



**Dakota Nursing Program
Bismarck State College**



**Self-Study Presentation
for the
Associate Degree Nursing Program**

Prepared by the Director, Coordinator, and Nursing Faculty at
Bismarck State College

Submitted to the Accreditation Commission for Education in Nursing
(ACEN)

FALL 2015

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SECTION I: EXECUTIVE SUMMARY

GENERAL INFORMATION

- 1. Program type being reviewed, purpose, and dates of visit:**
Associate of Applied Science in Nursing (PN to AD completion) at Bismarck State College in Bismarck, ND and the distance site at Harvey, ND
Initial Approval
September 29 - October 1, 2015
- 2. Name and address of governing organization:**
Bismarck State College
1500 Edwards Ave
Bismarck, North Dakota 58506
701-224-5400
- 3. Name, credentials, and title of chief executive officer:**
Dr. Larry Skogen, President, Bismarck State College
- 4. Name of institutional accrediting body and accreditation status:**
Accredited by the Higher Learning Commission of the North Central Association of Colleges and Schools
Last Reaffirmation of Accreditation: **2011–2012**
Next Reaffirmation of Accreditation: **2018–2019**
- 5. Name and address of nursing education unit:**
Dakota Nursing Program at Bismarck State College
Allied Health Campus – BSC
500 E. Front Ave. Suite #221
Bismarck, ND 58506
- 6. Name and credentials of the nurse administrator**
Suzie McShane, MSN, RN, Associate Professor and Coordinator
- 7. Telephone, fax number, and email address of the nurse administrator:**
Telephone: (701) 224-2476
Fax number: (701) 255-5098
Email: suzie.mcshane@bismarckstate.edu
- 8. Name of State Board of Nursing and approval status (date of last review and action):**
North Dakota Board of Nursing
919 South 7th Street, Suite 504
Bismarck, ND 58504-5881
Approval Status: Last review in March 2014 with full approval through March 2019
- 9. ACEN Accreditation Standards and Criteria used to prepare the Self-Study Report:**
2013 Accreditation Standards and Criteria, Associate Degree

INTRODUCTION

The city of Bismarck was founded in 1872 and has been the capital of North Dakota and county seat of Burleigh County since North Dakota was admitted to the Union in 1889. It is the second most populated city in ND after Fargo. Bismarck is located on the east bank of the Missouri River and its sister city, Mandan, is located directly across the river on the west bank. Bismarck's city population was 61,272 in 2010. Bismarck-Mandan and the surrounding area have a growing population of more than 100,000. The racial makeup of the city was stated to be 92.4% White, 0.7% African American, 4.5% Native American, 0.6% Asian, 0.3% from other races, and 1.5% from two or more races. Hispanic or Latino of any race were 1.3% of the population.

Bismarck State College (BSC) is a two-year public college, largest degree-granting institution in the city, and the third largest college in the ND University System, BSC provides a rich college experience including opportunities for involvement in student publications, organizations and government as well as music and performing arts, intramurals and varsity athletics. On-campus housing is available in four residence halls and students have membership at the state-of-the-art BSC Aquatic & Wellness Center. Enrollment is slightly greater than 4,000 for credit students. The 107-acre campus, in the vibrant, capital city of Bismarck, is beautifully situated overlooking the Missouri River with easy access to the Interstate as well as Bismarck's many amenities.

BSC is part of the Dakota Nursing Program consortium. This is a consortium of four community colleges who offer a practical nursing certificate and an associate degree nursing completion program in collaboration with the Dakota Nursing Program (DNP) that prepares students for NCLEX RN® eligibility. The program lab and clinical courses are delivered onsite at each campus and distance site, and the didactic courses are delivered via interactive video network (IVN) to the colleges and sites within the DNP. The organizational structure of the DNP allows sharing of all nursing courses, curriculum, policies, operational procedures and many resources. This collaborative program among four institutions utilizes one Nursing Director for the associate degree nursing and practical nursing program, a nursing coordinator/faculty at each college campus, one mission, philosophy, student learning outcomes, program outcomes, and a shared curriculum with shared theory courses on IVN to the campuses, with laboratory and clinical experiences at designated sites.

The consortium members and their distance sites are:

1. Bismarck State College (BSC) in Bismarck, ND
 - a. BSC at Harvey (PN and AD alternating years)
 - b. BSC at Hazen (PN only)
2. Dakota College at Bottineau (DCB) in Bottineau, ND
 - a. DCB at Minot (PN and AD)
 - b. DCB at Rugby (PN only)
 - c. DCB at Valley City (PN and AD)
3. Lake Region State College (LRSC) in Devils Lake, ND
 - a. LRSC at Mayville (PN and AD)
 - b. LRSC at Grand Forks (PN only)
4. Williston State College (WSC) in Williston, ND
 - a. WSC at Fort Berthold Community College in New Town (PN and AD)

This accreditation request is just for the BSC associate degree program located on campus in Bismarck and for the distance site in Harvey, ND. BSC is approved by the ND Board of Nursing to provide the Practical Nursing Certificate and the Associate Degree (AD) in nursing via distance education at Harvey, ND in collaboration with St. Aloisius Medical Center. The two programs are delivered in alternating years so that the faculty member can be optimized for both programs. The AD program will graduate a Harvey cohort in May, 2015 and start a PN cohort in fall 2015 with plans to start another AD cohort in fall 2016. BSC has delivered the PN program in AY 12, 13, and 14 to Harvey.

BSC also provides the Certificate Practical Nursing program via distance education at Hazen, ND in collaboration with Sakakawea Medical Center. The students who graduate from this program may articulate into the AD program at Bismarck.

There are three full-time faculty and four part-time faculty shared between the PN and AD programs at BSC. One of the four part-time faculty is located at the PN and AD distance site in Harvey. There are three part-time faculty who work in only the PN program, and one of these is located at the PN distance site in Hazen. Prospective fall 2015 numbers are twenty AD students in Bismarck, twenty PN students in Bismarck, four PN students in Harvey, and four PN students in Hazen for a total of fifty-eight students.

The associate degree in nursing program is 31 credits and two semesters in length. The majority of students in the Associate Degree program articulate in from the DNP Practical Nursing Certificate program which is 42 credits and three semesters in length. There is a second entry option designed to admit LPNs as incoming advance-standing AD students. Advance-standing students complete all general education courses that are part of the PN Certificate program and then complete the same 31 credit and two semester program as the other AD students. Evidence of an active and unencumbered Practical Nursing license (LPN) is required and accepted for the Practical Nursing courses taken within another PN program and for students who have been out of the DNP for a year. The Practical Nursing certificate and the Associate Degree completion program combined equal 73 credits.

HISTORY OF THE NURSING EDUCATION UNIT

During the 2003 legislative session, HB 1245 changed the law in North Dakota to permit Associate Degree Nursing (two-year) programs to prepare students to test for licensure as Registered Nurses and as Practical Nurses. To address this change, North Dakota Community Colleges (Bismarck State College, Lake Region State College, Dakota College at Bottineau, and Williston State College) developed the Dakota Nursing Program to deliver a certificate practical nursing program and associate degree nurse program. The North Dakota State Board of Higher Education (SBHE), March, 2004, approved the four campuses to offer the Dakota Nursing Program to deliver the Associate Degree Nursing (ADN) program and the Certificate in Practical Nursing (PN). The North Dakota State Board of Nursing gave initial approval of the Dakota Nursing Program PN Certificate in July, 2004, and the ADN (RN) program in September, 2004.

BSC graduated its first group of certificate PN students in July, 2005 and RN students in May, 2005. The nursing department was originally located on the BSC campus in the Jack Science Center. The nursing department moved to its current location in the Allied Health Building in downtown Bismarck in August, 2005. The Allied Health Building is conveniently located near the two major medical centers and is just one floor up from the public health department. Nursing shares the Allied Health space with medical lab science, surgical technician, paramedic, and CNA programs. The nursing department houses offices for faculty and staff, classrooms, IVN room, testing room, labs, simulation center, and conference room. The nursing

department at Harvey houses an office for faculty, a classroom/IVN room, and a laboratory with a simulation area.

Major curricular revisions and innovations have taken place over the past couple of years and is described in standard four. A major point of note is that the academic requirements, nursing curriculum, and clinical expectations are identical for the entire consortium, on campus in Bismarck, and for the distance site at Harvey students. Support services for the Harvey students, although provided differently, are the same as those provided for the Bismarck students.

SUMMARY OF STANDARDS AND CRITERIA:

Standard 1: Mission and Administrative Capacity

The mission statements of BSC and the DNP nursing program are congruent in at least three areas. Nurse administrators and faculty have authority to implement the nursing program and achieve the student learning and program outcomes.

The organizational structure of the college allows for the director, coordinator, faculty, and students to participate in the governance process in both the college governance and department of nursing. Students have adequate opportunities to participate in governance and are engaging in this process.

Communities of interest participate in program processes through the advisory committees. The input received from committee members is valued and is used for program evaluation and decision-making. Program partnerships help to promote excellence in nursing education by providing programmatic support. Articulation agreements are in place at three ND universities for smooth transfer to a BSN program.

The coordinator and director are qualified and authorized to administer the nursing programs. They both have many years of experience in health care and nursing education, and meet the governing organization and state requirements. BSC Administration is supportive of the nurse administration and allows, with faculty input, the dedication of budgets and resources to administer the program, support the curriculum, and respond to student needs.

Standard 2: Faculty and Staff

Credentials of faculty meet the college, ND Board of Nursing, and ACEN requirements. All full-time and part-time faculty members are licensed Registered Nurses in the state of North

Dakota. All full-time and 75% of part-time faculty hold a minimum of a graduate degree with a major in nursing.

Preceptors are qualified and support clinical experiences for the students. They are oriented, mentored, and monitored by nursing faculty and have clear roles and responsibilities outlined in the preceptor packet of information.

There are sufficient numbers of faculty and staff to ensure that program outcomes and student learning outcomes are achieved. New faculty members are oriented and mentored to the role by faculty and the coordinator. Each faculty member is assigned a mentor who assists in the support and development of the new faculty.

Full- and part-time nursing faculty members are evaluated annually, generally in the spring semester according to the DNP evaluation policy. Evaluation for promotion, and/or tenure is completed in accordance with the college's policies. Faculty members engage in developmental activities that are related to increasing knowledge in their field of expertise and also evidence based teaching scholarship. Faculty complete scholarship activities forms each year which outline their participation in evidence based teaching. All faculty and staff receive technological support, as needed.

Standard 3: Students

Students are governed by the policies of BSC and the DNP. Nursing policies are congruent with those of the college except as they apply to the requirements for success in the nursing program. Policies are readily accessible to students, are non-discriminatory and are consistently applied.

The public information is monitored for accuracy and consistency. Changes in policies and program information, including ACEN accreditation information, are communicated to students in a timely manner.

Student success support is provided by student services. Distance delivery students have access to student services at BSC. Student educational and financial records are maintained according to the governing organization and federal guidelines. Policies and procedures for maintenance of student educational and financial records within the University and the College are in compliance with state and federal regulations. The University has a written, comprehensive student loan repayment program. Students are notified of their financial obligations and ethical responsibilities. A policy is in place to address grievances.

Orientation to technology is provided for faculty. Technology support is available for all students receiving instruction using alternative methods of delivery. Information related to technology requirements and policies for students enrolled in distance education is clear, accurate, consistent, and accessible.

Standard 4: Curriculum

The mission, philosophy, student outcomes, and program outcomes were revised in 2014 to update curriculum with the NLN Outcomes and Competency Framework (2010), and with the Quality Safety Education for Nursing (QSEN). The curriculum is organized from simple to complex and integrates professional standards, national guidelines, and follows state requirements for nursing education programs. Course outcomes are linked to the graduate student learning outcomes (which are the role specific competencies in this program).

Faculty developed the new curriculum and conducts ongoing review of the program for rigor and currency. Decisions are made based on evidence based practice and teaching as well as surveys and evaluations soliciting input from student, faculty, and the advisory committee. The curriculum includes best practice standards and is guided by educational theory, interdisciplinary collaboration, and research. Faculty uses a variety of evaluation methods based on student learning and program outcomes. The curriculum includes concepts regarding cultural, ethnic, and socially diverse groups. Simulation (high and low fidelity) is used in the program to achieve outcomes and prepare the student for practice in realistic environment. Clinical agencies reflect best practices and nationally established patient health and safety goals. Written agreements are maintained for all clinical facilities The Joint Commission National Patient Safety Goals (hospitals) are discussed in didactic and clinical courses.

Standard 5: Resources

BSC is supportive of the nursing program and provides adequate fiscal resources to ensure the achievement of the student learning outcomes and program outcomes. Sources of financial support come from state appropriations, clinical course fees, program fees, and grants.

Physical resources are sufficient to ensure the achievement of the nursing education unit outcomes and meet the needs of faculty, staff, and students. Information Technology (IT) staff assist students and faculty with technological challenges. The IT staff is available via the online Help Desk, email, and phone consultation. There are dedicated classrooms and skills labs for the

nursing students. Classrooms are equipped with audio-visual equipment and wireless internet is available throughout the building. All full-time faculty members have office space with a computer, desk, file cabinet, and bookshelves. Part-time faculty share an office and use a conference room or classroom to meet privately with students.

Learning resources are current, comprehensive, and available to faculty and students. Simulation activities are designed and based on best practices. Learning resources, associated with the library, and departmental resources are current and comprehensive. Nursing faculty have input into the selection, development, and maintenance of learning resources. Resources, including fiscal, physical, student services, technology support, and learning resources are available and adequate for the needs of both campus based and distance education faculty and students.

Standard 6: Outcomes

The Dakota Nursing Program uses a program evaluation plan (PEP) to evaluate student learning outcomes (role specific competencies), program outcomes, and ACEN Standards. This plan is evaluated and revised annually by the faculty. The program is improving how it aggregates and trends program evaluation data. The data is sufficient to inform program decision-making for maintaining and improving the majority of student learning and program outcomes. The nursing program shares the results of the PEP with the communities of interest and the students by discussion at the advisory committee.

The aggregated and trended program outcomes are summarized below:

1. **NCLEX RN pass rate** – the benchmark is met.
2. **Program completion** – the benchmark is met.
3. **Graduate satisfaction** – the benchmark is met. For previous years the data was sufficient but was only collected on a consortium level. The data is now being collected for college and sites.
4. **Employer satisfaction** – the benchmark is met. The data was not collected per college previously, it is being collected for college and site with the current survey – in process of being compiled now.
5. **Job placement rates** – the benchmark is met.

ANALYSIS AND SUMMARY OF STRENGTHS AND AREAS NEEDING DEVELOPMENT

Table 1: Analysis of Strengths and Areas Needing Development		
Standard	Strengths	Areas Needing Development
1. Administration	Supportive administration who want to see the nursing program succeed.	Explore options for effective use of support staff.
2. Faculty	<p>A full team of qualified faculty.</p> <p>Nurse administrators have experience in nursing practice, leadership and management, and nursing education.</p> <p>Good orientation and mentoring plan.</p>	<p>Support faculty who are in graduate program.</p> <p>Continue to work with faculty to increase knowledge regarding ACEN accreditation and PEP analysis.</p>
3. Students	Distance education students are achieving outcomes at equitable rate as on campus students.	
4. Curriculum	<p>An updated curriculum aligned with national standards.</p> <p>Faculty have blueprinted all course exams.</p> <p>Program length now congruent with national standards and best practices – decreased total credits by five and eliminated CNA requirement.</p> <p>Members of the new statewide simulation users group.</p>	Work with faculty to increase ability to do item and test analysis.
5. Resources	<p>Up to date nursing building and classrooms with designated simulation area.</p> <p>The program uses technology in the classroom, lab, and clinical, and prepares students to use this in practice.</p> <p>Library resources are current and accessible to students.</p>	
6. Outcomes	<p>An updated Program Evaluation Plan (PEP) with measureable outcomes.</p> <p>A strong database of current and former student information.</p> <p>Good NCLEX RN pass rates.</p>	<p>The program is in process of starting to collect data for the graduate survey and employer survey for each campus and site versus just the consortium.</p> <p>Analysis of the program data in a time efficient manner.</p>

		<p>Continue to work on measurable outcomes for all PEP ELAs.</p> <p>Start to compile numbers for completion rate accounting for students who return to the program.</p> <p>The graduate and employer surveys have been going out in the summer generally 12-15 months post-graduation. The surveys will now go out earlier before the 12 month mark.</p>
<p>Future Program Plans: In the future the Dakota Nursing Program plans on analyzing program evaluation related to the curriculum changes of 2014-2015. The program will continue to work to develop articulation agreements with more RN to BSN and RN to MSN programs. Research will occur in the areas of data analysis and storage. The program will implement more simulation. Recruitment and retention of faculty will become an issue as the current faculty edge toward retirement so plans on developing ways to maintain good faculty numbers will become important.</p>		

Standard 1 - Mission and Administrative Capacity

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

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

The Bismarck State College (BSC) mission statement is found at <http://www.bismarckstate.edu/about/goals/> and states: "Bismarck State College, an innovative community college, offers high quality education, workforce training, and enrichment programs reaching local and global communities."

The student learning outcomes (may also be referred to as role specific competencies) are found in the nursing student handbook, Table 1.1, and are stated below:

Associate Degree Nursing Program Student Learning Outcomes (Role Specific Competencies)

Teamwork and Communication:

Collaborate with clients and members of the interdisciplinary health care team to optimize effective communication, caring behaviors, and management of client needs.

Professionalism and Leadership:

Adhere to professional standards and scope of practice as an associate degree registered nurse while pursuing professional growth and acting as a leader and change agent within legal, ethical and regulatory frameworks.

Client-Centered Care:

Provide culturally competent care and advocate for clients while promoting their self-determination and integrity.

Evidence-Based Practice and Nursing Judgment:

Implement nursing judgment to make safe, effective, and evidenced-based decisions that integrate science and the nursing process in providing holistic client care.

Quality Improvement and Safety:

Incorporate a spirit of inquiry to make evidence based clinical judgments and management decisions to improve the safety and quality of care across a variety of systems.

Informatics:

Integrate current technology to support decision-making and manage information in the delivery of client care.

Table 1.1 demonstrates congruency in the following three areas between nursing program mission/philosophy and outcomes with the BSC Mission. The areas of congruency are:

1. Quality Education which incorporates the evidence-based nursing education into client centered care.
2. Workforce training which becomes the foundation of professional advancement and also incorporates quality and safe client care as part of that professionalism.
3. Community and collaboration are two priority areas of this community college and the nursing program.

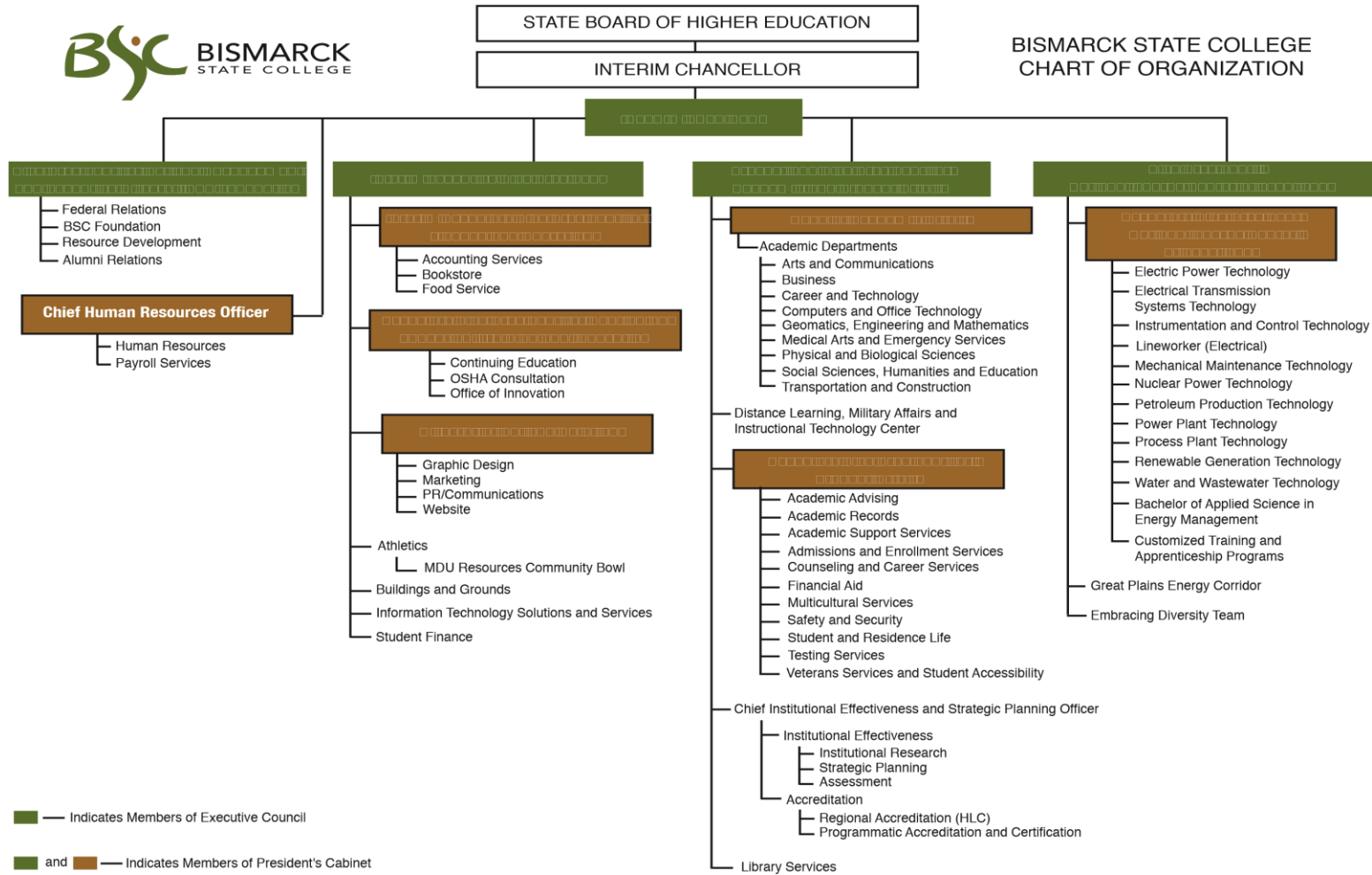
BSC Mission Excerpts	Dakota Nursing Program (DNP) Mission	DNP Philosophy Excerpts	DNP Student Learning Outcome Areas
High <u>Quality Education</u>	The Dakota Nursing Program provides <u>quality evidence-based nursing education</u> for practical and associate degree nurses,	Faculty is committed to excellence in maintaining expertise and ensuring holistic <u>patient-centered care through evidence-based quality nursing education.</u>	<ul style="list-style-type: none"> • Client centered care • Evidence based practice and nursing judgment
<u>Workforce training and enrichment programs</u>	-serves as a <u>foundation for further professional advancement</u> and	-by <u>enhancing professional advancement, utilizing technology, and integrating quality and safety competencies.</u> Students are recognized as diverse and unique individuals who are encouraged to <u>achieve their optimal potential.</u>	<ul style="list-style-type: none"> • Professionalism and Leadership • Client centered care • Quality improvement and safety • Informatics
Reaching local and global <u>communities</u>	<u>-contributes collaboratively</u> to meet the diverse health care needs of the <u>communities</u> it serves.	In congruence with the purpose and mission of the Dakota Nursing Program, the philosophy is designed to meet the needs of <u>communities.</u>	<ul style="list-style-type: none"> • Teamwork and communication

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

The BSC Organizational Chart, Figure 1.2.1, shows the nursing department within the Medical Arts and Emergency Services area. The Dean of Academic affairs manages this area and is a member of the president's cabinet. The Provost and Vice President for Academic and Student Affairs is a member of the administrative council and is also a member of the Nursing Academic Officer team that meets on a monthly basis with the other academic officers from the Dakota Nursing Program partnership.

The DNP Organizational Chart, Figure 1.2.2, shows the link between the Provost and Vice President of Academic and Student Affairs with the other academic officers and the nursing director. The nursing director has responsibility for the program administration at the four partner campuses including joint supervision of the nursing coordinator with the BSC Medical Arts and Emergency Services Chair. The nursing coordinator has responsibility for the day to day operations at BSC and supervises faculty in collaboration with the BSC Medical Arts and Emergency Services Chair.

Figure 1.2.1 Bismarck State College Organizational Chart



Revised 8/6/14 CLR-057-0714

The DNP director meets with the academic officers from the four partner campuses each month, except August. The team makes decisions on major changes affecting the partnership. The DNP budget which includes salary and travel for the nursing director and DNP administrative assistant as well as shared expenses is negotiated each spring. The Memorandum of Understanding (MOU) between the campuses is reviewed and signed annually. The MOU will be available for review in the evidence room.

