effective care,” which is “70% of students will score 70% or higher in the Safety and Infection Control [subcomponent] on the RN Comprehensive Predictor Exam.” The ELAs range from 70–90% for each assessment method and are realistic and achievable.</p>	
Compliance	
<input checked="" type="checkbox"/>	Compliant with no suggested improvements.

Criterion 5.1c	
<p>The systematic plan for evaluation describes the process for regular summative nursing program-level assessment of student learning outcome achievement. The faculty will:</p> <p>c. collect aggregate assessment data at regular intervals (determined by the faculty) to ensure sufficiency of data to inform decision-making and disaggregate the data to promote meaningful analysis; provide justification for data that are not disaggregated;</p>	
<p>The nursing program has two options and one location. Students are admitted each fall; therefore, students graduate in the spring of each year. Data collection occurs annually in the spring. For each ELA, disaggregated data are displayed by dates of completion. Due to the revision of the previous SPE, some assessment methods were not evaluated because they were implemented in 2024; data for this cohort will be collected in June 2024. The nurse administrator verified that the nursing program does</p>	

not disaggregate data because of the overall small numbers of students enrolled in the ADN Traditional and LPN-to-ADN program options. Disaggregating data would not yield statistically significant results. In the meeting with faculty, faculty members were unable to identify or describe the frequency of data collection or what data are collected.	
Compliance	
<input checked="" type="checkbox"/>	Compliant with no suggested improvements.

Criterion 5.1d	
The systematic plan for evaluation describes the process for regular summative nursing program-level assessment of student learning outcome achievement. The faculty will:	
d. analyze assessment data (aggregate and/or disaggregate) at regular intervals (determined by the faculty) and when necessary, implement actions based on the analysis to maintain and/or improve end-of-program student learning outcome achievement;	
The data from the ATI Leadership and Comprehensive examinations are reviewed every two years as the program predicts that trends will be seen in this timeframe. The remainder of the assessment data gathered from the SPE are analyzed every three years. The nursing program does not disaggregate data because of the overall small numbers of students enrolled in the ADN Traditional and LPN-to-ADN program options. Disaggregating data would not yield statistically significant results.	
The nurse administrator verbalized that analysis of data is scheduled for the faculty meeting in June 2024. Analysis of data and proposed actions based on the analysis will be documented on the SPE and in meeting minutes and shared with communities of interest.	
Compliance	
<input checked="" type="checkbox"/>	Compliant with no suggested improvements.

Criterion 5.1e	
The systematic plan for evaluation describes the process for regular summative nursing program-level assessment of student learning outcome achievement. The faculty will:	
e. maintain documentation for the three most recent years of the assessment data (aggregate and/or disaggregate), the analysis of data, and the use of data analysis in program decision-making to maintain and/or improve students' end-of-program student learning outcome achievement; and	
The date of ACEN candidacy was March 18, 2022. It was verified that program data are collected yearly and documented on the SPE, except for the assessment methods that were changed from the original SPE and were implemented in 2024. Since data are analyzed every two or three years, documentation related to data analysis and the use of data analysis in program decision-making is scheduled for the June 2024 faculty meeting.	
Compliance	
<input checked="" type="checkbox"/>	Compliant with no suggested improvements.

Criterion 5.1f	
The systematic plan for evaluation describes the process for regular summative nursing program-level assessment of student learning outcome achievement. The faculty will:	
f. share the analysis of the end-of-program student learning outcome data with communities of interest.	
The faculty will analyze data from assessment methods of the five EPSLOs in June 2024 and share the data with the communities of interest at the following meeting.	
Compliance	
<input checked="" type="checkbox"/>	Compliant with no suggested improvements.

Criterion 5.2a

The written systematic plan for evaluation describes the process for annual assessment of the nursing program completion rate. The faculty will:

- a. calculate the on-time program completion rate for each program option from the first nursing course through completion of the courses required for conferral of a certificate, diploma, or degree;

Program Length by Option

Program Option:	Total Academic Terms for the Program Option:	Total Terms of Nursing Coursework in the Option:
ADN Traditional	4 semesters	4 semesters
LPN-to-ADN	2 semesters	2 semesters

The program completion rate is calculated for the Traditional ADN students and the LPN-to-ADN students. Data are collected, disaggregated, and analyzed every semester. The nurse administrator maintains a spreadsheet with students admitted, students removed or failed, and students completing. These spreadsheets were reviewed and verified during the site visit.

Compliance

<input checked="" type="checkbox"/>	Compliant with no suggested improvements.
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Criterion 5.2b

The written systematic plan for evaluation describes the process for annual assessment of the nursing program completion rate. The faculty will:

- b. establish a specific, measurable expected level of achievement outcome statement for on-time program completion for each program option and provide a rationale for each expected level of achievement;

Expected Levels of Achievement for Program Completion

Program Option	SPE ELA Statement	ELA Rationale
ADN Traditional	A minimum of 45% of students who begin their first nursing courses will graduate from the nursing program within 100% of the timeframe	Data has not shown any trending information at this point. Most students are not meeting the goal of completing the program within 100% timeframe. Rationale is based on the demographics of the surrounding community and history of academic misconduct.
LPN-to-ADN	A minimum of 45% of students who begin their first nursing courses will graduate from the nursing program within 100% of the timeframe	Data has not shown any trending information at this point. Most students are not meeting the goal of completing the program within 100% timeframe. Rationale is based on the demographics of the surrounding community and history of academic misconduct.

Faculty members verbalized that the justification for the 45% completion rate is based on the demographics of the surrounding community, which puts students at high risk. Most students are working moms with children or returning older adults who commute 1–3 hours to get to campus in a rural area and are ethnically and socioeconomically diverse. Due to the demographics of the surrounding community, the ELA of 45% is genuine and realistic. There has also been a history of academic misconduct that has affected completion rates in the past. Specific interventions to address this issue have been implemented.

Compliance

<input checked="" type="checkbox"/>	Compliant with no suggested improvements.
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Criterion 5.2c		
The written systematic plan for evaluation describes the process for annual assessment of the nursing program completion rate. The faculty will:		
c. collect aggregate program completion rate data annually and disaggregate the data to promote meaningful analysis; provide justification for data that are not disaggregated;		
Program Completion – Aggregated for the Entire Program		
Year	2022	2023
Student Enrollment Count at Start of First Nursing Course	19	13
On-time Graduates Count	12	7
Program Completion Rate	63.15%	53.84%
Program Completion – Disaggregated by Option		
Year	2022	2023
ADN Traditional	58.8% (10/17)	40% (4/10)
LPN to ADN	100% (2/2)	100% (3/3)
<p>The program completion rate is collected each semester, disaggregated by program option, and compiled on the SPE. For each cohort, the nurse administrator maintains a spreadsheet of students entering, students dismissed, and students who fail. The method of data collection was verified at the time of the site visit. Although the SPE contains disaggregated data by program option, data are reported as aggregated data on the nursing website. This is due to the overall small numbers of students enrolled in the ADN Traditional and LPN-to-ADN program options, which would not be statistically significant.</p>		
Compliance		
<input checked="" type="checkbox"/>	Compliant with no suggested improvements.	

Criterion 5.2d		
The written systematic plan for evaluation describes the process for annual assessment of the nursing program completion rate. The faculty will:		
d. analyze program completion rate data (aggregate and/or disaggregate) annually and when necessary, implement actions based on the analysis to maintain and/or improve program completion rate;		
<p>The faculty verbalized that the program completion rate is shared with them by the nurse administrator; however, documentation of discussions was not verified in faculty meeting minutes. Interviews with the nurse administrator verified that actions are implemented to improve the completion rate. These actions include adjusting the ELA from 75% (previous SPE) to 45%; addressing student misconduct and academic dishonesty; adopting a contemporary and rigorous curriculum based on the WTS state curriculum; establishing the TEAS test as a criterion for program admission; and ensuring appropriate clinical experiences and simulation throughout the program.</p> <p>In the meeting with student service representatives, it was verified that there are abundant resources available to students to assist with challenges that may be an obstacle for completion, such as tutoring, a food bank, emergency loans, and scholarships. Only some of these interventions are notated in the analysis of data and resulting actions on the SPE.</p>		
Compliance		
<input checked="" type="checkbox"/>	Compliant with no suggested improvements.	