The Leadership Team members are the nursing director and the nursing coordinators from each of the four partner campuses. This team meets at least monthly. One of the meetings, generally in April, is a joint meeting with the academic officers. The leadership team will:

- Develop and implement the consortium nursing programs' curriculum subject to the policies and procedures of the partner colleges.
- Develop and implement policies of the consortium nursing program within the framework of the partner colleges.
- Collaborate on the strategic plan of the Dakota Nursing Program within the framework of the partner colleges.

Director, nurse coordinators, full-time faculty, and part-time instructors participate in the DNP Faculty and Student Affairs committee. This committee serves as a liaison between faculty and students and acts on recommendations from other standing committees. This team also develops, implements, and evaluates policies, faculty orientations, student orientations, program handbooks and the Program evaluation plan (PEP). Each campus faculty also meets locally to manage the program responsibilities on their own campus.

The coordinators and full-time faculty at each campus meet annually and as needed as the Admissions and Progressions Committee. The Director is consulted for complex admission and progression issues.

The Director, nurse coordinators and full-time faculty (part-time instructors are also encouraged but not required to attend) participate in DNP standing committees and their corresponding meetings, for example, the curriculum committee meetings.

The DNP faculty handbook is electronically located on eCollege under "Faculty Forum"; the bylaws are found under meeting resources detailing membership and responsibilities of each committee and will be available in the evidence room. Meeting minutes for all meetings noted above, including attendance, will also be available in the evidence room.

Faculty participation on college committees is promoted as appropriate. FT Coordinator is a senator on the Faculty Senate representing the Medical Arts & Emergency Services (Allied Health Campus) at BSC. Senators have voting rights on Faculty Senate and ask BSC faculty members to contribute to campus decision making. Meetings are held monthly at the main campus and information is conveyed during monthly meetings to update all faculty on campus concerns, asking for input. Faculty members are also involved in the Healthy BSC committee with campus health promotion activities. FT faculty members is also on Campus Computer Steering Committee. Table 1.2.1 lists the faculty and administrator committees for the past year.

Table 1.2.1 Faculty and Administrator Committees 2014-2015		
Administrator Names	College Committees	Nursing Committees
Julie Traynor, Director	Academic Officers Team	Leadership Team, Chair Faculty and Student Affairs, Chair Curriculum
Suzie McShane, Coordinator	Faculty Senate – Senator Healthy BSC Committee	Leadership Team Faculty and Student Affairs Curriculum Admission and Progression, Chair Advisory Board Meetings
Faculty Names	College Committees	Nursing Committees
Annie Paulson	BSC Computer Steering Committee Healthy BSC Committee	Faculty and Student Affairs Curriculum Admission and Progression Advisory Board Meetings
Melanie Krentz	New FT faculty- 1 st year college committee assignments will be made in September.	Faculty and Student Affairs Curriculum Admission and Progression Advisory Board Meetings
Deborah Cave	New FT faculty – 1 st year college committee assignments will be made in September.	Faculty and Student Affairs Curriculum Admission and Progression Advisory Board Meetings
Anna Anderson	PT faculty are not eligible to be on college committees	Faculty and Student Affairs
Roger Buechler	PT faculty are not eligible to be on college committees	Faculty and Student Affairs
Deb McAvoy	PT faculty are not eligible to be on college committees	Faculty and Student Affairs

All DNP nursing students are eligible to participate in local student nurse organizations and college committees/student governance. All students are encouraged to participate in the Student Nursing Organization (SNO). This group meets monthly to discuss upcoming community and college events, brainstorm ways to give back to the community and address any

concerns with the program which the student reps can bring to the faculty/administration or the Faculty and Student Affairs committee. SNO elects a president, vice-president, secretary and representatives to serve as a liaison on the Advisory Board and Faculty Student Affairs. The SNO binder will be available in the evidence room.

Students are encouraged to become involved in committees/student governances at BSC at the beginning of the academic year. Student representatives are elected to the DNP faculty and student affairs committee each year. In an effort to determine if students feel this is effective the following question was added to the student exit survey and it was determined that students agree that elected student representatives are an effective means of participation in program governance and ongoing communication with faculty.

Table 1.2.2 Exit Survey results for ADN Graduating Class of 2015 – Student Representatives				
		Likert Scale 1-5		
<i>Standard</i>	<i>Question</i>	Bismarck	Harvey	Combined BSC
	<i>Response Rate</i>	12/22 54.5%	0/2 0%	12/24 50%
1.2	The elected student representatives were an effective means of participation in program governance and ongoing communication with faculty.	4.42 Mean score	0 Mean score	4.42 Mean score

Table 1.2.3 lists the individual students and their involvement in governance.

Table 1.2.3 Student Involvement in Governance			
Activity/Date/Students	2012-2013	2013-2014	2014-2015
Fall Advisory Board	N/A	N/A	Plan to add students in fall 2015
Spring Advisory Board	N/A	N/A	Plan to add students in fall 2015
Faculty and Student Affairs - Student Representatives	Angie Rislov AD Cassidy Rhone -PN	Cassidy Rhone –AD Heather Berry - PN	Heather Berry- AD Jeremy Thuney - PN
BSC Student Governance - Student Representatives	N/A	N/A	Shelly Maralis-Senator for BSC Student Governance

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

Meetings between faculty and community/clinical agency representatives are held twice each year at the BSC Advisory Committee meetings. . Input into program processes and decision making is solicited. BSC faculty meets with the nursing advisory board each fall and spring. Program outcomes are shared with the advisory board members. The minutes of these meetings will be available in the evidence room. BSC faculty meet quarterly throughout the year at CHI-St. Alexius meeting with the Managers to discuss updates, questions, and concerns with the collaborative efforts of DNP-BSC regarding clinical placement. Input is asked of clinical partners in regard to graduates preparation and enhancements into our program curriculum. CHI St. Alexius is also represented on the BSC advisory committee.

Faculty member (Annie Paulson) communicates with VIBRA health care as a clinical partner to facilitate program decision making with evidence based practice considerations. VIBRA is represented on the BSC advisory committee as well with committee members. Sanford Health partnership is maintained with the advisory committee member representation, and periodic meetings with administration to discuss clinical sites, graduate employee opportunities and program enhancement.

Outlying clinical facility relationships are maintained with advisory member input on curriculum. Participants include clinical agency partners, and previous students at this point. Current students, a public member, and RN to BSN partners will be invited starting fall 2015. Clinical agency partners provide feedback on clinical experiences, satisfaction with graduates, and insights into new procedures and personnel practices.

Examples of some of the programs of work the advisory committees were involved in were to start an IV therapy course for the practical nurses. This past year the advisory committee identified a need for the students to have increased critical communication skills. The work in this area will be addressed at the fall advisory board meeting. The advisory committee also made reference to the importance of graduates and professionalism, and how important attendance and punctuality is to be enforced and the "bar should be set high" for the nursing profession. A survey of the advisory committee members reveals that they feel they have input into the program as noted in Table 1.3.

Table 1.3 Survey results for the Spring Advisory Committee Evaluation		
		Likert Scale 1-4
<i>Standard</i>	<i>Question</i>	Bismarck
	<i>Response Rate</i>	7/12 58.3%
1.3	I feel the members of the committee have input into the nursing processes and decision making.	3.86 Mean score

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

Partnerships – UND-BSC Student Health collaboration

UND and BSC have combined efforts in providing an on campus student health partnership. Family practice resident physicians teamed up with student nurses provide clinic care two days a week located in the armory on campus. Student nurses help with client intake, assessment and delivery of care along with a flu shot clinic in the fall.

Partnerships - ND Nursing Professional and Regulatory Agencies:

- *ND Center for Nursing* - Julie Traynor is a member of the research committee
- *ND Board of Nursing* - DNP consortium colleagues Kim Brown and Gail Raasakka are members of the BON Practice Committee; Janet Johnson on the BON Education Committee
- *College and University Nursing Education Association (CUNEA)* – The DNP Director and Program Coordinators of each college in the consortium are all members of CUNEA and meet several times per year. Partnering in an active way with the state professional and regulatory agencies benefits the program and students by ensuring that the DNP maintains current knowledge of state and national standards in nursing education, regulation, and evidence based practice.

Partnerships - Grant Opportunities:

Bremer Foundation – \$58,000 matched funds. Total of \$117,000 funding towards simulation. The home campus in Bismarck bought Pediatric Hal, SimMan 3G, and infant simulator. The site at Harvey received a Pediatric Hal and ALS simulator.

ND Legislature 2013-14 (\$46,672) and recent funding for the 2015-16 biennium appears to be \$49,000. The money went toward purchase of SimChart codes for students at Bismarck and

Harvey. It was also used for simulation replacement and warranties of current equipment as well as a simulation conference for one of the faculty. The use of simulation in the lab has enhanced the students' ability to critically think and demonstrate teamwork and collaboration. Simulation is used in the NURS227 and NURS237 curriculum.

Articulation Agreements with BSN programs:

BSC has RN-to-BSN articulation agreements with three North Dakota Universities:

Mayville State University

Minot State University

University of Mary

Total credits after completion of the PN certificate, AAS in nursing, and the RN-to-BSN curriculum at these three colleges ranges from 121 to 124 credits. AD students are encouraged to articulate to either an RN-to-BSN or RN-to-MSN program after they graduate and become licensed as RNs. Faculty from the RN-to-BSN programs are invited to the campus for facilitation of these relationships. The programs of study for each of these programs are noted in Appendix E: DNP RN-to-BSN Programs of Study. Full articulation agreements can be found at www.dakotanursing.org and will also be available in the nursing evidence room.

The ADN graduates benefit from these articulation agreements as they streamline the process of acquiring a BSN. The student is able to plan ahead, take the correct courses, meet deadlines, and have a more efficient advising process at the universities where articulation agreements exist. The Dakota Nursing Program is also working with other state BSN programs to set up additional articulation agreements.

Partnerships – Service Learning Projects:

Partnerships between the community and nursing program are important to the success of our students. BSC Student Health is open two days per week and there is an agreement with UND family practice for a provider and nurse to work with a nursing student from BSC to provide health care services to the students and employees of BSC.

The Student Nurse Organization (SNO) has partnerships with United Blood Services to host blood drives, Ruth Meier's Hospitality House, and most recently has implemented and agreement with the ND Department of Health Emergency Preparedness and Response Program to become volunteers and participate in drills.

The Student Nurse Organization also has a partnership with the God's Child Project, a local organization which provides health and community-based services for widowed, abandoned, and single mothers and their dependents in Guatemala, El Salvador, Malawi, and India. The BSC nursing students have volunteered on service learning projects in Antigua, Guatemala in 2014 and 2015 to build homes and provide health services to the poor. The nursing students fundraised for the trip, with a nursing instructor and other volunteers. The God's Child Project directs the experience and the students complete reflection on the experience. All members of SNO are encouraged to volunteer locally with the God's Child Project.

1.5 The nursing education unit is administered by a nurse who holds a graduate degree with a major in nursing.

Suzie McShane MSN, RN obtained a graduate degree in 2006 from the University of Mary, Bismarck, ND. The degree is a Master of Science in Nursing Education.

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

Suzie McShane has 14 years of registered nursing experience with 10 of those years as a nursing instructor. Her background history in nursing includes Same Day Surgery, ICU, Pre-operative, and Post op care. Suzie worked as a graduate teaching Assistant in 2004 with the University of Mary Nursing program, and BSC Dakota Nursing program in 2004 as an adjunct instructor transitioning into a full time faculty member. In 2006 Suzie was offered the Nursing Coordinator position. Suzie has been involved in numerous professional nursing organizations, as well as BSC Faculty Senate (two terms), and Healthy BSC committee. See Table 1.6. Suzie McShane's CV, transcripts, and position description will be available in the evidence room.

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

Julie Traynor, Director of the Dakota Nursing program has over thirty years of experience as a nurse. Her background includes twenty years of experience in critical care, long term care, hospital supervisor, and the past fourteen years in nursing education. She has been the director since 2007. Ms. Traynor has been involved in many professional activities. She is currently a member of the CHI St Alexius, Devils Lake, Hospital Board of Directors and was a

member of the ND Board of Nursing for two four year terms from 2006-2014. During her tenure as a NDBON member, she served on multiple committees and was president of the BON from 2012-2014. See Table 1.7 Julie Traynor’s CV, transcripts, and position description will be available in the evidence room.

Table 1.6 North Dakota Board of Nursing, Nurse Administrator Qualifications – Suzie McShane	
NDCCC Chapter 54-03.2-03 Nurse Administrator Section 02, PN-ADN Programs	Meets Requirements by:
Minimum of a Master’s degree from an accredited institution with a major in nursing;	2006 received MSN in Education University of Mary, Bismarck, ND Official Transcript on file in HR office.
A current unencumbered registered nurse license or privilege to practice;	Expires 12-30-2015 Verify at www.ndbon.org
Experience in teaching and knowledge of learning principles for adult education, including nursing curriculum development, administration, and evaluation; and	CV will detail that coordinator has extensive experience in nursing education.
A current knowledge of nursing practice at the practical or associate degree nurse level or as otherwise approved by the board.	CV will show medical/surgical nursing and peri-operative nursing.
Current responsibilities – detail percentage of time for administrative duties, academic teaching, and other areas of responsibility.	60% administrative duties 40% teaching

Table 1.7 North Dakota Board of Nursing, Nurse Administrator Qualifications – Julie Traynor	
NDCCC Chapter 54-03.2-03 Nurse Administrator Section 02, PN-ADN Programs	Meets Requirements by:
Minimum of a Master’s degree from an accredited institution with a major in nursing;	Master of Science, Clinical Nurse Specialist/Nursing Therapeutics University of North Dakota, Grand Forks, ND 2005 Official Transcript on file in LRSC HR office.
A current unencumbered registered nurse license or privilege to practice;	Expires 12-30-2015, R21199 Verify at www.ndbon.org
Experience in teaching and knowledge of learning principles for adult education, including nursing curriculum development, administration, and evaluation; and	CV will detail sixteen years of experience as a nurse educator. The past eight years as the nurse administrator for a PN and ADN program.
A current knowledge of nursing practice at the practical or associate degree nurse level or as otherwise approved by the board.	CV will detail twenty years of experience in Critical Care and Hospital Supervisor, and eight years as a ND Board of Nursing member, President from 2012-2014.
Current responsibilities – detail percentage of time for administrative duties, academic teaching, and other areas of responsibility.	100% administrative duties.

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

Ms. McShane is the authorized person to make nursing program decisions for the Dakota Nursing program. She has an 11 month contract with 60% administrative duties and has adequate time to fulfill the duties and responsibilities required of the role. As a coordinator, she provides leadership to the nursing faculty and is accountable for the administration, planning, implementation, and evaluation of the nursing program at BSC and affiliated distance sites in Harvey (PN and AD) and Hazen (PN). Her responsibilities include: developing and managing the BSC nursing budget, maintaining an environment conducive to the teaching and learning processes, sustaining a relationship with all entities within the academic setting, and overseeing student admission and progression. She also provides oversight of faculty recruitment, development, performance, workload and retention and provides assistance to the faculty regarding clinical schedules and curriculum concerns. Finally, she participates in and supports activities of the program, department, college, and community agencies. Ms. McShane works together with the director in the management of the program at Bismarck State College. Ms. McShane's job description is found in the evidence room.

The nursing coordinator has a private office located on the BSC Allied Health Campus. Travel to distance sites is required and facilitated by access to state fleet vehicles. Telephone, Skype for business and Interactive video network (IVN) are utilized for meetings and discussions between BSC and the distance sites.

The BSC administrative assistant, DeAnna Smith, provides support for the coordinator, faculty, and students. She assists in the areas of admission, budget, maintaining student course files, scheduling department events and proctoring examinations.

Ms. Traynor is the authorized person to make nursing program decisions for the Dakota Nursing Program Consortium. She has a 12 month contract with 100% administrative duties which allows for adequate time to fulfill the duties and responsibilities of her role including supervision of the nursing department. Her responsibilities include: maintaining department statistics for the annual nursing report, managing the annual DNP budget, coordinating program schedules, and maintaining oversight of the program evaluation plan. She also provides assistance to the nursing coordinators of the DNP regarding local budgets, clinical and meeting

schedules, workload calculations, faculty and student evaluations, admissions, progression, and discipline matters. She chairs department meetings and arranges faculty development opportunities. In addition, faculty also consult with Ms. Traynor regarding technology and curriculum concerns.

The nurse administrator has a private office located at Lake Region State College. Travel to all sites each semester is facilitated by access to the state fleet of vehicles. Distance technology including Skype for Business and IVN is used for frequent contact with all sites.

The DNP administrative assistant, Catherine Jacobson, provides support in the area of database management, administration and evaluation of surveys, monitoring of the DNP budget, creation of public information brochures, maintenance of the website, and organization of reports.

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

BSC budget cycles operate on a fiscal year basis, beginning July 1 ending June 30th, and North Dakota legislature appropriates NDUS college/universities funds every two years. The budget for the nursing program is a portion of the overall College budget. The DNP at Bismarck State College, as part of the Medical Arts & Emergency Services Department, has a fully developed budget to support operational needs. Bismarck State College utilizes a comprehensive budgeting approach on an annual basis. The cycle begins with the College approval of student related expenses, including fees for specific program requirements. Department Chairs receive notification in early March with instructions for requesting base or discretionary budget changes and meets with the Nursing Coordinator over the course of the next several weeks to ensure open dialogue and inclusion of adequate resources in the upcoming budget cycle. Common procedures are used to request continued or modified funding to ensure all resources are managed effectively. The program budget is supported by institutional financial resources allocated as appropriated funds through the North Dakota State Legislature on biennial basis. Larger new or replacement items may be funded by the College on a one time discretionary basis or through securing grant opportunities dependent upon immediacy or necessity outside of the regular budgeting process. Funds are allocated to achieve campus goals and objectives. The Nursing Coordinator is able to buy supplies, equipment and hire part-time faculty in accordance with the budget. Budgets are available in the evidence room.

BSC uses a process of departmental review on a five year rotating cycle. The purpose of departmental review at BSC is continuous improvement - in efficiency, effectiveness, and in the delivery of quality construction. It is an activity of self-study and reflection that helps departments gauge how well they are meeting the changing needs of students and the public. Through the thoughtful study of departments and programs, we can assess needs, guide the future direction of the college, and recognize a job well done. This process includes full review human, physical, environmental and educational resources necessary to support effective student learning. Data gathered through this process is included in the annual budget cycle/process allowing for effective planning and purchase of needed items.

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

The BSC DNP faculty are governed by the same policies and procedures as other BSC faculty. The policies of the college and nursing department are reviewed during new faculty orientation and are congruent with each other. Differences would include clinical facility requirements which include specific immunizations, CPR, and Licensure. Please see rationale for the differences in Table 1.10.

Polices for BSC faculty are located at:

<http://info.bismarckstate.edu/flipbooks/bscstaffhandbook/index.html#p=48>.

Table 1.10 Differing Policies for Nursing Faculty and Supporting Rationale	
Unencumbered RN license in ND	NDBON and clinical agency requirement
Minimum of Masters in Nursing (transcripts on file in HR office)	NDBON and ACEN requirement
CPR certification	Clinical agency requirement
Immunization requirements	Clinical agency requirement

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

Distance education allows students to receive high-quality, affordable nursing education in communities where there is a nursing shortage. Students are able to receive their general education classes online or in a traditional setting. DNP nursing classes are delivered in the student’s community over interactive video networking. This synergistic approach to education

meets the needs of the DNP and BSC Mission by reaching local and global communities while contributing collaboratively to meet the diverse health care needs of the communities it serves.

Table 1.11 Congruency of Mission with Distance Education			
BSC Mission Excerpts	Dakota Nursing Program Mission	Dakota Nursing Program Philosophy Excerpts	Congruency of College and Nursing Department with Distance Education
Reaching local and global communities	-contributes collaboratively to meet the diverse health care needs of the communities it serves.	In congruence with the purpose and mission of the Dakota Nursing Program, the philosophy is designed to meet the needs of communities.	Bismarck State College is located in the central and SW quadrant of the state. BSC provides nursing education to the communities in this area which include the distance site communities of Harvey and Hazen.

BSC nursing utilizes the Pearson/e-college platform as the Learning Management System (LMS). Students have access to their coursework each semester via the LMS. This online resource contains: course gradebook, student handbook, course syllabi and lecture notes, Tegrity lecture recordings, power points, quizzes, tests (administered using Exam Guard and open only during proctoring), drop box, and discussion threads. Faculty Forum is also housed on the LMS and assists consortium faculty with accessibility to: continuing education opportunities, mentor/orientation manuals, forms, meeting minutes, and reporting information. This forum has been essential to centralized communication in the consortium.

At BSC, the Distance Learning Office is charged with providing online campus programs provided through BSC. Distance education faculty receive orientation, one on one faculty training, in-service opportunities, and additional professional growth opportunities similar to traditional on-campus instructors. The requirements as an instructor under the Center for Distance Education are parallel to those of traditional campus instructors. Traditional and distance education faculty receive support from the BSC Information Technology Center for all instructional-related technology services such as LMS, IVN, lecture capture, remote proctoring, accessibility, and instructional design.

The following training opportunities are available for distance education faculty: annual in-service trainings in August, January, and June, online mentoring program for new online instructors, and one-on-one/group training for all BSC ITC services. An Online Task Force, comprised of staff and faculty, meet monthly to help determine professional growth initiatives and work in partnership with faculty and administration to provide recommended trainings.

Standard 2 - Faculty and Staff

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

2.1 Full-time faculty hold a minimum of a graduate degree with a major in nursing.

Full- and part-time faculty include those individuals teaching and/or evaluating students in classroom, clinical, or laboratory settings.

There are 3 full-time faculty with 11-month contracts. One of these faculty has 95% teaching responsibilities with 5% of time for mentoring. The other nurse educators have 100% teaching responsibilities. This workload calculation makes consideration for full-time faculty to complete course preparation and paperwork, faculty meetings, office hours and advisory/recruitment duties as part of the nursing department team. See Appendix A: BSC Faculty Workload Policy for a description of how workload is calculated.

One hundred percent of full-time faculty for Practical and AD programs at Bismarck State College hold a minimum of a graduate degree in nursing. See Table 2.1.1 Full-Time Faculty Profile (Shared Local Associate and Practical). Please note in this table, the NURS 100 level courses are Practical Nursing and the NURS 200 level are the Associate Degree Nursing courses.

The Dakota Nursing Program faculty at each of the four partner campuses teach shared courses for the entire consortium, and two are also nursing coordinators on their own campuses. The colleges who are partners in the Dakota Nursing Program contribute in an equitable manner to the workload. The didactic courses and the organization of the clinical courses are assigned to campuses with faculty who have a particular expertise in teaching specific areas. Please see Appendix B: Shared Workload per Partner Campus.

There are eight shared consortium AD faculty (six faculty and two nurse coordinators) from the partner colleges in the Dakota Nursing Program who teach via IVN to AD students across the consortium. Three are from BSC and the two faculty have already been noted on Table 2.1 BSC Full-time Faculty Profile (Annie Paulson and Melanie Krentz). All consortium shared faculty are fully qualified with an MSN. It is also to be noted that Suzie McShane, Nurse Coordinator at BSC, and Gail Raasakka, Nurse Coordinator at WSC, also teach as shared AD faculty across the consortium. The nurse coordinators have only teaching responsibilities at other consortium sites and hold no coordinator responsibilities at those sites. Betty Tykwinski is the

Site Manager at DCB-VCSU but just like the Nurse Coordinators, her work with the consortium is as faculty only and does not have any site manager responsibilities at the partner campuses. It is important to include their shared teaching responsibilities within the consortium to give a better picture of this process. All job descriptions will be available in the evidence room. Please find these eight individuals and their teaching and administrative responsibilities listed in Appendix C Shared Consortium AD Faculty Profile 2015-2016.

2.2 Part-time faculty hold a minimum of a baccalaureate degree with a major in nursing; a minimum of 50% of the part-time faculty also hold a graduate degree with a major in nursing.

In the Associate Degree program, there are 3 part-time clinical faculty with Master's Degrees in Nursing and 1 part-time clinical faculty with a baccalaureate in nursing who will graduate with a Master's Degree in Nursing Education with an expected completion time of February 2016. There are 75% of PT faculty who hold a graduate degree in nursing. See Table 2.2 Associate Part-Time Faculty Profile–Bismarck State College (BSC) FY 2015-16.