Criterion 5.2e

The written systematic plan for evaluation describes the process for annual assessment of the nursing program completion rate. The faculty will:

- e. maintain documentation for the three most recent years of the data (aggregate and/or disaggregate), the analysis of data, and the use of data analysis in program decision-making to maintain and/or improve students' success in completing the program; and**

The 2022 and 2023 program completion rates are documented in the SPE. Faculty reported that the nurse administrator shares completion data with them. The nurse administrator and faculty felt that the initial completion rate of 75% (contained in the previous SPE) was too high. By discussing community demographics, the completion rate ELA was lowered to 45%. Evidence of discussion was not found in faculty meeting minutes.

Compliance

Compliant with no suggested improvements.

Criterion 5.2f

The written systematic plan for evaluation describes the process for annual assessment of the nursing program completion rate. The faculty will:

- f. share the analysis of the program completion rate data with communities of interest.**

The analysis of the program's completion rate is shared with communities of interest. This was verified in the January 4, 2024, Advisory Board meeting minutes in the repository, where the nurse administrator verbalized that English as a second language students have a high attrition rate. The nurse administrator discussed with Board members regarding adding a College Readiness Academy and a TEAS prep course.

Compliance

Compliant with no suggested improvements.

Criterion 5.3a

The written systematic plan for evaluation describes the process for annual assessment of the licensure and/or certification examination pass rate (when required for practice).

- a. examine aggregate examination pass rate data (licensure and/or certification) secured from regulatory and/or certifying agencies. The most recent annual pass rate OR the mean pass rate for three most recent years must meet at least one of the following based on the total number of test-takers:**
- 80% or greater for all first-time test-takers; or**
 - 80% or greater for all first-time test-takers and repeaters; or**
- at or above the national/territorial mean based on the nursing program type.**

Pass Rates Table – Aggregated for the Entire Program

Year	2022	2023
First-Time Pass Rate	0% (0/12)	71.4% (5/7)
Ultimate Pass Rate	25% (3/12)	85.7% (6/7)

The nursing program monitors first-time and repeat licensure pass rates annually and compiles the results on the SPE. It was verified that the nurse administrator keeps spreadsheets of program completion and NCLEX-RN pass rates for each cohort. RN licensure was verified for graduates of 2022 and 2023 on the Minnesota and WSBN websites.

Compliance

The program's most recent annual pass rate (based on the "n") is 80% or greater for all first-time test-takers and repeaters.

Criterion 5.3b	
The written systematic plan for evaluation describes the process for annual assessment of the licensure and/or certification examination pass rate (when required for practice).	
b. disaggregate the pass rate data to promote meaningful analysis; provide justification for data that are not disaggregated;	
Performance on Licensure or Certification Examination – Disaggregated by	
<input checked="" type="checkbox"/> Not Applicable	
The nursing program does not disaggregate data because of the overall small numbers of students enrolled in the Traditional and LPN-to-ADN program options. Disaggregating data would not yield statistically significant data. RN licensure was verified for the graduates of 2022 and 2023 on the Minnesota and WSBN websites.	
Compliance	
<input checked="" type="checkbox"/>	Compliant with no suggested improvements.

Criterion 5.3c	
The written systematic plan for evaluation describes the process for annual assessment of the licensure and/or certification examination pass rate (when required for practice).	
c. analyze program licensure and/or certification examination pass rate data (aggregate and/or disaggregate) annually and when necessary, implement actions based on the analysis to maintain and/or improve students' examination pass rate success;	
Data collection occurs yearly in the spring. The program has utilized the data to make program improvements. The nurse administrator verbalized that this has been done by seeking input from Advisory Board members and during faculty discussions at meetings. The WSBN regulation is based on first-time pass rates and the ELA is 80%. In 2023, the nursing program submitted an institutional plan for improvement of low NCLEX-RN pass rates. The plan included the implementation of TEAS testing for admission into the nursing program beginning in Spring 2024; however, at the time of the visit, the TEAS test will be required for Fall 2024 as verified by the nurse administrator. Faculty are committed to reviewing test taking policies and to developing interventions to address academic dishonesty. The addition of a 96-hour clinical experience in the first semester and the increase in clinical hours in the second semester, along with the purchase of virtual simulation products, addressed the minimal clinical experiences that students experienced during the COVID-19 pandemic. The nursing program is committed to ensuring adequate faculty and to adopting and modifying the WTS state curriculum to ensure rigor.	
During the site visit, it was verified that all the proposed interventions that were outlined in the plan submitted to the WSBN have been implemented and that the nurse administrator is monitoring for licensure pass rate improvements. In addition, the nursing program has purchased Mountain Measurement to provide a detailed analysis of graduate performance on the licensure examination.	
Compliance	
<input checked="" type="checkbox"/>	Compliant with no suggested improvements.

Criterion 5.3d	
The written systematic plan for evaluation describes the process for annual assessment of the licensure and/or certification examination pass rate (when required for practice).	
d. maintain documentation for the three most recent years of the aggregated and/or disaggregated data, the analysis of data, and the use of data analysis in program decision-making to maintain and/or improve students' success in passing the licensure and/or certification examination; and	
The documentation of licensure pass rates is compiled on the SPE and includes data from 2022 and 2023. A review of meeting minutes verified that low licensure pass rates were on the agenda (April 19, 2021, and February 7, 2024). With the interventions outlined in Criterion 5.3c, the nurse administrator and faculty will assess and analyze pass rates for the 2024 cohort and continue to assess and analyze data annually for improving licensure pass rates.	
Compliance	
<input checked="" type="checkbox"/>	Compliant with no suggested improvements.

Criterion 5.3e	
The written systematic plan for evaluation describes the process for annual assessment of the licensure and/or certification examination pass rate (when required for practice).	
e. share the analysis of the licensure and/or certification examination pass rate data with communities of interest.	
A review of the January 4, 2024, Advisory Board minutes verified that the analysis of the licensure pass rate data is shared with communities of interest and disaggregated by program option. There has been a decrease in admission rates with lower GPAs and an increase in repeating classes in most area nursing programs. Recruiting was discussed with the ideas of a summer camp and an increase in recruiting events.	
Compliance	
<input checked="" type="checkbox"/>	Compliant with no suggested improvements.

Criterion 5.4a	
The written systematic plan for evaluation describes the process for annual assessment of the job placement rate.	
a. use the appropriate assessment methods to request job placement data from all graduates based on the role for which graduates are prepared. For students who hold licensure/certification as a registered or advanced practice nurse upon admission to the nursing program, assessment may include, but is not limited to, professional/personal growth, career advancement, and/or a new role specialty with degree/certificate achievement;	
The job placement rate is evaluated through the job placement survey via Survey Monkey. The survey was reviewed onsite. Students are questioned on ethnicity, area of employment in health care, and whether they are working as an RN. Data are also unofficially collected via contacting graduates and clinical partners. Students are frequently hired by local hospitals during the nursing program to work as nurse technicians or nursing interns, and many have plans for RN employment after graduation. Job placement rates are assessed annually, and documentation is maintained for each cohort. In the meeting with clinical representatives, it was verified that graduates have been hired as RNs in acute care hospitals and that students reflect the five EPSLOs of the nursing program. The public health agency nurse present at the meeting stated that she "loves" the nursing students but is unable to hire them because a BSN is needed to work in public health.	
Compliance	
<input checked="" type="checkbox"/>	Compliant with no suggested improvements.

Criterion 5.4b	
The written systematic plan for evaluation describes the process for annual assessment of the job placement rate.	
b. establish a specific, measurable expected level of achievement outcome statement for job placement in the role for which graduates are prepared and provide a rationale for the expected level of achievement,	
Expected Levels of Achievement for Job Placement	
SPE ELA Statement	ELA Rationale
75% of graduates will be employed as RNs within 12 months of graduation	Based on trending of previous job placement rates. Nurse administrator stated that, at this time, 100% of students could find employment as an RN.
In the interview with the nurse administrator, the job placement rate was based on previous trends and is realistic, achievable, and genuine. Faculty reported that the nurse administrator shares job placement from former cohorts and that, together, a 75% ELA was established. This could not be verified in faculty meeting minutes.	
Compliance	
<input checked="" type="checkbox"/>	Compliant with no suggested improvements.

Criterion 5.4c		
The written systematic plan for evaluation describes the process for annual assessment of the job placement rate.		
c. collect sufficient aggregate post-graduation job placement rate data annually including the response rate and disaggregate the data to promote meaningful analysis; provide justification for data that are not disaggregated;		
Job Placement Rate – Aggregated for the Entire Program		
Year	Response Rate	Job Placement Rate
2022	16.66% (2/12)	100% (2/2)
2023	85.71% (6/7)	83.33% (5/6)
Job placement data are collected annually as documented on the SPE. The nursing program has not disaggregated data because of the overall small numbers of students enrolled in the ADN Traditional and LPN-to-ADN program options and the low response rate from the 2022 cohort.		
Compliance		
<input checked="" type="checkbox"/>	Compliant with no suggested improvements.	

Criterion 5.4d	
The written systematic plan for evaluation describes the process for annual assessment of the job placement rate.	
d. analyze sufficiency of job placement rate data annually and when necessary, implement actions to maintain and/or improve data sufficiency;	
The 2022 cohort had a low response rate to the job placement survey due to 0% first-time licensure pass rates; faculty were able to contact two students who ultimately passed the licensure examination. The job placement rate is analyzed annually. The nurse administrator discussed interventions to address the low response rate, such as reaching out to students and clinical partners for those who did not respond.	
Compliance	
<input checked="" type="checkbox"/>	Compliant with no suggested improvements.

Criterion 5.4e	
The written systematic plan for evaluation describes the process for annual assessment of the job placement rate.	
e. analyze aggregate job placement rate data (aggregate and/or disaggregate) annually and when necessary, implement actions based on the analysis to maintain and/or improve the job placement rate;	
In interviews with the faculty, they were unsure of when job placement rates are analyzed. The nurse administrator verbalized that job placement rates are collected each semester, analyzed annually, and will be monitored for future cohorts as they are impacted by completion and licensure pass rates.	
Compliance	
<input checked="" type="checkbox"/>	Compliant with no suggested improvements.

Criterion 5.4f	
The written systematic plan for evaluation describes the process for annual assessment of the job placement rate.	
f. maintain documentation for the three most recent years of the data (aggregate and/or disaggregate), the analysis of data, and the use of data analysis in program decision-making to maintain and/or improve students' success in obtaining a job in a role for which the program prepared them; and	
Data for job placement are collected and analyzed yearly. Data are reported on the SPE for the 2022 and 2023 cohorts. Data are also found on the nursing website's program outcomes webpage.	
Compliance	
<input checked="" type="checkbox"/>	Compliant with no suggested improvements.

Criterion 5.4g	
The written systematic plan for evaluation describes the process for annual assessment of the job placement rate.	
g. share the analysis of the job placement rate data with the communities of interest.	
In examining the January 2024 Advisory Board meeting minutes, the analysis of job placement data was not shared on the PowerPoint presentation nor in the minutes. It was verified that data on job placement are located on the nursing program webpage under "End of Program Outcomes." The program will analyze data in June 2024 and share the results with the Advisory Board in a following meeting.	
Compliance	
<input checked="" type="checkbox"/>	Compliant with Suggested Improvement. Ensure the analysis of job placement rate data is shared with communities of interest. Rationale: The nursing program did not share the analysis of job placement data with Advisory Board.

Summary of Compliance	
<input checked="" type="checkbox"/>	The nursing program is in compliance with Standard 5.

Lac Courte Oreilles Ojibwe University
Associate

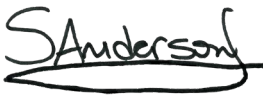
IV. RECOMMENDATION FOR ACCREDITATION STATUS

Initial Accreditation:

Initial accreditation as the nursing program is in compliance with all Accreditation Standards.

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

AGENDA REQUEST FORM

1) Name and title of person submitting the request: Sofia Anderson, Administrative Rules Coordinator		2) Date when request submitted: 06/03/2024 <small>Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting</small>	
3) Name of Board, Committee, Council, Sections: Board of Nursing			
4) Meeting Date: June 13, 2024	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Administrative Rules Matters – Discussion and Consideration 1. Scope Statement: N 8, relating to Advanced Practice Nurse Prescribers. 2. Final Rule Draft: N 6, relating to delegated acts. 3. Pending and Possible rulemaking projects.	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled? <i>(If yes, please complete Appearance Request for Non-DSPS Staff)</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required: N/A	
10) Describe the issue and action that should be addressed: Attachments: 1. Scope Statement: N 8, relating to Advanced Practice Nurse Prescribers. 2. Final Rule Draft: N 6, relating to delegated acts. 3. Chapter N 6 redlined with changes after public hearing. 4. Nursing rule projects chart.			
11) Authorization <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 20px;"> <div style="text-align: center;">  <hr/> Signature of person making this request </div> <div style="text-align: center;"> 06/03/2024 <hr/> Date </div> </div> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 10px;"> <div style="width: 60%;"> <hr/> Supervisor (if required) </div> <div style="width: 35%;"> <hr/> Date </div> </div> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 10px;"> <div style="width: 70%;"> <hr/> Executive Director signature (indicates approval to add post agenda deadline item to agenda) </div> <div style="width: 25%;"> <hr/> Date </div> </div>			
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

STATEMENT OF SCOPE

BOARD OF NURSING

Rule No.: N 8

Relating to: Advanced practice nurse prescribers

Rule Type: Permanent

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

N/A

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

The objective of the proposed rule is to review and possibly update ch. N 8 in order to clarify the educational and renewal requirements for certification as an advanced practice nurse prescriber as well as the definition of advanced practice nurse.

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

Chapter N 8 contains the provisions for certification of advanced practice nurse prescribers including the requirements for initial certification and renewal and the current definition of advanced practice nurse. The Board of Nursing will review these provisions to determine whether they need to be modified.

The alternative would be to not revise the code, which would create confusion and a lack of clarity for stakeholders.

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

Section 15.08 (5) (b), Stats., provides an examining board “[s]hall promulgate rules for its own guidance and for the guidance of the trade or profession to which it pertains. . .”

Section 227.24 (1) (a), Stats., provides “[a]n agency may, except as provided in s. 227.136 (1), promulgate a rule as an emergency rule without complying with the notice, hearing, and publication requirements under this chapter if preservation of the public peace, health, safety, or welfare necessitates putting the rule into effect prior to the time it would take effect if the agency complied with the procedures.”

Section 441.16 (3) (a) Stats., provides “[t]he board shall promulgate rules necessary to administer this section including... [e]stablishing the education, training or experience requirements that a registered nurse must satisfy to be an advanced practice nurse. The rules promulgated under this paragraph shall require a registered nurse to have education, training or experience that is in addition to the education, training or experience required for licensure as a registered nurse.”

Section 441.16 (3) (am) Stats., provides “[t]he board shall promulgate rules necessary to administer this section including... [e]stablishing the appropriate education, training and examination requirements that an advanced practice nurse must satisfy to qualify for a certificate to issue prescription orders.”

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

80 hours

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

Advanced practice nurses, advanced practice nurse prescribers, entities that employ advanced practice nurse prescribers, and individuals accessing health care services.

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

None

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

The proposed rule will have minimal to no economic impact on small businesses and the state's economy as a whole.

Contact Person: Sofia Anderson, Administrative Rules Coordinator, DSPSAdminRules@wisconsin.gov,

Approved for publication:

Approved for implementation:

Authorized Signature

Authorized Signature

Date Approved

Date Approved

STATE OF WISCONSIN
BOARD OF NURSING

IN THE MATTER OF RULEMAKING : PROPOSED ORDER OF THE
PROCEEDINGS BEFORE THE : BOARD OF NURSING
BOARD OF NURSING : ADOPTING RULES
: (CLEARINGHOUSE RULE 24-031)

PROPOSED ORDER

An order of the Board of Nursing to **repeal** N 6.02 (10m) (Note); to **amend** N 6.02 (5), (10m), 6.03 (1) (c), (2) (d), 6.04 (1) (a), (e), (2) (b); to **create** N 6.02 (13); and to **repeal and recreate** N 6.02 (10m), relating to delegated acts.