Table 2.1 Full-Time Faculty Profile (Shared Local Associate and Practical) – 2015-2016

Faculty Name	FT/PT	Date of Initial Appt.	Rank	Baccalaureate and Institution Granting Degree	Master's and Institution Granting Degree	Doctorate and Institution Granting Degree	Areas of Clinical Expertise	Academic Teaching (T) and Other (O) Areas of Responsibility	
								T	O
Melanie Krentz	FT	August 2015	Asst. Prof.	BSN Med Center One College of Nursing, 1996	MSN University of North Dakota, 2012	N/A	Pediatrics Mom/Baby Medical Surgical Occupational Health	100% NURS 122, NURS 124, NURS 129, NURS 226, NURS 227, NURS 228, NURS 237	N/A
Annie Paulson	FT	2006	Assoc. Prof.	BSN Dickinson State University, 2003	MSN University of Mary, 2007	N/A	Staff Nurse at Vibra Hospital Diabetes Education, Staff Education and Resource Team	95% NURS 122, NURS 124, NURS 126, NURS 225, NURS 227, NURS 228, NURS 237	5% Mentoring
Deborah Cave	FT	2009	Asst. Prof.	BSN BSN University of New York- Regents College 1998	MSN University of Mary, 2011	N/A	Maternal Child Labor Delivery, NICU, Women's Surgery, Medical/Surgical	100% NURS 227, NURS 237, NURS 122, NURS 124, NURS 126	N/A

Table 2.2 Part Time Faculty Profile (Shared Local Associate and Practical) – 2015-2016

Faculty Name	FT/PT	Date of Initial Appointment	Rank	Baccalaureate and Name of Institution Granting Degree	Master's and Name of Institution Granting Degree	Doctorate and Name of Institution Granting Degree	Areas of Clinical Expertise	Academic Teaching (T) and Other (O) Areas of Responsibility	
								T	O
Anna Anderson	PT 33%	April 2014	Adjunct AD & PN Instructor	BSN Minot State University	Walden University *currently enrolled Est completion date of Feb 2016	N/A	Medical Surgical/ER	100%	N/A
Aimee Bachmeier	PT 33%	2009	Adjunct AD & PN Instructor	BSN Minot State University 2000	MSN University of Mary 2009	N/A	Maternal Child and Medical Surgical	100%	N/A
Roger Buechler	PT 25%	2007	Adjunct AD & PN Instructor	BSN Med Center One College of Nursing 2003	MSN University of Mary 2010	N/A	Psychiatric Nursing	100%	N/A
Deb McAvoy	PT 33%	2011	Adjunct PN & AD Instructor Harvey	BSN Salem College 1986	Walden University MSN 2014	N/A	Maternal Child, Director and Manager, Home Health, OR, ICU, Medical Surgical/ER Staff Educator	100%	N/A

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

Enrollment in graduate programs with anticipated dates of completion are noted on the excerpt below from Table 2.2.2 BSC Faculty Credentialing information 2014-2015. (This form will be available in its entirety during the site visit.) Anna Anderson started in a graduate program in June 2014 and her anticipated graduation is February 2016.

Table 2.3 Faculty Credentialing information 2015-2016						
First	Last	License	License is active and unencumbered (note expiration date)	Highest degree – if not nursing, also include highest nursing degree (years and majors)	State Date and Date of Graduation if Academically unqualified and Mentor	Official Transcripts in Human Resources (initials of nurse admin.)
Anna	Anderson	R30909	Yes 12-31-15	BSN, 2008 Minot State University In graduate program at Walden University MSN	Started June 2014 Anticipated: February 2016 Mentor – Annie Paulson	<i>SM</i> POS is on file and is updated each semester
Aimee	Bachmeier	R28824	Yes 12-31-16	MSN in Nursing Education, 2009, University of Mary	N/A	<i>SM</i>
Roger	Buechler	R29750	Yes 12-31-15	MSN, 2010, University of Mary	N/A	<i>SM</i>
Deb	Cave	R30530	Yes 12-31-16	MSN in Nursing Education, 2011, University of Mary	N/A	<i>SM</i>
Melanie	Krentz	R26734	Yes 12- 31-16	MS in Nursing Education, 2012 University of ND	N/A	<i>SM</i>
Deb	McAvoy	R33011	Yes 12-31-16	MSN, 2014, Walden University	N/A	<i>SM</i>
Annie	Paulson	R29863	Yes 12-31-15	MS in Nursing Education, 2007, University of Mary	N/A	<i>SM</i>

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

Preceptors are utilized in the Associate degree program in the final clinical course for 36-40 hours depending on the preceptor’s accessibility. Students are able to gain a more realistic view of a nurse’s workload. The nursing faculty is the liaison between the student and preceptor and assists in coordinating the details of the preceptorship related to the student’s goals and the dates of the preceptorship.

The faculty is responsible for orienting and mentoring the preceptor to the roles and responsibilities of the preceptor experience. The preceptor handbook is provided to the preceptor and communication is maintained before, during, and after the preceptor experience. The preceptor handbook will be available in the evidence room. Please find the spring 2015 preceptors listed in Table 2.4 below.

Table 2.4 Preceptor Qualifications 2014-2015					
Preceptor Name	Site:	Clinical Experience > 1 year	Faculty Mentor for preceptor	Preceptor Packet – (Roles Responsibilities) to preceptor	Active RN checked
Beth Gregoryk	NICU	Yes	Greta	April 2015	SM
Courtney Jangula	TCU	Yes	Suzie	April 2015	SM
Rebecca Busch	Emergency Trauma	Yes	Greta	April 2015	SM
Leslie Faris	VIBRA	Yes	Annie	April 2015	SM
Kali Mattson	VIBRA	Yes	Annie	April 2015	SM
Melissa Oberg	Cardiac Cath Lab	Yes	Annie	April 2015	SM
Brea Hagen	Labor and Delivery	Yes	Greta	April 2015	SM
Molly Artz	Telemetry 1 of 2	Yes	Annie	April 2015	SM
Corey Reinhart	Telemetry	Yes	Annie	April 2015	SM
Stephanie Fix 323-6291	Sanford SDS	Yes	Suzie	April 2015	SM
Laura Angeloni	Home Health	Yes	Greta	April 2015	SM
Sarah Orluck	Pediatrics/Sanford	Yes	Greta	April 2015	SM
Heather Peterson	Mom/Baby	Yes	Greta	April 2015	SM
Eve Strand	ICU	Yes	Annie	April 2015	SM
Lisa Goetz 530-4510	Home Health	Yes	Greta	April 2015	SM
Blair Johnson	OR – St A's	Yes	Greta	April 2015	SM
Rachel Lang	OR – Sanford	Yes	Suzie	April 2015	SM
Sarah Gumeringer	PACU- St As	Yes	Suzie	April 2015	SM
Linda Kringstad	SDS – Sanford	Yes	Suzie	April 2015	SM
Ashley Bourgois	PSYCH	Yes	Suzie	April 2015	SM
Barb Duncan	Home Health	Yes	Greta	April 2015	SM
Kalie Mattson	VIBRA –	Yes	Annie	February 2015	SM

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

Qualified and credentialed faculty are sufficient in number to ensure the achievement of the student learning outcomes and program outcomes. See Table 2.5.1 Faculty and Student Census Fiscal Year 2015-16.

Table 2.5.1 Faculty and Student Census FY 2015-2016			
BSC Faculty	Local FT Faculty	Local PT Faculty	Consortium Shared Faculty
PN/AD full-time (shared)	3		
PN/AD part-time (shared)		4	
PN part-time		3	
AD/PN Shared consortium faculty (FT at other sites who teach on IVN)			8
PN only Shared consortium faculty (FT at other sites who teach on IVN)			5
Total Faculty	3	7	13
BSC Students and Locations		Student numbers	
AD students in Bismarck		20	
PN student in Bismarck		30	
PN students in Harvey		4	
PN students in Hazen		4	
Total BSC Nursing Students		58	
Clinical Faculty-to-student ratio is at maximum 1:8			

Full-time faculty per contract are assured fair and equitable treatment. Faculty workload includes delivering curricula that is required to meet the needs of the students and mission of Bismarck State. Teaching load calculations are factored as contact hours. This is considered face-to-face (contact) time with the students. An average of 17 contact hours per week per semester will be considered a full-time teaching load when teaching a combination of lecture classes and laboratory classes. Any contact hours over 17 is considered overload which is then calculated in at the appropriate level of education level of the professor and distributed throughout the semester through payroll.

Part-time adjunct instructor contracted hours are calculated to match the clinical and lab schedules each semester. The contracted hours include paper grading time allotted as well as the instructor making clinical assignment prior to the start of the clinical day. Faculty workloads are delineated in Table 2.5.2 BSC Faculty Assignments (Workload) 2014-2015.

The NURS 227 and NURS 237 labs are managed by MSN faculty only. Both part time and full time faculty are required to set up these labs. Skills labs with IV therapy is the focus of

the first 10 weeks of fall NURS 227 and then simulations at the end of the fall semester. Spring NURS 237 focuses on Simulation to match the theory that is lectured on. Faculty are pre-assigned the lab component at the beginning of the semester to set up and prepare.

Faculty workloads are delineated in Table 2.5.2 BSC Faculty Assignments (Workload) 2015-2016.

Faculty AD & PN Shared List if FT/PT	Fall Semester			Spring Semester			Yearly Total	Yearly Overload
	Course Number	Theory (Lecture Hours per week)	Clinical /Lab	Course Number	Theory (Lecture Hours per week)	Clinical /Lab		
Anna Anderson PT	122 227	N/A	4 hr/wk 7 hr/wk	124 237	N/A	7 hr/wk 7 hr/wk	N/A	No
Aimee Bachmeier PT	122 227	N/A	4 hr/wk 9 hr/wk	124 237	N/A	7 hr/wk 7 hr/wk	N/A	No
Roger Buechler PT	N/A	N/A	N/A	124 237	N/A	4.5 hr/wk 4.5 hr/wk	N/A	No
Deb Cave FT	122 227	N/A	7 WU 9 WU	124 237	N/A	8 WU 8 WU	32 WU	No
Melanie Krentz FT	122 226 227	2 WU	4 WU 10 WU	228 124 237	2 WU	7 WU 7 WU	32 WU	No
Annie Paulson FT	122 225 227 Mentor	4 WU	5 WU 9 WU 1 WU	228 237 Mentor	6 WU 13 WU 1 WU	N/A	39 WU	Yes
Deb McAvoy PT	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Note: Teaching at PN level 2015-2016

ELA 2.5 Nursing faculty overload assignments are minimal and justified. Faculty with workload overloads are noted in Table 2.5.3 Faculty in Overload past 3 years with rationale.

Faculty in Overload (List only those in overload)	Overload School Year: 2012-2013	Overload School Year: 2013-2014	Overload School Year: 2014-2015
Aimee Bachmeier	N/A	N/A	4
Greta Knoll	8.18	9.38	9.17
Annie Paulson	15.00	15.68	15.68

Rationale for School Year: 2012-2013	Faculty requested to have overload when course assignments were set up.
Rationale for School Year: 2013-2014	Faculty requested to have overload again this year.
Rationale for School Year: 2014-2015	Faculty requested overload at this point. Annie Paulson did have a discussion that she would like to have a 9-month contract, if available. Contract negotiations are ongoing.

Overload for the Nursing program has occurred in the program. Faculty has requested this, with some faculty requesting 9-month contracts if at all possible. Discussion has been ongoing. When courses are set up within the consortium, faculty spend time working on the content that they created in coursework and are somewhat unwilling to give it up. Administration is aware of the overload. Administration is supportive in the wishes of nursing faculty to have overload, yet concerned on the effects and the demands of overload on each faculty member.

The faculty-to-student ratios in theory, practice/simulation laboratories, and clinical settings for all programs are shown in Table 2.5.3 Faculty-to-Student Ratios in Theory/Lab/Clinical.

Course Number and Name	Credit Load Theory/Lab/Clinical	Ratio of Faculty to Students
NURS 224 Professional Role Development	2 Credits Theory	60:1
NURS 225 Alterations in Health I	3 Credits Theory	60:1
NURS 226 Maternal Child Nursing	3 Credits Theory	60:1
NURS 227 Clinical Applications I	1 Credit Lab 3 Credits Clinical	8:1 (Sim 4:1) 8:1
NURS 228 Alterations in Health II	4 Credits Theory	60:1
NURS 229 Health Promotion and Psychosocial Nursing	2 Credits Theory	60:1
NURS 237 Clinical Applications II	1 Credit Lab 4 Credits Clinical	8:1 8:1
NURS 259 Role Transitions	1 Credit Lab	12:1
NOTE: Credit to Contact Hour for Lab and Clinical Credits is 1:3		

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

Faculty are good role models of advanced education and life-long-learning. Faculty maintain expertise in their areas of clinical responsibility by attending conferences in their area of expertise, reading journals, and attending skill competency sessions with clinical partners. All faculty are encourage to continue to maintain expertise and are supported by the nursing department.

Experience with the program and in nursing education along with scholarly activities, maintenance of evidence-based practice, and expertise is noted on their Scholarly Activities Forms which are located in each faculty member's CV and Professional Portfolio which will be available during the site visit. Melanie Krentz and Deb Cave will be just coming on in August so they have not submitted a scholarly activities form. For an example of what is on these forms, please find excerpts in Table 2.6 below

Table 2.6 Faculty Expertise and Scholarship

Faculty Name	Years of experience with Nursing Program	Years of experience in Nursing Education	Maintenance of Subject Matter/Clinical Expertise	Maintenance of EBT in the Academic Area	Application of Expertise in Evidence Based Practice in the Academic Area	Distance Education Activities
Anna Anderson	1	1	Teaches clinical on surgical floor, attends conferences	Graduate nursing education courses through Walden. Also reads multiple journals for graduate classes	Concept Maps and Skill specific EBP (NGs, Foleys)	N/A
Aimee Bachmeier	6	6	Works with PN and AD students in acute care areas and simulation lab. Attends hospital competency events. Attends clinically focused conferences. Certified Lactation Counselor Reads Journal of Human Lactation and AWOHN journal.	Attends multiple education offerings and accesses Nurse Tim webinars.	I implemented evidence based practice in my teaching of the proper way to check NG placement, administration of oral & IV medication, OB simulation-correct interventions of OB complications, and during clinical- assessment and assistance to mothers whom are breastfeeding.	N/A
Roger Buechler	5	10	Clinical faculty for Psych/Mental Health. Work as a Psychiatric Registered Nurse in Inpatient Mental Health 1500 hours per year	Worked with director and other faculty on EBP clinical paperwork for the state hospital clinical.	Active Hands on learning - Reflective journaling - Simulation - Role plays	N/A
Deb McAvoy	4	5	Clinical faculty, attends clinically focused conferences. Works in Medical Surgical and Emergency Room/ 240 hours/yr, Reads Annals of Long- Term Care, JOGNN, Nursing for Women's Health	Recently completed graduate degree in nursing education at Walden, reads Nursing Education Perspectives	Concept maps are a focus for my students during post clinical conferences. Simulation with increasingly difficult situations has also been a focus over the past year.	N/A
Annie Paulson	9	9	Works with PN and AD students in acute care areas and simulation lab. Attends hospital competency events. Attends multiple clinically focused conferences Maintains ACLS Certification Maintain RN position at Vibra Hospital (PRN) Reads American Journal of Nursing and Nursing 2015	Teaches AD medical surgical courses. Attends multiple education conferences, and accesses Nurse Tim webinars.	Use of ATI Pharmacology, learning videos, Tegrity lecture capture, high fidelity and low fidelity simulation experiences, concept mapping at the PN and AD levels for clinical. EBP utilized in new practices with chest tube therapy, new standards with trach cares, running a cardiac code, research on outcomes with use of a Stroke Team, new standards regarding IV therapy.	Attended effective teaching strategies presentation during BSC faculty development days. Implemented the use of online concept mapping resources for students to be able to submit online.

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

The Dakota Nursing Program has one administrative assistant who supports the Director of the Dakota Nursing Program and is instrumental in coordinating events and schedules within the DNP. Bismarck State College nursing program has one administrative assistant who supports the coordinator and other allied health faculty in Bismarck and also at the Hazen and Harvey sites. The administrative assistants and IVN tech/IT support person are evaluated one time per year based on college staff evaluation policy. Please find the staff listed in Table 2.7.1 Non-Nurse Staff.

Table 2.7.1 Non-Nurse Staff			
Name	Credentials	Department/Title	Responsibilities
Catherine Jacobson		Dakota Nursing Program Administrative Assistant	Administrative support for the Director Coordinates scheduling of courses on IVN, master test schedule, and all large consortium meetings. Coordinates and implements training for DNP support staff. Manages program related publications and DNP website Maintains databases, DNP surveys, and assists with technology support for faculty, staff, and students, maintains minutes for all DNP meetings.
Deanna Smith		Allied Health Assistant	Maintains Nursing Databases, student files, application process for PN and AD program. Assists Faculty and staff with office support.
Charles Dahl	Associate of Science Information Technology	Department is Instructional Technology	IVN classroom support staff, including attendance and exam proctoring. IT support for Nursing program for simulation lab.

Non-Nurse support faculty are fully qualified in their areas of expertise and listed in Table 2.7.2.

Table 2.7.2 Non-Nurse Support Faculty Credentials			
Faculty Name	Teaching Area	Credentials	Status
Ronald Jyring	Anatomy and Physiology I and II	B.A., University of Minnesota Ph.D., University of North Dakota	Full-time
Shawn Iverson	Anatomy and Physiology I and II	B.S., Valley City State University M.S., Eastern Michigan University	Full-Time
Deb Shipman	Microbiology	B.S., North Dakota State University M.S., University of North Dakota	Full-Time
Deb Cave	Pharmacology	B.S.N, Regents College USNY	Full-Time

		M.S.N., University of Mary	
Jaclyn Allen	College Composition I and II	B.A., South Dakota State University M.A., South Dakota State University	Full-Time
Kim Crowley	College Composition I and II	Ph.D. English, University of North Dakota M.A. English/Rhetoric and Composition, North Dakota State University B.A. English, Bemidji State University	Full-Time
Kimberly Gutierrez	College Composition I and II	B.A., University of Southern California M.A. Education, California State University Long Beach M.A. English, California State University Dominguez Hills	Full-Time
Annmarie Kajencki	College Composition I and II	Ed.D. English, University of Northern Colorado M.A. English/Creative Writing, University of Texas at El Paso B.A. English/Creative Writing, University of Texas at El Paso	Full-Time
Joshua Kern	College Composition I and II	M.A. English/Rhetoric, North Dakota State University B.A. English, North Dakota State University	Full-Time
Erin Price	College Composition I and II	M.A. English Studies/Literature, Minnesota State University, Mankato B.A. English, Minnesota State University, Mankato	Full-Time
Katrina Eberhart	(Math) ASC 91,92, 93	B.S., M.S., University of North Dakota	Full-Time
Liz Braunagel	(Math) ASC 91,92, 93	B.S., M.A.T., Minot State University	Full-Time
Heather Gysberg	(Math) ASC 91,92, 93	B.S., Minnesota State University, Moorhead M.S., Bemidji State University	Full-Time

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

All new faculty have an orientation and receive a mentor to collaborate with during their first year of employment. Faculty are orientated to their nursing position, Bismarck State College, the Dakota Nursing Program, and faculty resources. A job description is provided upon hire and a contract is presented with salary and benefits outlined. Organizational charts are explained for Bismarck State College and the Dakota Nursing program. The new hire is orientated to the physical facilities and training is provided regarding the use of campus

computers utilizing computer programs such as campus connection and the learning management system, e-college. Orientation to the DNP is included and the nursing handbook is reviewed as well as the faculty forum center on e-college which houses all of the DNP faculty information including the mission, meeting schedules, evaluation process, books, curriculum, nursing and tech contact list for all sites, faculty resources and faculty development opportunities.

Faculty are mentored by a veteran faculty for the first year. Nursing program specific orientation consists of on-campus and clinical site orientation. Veteran faculty mentor novice faculty when teaching assignments are made. A veteran faculty member explains course SLOs, course content, and shares previous challenges and successes related to the course. The DNP faculty orientation and mentoring packet is available in the evidence room.

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

Didactic and Clinical faculty are evaluated by students each semester and evaluations are reviewed by the nurse coordinator and director. Yearly evaluation of full time didactic faculty are completed each year by the Department chair. The nurse coordinator is responsible for all PT clinical faculty annual evaluations. Students have consistently rated didactic and clinical faculty well in the areas of presentation, classroom management, teaching skills, and evaluation. See faculty files in the evidence room for student comments and evaluations. Faculty also complete a self-evaluation and submit this evaluation along with their scholarly activity forms.

Bismarck State College acknowledges and rewards members of the faculty for professional competence and service to the institution. Procedures and attainment and advancement of rank have been established to assure that quality performance is recognized and rewarded.

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

Pearson eCollege support and training is provided by the Department of Instructional Technology is provided. Didactic faculty receive training in Pearson Learning Studio from the instructional design department. Scott Helphrey, the instructional designer, provides faculty with information related to Tegrity and online distance modalities. The nursing coordinator or mentor orientates the clinical faculty to Pearson Learning Studio in the areas of Faculty Forum for

access to the faculty resources. Clinical faculty are also oriented to areas of Pearson that they need to access for clinical assignments such as the drop boxes.

The department of distance education at Lake Region State College sends out a monthly newsletter regarding distance instruction. Pearson Learning Studio has tutorials for faculty regarding the learning management system. The budget includes faculty development monies for distance education. For example a faculty member attends the Pearson Learning Studio conference each year.

Standard 3 - Students

Student policies and services support the achievement of the student learning outcomes and program outcomes of the nursing education unit.

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

Dakota Nursing Program student policies have been developed and are consistently reviewed at Student and Faculty Affairs Committee (formerly Faculty Meetings), Curriculum meetings and Leadership Committee meetings. These committees also facilitate revisions of the policies when necessary.

Bismarck State College (BSC) has a Student Handbook online which is accessible to the public 24/7 by going under www.bismarckstate.edu, select “Current Students”, then select “Student Services”. From there a student can click on the hyperlink for the student handbook. The BSC Student Handbook contains policies, campus resources, safety information, extracurricular activities and more. Student policies for the Dakota Nursing Program are listed within the Dakota Nursing Program Student Handbook: students enrolled in the Dakota Nursing Program (DNP) at BSC follow the same policies as Bismarck State College with the additions noted in Table 3.1.

When students have selected Nursing under Academic Programs, they are also able to click hyperlinks to access the degree plans. The degree plans list credits, pre-requisites for both continuing AD students and externally applying AD students and PN prerequisites and are laid out per semester. They are easy to read and accessible to all students interested in the program and available for advisors.

The DNP Handbook is located on the DNP webpage at www.dakotanursing.org/ which students can also access by going to the BSC nursing webpage and following the link to the DNP. A link to the AD application is provided on the DNP website. This form provides detailed instructions on the requirements for applications. The instructions are accessible to all students interested in the program and available for advisors.

Table 3.1.1 Location of Published Student Policies		
Student Policies	Dakota Nursing Student Handbook	BSC 2013-2015 Student Handbook and BSC Web Site
Admission, re-admission, progression, retention, graduation, dismissal, and withdrawal	<p>Admission: PN – Pages 12-14 AD – Pages 26-7</p> <p>Progression: PN – Page 21 AD – Page 34</p> <p>Graduation: PN –Page 22 AD – Pages 35</p> <p>Dismissal: Page 66-72</p> <p>Withdrawal: Pages 75-76</p>	<p>Admission: BSC –the admissions criteria for prospective students can be found on the BSC website at http://www.bismarckstate.edu/future/apply/</p> <p>Progression: BSC – Refer to Standards of Satisfactory Academic Progress for Federal Financial Aid Eligibility and Academic Warning, Probation and Suspension</p> <p>Graduation: BSC Student Handbook– Page 7, 8, 9 http://info.bismarckstate.edu/flipbooks/studenthandbook/index.html#p=6</p> <p>Dismissal: BSC Student Handbook http://info.bismarckstate.edu/flipbooks/studenthandbook/index.html#p=1</p> <p>Withdrawal: BSC Student Handbook Student Policy - Course Drop, Withdrawal to Zero Credits, Drop/Withdrawal Appeals</p>
Health policies	Clinical health requirements, Pages 85-88	www.bismarckstate.edu/.../our-housing-application-2013-2014.pdf
Student rights, grievance procedure, and responsibilities	Grievance Policy Page	http://info.bismarckstate.edu/flipbooks/studenthandbook/index.html#p=2
Refund of fees and tuition policies	N/A	http://www.bismarckstate.edu/current/finance/billing-and-payment-info/

Table 3.1.2 Comparison of Policies and Rationale for Differences was reviewed by faculty on July 20, 2015. The revised philosophy, mission and SLOs in this handbook were discussed in detail at the student orientations on August 25-26, 2014. Rationale for variations in policy are not specifically stated in student handbook, this will be discussed at the July 20, 2015 meeting and updated for revised handbook due out in July 2015. DNP student policies are accessible online at www.dakotanursing.org in the student handbook.