Analysis prepared by the Department of Safety and Professional Services.

ANALYSIS

Statutes interpreted:

Subchapter I of ch. 441, Stats.

Statutory authority:

Sections 15.08 (5) (b), 227.11 (2) (a), and 441.01 (3), Stats.

Explanation of agency authority:

Section 15.08 (5) (b), Stats., provides an examining board “[s]hall promulgate rules for its own guidance and for the guidance of the trade or profession to which it pertains. . .”

Section 227.11 (2) (a), Stats., “[e]ach agency may promulgate rules interpreting the provisions of any statute enforced or administered by the agency, if the agency considers it necessary to effectuate the purpose of the statute...”

Section 441.01 (3), Stats., provides “[t]he board may (...) establish rules to prevent unauthorized persons from practicing professional nursing. It shall approve all rules for the administration of this chapter in accordance with ch. 227.”

Related statute or rule:

Subchapter I of ch. 441, Stats.

Plain language analysis:

Section N 6 contains the standards of practice for registered nurses and licensed practical nurses, which includes delegated acts. The Board of Nursing has reviewed and updated ch. N 6 with the following changes:

- Extension of the definition of “delegated acts”.

- Modification of the definition of “provider” to broaden the range of professionals who are authorized to delegate acts.
- Addition of a definition of “unlicensed assistive personnel (UAP)”.
- Inclusion of UAPs as staff who could be performing interventions under the directing or supervision of registered nurses.
- Replacement of the term “assignments” to “delegated acts” under standards of practice for licensed practical nurses.

Summary of, and comparison with, existing or proposed federal regulation:

None.

Comparison with rules in adjacent states:

Illinois:

The Illinois Nurse Practice Act in their Compiled Statutes do not mention a definition of “delegated act”, “delegation”, or “unlicensed assistive personnel”. However, a definition of “delegation” can be found in the Illinois Administrative Code Title 68 Section 1300.20, and it states that “‘delegation’ means transferring to a specific individual the authority to perform a specific nursing intervention, in a specific situation”. The section indicates that a registered nurse can delegate medication administration to other licensed nurses or to unlicensed personnel in community-based or in-home care settings as long as certain parameters established in the section have been met. The section also specifies the actions that are prohibited to delegate, such as delegating medication administration to unlicensed personnel in any institutional or long-term facility.

Iowa:

Neither Iowa’s Statutes nor Administrative Code contain a definition of “delegated acts” or “delegation”. The Administrative Code contains a definition of “unlicensed assistive personnel” as “an individual who is trained to function in an assistive role to the registered nurse and licensed practical nurse in the provision of nursing care activities as delegated by the registered nurse or licensed practical nurse” [655 IAC 6.1(152)].

Iowa’s Administrative Code specifies the parameters that a registered nurse must comply with when delegating tasks to another registered nurse or licensed practical nurse. The Code also specifies that a registered nurse can delegate tasks to unlicensed assistive personnel (UAP) under certain circumstances, which include ensuring that the UAP has appropriate education and training and has demonstrated competency to perform the delegated tasks, that the task does not exceed the UAP scope of employment and that the tasks pose minimal risk to the patient [655 IAC 6.2(7)].

Michigan:

Michigan does not have a specific Nurse Practice Act in its Statutes. Instead, Michigan has an act that regulates the practice of nursing along with other health professions, which is part of the Michigan Public Health Code contained within the Statutes. In this act, there is a definition of “delegation” as “authorization granted by a licensee to a licensed or unlicensed individual to perform selected acts, tasks, or functions that fall within the scope

of practice of the delegator and that are not within the scope of practice of the delegatee and that, in the absence of the authorization, would constitute illegal practice of a licensed profession” [333 MCL Section 16104]

Delegation parameters are detailed in the Michigan’s Administrative Code and state that a registered nurse may delegate tasks only within the registered nurse’s scope of practice and that the registered nurse holds ultimate responsibility for the delegated acts performed by the delegatee within the scope of the delegation. It also states that the registered nurse has to determine the qualifications, knowledge, and skills of the delegatee before the delegation, and that the registered nurse is responsible for supervising and evaluating the performance of the delegatee. [MI Admin. Code R 338.10104]

Minnesota:

The Minnesota Statutes contains the Nurse Practice Act that provides a definition of “delegation” as a “transfer of authority to another nurse or competent, unlicensed assistive person to perform a specific nursing task or activity in a specific situation” [MN Stats. 148.171 Subd. 7a.] and also provides a definition of “unlicensed assistive personnel” as “any unlicensed person to whom nursing tasks or activities may be delegated or assigned, as approved by the board” [MN Stats. 148.171 Subd. 24.] The Nurse Practice Act in Minnesota does not mention parameters for delegation outside of the basic practice standards of professional nurses, though the Statutes mention that “delegating or accepting delegation of a nursing function or a prescribed health care function when the delegation or acceptance could reasonably be expected to result in unsafe or ineffective patient care” is considered unprofessional conduct. [MN Stats. 148.261 (8)]

Summary of factual data and analytical methodologies:

The proposed rules were developed by reviewing the provisions of chapter N 6 and nursing practice standards from the adjacent states (Illinois, Iowa, Michigan, and Minnesota). The Board provided input and feedback to determine any changes or updates needed in addition to reviewing comments from subject matter experts from the Department of Health Services, Department of Public Instruction, and Wisconsin Nurses Association.

Fiscal estimate and economic impact analysis:

The fiscal estimate and economic impact analysis are attached.

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

The proposed rules will be posted for a period of 14 days to solicit public comment on economic impact, including how the proposed rules may affect businesses, local governmental units, and individuals.

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 Jennifer.Garrett@wisconsin.gov, or by calling (608) 266-2112.

Agency contact person:

Sofia Anderson, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, P.O. Box 8366, Madison, Wisconsin 53708-8366; email at DSPSAdminRules@wisconsin.gov.

TEXT OF RULE

SECTION 1. N 6.02 (5) is amended to read:

(5) “Delegated act” means acts delegated to a registered nurse or licensed practical nurse or acts delegated by a registered nurse.

SECTION 2. N 6.02 (10m) is amended to read:

(10m) “Provider” means a physician, podiatrist, dentist, optometrist or, advanced practice nurse ~~provider~~ prescriber, physician assistant, or any licensed professional who is legally authorized to delegate acts within the scope of their practice.

SECTION 3. N 6.02 (10m) (Note) is repealed.

SECTION 4. N 6.02 (13) is created to read:

(13) “Unlicensed Assistive Personnel (UAP)” means any person who is not licensed under ch. 441, Stats., and who is at least 18 years old to whom nursing acts may be delegated and has received the appropriate education and documented training required to perform the delegated acts.

SECTION 5. N 6.03 (1) (c) is amended to read:

(c) *Intervention.* Intervention is the nursing action to implement the plan of care by directly administering care or by directing and supervising nursing acts delegated to ~~L.P.N.'s~~ L.P.N.s or less skilled assistants ~~UAPs~~.

SECTION 6. N 6.03 (2) (d) is amended to read:

(d) Perform delegated acts under the general supervision or direction of the provider who delegated the act.

SECTION 7. N 6.04 (1) (a) is amended to read:

(a) Accept only patient care ~~assignments~~ delegated acts which the L.P.N. is competent to perform.

SECTION 8. N 6.04 (1) (e) 3. is amended to read:

3. Reinforce the teaching provided by an R.N. or other provider and provide basic health care instruction.

SECTION 9. N 6.04 (2) (b) is amended to read:

(b) Perform delegated acts beyond basic nursing care under the direct supervision of an R.N. or provider. An L.P.N. shall, upon request of the board, provide documentation of his or her nursing education, training or experience which prepares the L.P.N. to competently perform these ~~assignments~~ delegated acts.

SECTION 10. 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)

This Proposed Order of the Board of Nursing is approved for submission to the Governor and Legislature.

Dated _____

Agency _____

Chairperson
Board of Nursing

DRAFT

CHAPTER REDLINED AFTER PUBLIC HEARING

Chapter N 6

STANDARDS OF PRACTICE FOR REGISTERED NURSES AND LICENSED PRACTICAL NURSES

[N 6.01](#) Authority and intent.

[N 6.02](#) Definitions.

[N 6.03](#) Standards of practice for registered nurses.

[N 6.04](#) Standards of practice for licensed practical nurses.

[N 6.05](#) Violations of standards.

N 6.01 Authority and intent.

(1) This chapter is adopted pursuant to authority of ss. [15.08 \(5\) \(b\)](#), [227.11](#) and [441.001 \(3\)](#) and [\(4\)](#), Stats., and interprets the statutory definitions of professional and practical nursing.

(2) The intent of the board of nursing in adopting this chapter is to specify minimum practice standards for which R.N.s and L.P.N.s are responsible, and to clarify the scope of practice for R.N.s and L.P.N.s.

N 6.02 Definitions. As used in this chapter,

(1) "Advanced practice nurse prescriber" means a registered nurse who holds an advance practice nurse prescriber certificate under s. [441.16](#), Stats.

(1m) "Basic nursing care" means care that can be performed following a defined nursing procedure with minimal modification in which the responses of the patient to the nursing care are predictable.

(2) "Basic patient situation" as determined by an R.N., physician, podiatrist, dentist or optometrist means the following 3 conditions prevail at the same time in a given situation:

(a) The patient's clinical condition is predictable;

(b) Medical or nursing orders are not changing frequently and do not contain complex modifications; and,

(c) The patient's clinical condition requires only basic nursing care.

(3) "Complex patient situation" as determined by an R.N., physician, podiatrist, dentist or optometrist means any one or more of the following conditions exist in a given situation:

(a) The patient's clinical condition is not predictable;

(b) Medical or nursing orders are likely to involve frequent changes or complex modifications; or,

(c) The patient's clinical condition indicates care that is likely to require modification of nursing procedures in which the responses of the patient to the nursing care are not predictable.

CHAPTER REDLINED AFTER PUBLIC HEARING

- (5) "Delegated act" means acts delegated to a registered nurse or licensed practical nurse or acts delegated by a registered nurse.
- (6) "Direct supervision" means immediate availability to continually coordinate, direct and inspect at first hand the practice of another.
- (7) "General supervision" means regularly to coordinate, direct and inspect the practice of another.
- (8) "Nursing diagnosis" means a judgment made by an R.N. following a nursing assessment of a patient's actual or potential health needs for the purpose of establishing a nursing care plan.
- (9) "Patient" means a person receiving nursing care by an R.N. or L.P.N. performing nursing services for compensation.
- (10) "Protocol" means a precise and detailed written plan for a regimen of therapy.
- (10m)** "Provider" means a physician, podiatrist, dentist, optometrist or advanced practice nurse provider prescriber, physician assistant, or any licensed professional who is legally authorized to delegate acts within the scope of their practice.

~~**Note:** There was an inadvertent error in CR 15-099. "Advanced practice nurse provider" should be "advanced practice nurse prescriber" consistent with sub. (1) and s. 441.16, Stats. The error will be corrected in future rulemaking.~~

- (11) "R.N." means a registered nurse licensed under ch. 441, Stats., or a nurse who has a privilege to practice in Wisconsin under s. 441.51, Stats.
- (12) "L.P.N." means a licensed practical nurse licensed under ch. 441, Stats., or a nurse who has a privilege to practice in Wisconsin under s. 441.51, Stats.
- (13)** "Unlicensed Assistive Personnel (UAP)" means any unlicensed person who is at least 18 years old to whom nursing acts may be delegated and has received the appropriate education and documented training required to perform the delegated acts.

N 6.03 Standards of practice for registered nurses.

(1) General nursing procedures. An R.N. shall utilize the nursing process in the execution of general nursing procedures in the maintenance of health, prevention of illness or care of the ill. The nursing process consists of the steps of assessment, planning, intervention and evaluation. This standard is met through performance of each of the following steps of the nursing process:

(a) *Assessment.* Assessment is the systematic and continual collection and analysis of data about the health status of a patient culminating in the formulation of a nursing diagnosis.

(b) *Planning.* Planning is developing a nursing plan of care for a patient which includes goals and priorities derived from the nursing diagnosis.

(c) *Intervention.* Intervention is the nursing action to implement the plan of care by directly administering care or by directing and supervising nursing acts delegated to ~~L.P.N.'s~~ L.P.N.s, or ~~less-skilled-assistants~~ UAPs.

CHAPTER REDLINED AFTER PUBLIC HEARING

(d) *Evaluation.* Evaluation is the determination of a patient's progress or lack of progress toward goal achievement which may lead to modification of the nursing diagnosis.

(2) Performance of delegated acts. In the performance of delegated acts an R.N. shall do all of the following:

(a) Accept only those delegated acts for which there are protocols or written or verbal orders.

(b) Accept only those delegated acts for which the R.N. is competent to perform based on his or her nursing education, training or experience.

(c) Consult with a provider in cases where the R.N. knows or should know a delegated act may harm a patient.

(d) Perform delegated acts under the general supervision or direction of the provider who delegated the act.

(3) Supervision and direction of delegated acts. In the supervision and direction of delegated acts an R.N. shall do all of the following:

(a) Delegate tasks commensurate with educational preparation and demonstrated abilities of the person supervised.

(b) Provide direction and assistance to those supervised.

(c) Observe and monitor the activities of those supervised.

(d) Evaluate the effectiveness of acts performed under supervision.

N 6.04 Standards of practice for licensed practical nurses.

(1) Performance of acts in basic patient situations. In the performance of acts in basic patient situations, the L.P.N. shall, under the general supervision of an R.N. or the direction of a provider:

(a) Accept only patient care ~~assignments-delegated acts~~ which the L.P.N. is competent to perform.

(b) Provide basic nursing care.

(c) Record nursing care given and report to the appropriate person changes in the condition of a patient.

(d) Consult with a provider in cases where an L.P.N. knows or should know a delegated act may harm a patient.

(e) Perform the following other acts when applicable:

1. Assist with the collection of data.

2. Assist with the development and revision of a nursing care plan.

3. Reinforce the teaching provided by an R.N. or other provider and provide basic health care instruction.

CHAPTER REDLINED AFTER PUBLIC HEARING

4. Participate with other health team members in meeting basic patient needs.

(2) Performance of acts in complex patient situations. In the performance of acts in complex patient situations the L.P.N. shall do all of the following:

(a) Meet standards under sub. (1) under the general supervision of an R.N., physician, podiatrist, dentist or optometrist.

(b) Perform delegated acts beyond basic nursing care under the direct supervision of an R.N. or provider. An L.P.N. shall, upon request of the board, provide documentation of his or her nursing education, training or experience which prepares the L.P.N. to competently perform these ~~assignments~~ delegated acts.

(3) Assumption of charge nurse position in nursing homes. In assuming the position of charge nurse in a nursing home as defined in s. 50.04 (2) (b), Stats., an L.P.N. shall do all of the following:

(a) Follow written protocols and procedures developed and approved by an R.N.

(b) Manage and direct the nursing care and other activities of L.P.N.s and nursing support personnel under the general supervision of an R.N.

(c) Accept the charge nurse position only if prepared for the responsibilities of charge nurse based upon education, training and experience beyond the practical nurse curriculum. The L.P.N. shall, upon request of the board, provide documentation of the nursing education, training or experience which prepared the L.P.N. to competently assume the position of charge nurse.

N 6.05 Violations of standards. A violation of the standards of practice constitutes unprofessional conduct or misconduct and may result in the board limiting, suspending, revoking or denying renewal of the license or in the board reprimanding an R.N. or L.P.N.