Table 3.1.2 Comparison of Policies and Rationale for Differences		
College Policy	Nursing Policy	Rationale
Admission Criteria – The college has established admission criteria.	Nursing students must be first admitted to the college and then	Higher standards for nursing program are consistent with other AD programs across the nation. The standards are

	they follow an admission to the nursing program application. Criteria can be found at: www.dakotanursing.org	needed for the students to succeed academically and professionally.
Academic Grades	Students must achieve a minimum grade of C in all didactic, clinical, and required general education courses.	Higher standards for nursing program are consistent with other AD programs across the nation. The standards are needed for the students to succeed academically and professionally.
Repeating Courses Students are not limited to how many times they can repeat science courses.	Applicants are limited to repeating a science course one time for a C or better grade.	Academic readiness. Correlation of success in science programs to nursing programs.
Immunization Record Many of the immunizations are not required by college.	As listed in student nursing handbook, pg. 85-87	Clinical agencies, client safety, student safety.
HIPPA Agreement Not required by college.	As listed in student nursing handbook, pg. 88	Clinical facility policies, confidentiality - professionalism
Liability Insurance General student population does not require liability insurance.	The college had liability insurance for all nursing and allied health students.	Clinical facility policy, provide safeguards for students.
Background Checks NDUS 511 Student Criminal History Background Checks http://www.ndus.edu/makers/procedures/ndus/default.asp?PID=331&SID=57 http://www.bismarckstate.edu/uploads/resources/3535/criminalhistorybackgroundchecks.pdf	FBI Background checks are required for all students before attending clinical.	Clinical agencies, client safety, student safety.
Dress Code-Clinical Not required by college.	As listed in student nursing handbook, pg. 83-84	Professionalism and requirement of clinical facility.
CPR Certification Not required by college.	As listed in student nursing handbook, pg. 88	Clinical agency policy, client safety.

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

The following statements are located in the DNP student handbook and the DNP website.

The Dakota Nursing Programs (Practical Nursing Certificate and Associate Degree in Applied Science in Nursing) have Continued Full Approval through March 2019 by the North Dakota Board of Nursing. www.ndbon.org The ND Board of Nursing is a US Department of Education recognized state approval agency.

The Dakota Nursing Program consortium Colleges are accredited by the Higher Learning Commission. Please see the following website for verification and dates for each college. <http://www.ncahlc.org/>

The Dakota Nursing Program is currently seeking **Accreditation Commission for Education in Nursing (ACEN) accreditation**. *The DNP at BSC, DCB, LRSC and WSC are candidates for accreditation by the Accreditation Commission for Education in Nursing.*

This is estimated to be a 2 year or greater process after candidacy status is received. Students who are currently in the program will not be grandfathered in as graduating from an ACEN accredited program if accreditation cycle occurs after they graduate.

<http://www.acenursing.org/>

Accreditation Commission for Education in Nursing

3343 Peachtree Road NE, Suite 850

Atlanta, Georgia 30326

Phone: 404-975-5000

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

Program information can be found in the DNP handbook which is accessible online on the Dakota Nursing Program website www.dakotanursing.org. Students receive a handbook during orientation and need to sign a form indicating that they have read the handbook; it is to be turned in the first week of class. Any policy, procedure, or program changes are communicated to the students via email, LMS website announcement tab for each course, and are also communicated at the Faculty and Student Affairs Committee meeting and are in the minutes.

Student surveys indicate that policy changes were communicated to them in a timely manner (4.00 on Likert scale 1-5).

Table 3.3 Exit Survey Results for ADN Graduating Class of 2015 - Communication				
		Likert Scale 1-5		
Standard	Question	Bismarck 12/22 54.5%	Harvey 0/2 0%	Combined BSC 12/24 50%
3.3	The communication of policies, procedures, and program information is clearly and consistently communicated to me in a timely manner.	4.00 Mean score	0 Mean score	4.00 Mean score

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

Student Services are provided under the direction of the VP for Student Affairs. Student Services, personnel, and availability is noted in *Table 3.4.1*.

Table 3.4.1 Student Services, Personnel and Availability		
Student Service Office location and hours of operation	Personnel Name and Credentials (Level of Education)	Information resources available to students

President BSC <i>President's Office</i> 8 am-5 pm	President Larry C. Skogen PhD Arizona State University	http://www.bismarckstate.edu
Academic Records <i>(Registrar)</i> 8 am-5 pm	Director Tom Leno BS Valley City State University	http://www.bismarckstate.edu/current/records/
Admissions and Enrollment Services 8 am-5 pm	Director Karen Erickson MEd North Dakota State University	http://www.bismarckstate.edu/future/
Counseling and Advising Services 8 am-5 pm	Director Jay Meier MS Ed Northern State University	http://www.bismarckstate.edu/current/careers/
Financial Aid 8 am-5 pm	Director Scott Lingen MBA University of Mary	http://www.bismarckstate.edu/current/financialaid/
Safety & Security 8 am-5 pm	Manager Duane Johnson BS Minot State University	http://bismarckstate.edu/security/
Student Affairs Administrative Office Associate Vice President for Student Affairs 8 am-5 pm	Dr. Donna Fishbeck PhD University of North Dakota	http://www.bismarckstate.edu/academics/catalog/
Student Support Services 8 am-5 pm	Manager Marlene Seaworth MS University of Wisconsin- Stout	http://bismarckstate.edu/current/services/
Student & Resident Life 8 am-5 pm	Director Heather Sheehan MBA University of Mary	http://bismarckstate.edu/life/

The above *Table 3.4.1* includes the departments that fall under the student affairs umbrella at Bismarck State College (BSC). These departments provide a rich array of programs and services that seek to support the academic, emotional, social and cultural development of students. Areas include but are not limited to testing services, scholarships, tutoring, Veterans Services, student activities, student policies, academic records assistance, residence and meal plans, clubs and organizations, safety and security, advising, counseling, internships, and multicultural services.

Academic Records (<http://www.bismarckstate.edu/academics/records/>):

The Academic Records Department assists students with registration, transfer of credits, transcripts, grades, graduation, diplomas and academic policies. The dates are given to students of when to add, drop, when the withdrawal deadlines are, and when last day to drop/withdrawal is for 100% tuition refund. Academic Records also provides an academic calendar to all BSC students listing the dates such as when to begin purchasing textbooks, tuition deadlines, and when breaks occur etc. The Academic Records office also supplies students is a list of student policies and procedures such as information about harassment, grade forgiveness, weapons on campus, and alcohol and illegal drugs. This resource is found on website

<http://www.bismarckstate.edu/staff/humanresources/policiesprocedures/studentpolicies>.

Admissions and Enrollment (<http://www.bismarckstate.edu/future/>):

The Admissions and Enrollment Department recruits new students, offers new student orientation to BSC students, provides international students with services, and assists students with the enrollment process. They also provide testing services and require all students to take placement testing such as the ACT, COMPASS, Accuplacer, and SAT to ensure all student begin their college education by taking the right level of courses.

Advising and Counseling Department (<http://www.bismarckstate.edu/current/services/>):

The Advising and Counseling Department is located across from the bookstore on the main level of the Jack Science Center. This department offers a variety of academic services designed to assist students in achieving their academic goals. These services include academic advising, academic support, tutoring, alcohol and drug information, multicultural services, and personal counseling.

Academic advising is a very important component to student success. An academic advisor is assigned to each student enrolled at BSC. BSC's advising coordinator provides advising training and workshops for faculty throughout the academic year. E-mails are sent frequently including advising tips, resources, new forms and any other information that is specific to advising at BSC. Pre-nursing and nursing students are assigned through campus connection a list of nursing faculty advisors. Students are encouraged to meet with their advisor each semester for preplanning and to address any issues. Nursing faculty are available during normal working hours for advising.

Personal Counseling is located in the Mystic Advising & Counseling Center (MACC) in the lower level of the Student Union. The counseling at BSC is an interpersonal process in which

an individual, or group works with a professionally trained counselor to meet goals such as establishing positive relationships, developing effective coping skills, eliminating self-defeating thoughts, feelings or behaviors, maintaining quality mental health, examining life goals, and decreasing test anxiety. They also have community, mental health, and prevention resources to assist students with specific needs.

Multicultural Student Services also located in the Mystic Advising & Counseling Center (MACC) in the lower level of the Student Union provides culturally appropriate student amenities to enhance the academic and personal success of all students of color attending BSC. They offer admissions assistance, social and financial aid advising, transition support, referral services for career planning, counseling, disability services, and tribal higher education and other minority scholarship information.

Financial Aid Department (<http://www.bismarckstate.edu/current/financialaid/>):

The Financial Aid Department located in Shafer Hall provides students with a booklet called “[The Financial Aid Award Information booklet](#)” which walks students through the process for accepting/declining financial aid, checking holds, to-do lists and communication links, completing master promissory note, loan counseling and other pertinent financial aid information.

BSC also offers a variety of scholarships/waivers to help defray educational expenses available such as BSC Foundation Scholarship, Cultural Diversity Waiver, Chesak Family Scholarship, ND Academic Scholarship, ND Indian Scholarship, Comeback Scholarship, and many more as noted on the website

<http://www.bismarckstate.edu/current/financialaid/scholarshipsfinaid/>.

A work study is also available to students. The Federal Work Study (FWS) program is a need based program that provides flexible part-time employment to students to help with college expenses. A student's eligibility for FWS is determined by completing the free application for Federal Student Aid. Positions and responsibilities vary and may be on-campus, off-campus, major related, or community service based. Students earn an hourly wage that is typically above, but at least, minimum wage and normally work between 5 and 15 hours per week.

Safety and Security Department <http://www.bismarckstate.edu/security/safetypolicies/>:

The Safety and Security Department employs a Campus Safety and Security Manager. The college has a memorandum of understanding with the Bismarck Police Department and

work closely with them for incidents on campus. This department offers personal safety tips to students, has emergency phone numbers, and has various policies and procedures on safety, registered sex offenders, and crime reporting. BSC has an emergency notification system used to quickly transmit urgent messages to students and employees. The notification can be sent to multiple devices (i.e., cell phone, work or home phone, email account, voice mail, text message, etc.). The emergency building communications system is a BSC campus-wide public address system that will allow emergency notification in buildings and rooms at all campus locations, including offsite locations such as the nursing department building at Allied Health.

Student Support Services Department

(<http://www.bismarckstate.edu/current/services/support/>):

The Student Support Services Department provides special programs to assist students to learn the essential skills of being an independent learner. They offer a variety of programs, such as tutoring in a variety of subjects, study skills workshops, handouts and power point presentations, a “Return to Learn Orientation” for adult learners that are 25 +, learning fairs, and basic computer skills workshops. This department also provides veterans services, student accessibility, and parent programming.

BSC offers programs and services to students with disabilities through the Student Accessibility Office. They provide reasonable accommodations that maintain the quality and integrity of the college's academic standards. The resources they provide include policy and procedures, accessibility resources, faculty responsibilities, and scholarship opportunities. They also provide a “Transition Handbook” for students with disabilities to help ease the transition from high school to college, thereby increasing the likelihood for success in the first year and beyond. This handbook provides basic, helpful information for students with disabilities. Another great resource BSC offers to students with disabilities is a video clip that they can watch called “Going to College” to help them learn what to expect and plan for when transitioning to college life.

Student & Resident Life Department (<http://www.bismarckstate.edu/life/>):

The Student & Resident Life Department has a variety of services to offer to BSC students such as Resident Life, Intramural Sports, Student Government Association (SGA), Clubs and Organizations on Campus, and Commuter Life. The mission for residence life on

campus is to provide a safe and secure learning and living environment for residence hall students and to promote community, maturity, and personal growth.

Currently, there are four residence halls for students to reside in. Two of the halls are available to students during the summer season. Resources are also available to students who prefer to live off campus. The Mystic Market Place offers a variety of food choices for students such as a salad bar, hot and ready soups, deli, pizza, pasta, breakfast, a grab & go, and home-style station. Food service at Bismarck State College has meal plan options for both on-campus and off-campus students.

The BSC Library (<http://www.bismarckstate.edu/life/library/>) has a friendly, relaxed atmosphere and is located adjacent to Shafer Hall. The library has many services and resources, including professional and experienced librarians and staff, comfortable study areas and meeting rooms and information resources in a variety of formats to both on campus and off campus students.

BSC provides students with several choices for out of the classroom activities such as the Student Government Association (SGA), the Mystician, Chamber choir, band, Phi Theta Kappa, Phi Beta Lambda, intramurals, a variety of sports, and the Drama, Energy, Psychology, and Gay Straight Alliance club. To find the full list of clubs and organizations please see website <http://www.bismarckstate.edu/life/clubs/>.

Bismarck State College of Nursing has an active Student Nurse Organization (SNO). Both the PN and AD nursing students are encouraged to join. The purpose of the organization is to promote the nursing program, and wellness to the college campus and in the community. The Student Nurse Organization is active in fundraising events, volunteering for local health care agencies, as well as international volunteering in Guatemala. The bylaws of the organization are located in the Student Nurse Organization binder, which includes current members, meeting minutes, account data, and volunteering/fundraising information. The Student Nurse Organization also elects one senator to participate in the Student Senate of the SGA. The senator provides club information to the group and updates all nursing students with SGA activities. Students are also encouraged to join the National Student Nurses Association.

BSC nursing students also are eligible to participate as a student representative at the nursing Faculty and Faculty Affairs Committee. Students are elected for this position by their fellow classmates.

Full-time and part-time BSC students have unlimited use of the BSC Aquatic and Wellness Center, located on the BSC Campus. This facility has a 50-meter competition pool, diving and recreation pools, a fitness center, and seating for spectators.

Student Health <http://www.bismarckstate.edu/current/studenthealth/> located in the BSC Armory located on the main campus provides health care to students and employees of Bismarck State College at a reasonable cost. They accept walk in care or appointments for a variety of general health concerns, acute illnesses, reproductive health, sports physicals, and mental health resources, prescriptions, treatment, and referrals. Most major insurance carriers are accepted. Uninsured payment plans are available. Care is provided by the UND Center for Family Medicine and the Dakota Nursing Program.

Students report overall satisfaction with the student services they are provided. Prior to the 2012-2014 school year, data was not collected and analyzed by the Dakota Nursing Program. Currently college-wide student satisfaction of student services data such as the CCSSE is available; however, it has limitations because the nursing students cannot be currently identified in the large pool of student data. A separate Nursing CIP code has been requested to better analyze these results in the year 2017. Therefore, during the 2015-2016 academic year, student services satisfaction questions were added to the BSC-ADN Program Exit Survey. This allows the nursing program to track data regarding nursing student services satisfaction. As evidence by the table below, students in the BSC- ADN Nursing Program expressed satisfaction with student services. Student surveys indicate that student learning resources supported their learning (4.00 on Likert scale 1-5). See *table 3.4.2* for the AD student satisfaction with student services data for 2015.

Table 3.4.2 Exit Survey Results for ADN Graduating Class of 2015 - Resources				
		Likert Scale 1-5		
<i>Standard</i>	<i>Question 1</i>	Bismarck 12/22 54.5%	Harvey 0/2 0%	Combined BSC 12/24 50%
3.4	Access to support services: Counseling, Financial Aid, Business Office, Bookstore, Library services, and Academic Advising were available to my needs.	4.00 Mean score	0 Mean score	4.00 Mean score
3.4	Student Learning resources: Tutoring, learning center, student groups, etc. supported my learning.	4.00 Mean score	0 Mean score	4.00 Mean score

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

Student educational records are in compliance with the policies of the governing organization and state and federal guidelines. The DNP at BSC follows the BSC and NDUS policy regarding FERPA and maintains confidential student records. Information regarding FERPA can be located on the BSC Website. Students sign a FERPA release upon college admission and all DNP BSC grades with the exception of clinical grades are located on the e-companion shells for the class and accessible only by that student for their own grade or by an instructor for a student. Students are required to have a BSC email address and to correspond with their professors through Pearson Learning Studio.

Official student records are managed at BSC's Registrar's Office. Clinical Grade spreadsheets are located on a secure G drive that is only accessible by nursing faculty until the time of entry. Clinical grades are returned to students electronically through a drop-box that goes directly from them to instructor and instructor to them. Student advising concerns are also housed in a secure G drive that is only accessible by nursing faculty.

Reasonable accommodations and services are available for students with disabilities in accordance with Section 504 of the Rehabilitation Act of 1973 and the American with Disabilities Act of 1990. The ADA Amendments Act, effective January 1, 2009, included the original major life activities and expanded the definition to include "major bodily functions". The Amendments Act retained the original ADA basic definition of a disability as: 1) Having a physical or mental impairment that substantially limits one or more major life activities; 2) Having a record of such an impairment; or 3) Being regarded as having such an impairment.

The Dakota Nursing Program policy on record retention states "Student records will be securely maintained in the nursing department. Student records will be purged after five years from graduation. After the five years are completed the student record will be the responsibility of the college's student services department and will include at minimum, the student's transcript." The full policy will be available in the nursing evidence room.

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

All NDUS institutions, including BSC, are required to be in compliance with NDUS, institutional, state, and federal requirements in order to award Title IV financial aid. This is completed through financial aid auditing processes and our Participation Agreement with the Department of Education which grants us the authority to award and disburse Title IV funds.

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

Loan information:

There is written policy in place regarding loan information disclosures for all (100%) of students. 100% of students receiving loans at BSC are required to go through entrance counseling with the Department of Education which provides information in detail to the student regarding their rights and responsibilities and repayment regarding the Federal Loan Program. This step must be completed before their loan will disburse. All prospective BSC students are also given a consumer information sheet which directs them to view the Public Information page at <http://www.bismarckstate.edu/about/consumerinformation/financial-information/>.

This is also addressed through entrance counseling mentioned above and the student is also notified by the servicer of their loan regarding loan repayment. BSC also contacts every student who received loans of the requirement to complete loan exit counseling which informs the student again of the student's repayment terms.

Default Rate:

7.9% (2012 3-year cohort) of students are in default of financial responsibilities. (6% is goal). The default rate is higher than goal. BSC Financial Aid officer relates that raising awareness about loan repayment among graduating students is the best bet to help the default rate. This will be addressed via Financial Aid Office by getting the word out through the graduation fair, or sending more communications to students leading up to graduation.

A report from the Department of Education which has the most recent cohort default rate data can be obtained from the Financial Aid Office. More information can be found here: <http://www.ifap.ed.gov/eannouncements/092214FY20113YearOfficialCohortDefaultRatesDistributedSept222014.html>

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

Repayment:

100% of all graduating students and students who withdrew receive notification regarding loan repayment. Students must agree to a financial aid agreement before registering for any classes in Campus Connection. Students are made aware of their student loan responsibilities during entrance and exit counseling as well as new student orientation. Resources are available on the BSC website.

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

Compliance:

All records are housed electronically and require a username, password, and on-campus network authentication for access. All employees sign the FERPA acknowledgment, as well as an additional statement of confidentiality. Records are retained based on the NDUS Record and Retention schedule. BSC is fully compliant with NDSU, college, state, and federal requirements for record retention.

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

- No official complaints or grievances. 2012-2015

Table 3.7 Exit Survey Results for ADN Graduating Class of 2015 – Student Handbook				
		Likert Scale 1-5		
<i>Standard</i>	<i>Question</i>	Bismarck 12/22 54.5%	Harvey 0/2 0%	Combined BSC 12/24 50%
3.7	Student Handbook explains the program and college policy for handling program complaints and grievances.	4.33 Mean score	0 Mean score	4.33 Mean score

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

BSC DNP students receive an introduction to the technology used in the program during new nursing PN orientation prior to the start of classes in the fall. All of the BSC DNP classes utilize Pearson Learning Studio for housing their schedules, syllabi, gradebooks, and testing. This program has its own student learning tutorials. The DNP BSC AD and PN students both

receive a local orientation and Interactive Video Network (IVN) orientation the first day of class which details websites and different technology that will be utilized during the program such as Tegrity for recording classes, Skyscape® for Medical References, Medcom® video site for assignments, ATI® program for online books, videos and testing, e-books, interactive online textbook resources and how to submit their homework to their instructors electronically or navigate an electronic gradebook. Orientation agendas for BSC are located on the G drive and DNP IVN agendas located on the New Student Orientation course developed for students which is housed on Pearson Learning Studio and there for them to refer back to 24X7. ADN students are given specific directions how to access BSC’s online Databases to retrieve EBP articles for their assignments, how to search and save in pdf for attaching and providing to faculty. Faculty are available to help as well as contacts, toll-free numbers and emails provided for the different programs for 24x7 assistance to students. BSC has an Information Technology helpdesk as does NDUS to help with issues with Pearson Learning Studio. All faculty have BSC email accounts and provide their phone numbers to students on orientation days.

Orientation to the Simulation Lab, orientation to SimChart® the simulated EHR program and to other clinical technology are started as the semester continues so the student is provided direction and instruction. SimChart® also has tutorials students can watch as well as help 24x7. Some BSC Clinical Facilities will allow the students to chart in their EHR and training is to be provided by BSC Faculty. This is carried out in an orientation prior to clinical and clinical instructors supervise and cosign this charting. Other facilities that do not allow student access for charting may allow students to access patient information for clinical preparation and that retrieval process is reviewed and taught at orientation and then those students may document on the EHR on simulated patients.

Student surveys indicate that an orientation and support to the various technologies was available to them.

Table 3.8 Exit Survey Results for ADN Graduating Class of 2015 - Technology				
		Likert Scale 1-5		
<i>Standard</i>	<i>Question</i>	Bismarck 12/22 54.5%	Harvey 0/2 0%	Combined BSC 12/24 50%
3.8	Orientation to technology was available to me for the Pearson Learning Management System (also called BSC or eCollege), ATI website, IVN, use of	4.42 Mean score	0 Mean score	4.42 Mean score

	the Library resources, The Nursing Program, Simulation Lab and Clinical Sites.			
3.8	Technology support was available to me.	4.33 Mean score	0 Mean score	4.33 Mean score

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

All nursing courses are housed on the learning management system (LMS) Pearson Learning Studio. When classes open for the semester, students are sent an email with instructions on how to access their courses. Nursing is not an online program, however, the materials for the course, including the gradebook and testing, are made available to all students in the DNP via the learning management system. Students are directed to go to the main BSC homepage <http://bismarckstate.edu/> and select the “Online Campus tab”. The students will arrive on the homepage containing all of their nursing classes as well as tutorials. Technology requirements are also part of each course syllabi. Information regarding netiquette, a non-discrimination statement regarding disabilities, a PowerPoint accessibility statement and information about the use of Pearson Learning Studio and Tegrity player are also available on the syllabi. Students do all testing for course and ATI proctored exams at their home site with a proctor.

Pearson Learning Studio has Tech Support tab in each of the courses with a link to Live Chat 24x7. There is also a help desk phone number for tech support. There is a technology support form with all of the online resources listed with a contact listed for each area in the Student Home Page area of the LMS.

Student surveys indicate that information for technology requirements and policies for online education was available on the college website (see below) on Likert scale 1-5).

Table 3.9 Exit Survey Results for ADN Graduating Class of 2015 – Distance Education				
		Likert Scale 1-5		
<i>Standard</i>	<i>Question</i>	Bismarck 12/22 54.5%	Harvey 0/2 0%	Combined BSC 12/24 50%
3.9	Information for technology requirements and policies for online education is clear, accurate, consistent, and accessible on the college website.	4.42 Mean score	0 Mean score	4.42 Mean score

Standard 4 - Curriculum

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

BSC offers an Associate Degree Nursing completion program in collaboration with the Dakota Nursing Program (DNP) that prepares students for NCLEX RN® eligibility. The program lab and clinical courses are delivered onsite, and the didactic courses are delivered via interactive video network to the colleges and sites within the DNP. The organizational structure of the DNP has allowed sharing of all nursing courses, curriculum, policies, operational procedures and many resources. The DNP curriculum, mission, philosophy, and program outcomes are publicly available to all communities of interest for each campus in the student handbook located on the DNP website at www.dakotanursing.org.

4.1 The curriculum incorporates established professional standards, guidelines, and competencies, and has clearly articulated student learning outcomes and program outcomes consistent with contemporary practice.

The BSC nursing curriculum incorporates the established professional standards, guidelines, and competencies as described below. The Associate Degree nurse graduate is prepared for entry-level RN licensure and assumption of the professional role of a registered nurse.

The National League for Nursing's Educational Competencies for The National League for Nursing (NLN) Core Values, Outcomes, and Educational Concepts for Graduates of Associate Degree Nursing Programs are incorporated into the role specific competencies and graduate student learning outcomes.

The American Nurses Association (ANA) Code of Ethics and the ANA Standards of Practice define the role expectations, professional behaviors, and ethical comportment of the registered nurse. These standards are included in the student handbook with the Student Professional Role Policies, Expectations, and Standards section to clarify the behaviors expected of students and for nurses to understand the professional standards of care for their patients. The new ANA Code of Ethics was released earlier this year and faculty are starting to compare the older version (2001) to the new ANA Code of Ethics (2015).

The North Dakota Nurse Practice Act and the North Dakota State Board of Nursing standards are found in the State of North Dakota's Administrative Rules and Regulations Title 54 for the Board of Nursing. Article 54-03.2 Standards for Nursing Education Programs mandates that ADN program curriculums assure the development of evidence-based practice for the level and scope of nursing practice. The standard outlines the content areas of knowledge including didactic and clinical components.

The AD curriculum leading to registered nurse licensure correlates to the North Dakota Administrative Rules and Regulations Standards for Nursing Education Programs and includes client-centered care that is based on scientific evidence and biological, physical, social, and behavioral sciences including disease process, nutrition, and pharmacology. Also included are legal and ethical responsibilities, historical trends in nursing, nursing process, communication skills, decision-making skills, data-collection skills, health promotion and maintenance, effective function in an interdisciplinary team, evidence-based practice, quality improvement concepts, health information technology, teaching and learning, discharge planning and registered nurse standards of practice.

National Council of State Boards of Nursing (NCSBN) integrated skills for registered nurses and Institute of Medicine (IOM)-Quality and Safety in Nursing Competencies (QSEN) are integrated into the student learner outcomes. They cover the knowledge, skills, and attitudes needed for safe delivery of care and flow in a simple to complex manner through the curriculum of the Dakota Nursing Program.

Competencies used to develop the Program's Student Learning Outcomes for the AD program are:

1. teamwork and communication,
2. professionalism and leadership,
3. client-centered care,
4. evidence-based practice and nursing judgment,
5. quality improvement and safety, and
6. informatics.

These competencies are noted in Table 4.1 Standards and Competencies Incorporated into the AD Curriculum.

Table 4.1 Standards and Competencies Incorporated into the AD Curriculum

NLN ADN Competency Statements used as Student Learner Outcomes	NLN Core Values	NLN Integrating concepts	QSEN	ANA Code of Ethics (2001) and Scope and Standards of Practice (2010)	ND Board of Nursing and NCSBN Integrated skills	DNP AD Program SLOs
<p>NLN Professional Identity Implement one's role as a nurse in ways that reflect, integrity, responsibility, ethical practices, and an evolving identity as a nurse committed to evidence-based practice, caring, advocacy, and safe, quality care for diverse patients within a family and community context.</p>	<p>Ethics Caring Diversity</p>	<p>Teamwork Personal/ Professional Development</p>	<p>Teamwork and Collaboration</p>	<p>Code of Ethics – Provision 8 Standards of Professional Performance – 11. Communication, 13. Collaboration</p>	<p>Working in interdisciplinary teams to cooperate, collaborate communicate and integrate client care and health promotion</p>	<p>Teamwork and Communication: Collaborate with clients and members of the interdisciplinary health care team to optimize effective communication, caring behaviors, and management of client needs.</p>
				<p>Code of Ethics – Provisions 4, 5, 9 Standards of Professional Performance – 7. Ethics, 8. Education, 12. Leadership</p>		<p>Professionalism and Leadership: Adhere to professional standards and scope of practice as an associate degree registered nurse while pur-suing professional growth and acting as a leader and change agent within legal, ethical, regulatory frameworks.</p>
<p>NLN Human Flourishing Advocate for patients and families in ways that promote their self-determination, integrity, and ongoing growth as human beings.</p>	<p>Patient Centeredness Integrity Holism</p>	<p>Relationship Centered Care</p>	<p>Patient-centered care</p>	<p>Code of Ethics – Provisions 1, 2, 3 Standards of Practice – Standards 1. Assessment, 2. Diagnosis, 3. Outcomes, 4. Planning, 5.</p>	<p>Providing client-centered, culturally competent care NCSBN Integrated skills – caring, nursing process, communication and</p>	<p>Client-Centered Care: Provide culturally competent care and advocate for clients while promoting their self-determination and integrity.</p>

				Implementation, 6. Evaluation	documentation and teaching and learning.	
NLN Nursing Judgment Make judgments in practice, substantiated with evidence , that integrate nursing science in the provision of safe, quality care and that promote the health of patients within a family and community context.	Integrity Excellence	Knowledge and Science	Evidence-based Practice	Code of Ethics – Provision 7 Standards of Professional Performance – 9. EBP and Research	Employing EBP to integrate best re-search with clinical expertise and client values for optimal care, including skills to identify and apply best practices to nursing care	Evidence-Based Practice and Nursing Judgment: Implement nursing judgment to make safe, effective, and evidenced-based decisions that integrate science and the nursing process in providing holistic client care.
NLN Spirit of Inquiry Examine the evidence that underlies clinical nursing practice to challenge the status quo, question underlying assumptions, and offer new insights to improve the quality of care for patients, families, and communities.	Integrity Excellence	Quality and Safety	Quality Improvement And Safety	Code of Ethics – Provision 6 Standards of Professional Performance – 10. Quality, 14. Practice Evaluation, 15. Resource Utilization	Participating in quality improvement processes to measure client outcomes, identify hazards and errors and develop changes in processes of client care.	Quality Improvement and Safety: Incorporate a spirit of inquiry to make evidence based clinical judgments and management decisions to improve the safety and quality of care across a variety of systems.
		Context and Environment	Informatics	Standard of Professional Performance 16. Environmental Health	Using informatics to communicate, manage knowledge, mitigate error and support decision making	Informatics: Integrate current technology to support decision-making and manage information in the delivery of client care.

Table 4.1 References:

- NLN (2010) <http://nlm.lww.com/products-page/product-category/9781934758120-2>
- QSEN (2012) <http://qsen.org/competencies/pre-licensure-ksas>
- ANA Code of Ethics (2001), ANA Scope and Standards of Practice (2010) The American Nurses' Association Code of Ethics
<http://www.nursingworld.org/MainMenuCategories/EthicsStandards/CodeofEthicsforNurses>
- North Dakota Nurse Practice Act and Administrative Rules <https://www.ndbon.org/>

The following definition of values, outcomes, skills, and competencies within the curriculum model are included in the student handbook to clarify student understanding of the curriculum.

I. NLN Core Value Definitions:

- **Caring:** Promoting health, healing, and hope in response to the human condition
- **Integrity:** Respecting the dignity and moral wholeness of every person without conditions or limitation
- **Diversity:** Affirming the uniqueness of and differences among persons, idea, value, and ethnicities
- **Excellence:** Creating and implementing transformative strategies with daring ingenuity.

II. NLN Program Outcomes for Graduates of Associate Degree Nursing Programs Definitions:

- **Human Flourishing:** Advocate for patients and families in ways that promote their self-determination, integrity, and ongoing growth as human beings
- **Nursing Judgment:** Make judgments in practice, substantiated with evidence, that integrate nursing science in the provision of safe, quality care and that promote the health of patients within a family and community context
- **Professional Identify:** Implement one's role as a nurse in ways that reflect integrity, responsibility, ethical practices, and an evolving identity as a nurse committed to evidence-based practice, care, advocacy, and safe, quality care for diverse patients within a family and community context.

- **Spirit of Inquiry:** Examine the evidence that underlies clinical nursing practice to challenge the status quo, question underlying assumptions, and offer new insights to improve the quality of care for patient, families, and communities.

III. NCSBN Integrated Skills Definitions:

Associate Degree Nurse

- **Nursing Process:** A scientific, clinical reasoning approach to client care that includes assessment, analysis, planning, implementation and evaluation
- **Caring:** Interaction of the nurse and client in an atmosphere of mutual respect and trust. In this collaborative environment, the nurse provides encouragement, hope, support and compassion to help achieve desired outcomes.
- **Communication and Documentation:** Verbal and nonverbal interactions between the nurse and the client, the client's significant others, and the other members of the healthcare team. Events and activities associated with client care are validated in written and/or electronic records that demonstrate adherence to the standards of practice and accountability in the provision of care.
- **Teaching/Learning:** Facilitation of the acquisition of knowledge, skills, and attitudes promoting a change in behavior.

IV. QSEN Competencies (2012) Definitions:

- **Patient Centered Care:** Recognize the patient or designee as the source of control and full partner in providing compassionate and coordinated care based on respect for patient's preferences, values, and needs.
- **Quality:** Use data to monitor the outcomes of care processes and use improvement methods to design and test changes to continuously improve the quality and safety of health care systems.
- **Teamwork and Collaboration:** Function effectively within nursing and inter-professional teams, fostering open communication, mutual respect, and shared decision-making to achieve quality care.
- **Safety:** Minimize risk of harm to patients and providers through both system effectiveness and individual performance.
- **Evidence-Based Practice:** Integrate best current evidence with clinical expertise and patient/family preferences and values for delivery of optimal health care.

- **Informatics:** Use information and technology to communicate, manage knowledge, mitigate error, and support decision-making.

Student learning outcomes are clearly articulated and based on the standards and guidelines discussed above. Program outcomes are based on NLNAC guidelines and include performance on NCLEX-RN® exam, program completion rates, program satisfaction, job placement, and employer satisfaction. Student learning outcomes and program outcomes are further discussed in criterion 4.2.

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

The program student learning outcomes are the building blocks of the curriculum. Starting in semester one, students learn to transition to the role of the Associate Degree nurse and to articulate professional aspects of the practice of nursing. As the curriculum progresses, students incorporate nursing judgment and therapeutic communication to meet basic human needs for individuals experiencing acute and chronic alterations in health across the lifespan. The student will demonstrate assessment skills, apply therapeutic communication, use of self and cultural awareness in the management of client care and as a member of the interdisciplinary health care team. By completion of the program, students will be able to provide comprehensive nursing care for clients experiencing complex alterations in health as well as psychiatric/mental health issues across the lifespan along the health-illness continuum. Nursing judgment, nursing process, collaboration, safety, use of informatics, and management of nursing care are incorporated into the clinical experience. Students apply evidence-based nursing knowledge and skills in the implementation of health promotion activities including health maintenance, and accident/illness prevention. Emphasis is placed on the nurse's role as a member of an interdisciplinary team and as a manager of care for individuals across the lifespan. The student analyzes personal and professional values, leadership and management, and quality improvement processes. Students discuss the responsibilities of ongoing education for the RN as a member of the health care team and benefits of professional organizations.

Student learning outcomes are used to organize and guide the delivery of learning activities and evaluate student progress in the theory, practice laboratory, and clinical components of the program. Faculty are continuously refining and incorporating aspects of current nursing practice. Course SLOs guide learning activities. Successfully achieving program

SLOs is tied to the successful completion of the course SLOs. Please see Appendix D: DNP AD Abbreviated Syllabi, for a compilation of the abbreviated syllabi from each of the AD nursing courses. Table 4.2.1 below gives details on how each of the course outcomes are incorporated into one of the didactic course and one of the clinical courses and how each are evaluated. This table showing all courses will be available to reviewers in the evidence room.

Table 4.2.1 Program and Course SLOs Correlated to Learning Activities and Evaluation Methods

NURS 224: Professional Role Development			
Program Student Learner Outcomes (SLOs)	NURS 224 Course Student Learner Outcomes (SLOs)	Learning Activities	Course SLO Evaluation
<p>TEAMWORK AND COMMUNICATION: Collaborate with clients and members of the interdisciplinary health care team to optimize effective communication, caring behaviors, and management of client needs.</p>	<p>1. Examine how the nurse optimizes caring relationships within the interdisciplinary health care team by using conflict resolution techniques, effective communication, consensus building and shared decision making.</p>	<ul style="list-style-type: none"> • Assigned reading • Lecture • Threaded discussions • Quizzes • Proctored exams • Medcom Video on Nursing Negligence • Professional Nurse Paper • ATI Nursing Leadership and Management Exam 	<ul style="list-style-type: none"> • Threaded discussions Weeks 11 and 15; • Quizzes in Weeks 8 and 9; • Proctored exams 1, 2, and Final Cumulative Exam; • Medcom Video on Nursing Negligence with post-test Week 12 • Professional Nurse Paper; • ATI Nursing Leadership and Management Exam results in this content area
	<p>2. Examine professional responsibilities, professional standards and scope of practice for a registered nurse including the ethical and legal dimensions, historical trends, and roles in nursing.</p>	<ul style="list-style-type: none"> • Assigned reading • Lecture • Threaded discussions • Quizzes • In class case study group activities • Proctored exams • Professional Nurse Paper • First draft of cover letter and resume • ATI Nursing Leadership and Management Exam 	<ul style="list-style-type: none"> • Threaded discussions on Weeks 1, 2, 5, and 7; • Quizzes in Weeks 6, 10, and 12; • In class case study group activities Weeks 8, 11, and 13; • Professional Nurse Paper; • Proctored Exams 1, 2, and Final Cumulative Exam; • First draft of cover letter and resume • ATI Nursing Leadership and Management Exam results in this content area
	<p>3. Outline the principles and techniques of therapeutic communication and information management, leadership, time management, multiple responsibilities, delegation and group dynamics as they relate to client care.</p>	<ul style="list-style-type: none"> • Assigned reading • Lecture • Threaded discussions • Quizzes • In class case study group activities • Proctored exams • Professional Nurse Paper • ATI Nursing Leadership and Management Exam 	<ul style="list-style-type: none"> • Threaded discussions Weeks 11 and 15; • Quizzes Weeks 3 and 9 • In class case study group activities Weeks 4, 10, and 13; • Proctored Exams 1, 2, and Final Cumulative Exam • Professional Nurse Paper • ATI Nursing Leadership and Management Exam results in this content area
<p>CLIENT-CENTERED CARE: Provide culturally competent care and advocate for clients while promoting their self-determination and integrity.</p>	<p>4. Analyze the inclusion of diverse client values, beliefs, and attitudes into a plan of care and education plan for clients.</p>	<ul style="list-style-type: none"> • Assigned reading • Lecture • Threaded discussion – reflection on taking care of spiritual needs and holistic health • Teach-Back Patient teaching activity • ATI Nursing Leadership and Management Exam 	<ul style="list-style-type: none"> • Threaded discussions Weeks 3 and 14; • Teach-Back Patient teaching activity implemented in NURS 227 • ATI Nursing Leadership and Management Exam results in this content area

<p>EVIDENCE-BASED PRACTICE AND NURSING JUDGEMENT: Implement nursing judgment to make safe, effective, and evidenced-based decisions that integrate science and the nursing process in providing holistic client care.</p>	<p>5. Examine the use of critical thinking during nursing practice to make safe, effective, and evidence-based decisions while providing holistic client care.</p>	<ul style="list-style-type: none"> • Assigned reading • Lecture • Threaded discussions • Interactive dialog/case study • Quiz • Proctored Exam ATI Nursing Leadership and Management 	<ul style="list-style-type: none"> • Threaded discussions • Interactive dialog/case study analysis/prioritizing: empathy “client centered care” • Quiz Week 8 • Proctored Exam 1 and Final Comprehensive Exam • ATI Nursing Leadership and Management Results in this content area
<p>QUALITY IMPROVEMENT AND SAFETY: Incorporate a spirit of inquiry to make evidence based clinical judgments and management decisions to improve the safety and quality of care across a variety of systems.</p>	<p>6. Evaluate the use of the Quality Safety Education for Nurses (QSEN) Initiatives and National Patient Safety Goals into nursing practice and collaboration with interdisciplinary health care team members to promote client safety and quality care.</p>	<ul style="list-style-type: none"> • Assigned reading • Lecture • Threaded discussions • Medcom Video on the Joint Commission National Patient Safety Goals 	<ul style="list-style-type: none"> • Threaded discussions on Weeks 4, 5, 6, and 7; • Medcom Video on the Joint Commission National Patient Safety Goals with post-test
	<p>7. Analyze individual performance and system effectiveness to improve safety and quality of care.</p>	<ul style="list-style-type: none"> • Assigned reading • Lecture 	<ul style="list-style-type: none"> • Threaded discussions 4, 5, 6, and 7 • ATI Nursing Leadership and Management exam results in this content area
<p>INFORMATICS: Integrate current technology to support decision-making and manage information in the delivery of client care.</p>	<p>8. Specify appropriate technology to communicate effectively and manage information in delivery of client care while maintaining patient privacy and confidentiality.</p>	<ul style="list-style-type: none"> • Assigned reading • Lecture • Threaded discussions • ATI Nursing Leadership and Management exam 	<ul style="list-style-type: none"> • Quiz Week 12 • ATI Nursing Leadership and Management exam results in this content area

NURS 227: Clinical Applications I			
Program Student Learner Outcomes (SLOs)	NURS 227 Course Student Learner Outcomes (SLOs)	Learning Activities	Course SLO Evaluation
<p>TEAMWORK AND COMMUNICATION: Collaborate with clients and members of the interdisciplinary health care team to optimize effective communication, caring behaviors, and management of client needs.</p>	<p>1. Participate in collaborative relationships using effective communication with members of the interdisciplinary healthcare team.</p>	<ul style="list-style-type: none"> • ATI resources and exams • Skills return demonstrations (IV skills, ECG, chest tubes) • <u>Clinical/Simulation performance and paperwork</u> Interdisciplinary Communication 	<ul style="list-style-type: none"> • ATI Exam • Skill return demonstration • Clinical performance evaluation • Clinical journal • Patient assessment documentation • Concept map • Simulation lab performance • Group and individual presentations
<p>PROFESSIONALISM AND LEADERSHIP: Adhere to professional standards and scope of practice as an associate degree registered nurse while pursuing professional growth and acting as a leader and change agent within legal, ethical and regulatory frameworks.</p>	<p>2. Provide and direct nursing care to meet the needs of clients. 3. Demonstrate actions and behaviors that are congruent with professional nursing standards including ethical and legal dimensions 4. Demonstrates management and delegation competencies performed in the role of the RN.</p>	<ul style="list-style-type: none"> • Delegation, Leadership, Management Case Study – incorporated ND NPA • <u>Clinical/Simulation performance and paperwork</u> Professional Values Ethical/Legal Issues Management of Role of an RN 	<ul style="list-style-type: none"> • Clinical performance evaluation • Clinical journal • Patient assessment documentation • Concept map • Simulation lab performance • Group and individual presentations
<p>CLIENT-CENTERED CARE: Provide culturally competent care and advocate for clients while promoting their self-determination and integrity.</p>	<p>5. Utilize nursing process and therapeutic communication in caring for clients while providing and advocating for culturally sensitive care to promote their self-determination and integrity 6. Integrate into the plan of care the psychosocial, cultural, spiritual, and developmental needs which influence patient's response to disease processes and treatment modalities. 7. Evaluate effectiveness of the nursing care plan and make revisions as needed 8. Incorporate client education regarding health care and safety</p>	<ul style="list-style-type: none"> • ATI resources and exams • Skills return demonstrations (IV skills, ECG, chest tubes) • Dosage calculations in clinical/lab and on exams • <u>Clinical/Simulation performance and paperwork</u> Therapeutic Communication Caring ADLs Assessment Client Education 	<ul style="list-style-type: none"> • Skill return demonstration • Dosage calculation exams • Clinical performance evaluation • Clinical journal • Patient assessment documentation • Concept map • Simulation lab performance • Group and individual presentations

	issues with respect to their self-determination.		
EVIDENCE-BASED PRACTICE AND NURSING JUDGEMENT: Implement nursing judgment to make safe, effective, and evidenced-based decisions that integrate science and the nursing process in providing holistic client care.	9. Incorporate evidence-based practices into clinical decision making to prioritize safe nursing care. 10. Integrate in the plan of care the results of diagnostic studies of patients with complex health needs along the life continuum.	<ul style="list-style-type: none"> • ATI resources and exams • Skills return demonstrations (IV skills, ECG, chest tubes) • Dosage calculations in clinical/lab and on exams • <u>Clinical/Simulation performance and paperwork</u> Clinical reasoning Prioritization 	<ul style="list-style-type: none"> • Skill return demonstration • Dosage calculation exams • Clinical performance evaluation • Clinical journal • Patient assessment documentation • Concept map • Simulation lab performance • Group and individual presentations
QUALITY IMPROVEMENT AND SAFETY: Incorporate a spirit of inquiry to make evidence based clinical judgments and management decisions to improve the safety and quality of care across a variety of systems.	11. Monitor individual performance and system effectiveness to improve safety/quality of care. 12. Implements safe practices and sound judgment in the administration of medications and treatment.	<ul style="list-style-type: none"> • ATI resources and exams • Skills return demonstrations (IV skills, ECG, chest tubes) • Dosage calculations in clinical/lab and on exams • <u>Clinical/Simulation performance and paperwork</u> Client satisfaction Safety 	<ul style="list-style-type: none"> • Skill return demonstration • Dosage calculation exams • Clinical performance evaluation • Clinical journal • Patient assessment documentation • Concept map • Simulation lab performance • Group and individual presentations
INFORMATICS: Integrate current technology to support decision-making and manage information in the delivery of client care.	13. Analyze potential/actual patient complications and respond appropriately. 14. Incorporate appropriate technology to communicate effectively and manage information in the delivery of client care	<ul style="list-style-type: none"> • <u>Clinical/Simulation performance and paperwork</u> Documentation/Confidentiality Technology – safety equipment 	<ul style="list-style-type: none"> • Clinical performance evaluation • Clinical journal • Patient assessment documentation • Concept map • Simulation lab performance • Group and individual presentations

Table 4.2.2 AD Program and Course Student Learning Outcomes below gives a clear depiction of the major competencies as they progress throughout the curriculum from simple to complex from semester 1 to semester 2. The table also demonstrates a progression in cognitive thinking utilizing Bloom's Taxonomy. The courses referred to in the table are also further described in Appendix D DNP AD Abbreviated Syllabi.