**Board of Nursing
Rule Projects (Updated 06/03/2024)**

Permanent Rules

Clearinghouse Rule Number	Scope #	Scope Expiration	Date Scope Requested by Board	Rules Affected	Relating Clause	Synopsis	Stage of Rule Process	Next step
24-031	030-23	11/15/2025	2/9/2023	N 6	Delegated Acts	Review and update chapter N 6 to clarify and further define delegated acts.	Final rule draft discussion at the June meeting	Final rule draft and legislative report submission to Governor's office and, after approval, to Legislature.
			04/11/2024	N 8	Advanced Practice Nurse Prescribers	The Board will conduct a review of the educational and renewal requirements for APNPs licensure.	Scope Statement ready to be reviewed at the June meeting	

Scope Statements

Clearinghouse Rule Number	Scope #	Scope Expiration	Date Scope Requested by Board	Rules Affected	Relating Clause	Synopsis	Stage of Rule Process	Next step
			10/8/2020	N 8	APNP prescribing limitations	Review of limitations in N8 regarding APNPs prescribing certain drugs.	Scope submitted to Governor's Office, 11/24/20.	

Board of Nursing

			7/30/2020	N 8	Collaboration with other health care providers	Review of the collaboration requirements in N8 and other changes throughout the chapter.	Scope submitted to Governor's Office, 10/15/20.	
			6/11/2020	N 2	Temporary permits	Requirements for temporary permits to respond to a future emergency and may promulgate a permanent rule to allow the Board to grant a waiver of or variance to the requirements in emergency situations.	Scope submitted to Governor's Office on 10/15/20	



PUBLIC AGENDA REQUEST FORM

Instructions:

1. Fill out this form, and then save to your device.
2. Return to the “[Suggest an Agenda Item](#)” page and select the appropriate Board or Council from the Board/Council list.
3. Attach your completed “Public Agenda Request” form and send.

First Name: Kristin

Last Name: Waite-Labott

Association/Organization: Wisconsin Peer Alliance for Nurses, WisPAN

Subject: Nurse Mental Wellness Peer Support

Issue to Address:

From the Wisconsin Center for Nursing 2022 RN Report and the American Nurses Foundation Mental Health and Wellness survey May 2023 we have learned that:

- ▶ 48% of Wisconsin’s RN workforce reported that their mental and/or physical health was worse in 2022 as compared to before the COVID-19 pandemic.
- ▶ 2/3 of nurses are suffering mental anguish and are not seeking support.
- ▶ 56% say there is stigma associated with healthcare providers receiving mental health care.

To address this, WisPAN has launched peer support for nurse mental wellness in January of this year, 2024. We have been holding weekly peer support meetings to address issues facing nurses today. We are nurses supporting nurses. We would like to let nurses in Wisconsin know this resource is available to them. It is free and confidential.

Nurse Mental Wellness Peer Support

WISCONSIN PEER ALLIANCE FOR NURSES

KRISTIN WAITE-LABOTT BSN, RN, CARN, CPRC, FOUNDER AND PRESIDENT
JUNE 2024

**Wisconsin Peer Alliance
for Nurses**

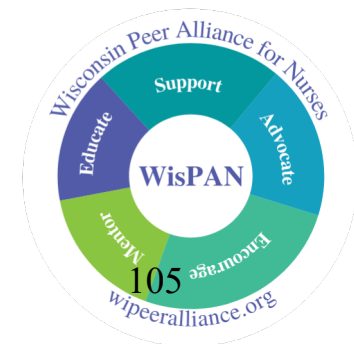
Nurses in Recovery Helping Nurses Recover
wiperalliance.org

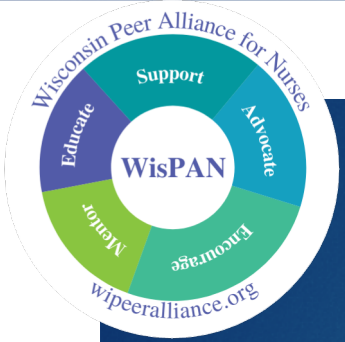


© 2023 wispan2021@gmail.com

Statistics and Nurses...

- ▶ 56% of nurses are experiencing burnout, including emotional exhaustion.
- ▶ 64% of nurses say they feel “a great deal of stress because of their job.”
- ▶ 2/3 of nurses are suffering mental anguish and are not seeking support.
- ▶ 56% say there is stigma associated with healthcare providers receiving mental health care.
- ▶ 48% of Wisconsin’s RN workforce reported that their mental and/or physical health was worse in 2022 as compared to before the COVID-19 pandemic.





What is WisPAN?

Wisconsin Peer Alliance for Nurses

▶ PEER Support

- ▶ For substance use issues and mental wellness
- ▶ A safe space, virtually
- ▶ Peer support groups
- ▶ 1:1 mentoring
- ▶ Advocacy



Education

- ▶ Medical facilities
- ▶ Academic institutions
- ▶ General public

- ▶ Website <https://wiperalliance.org/>
- ▶ Email wispan2021@gmail.com
- ▶ Phone 414-376-7002

WisPAN is a non-profit 501(c)3 organization

Introducing peer support for nurse mental wellness

Peer support connections: nurse to nurse



WEDNESDAYS STARTING
JANUARY 17, 2024
7:00-8:00 PM
VIRTUAL, FREE
CONFIDENTIAL

Open to any nurse who would like to
connect with other nurses. Come to
listen, share, learn, and explore

Contact WisPAN at
wispan2021@gmail.com
for the meeting link
or call 414-376-7002

BROUGHT TO YOU IN PARTNERSHIP WITH:
WLN, WNA, WONL

References

1. <https://wicenterfornursing.org/wp-content/uploads/2023/07/2022-RN-Report.pdf>
2. <https://www.nursingworld.org/news/news-releases/2023/the-american-nurses-foundation-says-action-is-still-needed-to-address-serious-nursing-workforce-challenges/>






RESOURCE DOCUMENT

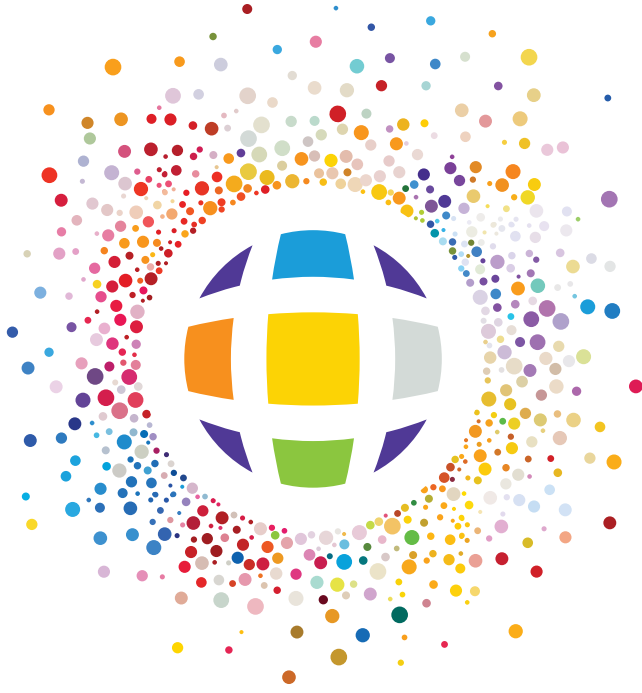
Nurse Mental Wellness

1. **Wisconsin Peer Alliance for Nurses (WisPAN):** <https://wiperalliance.org/>
wispan2021@gmail.com
2. National Suicide Prevention Lifeline: **988**, 1-800-273-8255 <https://suicidepreventionlifeline.org>
3. Wisconsin Helpline: 211 or 833-944-4673 <https://211wisconsin.communityos.org/addiction-helpline>
4. [American Nurses Foundation Well-being Initiative](#)
5. [ANA Healthy Nurse, Health Nation](#)
6. Nurse2Nurse Peer Support Helpline <https://nurse2nursenj.com/talk-to-us/>
7. The Emotional PPE Project free service to connect you with MH professionals
<https://emotionalppe.org/>
8. Therapy Aid Coalition free online therapy sessions for HCP <https://www.therapyaid.org/>
9. NurseGroups free confidential support for nurses <https://www.nursegroups.org/>
10. Operation Happy Nurse nonprofit nurse community to battle stress
<https://www.operationhappynurse.org/>
11. An Unlikely Addict: <http://www.unlikelyaddict.com/>
12. Dr. Lorna Breen Foundation: <https://drlornabreen.org>
13. StressPal, robust tools for resilience under fire: <https://stresspal.com/>
14. UC San Diego Healer Education Assessment and Referral (HEAR) Program
 - o <https://medschool.ucsd.edu/som/hear/Pages/default.aspx>
15. Wisconsin Nurses Association (WNA): <https://www.wisconsinnurses.org/>
16. Wisconsin Board of Nursing, Professional Assistance Procedure (PAP): [Professional Assistance Procedure](#)
17. Organizations have compiled resources to help healthcare professionals cope with stress and improve resilience:
 - o American Medical Association: [Managing Mental Health During COVID-19](#)
 - o Substance Abuse and Mental Health Services Administration (SAMHSA) [Tips for Healthcare Professionals](#)