Table 4.2.2 AD Program and Course Student Learning Outcomes								
Graduate SLO	NURS 224 Semester 1	NURS 225 Semester 1	NURS 226 Semester 1	NURS 227 Semester 1	NURS 228 Semester 2	NURS 229 Semester 2	NURS 237 Semester 2	NURS 259 Semester 2
TEAMWORK AND COMMUNICATION: Collaborate with clients and members of the interdisciplinary health care team to optimize effective communication, caring behaviors, and management of client needs.	Examine how the nurse optimizes caring relationships within the interdisciplinary healthcare team by using conflict resolution techniques, effective communication, consensus-building, and shared decision-making.	Characterize the relationships within interdisciplinary healthcare team developed to optimize effective communication, caring behaviors, and management of client healthcare needs.	Distinguish between the varied relationships within the interdisciplinary healthcare team related to effective communication, caring behaviors, and management of client healthcare needs for women, newborns, and children.	Participate in collaborative relationships using effective communication with members of the interdisciplinary healthcare team.	Evaluate how the interdisciplinary health care team effectively communicates and prioritizes collaborative care of clients across the lifespan.	Analyze the relationships within the interdisciplinary healthcare team developed to optimize effective communication, caring behaviors, and management of client healthcare needs for health promotion and psychosocial needs.	<u>Collaborate with clients and members of the interdisciplinary health care team to optimize effective communication, caring behaviors, and management of client needs.</u>	Adapt effectively within nursing and inter-professional teams to achieve quality client care.
Graduate SLO	224	225	226	227	228	229	237	259
Program SLO— PROFESSIONALISM AND LEADERSHIP: Adhere to professional standards and scope of practice as an associate degree registered nurse while pursuing professional growth and acting as a leader and change agent within legal, ethical and regulatory frameworks.	Explain professional responsibilities, professional standards and scope of practice for a registered nurse including the ethical and legal dimensions, historical trends, and roles in nursing. Outline the principles and techniques of therapeutic communication and information management, leadership, time management, multiple	Examine the role and responsibilities of a registered nurse to provide and direct client care across the lifespan.	Summarize the role and responsibilities of a registered nurse to provide and direct care for women, infants, and children. Examine the ethical and legal concerns related to the care of women, infants, and children.	Demonstrate actions and behaviors that are congruent with professional nursing standards including ethical and legal dimensions Demonstrate management and delegation competencies performed in the role of the RN.	Integrate the principles of management, leadership, delegation, prioritization, assignment, and supervision into nursing practice based on standards of care and scope of practice.	Integrate professional standards, regulations, and the scope of practice for a registered nurse with the care of clients' health promotion and psychosocial needs including the ethical and legal dimensions.	<u>Adhere to professional standards and scope of practice as an associate degree registered nurse while pursuing professional growth and acting as a leader and change agent within legal, ethical and regulatory frameworks.</u> Value personal integrity, professional behaviors, professional boundaries and lifelong learning.	Develop an individual plan for identification, application, interviewing and retaining a position as a registered nurse. Assume accountability for practice in the role of an RN in accordance with professional, legal, and ethical standards.

	responsibilities, delegation and group dynamics as they relate to client care.							
Graduate SLO	224	225	226	227	228	229	237	259
CLIENT-CENTERED CARE: Provide culturally competent care and advocate for clients while promoting their self-determination and integrity.	Include diverse client values, beliefs, and attitudes into the plan of care and education plan for clients.	Utilize the nursing process to prioritize client centered care that incorporates therapeutic communication, client teaching principles, and culturally sensitive care while advocating and promoting self-determination and integrity.	Utilize the nursing process to prioritize client centered care that incorporates therapeutic communication, client teaching principles, and culturally sensitive care while advocating and promoting self-determination and integrity for women, infants, and children.	Utilize the nursing process and therapeutic communication in caring for clients while providing and advocating for culturally sensitive care that will promote their self-determination and integrity Incorporate the psychosocial, cultural, spiritual, and developmental needs into the plan of care. Incorporate client education regarding health care and safety issues with respect to self-determination.	Integrate diverse client values, beliefs, and attitudes into a plan of care for clients.	Formulate culturally competent care for clients' health promotion and psychosocial needs while advocating for clients, and promoting their self-determination and integrity.	Manage care and accept accountability in assigning nursing tasks/activities to achieve patient care goals. Analyze the nursing process in caring for clients while providing culturally sensitive care that will promote their self-determination and integrity <u>Provide culturally competent care and advocate for clients while promoting their self-determination and integrity.</u>	Evaluate the importance of providing client-centered care combining the art and science of nursing.
Graduate SLO	224	225	226	227	228	229	237	259
Program SLO— EVIDENCE-BASED PRACTICE AND NURSING JUDGEMENT: Implement nursing judgment to make safe, effective, and evidenced-based decisions that integrate science and the nursing	Examine the use of critical thinking during nursing practice to make safe, effective, and evidence-based decisions while providing holistic client care.	Plan client care incorporating evidence-based practice and teaching-learning principles that promote self-determination. Apply the use of nursing	Examine quality evidence based client care that incorporates the nursing process, science, and clinical reasoning when caring for women, infants, and children.	Identify the evidence-based practices involved in clinical decision-making to prioritize safe nursing care. Interpret results of diagnostic	Prioritize nursing care demonstrating professional responsibility and accountability in the role of a registered nurse as an interdisciplinary member of the	Prioritize nursing judgments to make safe, effective, and evidenced-based decisions that integrate science and the nursing process to provide holistic client	Compile evidence in determining rationale for one's prioritization of nursing judgments across the lifespan <u>Implement nursing judgment to make safe, effective, and evidenced-based decisions that</u>	Analyze knowledge of advancing the profession of nursing through research and evidence based practice.

process in providing holistic client care.		judgment in client care to make safe, effective, and evidence-based decisions.		studies for patients with chronic, acute, and complex healthcare needs.	health care team caring for clients across the lifespan in a variety of clinical settings.	care including their health promotion and psychosocial needs.	<u>integrate science and the nursing process in providing holistic client care.</u>	
Graduate SLO	224	225	226	227	228	229	237	259
QUALITY IMPROVEMENT AND SAFETY: Incorporate a spirit of inquiry to make evidence based clinical judgments and management decisions to improve the safety and quality of care across a variety of systems.	Apply Quality Safety Education for Nurses (QSEN) Initiatives and National Patient Safety Goals into nursing practice and collaboration with interdisciplinary health care team members to promote client safety and quality care. Identify how individual performance and system effectiveness can improve safety and quality of care.	Utilize quality care measures in the plan of care to keep clients safe and satisfied.	Employ individual performance and system effectiveness to improve the safety and quality of care of women, infants, and children.	Examine individual performance and system effectiveness to improve the safety and quality of care. Implements safe practices and sound judgment in the administration of medications and treatment. Identify potential/actual patient complications and respond appropriately.	Analyze actual/potential client complications and formulate appropriate response.	Monitor health care system, individual performance, and effectiveness to improve the safety and quality of care in the care of clients and their health promotion and psychosocial needs.	Appraise quality improvement methods used to develop or revise the policies/procedures used to maintain client safety. <u>Incorporate a spirit of inquiry to make evidence based clinical judgments and management decisions to improve the safety and quality of care across a variety of systems.</u>	Analyze key aspects of the RN test plan categories.
Graduate SLO	224	225	226	227	228	229	237	259
INFORMATICS: Integrate current technology to support decision-making and manage information in the delivery of client care.	Specify appropriate technology to communicate effectively and manage information in delivery of client care while maintaining patient privacy and confidentiality.	Explain the use of technology to communicate effectively and manage information in the delivery of client care.	Apply technology to deliver safe client care for women, infants, and children.	Incorporate appropriate technology to communicate effectively and manage information in the delivery of client care.	Analyze use of technology in the healthcare system related to the delivery of safe client care.	Integrate current technology to support decision-making and manage information in the delivery of client care in the care of clients and their health promotion and psychosocial needs.	<u>Integrate current technology to support decision-making and manage information in the delivery of client care.</u>	Evaluate ways in which new and emerging technology affects and supports nursing practice.

The AD program outcomes are listed below and a summary of the past three years is noted on Appendix J: Program Evaluation Plan.

Dakota Nursing Program Outcomes:

1. **Performance on NCLEX-RN® Licensure Examinations:** The NCLEX-RN® pass rate three-year mean for first-time takers will be at the national mean or above during the same three-year period for Associate Degree Nursing graduates.
 2. **Program Completion:** The AD program will have at least 80% of current students graduate from the program within 150% of program length (three semesters).
 3. **Graduate Program Satisfaction:** Graduates who respond to the Graduate Follow-up Survey 6-12 months post-graduation will express program satisfaction with an overall mean score of at least 3.0 on a 5.0 Likert Scale.
 4. **Employer Program Satisfaction:** Employers who respond to the Employer Survey 6-12 months post-graduation will express satisfaction with graduate preparation with an overall mean score of at least 3.0 on a 5.0 Likert Scale.
 5. **Job Placement Rates:** A minimum of 80% of new graduates who seek employment in nursing as an RN will obtain positions within one year of graduation from the exit point of the program.
- 4.3 The curriculum is developed by the faculty and regularly reviewed to ensure integrity, rigor, and currency.**

The curriculum of the nursing programs at BSC has undergone revision in the past two years. Our initial request for candidacy was completed with a dated curriculum. After review of the candidacy letters, faculty realized that changes were definitely needed. Dr. Linda Caputi was contracted to lead a two-day NLNAC (now ACEN) preparation conference September 26-27, 2013. She also consulted with the DNP on the candidacy paperwork and critique. Faculty researched how programs incorporated current standards and guidelines such as QSEN competencies and national safety goals into the program structure. As a result we contracted with NurseTim and Dr. Linda Rosati for a conference on April 3-4, 2014 for an individual program facilitation to update the mission, philosophy, and organizational framework. All full-time and part-time faculty were invited and encouraged to attend with the majority of faculty being present and having input as the new structure was built.

NurseTim offers interactive faculty development workshops and webinars for the nursing department. Specific services can include faculty development, accreditation support, strategic planning, research, and event planning. The Dakota Nursing program holds a membership through the ND Center for Nursing. This enables faculty (PT and FT) to access many nurse educator webinars on their own time. The program has also contracted with NurseTim to have faculty development workshops at a central location for all of the DNP faculty in the areas of curriculum development, item writing, and test analysis. Faculty obtain contact hours for any NurseTim webinar or workshop.

Integrity of the curriculum is maintained with the mission/philosophy incorporating the competencies that direct the graduate student learning outcomes and the logical progression to the course SLOs. For a visual perspective, please review Table 1.1 DNP at BSC Mission-Philosophy-Learning Outcomes and Table 4.2.2 AD Program and Course Student Learning Outcomes.

Major changes to the curriculum implemented after creating the organizational framework were:

- All course student learning outcomes were updated by faculty to correlate with the program student learning outcomes. The new SLOs were incorporated into the curriculum starting fall 2014.
- Due to a need to decrease credits, the PN program was decreased from 47 credits to 42 credits by:
 - eliminating the chemistry requirement (4 credits);
 - decreasing NURS 129, a summer medical-surgical course, by 1 credit
 - dropping the requirement for CNA after it was determined that this represented “hidden” credits that increased the program total.

The changes were approved by the nursing faculty, college curriculum committee, and North Dakota Board of Nursing in July 2014. The structural changes such as mission, philosophy, and organizational framework have been in place for two semesters. The changes that occurred to decrease credits fall 2015. The AD program credit total for that year is unchanged at 31, but the two year credit total of PN and AD is now 73 credits, down from its previous high of 78 credits.

Faculty views on whether they have input into the curriculum are ascertained each year in the faculty survey of ACEN standards (initiated spring 2015). BSC faculty (seven of a

possible 11 responded) agree at a 3.43/4 point Likert that faculty do have input into curriculum development.

Rigor of the curriculum is evaluated with analysis of the results of the Assessment Technologies Institute (ATI) comprehensive predictor exams each year and Mountain Measurement results every two years. Topics that the students scored below national average in achievement are reviewed, analyzed, and trended. Faculty formulate plans on how to increase student scores in these low areas. The plans are frequently discussed in the course assessments and reviewed at the summer curriculum/faculty meetings. Table 4.3 below shows the relationship of ATI Comprehensive Predictor levels and NCLEX RN pass rates. The scores are for the Bismarck home campus site only as the AD program did not begin in Harvey until 2014 with 2015 graduates. The benchmark for the Comprehensive Predictor is 92%. A review of the table below shows that the majority of students failing NCLEX RN have scored below a 92%. The numbers are small so this does not carry a strong significance.

Table 4.3 Comprehensive Predictor Scores and Pass Rate for Cohort AY 12-14						
Year/Site	94% to 100% Predictability to Pass NCLEX	92% to 93% Predictability to Pass NCLEX	90 to 91% Predictability to Pass NCLEX	80 to 89% Predictability to Pass NCLEX	< 80% Predictability to Pass NCLEX	First time NCLEX RN pass rate for cohort
2011- 2012	13	0	2	3	0	18/18 = 100%
2012- 2013	19 (1 fail)	0	1	0	0	19/20 = 95%
2013- 2014	11 (1 fail)	2	3 (2 fail)	2	2	17/20 = 85%

Faculty implemented test blueprinting fall 2014 and have completed blueprinting of 100% of all course exams. The curriculum is evaluated for currency every three years when a new NCLEX test plan is implemented. Changes in the detailed test plan are then used to update the curriculum as needed. Faculty participated in a NurseTim conference focused on item writing and test analysis facilitated by Mary Krieger on July 21st, 2015.

A new entry into the AD program has been designed and will be implemented fall 2016 for the paramedic to nurse track at Lake Region State College, one of the consortium partners. Bismarck State College will review this as an entry option for the AD program at a later date but put this into the report as a notification of that possibility.

4.4 The curriculum includes general education courses that enhance professional nursing knowledge and practice.

Prerequisite (PN program requirements) and corequisite courses were chosen by the faculty to both support the nursing courses and to meet the needs of students who articulate to higher degrees.

Table 4.4.1 General Education Requirements Rationale	
Math	Provides students with knowledge of mathematical concepts and skills in math calculation for safe nursing practice.
Communications	Composition I - Covers basic writing principles with emphasis on modes of development and writing as a process to provide students with skills to write professionally as a nurse. Composition II - Emphasizes information literacy, critical thinking, and style development. Speech - Assists students in improving their one on one communication skills in their personal, social and professional lives.
Anatomy and Physiology	Anatomy - Provides students with foundations of the anatomical structures of the human body from cellular to organ system level and serves as science knowledge base for nursing. Physiology - Covers physiology of cells, tissues, organs, and organ systems of human body to provide students with science knowledge base for nursing.
Introduction to Psychology and Developmental Psychology	Introduces the student to human psychology and lays the groundwork for the nursing mental health course. Describes the ongoing processes in the biosocial, cognitive, and psychosocial domains of human development throughout the lifespan.
Pharmacology	Provide students with a foundation of pharmacology from which they can proceed to become safe and effective nurses in relation to medication administration.
Microbiology	Provides students with a foundational knowledge of the organisms related to different pathologies they will encounter as a nurse.

The question “General education courses for the nursing program enhance professional nursing knowledge and practice” was added to the exit survey spring 2015 and BSC students from Bismarck answered based on a 5 point Likert (Table 4.4.2).

Table 4.4.2 Exit Survey results for ADN Graduating Class of 2015 – General Education				
		Likert Scale 1-5		
<i>Standard</i>	<i>Question</i>	Bismarck	Harvey	Combined BSC
	<i>Response Rate</i>	12/22 54.5%	0/2 0%	12/24 50%
4.4	General education courses for the nursing program enhance professional nursing knowledge and practice.	4.5 Mean score	0 Mean score	4.5 Mean score

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

Bismarck State College encourages students, faculty, administrators and staff to participate in ongoing diversity efforts. And supports members of all minority groups (ethnic, racial, gender, gender identity, sexual orientation, and religious). The Institute for Culture and Public Service, consisting of Bismarck State College, United Tribes Technical College and the University of Mary, hosts several events free to faculty and students. Including a recent presentation by the author of "Sacred Ground: Pluralism, Prejudice and the Promise of America." For several years BSC has hosted conversations between President Larry Skogen and a local historian, to enrich the community's cultural understanding.

The nursing students have several clinical rotations which in which care is provided to individuals of diverse ethnicity. Such as through Custer Public Health, which provides direct services to individuals from the Standing Rock Sioux Tribe. Statewide, there continues to be a rise in population which brings many cultural changes to the community. Locally, the hospitals and clinics are seeing an increase in homelessness, STDs, and abuse cases. The nursing students are given the opportunity through clinicals and simulation to become more aware of the many cultural aspects to health care.

Faculty address cultural sensitivity and appreciation of diversity in didactic and clinical courses as noted in Table 4.5.1 Cultural, Ethnic, and Socially Diverse Concepts in the Curriculum.

Table 4.5.1 Cultural, Ethnic, and Socially Diverse Concepts - <i>Methods of teaching and evaluation</i>	
NURS 224	Students read a textbook chapter and attend a lecture on Spirituality and Health Care and then complete an online discussion that focuses on “how you take care of your own spiritual needs and the coping mechanisms you will use to assure you remain holistically healthy and thus able to provide nursing care to clients.”
NURS 225	Cultural aspects of pathophysiology of specific diseases addressed in the reading and lecture. Cardiac EBP Interview assignment (one of the articles focuses on cultural considerations). “Ethnic Differences in Cardiovascular Drug Response”
NURS 226	Cultural topics are addressed in the classroom-how to adjust cares and what expectations to have. One specific exam question on nutrition for the pregnant mother. There were several exam questions on the adolescent mother, as well as substance abuse during pregnancies and impact on the newborn.
NURS 227	<u>Clinical behaviors and assessment area:</u> Uses caring behaviors (Call by preferred name, comfort, respect), Identifies cultural and spiritual values, beliefs and attitudes related to client care (SNs and clients) <u>Clinical Guide:</u> Student documents the Psychosocial considerations and barriers to communication (include how the patients culture, lifestyle changes, family issues, etc. affect their healthcare needs)

	<u>Simulation:</u> Pediatric Tiffany has a Chinese speaking aunt, this simulation is in 227. We also address culture by asking on the Clinical Guide for their patient’s psychosocial considerations or any barriers for communication. The students address cultural activities here as well.
NURS 228	Cultural aspects of pathophysiology of specific diseases are addressed in the reading and lecture. Diabetes in the Native American Population- video and discussion questions (also exam question)
NURS 229	<u>Mental health:</u> case studies that have a cultural component such as the one I used for schizophrenia. The patient was from the Navajo tribe and wanted to see a medicine man. I also spend one lecture discussing the impact of culture on mental health issues. I have a lecture on cultural aspects of mental health. Quiz/test questions: 1. The nurse is caring for a client who states he has "ghost sickness". Which is the appropriate nursing response? 2. A nurse is caring for a client of “another culture”. Which nursing action is appropriate? <u>Community Health:</u> Read textbook chapter on Cultural Influences in Community Health, View video and complete quiz on “Cultural Awareness in Health Care: Understanding the Need.” Read and Attend Lectures on Vulnerable Populations, Rural Health and Migrant Health, Homelessness and Poverty, Substance Abuse, Violence and Human Abuse. Assignment is a Community/Windshield Assessment.
NURS 237	<u>Clinical behaviors and assessment area:</u> Uses caring behaviors (Call by preferred name, comfort, respect), Identifies cultural and spiritual values, beliefs and attitudes related to client care (SNs and clients) <u>Clinical Guide:</u> Student documents the Psychosocial considerations and barriers to communication (include how the patients culture, lifestyle changes, family issues, etc. affect their healthcare needs) <u>Simulation:</u> Cultural simulation week 5 - Jon Brasher – patient that was Native American. I made him a teacher with a college degree, took care of his grandmother when he was a teen and was at work every day- except the day of the sim. He came in with overdose.
NURS 259	In Week 11 the students read a chapter of the textbook titled Cultural Diversity, listen to a Tegrity recording on cultural diversity which explains the process of becoming “culturally competent”, and does an assignment entailing a reflection on diverse patients. Students review the websites of several professional organizations that focus on trans-cultural nursing and holistic nursing. They then reflect on their own nursing practice to see where their values lie.

Student surveys from spring 2015 indicate that the curriculum supports these cultural and socially diverse concepts; BSC students responded using a 5 point Likert (Table 4.5.2.).

Table 4.5.2 Exit Survey results for ADN Graduating Class of 2015				
		Likert Scale 1-5		
Standard	Question	Bismarck	Harvey	Combined BSC
	<i>Response Rate</i>	12/22 54.5%	0/2 0%	12/24 50%
4.5	Nursing courses supported cultural, ethnic, and socially diverse concepts.	4.58 Mean score	0 Mean score	4.58 Mean score

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

The Dakota Nursing Program's education theory is the adult learning theory. Faculty work to remain current in and incorporate adult learning theory within the curriculum. To address the knowledge that adult learners are internally motivated and self-directed, faculty provide individualized support and encouragement at bi-monthly meetings with students. Students are encouraged to discuss and relate their life experiences to the current topics. To show firsthand how the program incorporates educational theory, interprofessional collaboration, research, and current standards of practice, excerpts from the faculty scholarly activities forms related to the questions below are noted.

- How did you implement adult learning theory this past year?
- How did you implement inter-professional collaboration in your teaching this past year?
- How did you implement research in your instruction this past year?
- How did you implement current standards of practice in your instruction this past year?

Excerpts from the spring 2015 scholarly activities forms below show faculty are implementing these topics into the curriculum in a creative manner with many active learning and evidence based teaching ways.

How did you implement Adult Learning Theory this past year?

- During debriefing after simulations I often ask students to share clinical experiences they have had in relation to what the simulation topic was. I also planned and organized orientation to clinical paperwork and clinical sites. Respect and reinforcement of internal motivation and self-direction was always stressed during the bimonthly meetings I had with students.
- I respected each of my students. I brought my own life and career experiences and knowledge to each clinical day with them.
- My students are internally motivated and self-directed. I see that they are motivated to learn. I have developed rapport with them so they feel they may approach me with questions. I listen to their specific questions and show interest in their thoughts. When they ask questions, I encourage them to utilize their resources and research it first. Then, once they have read about the specific question they are answering, we discuss it. I feel that this will help them to remember.

- Adults:
 1. **Adults are internal motivated and self-directed-** all assignments were posted with expectations for due dates. Rubrics developed for assignments with clear expectations.
 2. **Adults bring life experiences and knowledge to learning-** during classes will ask for student experience or examples- these are shared with other students. In NURS 226, read a letter from a mother with special needs child to the students. Ask them to recall previous a/p concepts or previous clinical/clients when lecturing (i.e. how many have cared for a patient on Coumadin/heparin?)
 3. **Adults are goal oriented-** remind them of and review with them their own goals when meeting with the students bimonthly and review learning goals for every clinical with the students
 4. **Adults are relevancy oriented-**use frequent examples in class as to why it is important to know information (such as why the need to know trade and generic names of medications (i.e. anti-seizure medications for children) relate textbook information to clinical examples/practice.
 5. **Adults are practical -** all lectures are recorded on Tegrity live. For some classes pre-recorded for their convenience. Students are told they can contact professor via live chat, email, phone, etc.
 6. **Adult learners like to be respected-** discussion threads carry specific instructions and postings were to be respectful when replying/responding to other students. When exams are analyzed, results are posted and any adjustments are fairly considered and there is a response as to adjustments made and why.
- Adults:
 1. Students are encouraged to identify what motivates them to learn and reflect on how they will utilize the knowledge to stay self-directed.
 2. Students are free to bring up their life experiences and how they relate to what they are learning
 3. Students set their learning goals each semester in writing.
 4. I strive to show the student how what they are learning relates to actual practice.
 5. Students are instrumental in helping to set the lab and clinical schedules.

6. Students are treated with respect and dignity.

- Understanding that Adult learners are our students. They should be motivated and self-directed, and that is where the instructor must be organized and time managed with the coursework. Students really appreciate to hear stories to enrich lectures. They like to contribute their own experience and intrigue to learning. Evidence shows that students that are engaged will retain pertinent information readily.
- I created an assignment in NURS 225 for students to choose a research article and interview an individual regarding cardiac information learned from the research. They were able to independently choose the subject and the questions were self-directed. In clinical practice I have the students leave the floor earlier and work on their concept-maps, then present these to each other. This leads to enhance critical thinking and is more time efficient.

The following excerpts from the scholarly activities forms show how inter-professional collaboration is implemented in the program.

How did you implement inter-professional collaboration in your teaching this past year?

- I collaborated with fellow faculty in the implementation and planning of simulations. Inter-professional collaboration was also demonstrated within meetings and within the planning of various teaching activities.
- With skills labs I would collaborate with other instructors on the specific skill for the week that the students were learning and being graded on.
- Utilizing the tools I've been presented with via NurseTim webinars and at Winter Analysis.
- Collaborated with **EMS education** when revising clinical simulations in NURS 227/237 to correctly interpret and realistically delineate roles and to portray the differences between pre-hospital and hospital emergency care. (Week 13)
- Suggested collaboration with the **MLT Program Coordinator** to teach students regarding phlebotomy techniques in NURS 227
- I am attempting to take a more active part in planning.
- UND family practice works with BSC and our student nurses with the student health center at the Armory at BSC.

- We had a Trauma Coordinator give a presentation during the trauma lab in N237.
- I have met with Respiratory Therapy to learn more about mechanical ventilators and used this information in N225.

The following excerpts from the scholarly activities forms show how research is implemented in the program.

How did you implement research in your instruction this past year?

- During the OB simulation I had students research labor and delivery legal cases and present to the class.
- I used concept maps with the students as well as current research for the skills we performed with each patient.
- My practice is in the clinical setting. One example of how I implemented evidence based clinical practice into clinical is that I have had my students do research on evidence based articles on new medications and treatments we are utilizing on the medical floor. A particular example is the use of medical honey on wounds. Students have done research on the effectiveness of this practice and got to see it in clinical. We cared for a patient a while back which she had a wound vacuum in place and then cared for her after medical honey had been used on her wound and students got to see the impressive improvement noted to the patient's wound.
- See Area 3, and gathered and read articles submitted by this year's and previous year AD students in Leadership clinical on topics regarding Nursing Managers/Leaders, qualities of good leaders, effective leadership and implemented strategies seen in effective managers to better manage labs, clinical, collaborate with others at BSC (team meetings), model better leadership-type behaviors proven effective and to encourage and bring out Leadership qualities in our students.
- Students research unusual diagnoses throughout the year and present during post conference. Students also participated in a Farm Safety for Kids program focusing on disability awareness. Their required much research on their part.

The following excerpts from the scholarly activities forms show how current standards of practice are implemented in the program.

How did you implement current standards of practice in your instruction this past year?

- I reviewed the current nursing textbooks standards of practice prior to teaching lab or planning the simulations.
- I also wrote various OB scenarios and implemented the current standards of practice for students to use during their demonstration of the maternal newborn postpartum assessment.
- I made sure that students were completing assignments such as concept maps, learning goals, and clinical guide/data collection according to the standards set for DNP.
- We reviewed and became familiar with the National Patient Safety Goals for Critical Access Hospitals. We reviewed the Critical Access Hospital Guidelines. Some of the specific examples are that we identify patients using 2 different identifiers. Every time we give a medication or provide a treatment, the student is required to identify the patient using name and date of birth and check the patient's name band to verify she has the correct patient. We also covered the guidelines to prevent infection such as proper hand washing and guidelines to prevent catheter associated UTI's (CAUTI's).
- Current AAP Guidelines for Infant /Child/ Adolescent Immunizations and Immunization Schedule were used for NURS 145- Discussion Thread Assignment
- Students have researched standard of practice for critical access hospitals, as well as standards of practice for specific skill sets such as STEMI.
- Research on EBP utilized in new practices with chest tube therapy, new standards with trach cares, running a cardiac code, research on outcomes with use of a Stroke Team, new standards regarding IV therapy.

4.7 Evaluation methodologies are varied, reflect established professional and practice competencies, and measure the achievement of the student learning outcomes.

Evaluation methods are varied and appropriate to each course outcome as noted in Table 4.2.1: Program and Course SLOs correlated to Learning Activities and Evaluation Methods. The course syllabi also show the varied learning activities and evaluation methods. The course assessment forms and complete course syllabi will be available in the evidence room. It is imperative to show how each course learning outcome is being met and that the evaluation method has a rubric and is at the correct level. The DNP exam blueprints have a ratio of knowledge and comprehension type questions that steadily decreases in number throughout the

curriculum as the application and analysis questions increase in number. Nursing is a practice discipline and, as such, places high expectations that students will perform well in cognitively “knowing” the material, performing clinical skills well in the psychomotor area, as well as being about to reflect on how they feel about the experience. Students are evaluated in the didactic area, lab area, and clinical area.

Performance is measured with a rubric which is explained to the student prior to the clinical experience. The course SLOs and Quality and Safety Education for Nurses (QSEN) concepts are the base of the clinical evaluation tool. Specific criteria used to measure each SLO and AD role specific competency has been helpful when evaluating student performance at clinical. Faculty believe they can evaluate students more consistently and objectively using the stated criteria for competency and the scale point descriptors of this tool. See Appendix F – AD Clinical Rubric.

During the clinical experience, students are evaluated in both formative and summative manner by clinical faculty. Faculty visit informally with students during the clinical day, attempting to provide positive, timely, and constructive feedback in order to facilitate learning and improve clinical, professional, and develop team member skills.

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

The Dakota Nursing Program AD program at BSC is fully approved by the North Dakota Board of Nursing and fully compliant with the requirements. The nursing curriculum meets the requirements of BSC policies for the Associate in Applied Science degree.

The Associate Degree program curriculum is scheduled over two semesters during which the student completes thirty-one credits. Students are admitted once per year to start in the fall semester. There are two entry options for the BSC AD program. Please see Table 4.8.1 AD Program Entry Options Showing Pre-requisite Nursing Hours

The majority of students in each class are internal students who are articulating on from the Practical Nursing Certificate program. The internal student must be in good standing in the PN program to progress to the Associate Degree program. This includes a GPA of at least 2.75 in all required courses, good exit evaluations from the PN program, and passing the ATI

Comprehensive PN Predictor at a 92% probability of passing the NCLEX PN®. Internal students are encouraged to sit for the NCLEX PN® after completion, but they are not required to have done this if they are directly articulating into the AD program from a Dakota Nursing Program certificate program.

The second option is for the incoming advance-standing LPN with a clear and active license. Incoming advance-standing students must maintain an active and unencumbered license to practice as an LPN in the United States, GPA of at least 2.75 in all required courses, and a pass on the ATI Comprehensive PN Predictor at a 92% probability of passing the NCLEX PN®.

Students are admitted to the nursing program one time per year with a fall start. Admission criteria are available to the public on the nursing website www.dakotanursing.org.

The program of study for internal and advance standing students is listed below. There are twelve credits of nursing courses each of the two semesters which is a full-time status for students at BSC. The microbiology course and the elective communications course can be taken any time prior or in the semester in which it is shown below.

**Bismarck State College
Dakota Nursing Program Curriculum Guide**

Fall

NURS 224 Professional Role Development.....	2
NURS 225 Alterations in Health I.....	3
NURS 226 Maternal Child Nursing	3
NURS 227 Clinical Application I.....	4
MICR 202 Microbiology L/L	4
Total	16

Spring

NURS 228 Alterations in Health II	4
NURS 229 Health Promotion & Psychosocial Nursing	2
NURS 237 Clinical Application II	5
NURS 259 Role Transitions	1
Communication Elective	<u>3</u>
Total	15

TOTAL FOR YEAR.....	31
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AD students must have the required general education courses as described in the curriculum plan as pre-requisites from their PN program and are given credit for the courses in their PN program as a package (correlating to the 22 practical nursing credits in the BSC

practical nursing certificate program) to enter the AD program. The BSC Practical Nursing program also requires the same general education credits. See Table 4.8.2 Credit Distribution of Pre-Requisite Courses for Associate Degree Program Contact Hours below

Table 4.8.1 AD Program Entry Options Showing Pre-requisite Nursing Hours				
PN-to-AD Articulation Options	NURS Credits	Classroom Hours*	Lab/Clinical Hours**	Total Contact Hours
1. DNP PN Certificate Program	22	208	432	640
2. LPN with clear and active license	Credits for PN NURS courses transfer in as a package with a variety of credit number, will accept as equivalent to 22 NURS credits	208 accepted	432 accepted	640 accepted
*Classroom Hours (1:1 credit: contact hour ratio) **Lab/Clinical Hours (1:3 credit: contact hour ratio)				

Table 4.8.2 Credit Distribution of Pre-requisite General Education Courses					
Course Prefix	Course Title	Credits	Classroom Hours*	Lab/Clinical Hours**	Total Contact Hours
BIO 220	Anatomy & Physiology I	4	48	48	96
BIO 221	Anatomy & Physiology II	4	48	48	96
ENG 110	Composition I	3	48	0	48
PSYC 111	Introduction to Psychology	3	48	0	48
PHRM 215	Introduction to Pharmacology	3	48	0	48
PSYC 250	Developmental Psychology	3	48	0	48
Total Pre-Requisite Credits and Hours		20 Credits	288 Hours	96 Hours	384 Hours
*Classroom Hours (1:1 credit: contact hour ratio) **Lab/Clinical Hours (1:3 credit: contact hour ratio)					

The Associate Degree program includes an additional 7 credit hours in general education courses and 24 credit hours in core AD nursing courses (See Table 4.8.4).

Graduation requirements for the Associate Degree in Applied Science follow the college guidelines for an Associate Degree in Applied Science as listed in the Bismarck State College catalog and the Dakota Nursing Program student handbook.

Table 4.8.3 Credit Distribution of AD Contact Hours					
Course Prefix	Gen Ed Course Title	Credits	Classroom Hours*	Lab/Clinical Hours**	Total Contact Hours
BIOL 202	Microbiology L/L	4	48	48	96
Elective	Communication Elective	3	48	0	48
	Total General Education Credits	7 Credits	96 Hours	48 Hours	144 Hours
Course Prefix	NURS Course Title	Credits	Classroom Hours*	Lab/Clinical Hours**	Total Contact Hours
NURS 224	Professional Development	2	32	0	32
NURS 225	Alterations in Health I	3	48	0	48
NURS 226	Maternal Child Nursing	3	48	0	48
NURS 227	Clinical Application I	4	0	192 (48 lab and 144 clinical)	192
NURS 228	Alterations in Health II	4	64	0	64
NURS 229	Health Promotion & Psychosocial Nursing	2	32	0	32
NURS 237	Clinical Application II	5	0	240 (48 lab and 192 clinical)	240
NURS 259	Role Transitions	1	0	48 lab	48
	Total Nursing Credits	24 Credits	224 Hours	480 (144 lab and 336 clinical)	704 Hours
	Total General Education and Nursing Credits	31 Credits	320 Hours	528 (192 lab and 336 clinical)	848 Hours
*Classroom Hours (1:1 credit: contact hour ratio) **Lab/Clinical Hours (1:3 credit: contact hour ratio)					

The method of course delivery for all students in the BSC AD nursing program works to fulfill the same outcomes at all sites. Bismarck students attend IVN lectures at the BSC Allied Health campus. They attend lab in the same building and attend clinical at local clinical facilities. The faculty who teach on IVN are from BSC and also the other sites within the Dakota Nursing Program. BSC faculty include a pediatric certified nurse who teaches all of the pediatrics material. BSC also teaches a large portion of the medical surgical content. The other colleges have faculty who are experienced in maternal newborn, community health, mental health, and critical care teaching those courses. It is an advantage to have access to this diverse nursing faculty population within the consortium.

BSC has an AD distance site in Harvey, North Dakota. The program alternates there with the Practical Nursing Certificate program. BSC is graduating a cohort of AD students May 2015. A group of PN students will start fall 2015 and graduate July 2016. In the fall of 2016, BSC will start a cohort of AD students who will then graduate in May 2017. The students at the Harvey location attend the IVN lectures at the local hospital, attend lab at the local hospital in a lab set up with all of the same equipment available to students at the Allied Health Campus and attend clinical at the local hospital and for select clinical specialties at the clinical sites in Bismarck. The nursing faculty at Harvey is a fully qualified MSN with nursing education, staff development, and administration experience. Her background includes a wide range of general nursing and with a focus on maternal newborn. Distance site resources are detailed in Standard 5.

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

Practice learning environments for students include the clinical area, simulation lab, skills lab, and the classroom. The AD programs contract with area health facilities that have all levels of patient care. Student clinical experiences include:

1. Medical/surgical acute care nursing, including intensive care and emergency room
2. Maternal newborn
3. Pediatrics
4. Mental health
5. Community health
6. Long-term care and sub-acute care

7. Simulation lab

Clinical agency selection is based upon the ability for the student to have meaningful learning experiences to meet the student learning outcomes and program outcomes. Didactic and clinical faculty collaborate to make decisions based on clinical settings, level of patient acuteness, and skill sets needed to perform on a given clinical site. Faculty collaborate with facilities to optimize the clinical experience. An example of this would be in the peri-operative area of a local hospital. The student is sent to the pre-op holding area to utilize pre-operative assessment and IV administration skill in the morning, and in the afternoon the student will transition to the post anesthesia care unit to perform in the post-operative assessment and care of the patient. In the second semester of the program, the capstone clinical event of preceptorship is a collaborative effort with the clinical facility educator and BSC faculty to match the student with a clinical area of interest and an identified preceptor who is experienced and willing to precept a student during the 36-40-hour rotation. During all clinical experiences, students have an opportunity to use critical thinking, evidence-based practice, communication skills, and safe quality nursing care, using the nursing process.

The practice learning environment supports achievement of student learning experiences. Please see Table 4.9.1 for a listing of clinical agencies.

Table 4.9.1 AD Clinical Agencies 2015-2016			
Agency Name and Location	Accreditation or Approval body	Faculty/Student ratio	Brief description of practice experience
CHI-St. Alexius Health Bismarck, ND	Joint Commission	1:4 Faculty/Student 1:1 Observation with staff nurse	Medical, Oncology, Surgical, Transitional Skilled Care Unit (TCU), Obstetrics, Telemetry, Mental Health (pediatric and adult) Home Health, Emergency Room, Intensive Care Units
VIBRA Health Mandan, ND	ND State Health Dept.	1:4 Faculty/Student	Acute long-term care facility
Sanford Health Bismarck, ND	Joint Commission	1:1 Observation with staff nurse	Peri-Operative Surgery areas, Pain Clinic, Endoscopy
Custer Health Mandan, ND	ND State Health Dept.	1:1 Observation with staff nurse	Community Health, Pediatric Health Tracks, Well baby checks

CHI St. Alexius is the major acute care setting that the BSC Dakota Nursing program utilizes for the program. CHI St. Alexius Health is a 306-bed, full-service, acute-care medical center offering a full line of inpatient and outpatient medical services, including primary and specialty physician clinics, home health, and hospice services. Student clinical experiences include medical oncology, medical, surgical unit including (ortho/neurology, urology) and general surgical unit. Perioperative experience includes same-day surgery, OR, pre-op and post-op care. Students rotate through critical care with the Emergency Trauma Center (Level II), Intensive Care, NICU, and Telemetry floors. Students are also exposed to pediatrics with Mom/Baby and Labor/Delivery. Students are exposed to geriatrics throughout the medical center, with specific rotations through the transitional care unit, including the rehab floor, home health, and hospice. Psychiatric care includes partial hospitalization and inpatient psychiatric care for adolescents and adults.

VIBRA Health Care in Mandan ND is utilized for long-term acute care practice. Students are working in an acute care nursing setting with complex patients.

Community Health clinical examples would include Custer Health which provides community health nursing in the city of Mandan ND. Students also participate in a collaborative event with UND Family Practice at the BSC student health center on main campus. Students work in an interdisciplinary role providing care for the BSC student and employee population. Students also have the ability to observe pediatric clients at the Pride Manchester House which is a residential treatment center for children.

Sanford Health in Bismarck is utilized as an observational clinical site as well as the capstone preceptorship. Students are also scheduled in both semesters with day observational clinical rotating through same day surgery, peri-operative, pain clinic, endoscopy, and a leadership observational clinical with the House Supervisor.

Simulation is provided in the lab classroom of the BSC Allied Health Campus in both semesters. IV therapy is the primary focus for the first eight weeks beginning fall semester with coursework. Students are demonstrated on IV skills by the instructor, and the student is to perform the skill competently (instructor-observed) after the required practice time on the skill. Students have instructor-observed simulation scenarios which are performed in the simulated patient room with set objectives to be completed in a group. This is discussed in Standard 5 Resources.

The clinical evaluation and simulation rubrics measure the student learning outcomes. See Appendix F: AD Clinical Rubric and Appendix G: AD Simulation Rubric. Program outcomes are measured by the students' evaluation of clinical site experiences on their Clinical Facilities Evaluation Survey. (Available in the evidence room). Standard 5 Resources in the Self-Study and PEP further addresses the lab, simulation lab, and classroom learning environments.

Evaluation of clinical sites occurs at the end of each semester with rotating site evaluations. Yearly updates on clinical sites are made by the coordinator as well as verifying contracts with facilities and student liability insurance.

Student surveys from spring 2015 indicate that the clinical sites utilized were appropriate for their learning needs; BSC students from Bismarck responded using a 5 point Likert (Table 4.9.2).

Table 4.9.2 Exit Survey results for ADN Graduating Class of 2015 – Clinical Sites				
		Likert Scale 1-5		
<i>Standard</i>	<i>Question</i>	Bismarck	Harvey	Combined BSC
	<i>Response Rate</i>	12/22 54.5%	0/2 0%	12/24 50%
4.9	The clinical sites were appropriate for learning and achievement of Student learning outcomes and Program Outcomes.	4.58 Mean score	0 Mean score	4.58 Mean score

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

Students meet goals of clinical facilities by reviewing individual facility patient safety goals during facility orientations. National Patient Safety Goals and QSEN core competencies of patient-centered care, evidence-based practice, safety, teamwork and collaboration, quality improvement and informatics are emphasized in the clinical area. Delineation of QSEN competencies into knowledge, skills and attitudes, is clearly aligned with the program Student Learning Outcomes.

Best practice standards vary at the clinical sites but include completion of fall risk scales, assessment using Braden scale, adherence to medication safety guidelines and avoidance of high-

alert medication administration, ensuring accuracy in patient identification and practicing infection prevention recommendations.

The situation, background, assessment and recommendation (SBAR) method is used as a communication tool to facilitate safe patient hand-off; this method is reinforced at clinical and utilized during simulation lab activities. Use of SBAR demonstrates the significance of safe patient hand-offs and effective communication method.

Students are expected to utilize the electronic medical record to retrieve data and document care. Orientations to respective clinical facility electronic medical record systems are held prior to the beginning of clinical experiences.

The Assessment and Criteria for Selection of Clinical Sites form (available in the evidence room) identifies use of Patient Care Standards by the clinical agencies as follows:

The facility staff demonstrates the following

1. Patient Centered Care - Recognize the patient or designee as the source of control and full partner in providing compassionate and coordinated care based on respect for patient's preferences, values, and needs. (Studer – AIDET)
2. Teamwork and Collaboration - Function effectively within nursing and inter-professional teams, fostering open communication, mutual respect, and shared decision-making to achieve quality patient care.
3. Evidence Based Practice - Integrate best current evidence with clinical expertise and patient/family preferences and values for delivery of optimal health care.
4. Quality Improvement - Use data to monitor the outcomes of care processes and use improvement methods to design and test changes to continuously improve the quality and safety of health care systems.
5. Safety - Minimizes risk of harm to patients and providers through both system effectiveness and individual performance (Safety First) (National Patient Safety Goals)
6. Informatics - Use information and technology to communicate, manage knowledge, mitigate error, and support decision making.

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

Contract templates are used when contracts are initiated and updated. The contract templates are pre-approved and clearly state expectation of all parties and ensure the protection

of students. If a clinical agency requests the use of their own contract, the contract must be evaluated by the Attorney General's office to assure protection and expectations for all parties.

Contracts are maintained with all clinical facilities/locations and are kept up to date by the Nursing Coordinator's office. The Nursing Coordinator is responsible for monitoring contracts for both PN and AD nursing programs and obtains a renewal when required. Copies of contracts can be found onsite in the document room.

4.12 Learning activities, instructional materials, and evaluation methods are appropriate for all delivery formats and consistent with the student learning outcomes.

All learning activities, instructional materials, and evaluation methods are selected to be consistent with the student learning outcomes. Distance learning activities are planned, evaluated, and modified by faculty in an effort to provide accessible access to nursing education in rural North Dakota. Course content and evaluation methodology is identical whether delivered in the classroom, lab, online, or IVN. Evaluation in online courses is identical to evaluation in campus based/IVN sections. All students receive identical content and are evaluated using the same methodology. Quizzes and exam primarily utilize multiple choice and multiple answer questions. Grading rubrics are used to evaluate work in all courses.

Pearson Learning Studio is utilized as the online platform for the Dakota Nursing Program. Students are strongly encouraged to complete the online orientation and are encouraged to contact the Help Desk if they have specific questions about technical requirements.

All students are required to come to their home site (either on campus at Bismarck or at the nursing program site in Harvey for IVN classroom time, proctored exams, and lab. This helps to ensure the integrity of testing and also facilitates more personal interaction with the instructor. All quizzes and major exams are identical in theory courses across the Dakota Nursing Program. Assignments are always due on Sunday evening at 2359 (11:59 pm). All students complete the same lab and clinical assignments utilizing identical assessment and clinical evaluation tools.

Standard 5 - Resources

Fiscal, physical, and learning resources are sustainable and sufficient to ensure the achievement of the student learning outcomes and program outcomes of the nursing education unit.

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

The fiscal resources at BSC are adequate to support faculty, instructional demands and faculty development to meet the program goals and objectives. With faculty, student, facility partner, and nurse administrator input, the program meets this by acquiring, maintaining, and annually updating appropriate equipment, lab supplies, online resources, and technology. The predominant source of financial support to the nursing department is provided by BSC. The college receives 51% of its budget from tuition and fees, and the other 49% comes from state appropriations. BSC received an Otto Bremer grant in FY 2012-2013. This grant provided funding for the simulation lab which included a high-fidelity Laerdal simulator Sim Man 3G and Sim Junior. The remainder of the grant will be used to furnish an Advanced Life Support (ALS) simulator for BSC's distance site in Harvey ND. BSC has also received monies from the North Dakota Nursing Education Consortium (ND NEC) which provided for simulation equipment and simulation technician wages. This funding has purchased an Alaris IV pump that is used in the AD lab with the IV therapy coursework as well as simulation scenarios that occur in both Clinical Application I and II coursework.

Salaries for adjunct nursing instructors at the Hazen and Harvey distance sites are split between the sites and BSC in a 50/50 salary agreement. The instructor remains a benefited employee of the local hospital, and BSC contributes to their salary quarterly. Program director and program administrative assistant salaries and travel costs are divided up by the four consortium colleges as a program expense.

In 2011, the DNP partner college administrators and the director of the DNP requested, and the North Dakota University System (NDUS) approved, an increase in the student fee from \$300 to \$400 per clinical/lab course. This amount was increased in part for ACEN accreditation costs, simulation, lab supplies, and the increase in cost for masters prepared faculty salaries and adjunct and special purpose instructors.

Fiscal allocations for the Nursing Program at BSC are sufficient to support needed resources within the department. These resources include, but are not limited to, personnel services, employee benefits, employee continued education, contractual services, general supplies, and college services. Fiscal allocations for the Nursing Program at BSC are comparable to the other programs in the Allied Health Department at BSC. Table 5.1 compares these fiscal allocations of the Allied Health Programs offered at BSC for the previous 3 years.

Table 5.1 Nursing Budget with Comparison to other Similar Programs				
Program	Category	2011-2012	2012-2013	2013-2014
Nursing	Salaries	\$310,956	\$318,398	\$337,919
	Operations	\$101,753	\$83,753	\$85,795
	Capital	\$0	\$0	\$7,499
	Totals	\$412,709	\$402,151	\$431,213
Medical Lab Tech.	Salaries	\$57,503	\$61,786	\$99,500
	Operations	\$123,042	\$124,154	\$126,290
	Capital	\$0	\$6,332	\$0
	Totals	\$180,545	\$192,272	\$225,790
Paramedic	Salaries	\$28,341	\$35,194	\$100,344
	Operations	\$0	\$0	\$26,324
	Capital	\$0	\$0	\$0
	Totals	\$28,341	\$35,194	\$126,668
Surgical Technology	Salaries	\$140,740	\$147,133	\$161,434
	Operations	\$24,883	\$24,181	\$23,333
	Capital	\$0	\$0	\$0
	Totals	\$165,623	\$171,314	\$184,767

Administrative Support: The DNP BSC Nursing Coordinator oversees the nursing program at Bismarck State College, which includes budgetary management of the Practical Nursing Program and the Associate of Applied Science in Nursing. The coordinator reports directly to the DNP program director as well as the BSC Medical Arts Department Chair. The academic officer (BSC Provost) is very connected with the program with monthly meetings with the four other consortium academic officers and the DNP program director. The budget process occurs spring semester every year with new budget requests submitted with rationale for approval. The budget process involves several steps for approval including the college dean(s) and president and the budgetary cabinet review. The coordinator, with the approval of the budgetary cabinet, utilize the approved budget. The coordinator can readily access approved budgeted funds for the fiscal year. In the event that funding is required for an unexpected

request, the academic officer will review and determine if the college can provide the funding, or if the request can wait until the following fiscal year.

Administrative Assistant: The Allied Health Campus employs a part-time administrative assistant. This position assists the Nursing, Surgical Technician, Paramedic and CNA programs at BSC. Duties are described per job description.

Instructional Technologist/Designer: Access to the Learning Management System (LMS) and Tegrity is available through our campus Instructional Technologist. This position provides help with creation and embellishment of current coursework with the LMS. This position has been very beneficial in assisting our program with course enhancements and IVN system updates.

Information Technology: The campus help desk is available to help with any computer software or hardware concerns for both students and faculty. The help desk has established designated hours to assist its' users. There is an NDUS help line that assists students with Campus Connection and Pearson Learning Studio when needed 24-7.

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

The Dakota Nursing Program at Bismarck State College is located on the third floor of the Allied Health Building, which is located at 500 East Front Avenue, Bismarck ND. Bismarck State College leases the building from the city of Bismarck. The third floor of the Allied Health Building is also utilized by the Surgical Technology Program, Certified Nurse Assistant classes, as well as the Paramedic Program. This location is ideal in the fact that even though it is considered offsite from the main BSC campus, it is within three blocks of two main clinical sites—Sanford Health Systems and CHI St. Alexius Medical Center. Parking at Allied Health is reserved for student use at no additional charge.

The Allied Health Campus physical facility for nursing includes the Nursing coordinator office; three nursing instructor offices; adjunct nursing instructor office; IVN technician office; large conference/debriefing room; secured file and mailroom; two classrooms with chairs and tables fully equipped with interactive video networking equipment, four large monitors, two desktop computers, two digital visualizers (Allied health 230 and 232); two clinical nursing labs that include tables and chairs (to accommodate up to 50 students); one simulation room; one simulation control room; ten desktop computers and two printers, three sinks, computer lab-20

desktop computers; front desk with desktop computer; front lobby area with seating and computer stations; storage room; staff lounge; and male and female bathroom facilities.

The Allied Campus is open Monday through Friday from 7:30 am to 4:30 pm during open BSC days. The classrooms and labs are open during these hours as well. It is designed with a front lobby area which has a couch and comfortable chairs as well as two long tables with seating for eight. There are six desktop computers in the front lobby as well as Wi-Fi wireless throughout the campus. The front lobby also has a printer, a TV, a microwave, two small refrigerators, and vending machines all available for student use. The administrative assistant has a desk in the front lobby on one side of the reception counter enabling both a private work space and the ability to greet students and answer questions. Behind the administrative assistant desk is a secure work room with printers, fax machine, and mail station. Student files are kept secure in this locked room.