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

AGENDA REQUEST FORM

1) Name and title of person submitting the request: Brad Wojciechowski, Executive Director		2) Date when request submitted: 5/31/2024 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: 6/13/2024	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Speaking Engagements, Travel, or Public Relation Requests, and Reports – Discussion and Consideration 1) NLC Commission and NCSBN Annual Meeting, Aug. 27-30, 2024 – Chicago, IL	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled? <i>(If yes, please complete Appearance Request for Non-DSPS Staff)</i> <input type="checkbox"/> Yes <Appearance Name(s)> <input type="checkbox"/> No	9) Name of Case Advisor(s), if applicable: <Click Here to Add Case Advisor Name or N/A>	
10) Describe the issue and action that should be addressed: Overview The 2024 NCSBN Annual Meeting is a three-day event, Aug. 28-30, 2024. This gathering of nursing regulators from across the country and the world includes the Delegate Assembly, candidate forum, committee forum, education sessions and elections.			
11) Authorization			
		5/31/2024	
Signature of person making this request		Date	
Supervisor (Only required for post agenda deadline items)		Date	
Executive Director signature (Indicates approval for post agenda deadline items)		Date	
Directions for including supporting documents: 1. This form should be saved with any other documents submitted to the Agenda Items folders. 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.			



EVERY MOMENT MATTERS

Realizing Lasting Impact

2024 NCSBN ANNUAL MEETING

AUG. 28–30, 2024 | CHICAGO

Program Schedule*

Tuesday, Aug. 27

8:00 am – 5:30 pm

Registration Opens

Zurich Ballroom Registration

Visit the registration desk to receive your registration materials and name badge. Name badges must be worn at all times in order to enter the NCSBN Annual Meeting sessions.

9:00 am – 12:00 pm

Nurse Licensure Compact (NLC) Commissioners Closed Private Meeting

NLC Commissioners only.

1:00 – 5:00 pm

NLC Commission Annual Meeting

Vevey

Open to the public starting at 1:00 pm

11:00 am – 5:00 pm

Wellness Room

St. Gallen 1

Relax, unwind and recharge in the NCSBN Wellness Room.

3:00 – 5:00 pm

Nominee from the Floor Interviews with the Leadership Succession Committee (LSC)

Lugano

Members who indicate their intention to be nominated from the floor are required to submit their completed application form and must meet with the LSC. Please visit the [Open Leadership Positions webpage](#) for more information.

6:00 – 8:00 pm

NCSBN Welcome Reception

Lincoln Park Zoo · 2400 N. Cannon Drive

NCSBN welcomes all attendees to the 2024 Annual Meeting. Please join us at **Lincoln Park Zoo Pepper Family Wildlife Center** for a networking reception. This is an opportunity to meet your 2024 candidates.

The reception is open to attendees only. Transportation will be provided. The shuttles will leave the Swissotel Chicago starting at **5:30 pm** and run continuously. The last shuttle bus will leave Lincoln Park Zoo Pepper Family Wildlife Center at 8:30 pm.

Wednesday, Aug. 28

6:30 – 7:30 am

Run/Walk Tour

Hotel Lobby

The maximum participant count for walk or run is 20 people, for a total of 40 attendees.

The run/walk is for registered attendees only. All participants will be required to sign a one-time waiver acknowledging participation is at their own risk.

7:30 – 9:00 am

Continental Breakfast

Zurich Ballroom Foyer

7:30 – 9:30 am

Organization Exchange

Zurich Ballroom Foyer

Stop by the Organization Exchange to learn about products and services pertinent to the work of NCSBN Members.



Program Schedule, continued*

7:30 am – 5:00 pm

Registration/Delegate Check-in

Zurich Ballroom Registration

Visit the registration desk to receive your registration materials and name badge. Name badges must be worn at all times in order to enter the NCSBN Annual Meeting sessions.

7:30 am – 5:00 pm

Wellness Room

St. Gallen 1

7:45 – 8:00 am

Resolutions Committee Orientation

St. Gallen 2

Open to Resolutions Committee members only.

8:00 – 9:00 am

Delegate Orientation

Vevey

Open to all attendees.

9:30 – 10:45 am

Delegate Assembly: Opening Ceremony

Zurich Ballroom

Welcome

- ◆ Opening Ceremony
 - Introductions
 - Announcements
 - Welcome Address
- ◆ Opening Reports
 - Credentials
 - Adoption of Standing Rules
- ◆ Adoption of Agenda
- ◆ Report of the LSC
 - Presentation of the 2025 Slate of Candidates
 - Nominations from Floor
 - Approval of the 2025 Slate of Candidates

10:45 – 11:15 am

Organization Exchange Break

Zurich Ballroom Foyer

11:15 – 11:35 am

President's Address

Zurich Ballroom

Jay Douglas, MSM, RN, CSAC, FRE

President, NCSBN Board of Directors;
Executive Director, Virginia Board of Nursing

11:35 am – 12:00 pm

CEO's Address

Zurich Ballroom

Phil Dickison, PhD, RN

CEO, NCSBN

12:00 – 1:45 pm

Lunch

Vevey

1:45 – 2:45 pm

Keynote: Global Leaders in RN: America's Health Responders

Zurich Ballroom

RDML Jennifer Moon, DNP, MPH, MSN, FNP-BC

Chief Nurse Officer, United States Public Health Service
Commissioned Corps

2:45 – 3:15 pm

Organization Exchange Break

Zurich Ballroom Foyer

3:15 – 4:15 pm

Candidate Forum

Zurich Ballroom

Tammy Buchholz, DNP, RN, CNE, FRE

Chair, NCSBN Leadership Succession Committee; Associate
Director for Education, North Dakota Board of Nursing

Hear from the candidates for NCSBN elected office.

4:15 – 4:30 pm

Committee Forums

Zurich Ballroom

Finance Committee

Lori Scheidt, MBA-HCM

Treasurer, NCSBN Board of Directors; Executive Director,
Missouri State Board of Nursing

4:30 – 5:00 pm

NCSBN Business Book Highlights

Zurich Ballroom

3:00 – 5:30 pm

Parliamentarian Office Hours

Lugano

Take this opportunity to ask the Parliamentarian questions and/or submit resolutions. Resolutions must be submitted by 3:30 pm on Thursday, Aug. 29.



Program Schedule, continued*

Thursday, Aug. 29

6:30 – 7:30 am

Yoga

St. Gallen 2 & 3

The maximum participant count is 40 people.

The class is for registered attendees only. All participants will be required to sign a one-time waiver acknowledging participation is at their own risk

7:30 – 8:30 am

Organization Exchange Breakfast

Zurich Ballroom Foyer

7:30 am – 5:00 pm

Registration/Delegate Check-in

Zurich Ballroom Registration

Visit the registration desk to receive your registration materials and name badge. Name badges must be worn at all times in order to enter the NCSBN Annual Meeting sessions.

7:30 am – 5:00 pm

Wellness Room

St. Gallen 1

8:30 – 9:00 am

Elections

Zurich Ballroom

9:00 – 9:30 am

Member Engagement

Zurich Ballroom

9:30 – 10:30 am

Measuring Impact

Zurich Ballroom

10:30 – 10:45 am

Delegate Assembly: Election Results

Zurich Ballroom

10:45 – 11:15 am

Organization Exchange Break

Zurich Ballroom Foyer

11:15 am – 12:15 pm

Measuring Impact Panel and Discussion

Zurich Ballroom

12:15 – 12:30 pm

Executive Officer Service Awards

Zurich Ballroom

Jay Douglas, MSM, RN, CSAC, FRE

President, NCSBN Board of Directors; Executive Director, Virginia Board of Nursing

12:30 – 3:30 pm

Knowledge Network Lunches

NCSBN Knowledge Networks are brainstorming discussions regarding regulatory trends and issues. Choose from the following options:

Montreaux 2 & 3

NCSBN Executive Officers

Open to NCSBN Executive Officers only.

St. Gallen 2 & 3

NCSBN Presidents

Open to NCSBN Presidents only.

Vevey

Regulatory Network

Open to all attendees.

2:00 – 3:30 pm

Parliamentarian Office Hours

Lugano

Take this opportunity to ask the Parliamentarian questions and/or submit resolutions. Resolutions must be submitted by 3:30 pm.

4:00 – 5:00 pm

Resolutions Committee Meeting

St. Gallen 2

Open to Resolutions Committee members only.

5:00 – 6:00 pm

Posed Award Recipient Photos

Monte Rosa

6:00 – 7:00 pm

Awards Dinner Reception

Vevey Foyer

7:00 – 9:30 pm

Awards Dinner & Ceremony

Vevey

Evening cocktail attire welcomed.



Program Schedule, continued*

Friday, Aug. 30

8:00 am – 12:00 pm
Registration/Delegate Check-in

8:00 am – 2:00 pm
Luggage Storage
Lugano

8:00 – 9:00 am
Pearson VUE Sponsored Breakfast
Vevey

9:00 – 10:00 am
Inspirational Keynote: The Power of Story and Song: Miguel's Meaningful Messages on Purpose, Resilience, and Hope
Zurich Ballroom

Miguel Cervantes

American actor, singer and activist best known for his role in the Chicago production of the Broadway musical *Hamilton*.

10:00 – 10:30 am

Break
Zurich Ballroom Foyer

10:30 – 11:00 am
Delegate Assembly
Zurich Ballroom

New business and closing ceremonies.

11:00 am – 12:00 pm
Boxed Lunch
Zurich Ballroom Foyer

Registration Information

Register for the 2024 NCSBN Annual Meeting meeting [online](#). Registration must be submitted by **July 29, 2024**.

Registration Fees

This meeting is only open to NCSBN U.S. Members, Associate Members and Exam User Members and nonmembers. The registration fee for NCSBN members is \$350 per member representative. The registration fee is complimentary for virtual attendees. The registration fee for non-members is \$450. The registration fee includes breakfasts, beverage breaks, lunches and meeting materials. The in-person attendee capacity for the meeting is 375 and is on a first come, first served basis. Online registration will stop once capacity is reached; a wait list will then be started. There is no maximum capacity of virtual attendees.

Registration may be paid by credit card or check. Payment is due by **July 20, 2024**. If you do not receive correspondence from the NCSBN Meetings department within one week of submitting your registration, please contact 312.525.3747 or by [email](#).

Cancellations

Registration cancellations must be received by **July 20, 2024**. No refunds will be provided after this date.

Attendees must contact NCSBN Meetings by [email](#) to cancel. Attendees are responsible for canceling all flight and hotel arrangements.

Meeting Cancellation Policy

In the event of a cancellation of the program by NCSBN, you will receive a refund of your registration fee. NCSBN is not responsible for any other costs, expenses or damages incurred by a program registrant as a result of any cancellation of the program, including without limitation any nonrefundable airfare or lodging deposits.

Accommodations

Swissôtel Chicago

323 E. Wacker Drive
Chicago, IL 60601
312.565.0565

Check in time: 3:00 pm

Check out time: 12:00 pm

To reserve your hotel room:

1. [Book online](#); or
2. Call 888.737.9477 referring to NCSBN room block to receive the NCSBN guest room rate.

The cut-off for the room block is July 29, 2024, or until the block is full, whichever comes first.



Registration Information, continued

Room Rate: **\$219** USD single/double rate and is subject to a tax of 17.4% state and local tax (subject to change). Failure to cancel a hotel reservation 48 hours prior to scheduled arrival may result in being charged one-night's stay.

Transportation

Airports

O'Hare International Airport (ORD)

Plan on approximately 40-70 minutes in travel time from the airport to the hotel depending on arrival time.

Midway International Airport (MDW)

Plan for approximately 30-60 minutes in travel time from the airport to the hotel depending on arrival time.

Taxis

Taxicabs are available on a first come, first serve basis from the lower level curbs in front of all terminals. There are no flat rates because taxicabs run on meters. Expect to spend approximately \$40 to \$50 USD and about an hour travel time for a taxicab ride from ORD to downtown Chicago; and \$30 to \$40 USD and 40 minutes for a taxicab ride from MDW to downtown Chicago. For wheelchair accessible vehicles, please call United Dispatch at 800.281.4466.

Rideshare

Uber and Lyft pick up and drop off at both ORD and MDW. Expect to spend approximately \$60 to \$80 USD for a ride from ORD to downtown Chicago; and \$30 to \$60 USD for a ride from MDW to downtown Chicago.

Public Transportation

The [Chicago Transit Authority \(CTA\)](#) is a fast and convenient way to travel to and from the airport, avoiding traffic. A one-trip fare is \$5.00 from the airport terminal and \$2.25 to the airport. The [Chicago Area Regional Transportation Authority](#) provides information for Metra and other regional train and bus transportation.

Video/Photography Policy

NCSBN plans to take photographs and/or capture video at the 2024 NCSBN Annual Meeting and reproduce it for use in NCSBN educational, news, marketing, or promotional material, whether in print, electronic or other media, including but not limited to the NCSBN website. By attending and/or participating in the 2024 NCSBN Annual Meeting, you grant NCSBN the right to use your image, audio and/or video for such purposes. All media taken at the event become the property of NCSBN and may be displayed, distributed, or used by NCSBN for any of the above-described purposes.

Continuing Education

Provider Number: ABNP1046, expiration date July 2027

Attire

Business attire is appropriate for all meeting functions. Meeting room temperatures fluctuate, dress in layers to ensure your comfort.

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

AGENDA REQUEST FORM

1) Name and title of person submitting the request: Brenda Taylor, Board Services Supervisor		2) Date when request submitted: 5/22/2024	
3) Name of Board: Board of Nursing			
4) Meeting Date: 6/13/2024	5) Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6) How should the item be titled on the agenda page? Newsletter Matters	
7) Place Item in: <input checked="" type="checkbox"/> Open Session	8) Is an appearance before the Board being scheduled? <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if applicable: N/A	
10) Describe the issue and action that should be addressed: Please discuss deadlines and consider topics for the next newsletter. October 2024 issue <ul style="list-style-type: none"> • Chairs Corner • Article Deadline: 8/29/2024 • Reminder Deadline: 8/15/2024 • Orders update May 2024-September 2024 January 2025 issue <ul style="list-style-type: none"> • Orders update October 2024-December 2024 May 2025 issue [May Nurses Month] <ul style="list-style-type: none"> • Chairs Corner • Orders update January-April 2025 Articles/Ideas: <ul style="list-style-type: none"> • Rotating Articles on Professional Nursing Roles • New Member introductions with headshots (<i>As needed for new appointments, subject to oath receipts</i>) • Rotating Articles on Nurse Administrative Code • Possible N6 Status update • Consider reports by Robert Weinman and Brad Wojciechowski for newsletter articles on retention and recruitment, pipeline and the impact of Exam Room AI and AI in practice. (<i>mentioned at October 2023 meeting</i>) • Possibilities in the Nursing Field/Reasons to Become a Nurse – Robert Weinman • Reminder to Update Contact Information – DSPS Staff • Archive: https://dsps.wi.gov/Pages/BoardsCouncils/Nursing/Newsletter.aspx 			
11) Authorization			
		5/20/24	
Signature of person making this request		Date	
Directions for including supporting documents: <ol style="list-style-type: none"> 1. This form should be saved with any other documents submitted to the Agenda Items folders. 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. 			