The paramedic lab and CNA classroom are just off the lobby, and down the hall is Computer Lab (219) which is utilized for proctored exam testing. There are 20 desktop computers located in this room as well as a table/chair for the proctor.

The IVN classrooms are located next to one another in room 230 and room 232. Nursing theory classes are held here and are scheduled based on class size and course needs. IVN meetings are also scheduled in these classrooms based on availability. Both rooms have two visual displays to utilize IVN which connects to the other campuses in the DNP consortium. These classrooms have several tables and chairs that seat up to 50. Each classroom has a large desk at the front of the classroom with a desktop computer and two monitors for the instructor's use as well as a desk with two 40-inch monitors for the students to view instructors and information presented over IVN. The classrooms are equipped with state-of-the-art sound systems to provide quality sound over IVN. The technological resources present in the IVN classrooms are sufficient to meet the needs of course delivery via distance education. Just outside the classrooms are the bathrooms, as well as two tables and chairs for student use. There is also a student study/conference room near these classrooms which can be used by students during building hours. This conference room is also utilized by adjuncts to meet privately with students.

The IVN Tech office is also located adjacent to the classrooms where the IVN technician is available during classroom times to assist faculty and students with any technology concerns. The IVN tech is dedicated to help with troubleshooting in the nursing department. This

individual is also available to help with the Smart Classrooms and computer issues. The learning management system (LMS) Pearson Learning Studio is the platform that faculty and students utilize in the nursing program. This is supported by a 24x7 staffed LMS help desk. Technical support is also provided by the BSC IT department and Laerdal technical support (simulation equipment).

There is a coordinator office and three full-time nursing faculty offices located on the 2nd floor of the Allied Health Building. These offices average 139 square feet and have large desks with storage cabinets, bookshelves, and chairs. Each faculty member has a laptop with Internet access and remote printing. The adjunct office is shared by the adjuncts and includes tables and chairs as well as a laptop computer. The adjuncts are able to meet with students in private in the available conference room. The adjunct office also houses the locked, mobile laptop cart which includes seven laptops, three iPads, and three SimPads. The laptops are available for adjunct use, guest speakers, or student use; they are to be kept on campus. The iPads are used by faculty in the labs during skills check-offs and are kept locked in the mobile unit. All faculty are also able to utilize the staff lounge which has seating, a fridge, and utilities.

The Allied Health Center has two laboratories for clinical learning experiences. The labs are open during regular building hours or with requested instructor access after-hours or on holidays for practice. Students are able to practice skills independently in the lab, and faculty are available to answer any questions during practice times. The simulation room is located in the AD lab.

Room 260 is the Associate Degree (AD) lab which provides students with an environment to promote learning nursing skills and competencies. This lab is primarily used for skills check-offs and presentations. The lab has multiple tables and chairs and Smart Room technology for students to learn lab content. There are stations located towards the back of the room which were designed to resemble hospital rooms. Each station has curtain dividers, IV poles, sharps containers, and bedside tables. There is a large desk on the east wall with a printer and eight desktop computers available for student use, proctored testing, and EHR documentation for skills and simulation. A private simulation room was built into this lab in 2011 to create a learning environment to run high-fidelity simulation. This room includes a bed where the Sim Man 3G is located, a monitor, a wall unit with simulated oxygen, air and suction hookups, a med cart, storage cart, and bedside tables. On the back wall there is a one-way mirror

window with a control room on the other side. The laptop to control the Sim Man 3G is located in the control room along with a desk and chairs, a sink, a large cabinet, and shelves for simulation storage. The simulation room is also utilized for skill check-offs for both the AD and PN classes. The birthing simulator, Noelle, and Sim Junior also are easily accessible for simulation and stored in the storage room.

Conference room 206 has a large table and several chairs and is used for faculty meetings, student, and debriefing following simulation.

Room 270 is the Practical Nursing (PN) lab. The PN lab has room for enough tables and chairs to accommodate a class size of 35 students. It is a Smart Room which can be used for visual presentations during instruction and has four hospital beds with low-fidelity, Vital-Sim manikins to perform skills check-offs. Each bed has curtain dividers as well as a bedside stand, a bedside table, and sharps containers. There are two sinks in the lab. Two desktop computers are available in the lab for student access and EHR documentation of skills. There is also a printer located in this lab.

The BSC nursing supply room is organized much like a central supply unit would be at a hospital. An attached locked demo medication room is inside the supply room which includes mock meds, syringes, and needles. Some of the items in the supply room include disposable lab supplies: urinary catheter kits, sterile suctioning kits, wound care kits, NG tubes, respiratory equipment, feeding tubes, and IV supplies. The equipment kept in the supply room includes monitors, models, task trainers, low-fidelity manikins, wheelchairs, and pumps.

Nursing students also have access to non-instructional spaces on BSC campus. These include the BSC Student Union and dining area, BSC Aquatic and Wellness Center, the Library with multiple study and conference rooms, Sidney J. Lee Auditorium, the MDU Resources Community Bowl (new in 2013) with seating for up to 6,000 which hosts more than 300 events annually, and the Student Government Association office.

The BSC nursing physical facilities at Allied Health Campus are adequate to meet the overall nursing program needs. The learning environment in both the classrooms and labs is conducive to helping nursing students achieve their goals and is utilized effectively. The area provides adequate space for all nursing students and faculty. Technology available to both faculty and students with tech support is maintained at the highest level and is adequate in meeting faculty, staff, and student needs.

The Dakota Nursing Program at BSC also manages two distance sites—Hazen-Sakakawea Medical Center and Harvey-St. Aloisius Medical Center. Hazen offers the PN program each year and averages around 4-5 students. Harvey alternates each year between the PN and AD program. These two medical facilities are primary clinical sites in the communities for the DNP students at those locations. The Harvey site is discussed below.

The Dakota Nursing Program through BSC at the Harvey site is located at St. Aloisius Medical Center, 325 East Brewster Street, Harvey, ND. Many student clinical experiences occur at the medical center as well as at the attached nursing home. Student parking is available free of charge in the hospital employee lot. The Harvey campus includes the clinical faculty/site facilitator office, IVN classroom which has seating for 12 people which also functions as a computer lab, restrooms for both male and female immediately outside of the IVN classroom, a small conference room for post conferences, debriefing, and private conferencing, one simulation room, one clinical lab, and a storage area.

The IVN classroom is located on the lower level of the hospital clinic area and is open Monday through Friday from 8:00 am to 4:30 pm. Students also have access to this room at other times if they check the room key out from the front desk. There is a printer in this room for their use as well as a small library of reference material. The room is furnished with tables and chairs for 12 people. There are eight laptop computers for student use. There is also a table and chair for the proctor. The site manager/clinical instructor's office is located within this area as is a storage area. Nursing theory classes are held here as well as some lab classes. The IVN room is equipped with one 60-inch visual display to utilize the interactive video network (IVN) which is used to connect to the other campuses in the DNP consortium. The classroom also has a state-of-the-art sound system. The male and female restrooms are located immediately outside of this room.

Room 220 is the AD clinical lab. This room provides students with an environment which is conducive to learning nursing skills and competencies. The lab is used for skills presentations and check-offs. The lab has two stations that simulate hospital rooms. Each station has a curtain divider, IV pole, sharps container, bedside table, and a hospital bed. The room also contains a restroom and sink.

Room 205 is the simulation room. This room includes a hospital bed, bedside table, sharps container, oxygen outlets, suction machine, medication cart, restroom, sink, and an ALS

Sim Man. There is a window between the room and the control room. The control room contains the laptop to control the ALS simulator as well as a desk and chair. There is a small conference room nearby for debriefing as well as private conferencing. The unisex restroom is located down the hall. The physical facilities located at St. Aloisius Medical Center are adequate to meet the overall needs of the nursing students and faculty in Harvey.

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

The learning resources available to BSC nursing students and faculty are current and support the mission of the Dakota Nursing Program. Both students and faculty actively utilize and evaluate electronic resources, laboratory equipment, medical supplies, audiovisual equipment, and simulation resources. At nursing faculty meetings, learning resources are reviewed, and all faculty are encouraged to give input to update or purchase new items. The coordinator approves the purchases requested.

The BSC Library serves on-campus and online students, providing resources, reference assistance, and instruction. See Table 5.3.1 Library Statistics. Study areas in the library are available for student use, with computer access.

Table 5.3.1 Library Statistics				
BSC Library Statistics	2011	2012	2013	2104
Number of registered patrons	2,051	1,568	2,805	2,803
Circulation Transactions - Loans	6,783	4,925	4,442	3,514
Databases	93	95	Not available	107
Database Use - Number of sessions	36,636	53,946	53,777	46,563
Interlibrary Loan – Lending	1,649	1,496	1,324	1,176
Interlibrary Loan – Borrowing	452	416	360	230
Library Instruction - Librarian-led	79	70	60	63
Library lab instruction- Number of participants	6,443	4,446	4,242	4,045
Reference Questions	2,306	2,112	2,306	2,112
Gate count	38,614	30,386	25,200*	23,067*
Collection Size (Item count)	106,593	121,116	125,957	132,486

*The gates were not functioning from December 11, 2013, until February 1, 2014.

The BSC library subscribes to the Nursing Journals that are easily accessible to students in the commons area located on the main campus at BSC. Students also have access to Nursing Research Journals through the BSC online library. These can be accessed free of charge from the students' home computers with a preset password protect. Evidence-based practice is incorporated in the AD year with research assignments in Alterations in Health I and II, as well as Clinical Application I and II. Students are expected to utilize current literature for learning assignments. Librarians are eager to help with finding appropriate resources for the student and updating faculty on new learning resources and come to allied health to orient students and answer questions. Students have access to a wide range of resources which can be accessed online through the Online Dakota Information Network (ODIN). Two of the most utilized search engines are listed below:

1. *Cumulative Index to Nursing and Allied Health Literature (CINAHL) Plus with Full Text* is the world's most comprehensive source of full text for nursing and allied health journals, providing full text for more than 760 journals indexed in CINAHL. This authoritative file contains full text for many of the most used journals in the CINAHL index—with no embargo. *CINAHL Plus with Full Text* is the definitive research tool for all areas of nursing and allied health literature.
2. *Consumer Health Complete (CHC)* is the single most comprehensive resource for consumer-oriented health content. It is designed to support patients' information needs and foster an overall understanding of health-related topics. CHC provides content covering all areas of health and wellness from mainstream medicine to the many perspectives of complementary, holistic and integrated medicine. This full text database covers topics such as aging, cancer, diabetes, drugs & alcohol, fitness, nutrition & dietetics, children's health, men & women's health, etc. CHC offers a unique search

interface designed to call attention to the full text content available from many important source-types, and provide an intuitive means for searching this specific information

The Dakota Nursing Program curriculum includes many current and comprehensive learning tools which are essential to ensure student success. The program staff and faculty work diligently to ensure that student needs are met with the most up-to-date technology and are instructed by staff and faculty who also have the most current and up-to-date training in an effort to create a seamless transfer of knowledge.

Requests for Resources and Technology: All requests for new learning material are presented to the Nursing Coordinator for review. Upon approval, all requests are processed in a timely and efficient manner so that new learning resources can be quickly implemented. Faculty and students are urged to give input regarding ideas for additional laboratory equipment or learning resources each spring as the budget for the next academic year is being prepared.

Accessibility to Learning Resources and Technology: The Dakota Nursing Program depends on technology to transmit course content, to provide communication between faculty and students, and to provide a place for shared program materials. The program uses the ND Interactive Video Network (IVN) for all didactic courses. The IVN system also allows a rich audio-video platform for consortium-wide faculty meetings or point-to-point smaller conferences. The DNP is spread out over three fourths of North Dakota and requires electronic resources in order to effectively teach and communicate with students and faculty. Please refer to Table 5.3.2 Internet-Based Resources for Students for a summary of resources with additional explanation of some of the resources noted below. All faculty have access to the same resources as our students so they can have a full understanding of the curriculum and the ability to use the resources for faculty development. Students evaluate this alternative delivery method in each course, and this is reviewed to ensure that learning needs are met.

Assessment Technologies Institute (ATI): Found at www.atitesting.com, ATI resources are a required purchase for students at all DNP program campuses their first semester in the PN program. Payment is spread out over two semesters in the PN year and two semesters in the AD year. Orientation to ATI is done during the first week of class with additional instruction as needed. As the student progresses throughout the program, the ATI resources are correlated to the curriculum to allow practice and proctored testing as the student is completing that area of study. Proctored exams are scheduled at each campus and distance site with a faculty or staff

member present in the room during the duration of the exam. The results of the proctored exams are used in program evaluation. Students are required to meet specific benchmarks for each proctored exam. If the benchmark is not reached, the student remediates and retests. Other educational programs offered through ATI which are woven through the clinical and didactic courses includes Nurse Logic, Pharmacology Made Easy, Dosage Calculation, Real Life RN, and Skills Modules. Faculty has access to ATI Academy and the many faculty development items specific for nurse educators that are available from ATI.

Evolve SimChart: The Dakota Nursing Program campuses use SimChart to teach students how to access patient records and how to document in an electronic healthcare record. The ability to use SimChart in the classroom, basic nursing laboratory and in the simulation laboratory gives students much needed confidence in how to use informatics in the clinical area. Instructors at our campuses work diligently to coordinate simulated scenarios to the students' SimChart so that students can readily apply the knowledge gained during their lab.

Learning Management System (LMS) via Pearson Learning Studio: With distance learning as part of our consortium, we use the Learning Management System for efficient and real time communication. They are available to students at all times from any piece of equipment that has Internet capabilities. Ensuring our students' right to privacy, all students must enter Pearson Learning Studio through a user name and password.

Through the LMS, students are able to access instructor rubrics, a syllabus for each course, the semester calendar with assignment expectations, and current class notes. Through this learning platform, students are able to submit assignments via a Dropbox, take online quizzes and exams, utilize chat boards, and view up-to-date gradebooks. Students can also access Tegrity recordings of their classes so that they can review each lecture as needed.

Faculty use the LMS as an information center for the resources they need for the clinical and lab courses. The DNP Memorandum of Understanding (MOU), policies, forms, orientation and mentoring guides, meeting minutes, meeting resources, discussion threads on a variety of topics, survey results, and continuing educational resources are located in an area of the LMS called Faculty Forum. All faculty are given access to this area when they are hired. It is secure, and faculty must use an ID and password to enter. Students are also given access to the Student Orientation site to have a centralized location to access information on the different websites, forms, handbook, and schedules.

Simulation: The program prides itself on the integration of simulation equipment in the lab experience. Simulation is used in PN Clinical Practice II (NURS 124) and Clinical Practice III (NURS 126) and AD Clinical Practice I (NURS 227) and Clinical Practice II (NURS 237) to increase the students' clinical reasoning skills and teamwork and communication skills and to develop confidence in performing in clinical situations. Simulation helps students to realistically apply the theory and didactic content they are learning in their didactic courses. Simulation scenarios are carefully planned in the lab courses to correlate with what they are learning in the didactic courses. Each campus has the same student outcomes for the simulation scenarios. The faculty access the faculty resources for the simulations on a shared faculty site called Faculty Forum, located in eCollege. The high-fidelity simulators which have been purchased at BSC include SimMan 3G ®, NOELLE ®, Pediatric HAL ®, and Newborn HAL ®. Four low-fidelity simulators are also used throughout the nursing program with SimPad capabilities. Faculty and students are encouraged to give input regarding the simulation experiences and equipment utilized.

Skyscape: All students are required to have a handheld electronic device and a subscription to Skyscape for use during clinical rotations. Through Skyscape, students have access to a wealth of nursing and medical information. During clinical, students may access the downloaded versions of reference books and calculators on their handheld electronic devices. Once they leave the clinical area, they can access the Internet-based area to update resources. Faculty are trained in how to use Skyscape during faculty meetings and orientation. Each faculty has a complimentary access each year to Skyscape. Students are oriented to Skyscape in their first skills lab and receive assistance from clinical instructors on how to use this resource during their first clinical.

Table 5.3.2 Internet Based Resources for Dakota Nursing Program Students	
Resource	Description
ATI- Assessment Technologies Institute	Students have access to tutorials including studying and test-taking skills, nursing skills videos (assigned and references), ATI eBooks (Review Modules) in every topic area of nursing curriculum (i.e. Maternal-Newborn), practice tests in every topic area, proctored assessments, and remediation templates. We will also start to use an interactive online resource from ATI called Real Life that uses branching logic to teach clinical reasoning.
Concept Map Creators	SimChart® and FA Davis resources provide online Concept Map Creators for AD students to be able to design and draw Concept Maps, save as PDF files, and submit for grades.

Resource	Description
Electronic Paperwork	DNP clinical paperwork can be downloaded, saved, and submitted in an electronic format by students. Faculty can grade and return the graded papers electronically to students via email or the LMS.
Evolve Pageburst®	Pageburst contains an e-library of books that the DNP subscribes to which are published by Evolve. It allows students to read online or via iPad, highlight, and take notes and search various texts. Other student resources such as interactive review questions are also accessible through Pageburst®. The e-book also has an audio feature for students who prefer the book to be read to them. Students have a choice whether they purchase their books as hard copy or e-books.
Evolve SimChart®	An Internet-based academic electronic health record (EHR) allows students to chart assessments, vital signs, procedures performed, and medications given on virtual patients. Also included in the EHR is the ability to view a simulation history, add orders, and actively chart during the simulation in real time or afterwards.
Learning Management Systems (Pearson Learning Studio)	The majority of DNP courses are located on the Pearson Learning Studio Learning Management System. This allows students a continuous grade-to-date feature and the ability to take quizzes online at home and online (proctored) exams on campus. They have a 24-hour help line and allow for direct e-mail to instructors of the course.
Medcom® Trainex Videos	Students have online access to skills videos in multiple topics ranging from basic A & P to simple and complex nursing skills. Some skills videos are assigned and required for classes, and others are there for their reference. Faculty and students may obtain continuing education credits if they choose at no extra cost by viewing the videos and completing the post test.
Skyscape® Nursing Constellation Plus Package	Skyscape is a downloadable app to be used on a mobile device that contains reference books such as <i>Davis's Drug Guide for Nurses</i> , <i>Diseases and Disorders: A Nursing Therapeutics Manual</i> , <i>Davis's Comprehensive Handbook of Laboratory and Diagnostic Tests with Nursing Implications</i> , and <i>Taber's Cyclopedic Medical Dictionary</i> as well as other medical apps that are useful to students in the clinical setting (such as <i>Outlines in Clinical Medicine</i> , RN or LPN notes, Archimedes 360°) that support a student use of informatics at the bedside.
Tegrity®	Tegrity is a lecture-capture product that is utilized during lecture or pre-recorded lecture by the instructor to record content. This content can be instructor, PowerPoint slides or will capture the screen or writings of the instructor. Students may then watch the recordings again, at their convenience, if they are ill and at any time during and at the end of the semester. Tegrity® is also pushed out to pod-cast for students to access lectures on their mobile devices.

Study Groups and Tutors: Student success is of utmost concern at the BSC Dakota Nursing Program. Close monitoring of performance in skills lab, clinical, and theory is assessed by the nursing faculty. Each student is assigned a nursing instructor advisee to monitor student progress, they meet individually with this advisor bi-monthly. When a student is identified as having any difficulty with reading and comprehension, the student is referred to the Sykes Center of Success at the BSC main campus. Free study skills workshops are offered each semester. These workshops provide information for developing skills vital to enhancing academic performance and will provide suggestions for immediately applying the techniques discussed.

The Sykes Student Success Center will help students with techniques for studying, reading, and testing and also has a testing center, if students have special needs that require special testing accommodations. Test-taking strategies are offered to the student to improve performance. An example of that would be to refer to the software package ATI–Nurse Logic which would help the student with test-taking strategies.

With any non-passing grade concern, the student meets individually with the coordinator for a conference. During this meeting, there is an evaluation of study habits, time management, and use of recommended resources, such as the Linda Loma test analysis. The student is met with on a regular basis to ensure adequate support is available to promote success in the classroom. Personal advice is provided including reviewing the previous exam to see how critical reading may not be occurring or confidence in testing may be lacking. Free campus counseling referrals are provided for psycho-social concerns that the student may be exhibiting.

BSC has on-campus student tutors for English, math, and sciences. The nursing program also selects and AD student tutors to work in the fall and spring. The student works a few hours per week- typically on Tuesdays and is paid by the Nursing Department. Instructors are available to help with exam reviews. These reviews are instructor-led, and rationale is provided to help students with test-taking strategies. Informal study groups are formed at both levels of the program. This has been proven to be very effective for students who want to study in a group vs. individually.

Faculty Development: The backbone of our program is a strong faculty and staff base. BSC offers each faculty a set amount of faculty development dollars which is renewed on a yearly basis. These monies are available by interest and funding available. The program provides information to faculty during monthly/yearly meetings and about various grant programs that are available to nursing faculty for development purposes. Ongoing faculty development in content and tools is offered at each of our bi-annual DNP meetings. This helps to ensure that faculty are able to provide effective instruction and are comfortable using the new teaching materials.

Student surveys from Spring 2015 indicate that the BSC students from Bismarck felt their resources were sufficient (table 5.3.3).

Table 5.3.3 Exit Survey results for ADN Graduating Class of 2015 – Sufficiency of Resources				
		Likert Scale 1-5		
<i>Standard</i>	<i>Question</i>	Bismarck	Harvey	Combined BSC
	<i>Response Rate</i>	12/22 54.5%	0/2 0%	12/24 50%
5.3	Learner resources and technology are sufficient, current, comprehensive and accessible.	4.33 Mean score	0 Mean score	4.33 Mean score

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

The Dakota Nursing Program utilizes multiple alternative methods of delivery which includes delivery of course content via interactive video network (IVN), LMS, and the use of Tegrity to video capture lectures. The fiscal, physical, technological, and learning resources are sufficient for students to achieve student learning outcomes and program outcomes. Students at each location in the DNP have access to the same resources used in these alternative delivery methods, as all nursing classes are taught using a blended format.

The BSC Allied Health Department has an IVN tech who is available to assist faculty and students with any technology concerns. The IVN tech is dedicated to help with troubleshooting in the nursing department and ensures connections for each class and performs a sound check for each distance site, ensuring that all students are able to see and hear the instructors. This individual is also available to help with the Smart Classrooms, computer issues and Tegrity. BSC also has a help desk to answer any technology questions students, faculty, or staff may have.

Pearson Learning Studio is the LMS students, faculty, and staff access for course content and sharing capabilities. All students and faculty are oriented to this LMS and updated with any changes. Pearson Learning Studio is supported by a 24x7 staffed help desk, and students are encouraged to contact them with any questions or issues they may have. Faculty update courses each semester and receive support from the IT department.

Students were surveyed at the completion of the Spring 2015 semester; their responses to Standard 5.2 and 5.4 questions are displayed in Table 5.4.

Table 5.4 Exit Survey results for ADN Graduating Class of 2015 – Physical Space				
		Likert Scale 1-5		
<i>Standard</i>	<i>Question</i>	Bismarck	Harvey	Combined BSC
	<i>Response Rate</i>	12/22 54.5%	0/2 0%	12/24 50%
5.2, 5.4	*Classrooms were sufficient to meet my needs. *Skills lab was sufficient to meet my needs. *Learning resources such as ATI, Evolve, MedCom, Skyscape and SimChart were sufficient to meet my needs.	4.42 4.25 4.42 Mean score	0 Mean score	4.42 4.25 4.42 Mean score

Standard 6 - Outcomes

Program evaluation demonstrates that students and graduates have achieved the student learning outcomes, program outcomes, and role-specific graduate competencies of the nursing education unit.

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

- *Student learning outcomes;*
- *Program outcomes;*
- *Role-specific graduate competencies; and*
- *The ACEN Standards.*

The evaluation plan is a fluid and dynamic document that faculty uses to summarize evidence and make changes within the program. The plan is started each year on July 1, and final documentation and analysis of assessment results are completed the following July. Faculty bring their course assessments and proposed course revisions to the summer analysis session in mid-July where the faculty from each of the four Dakota Nursing Programs meet on IVN or face to face to use the plan to make changes in curriculum for the upcoming year. The evaluation plan is updated whenever major or minor additions or deletions are made to the curriculum.

The Program Evaluation Plan (PEP) has had some major content changes in the past couple of years. As was described in Standard 4, the DNP curriculum has been updated structurally to be more in line with national standards and evidence based teaching. In response to those changes and to the ACEN requirements, the PEP was updated and now contains all of the ACEN standards and criterion. It is a much stronger plan and faculty are now finding their way with the increased demands of compiling data. However, while that may be an area of improvement now we feel it will be a strength in the future.

The Graduate and Employer surveys have been tracking the previous SLOs. Now with the group of students who graduated in May 2015 we will start tracking the updated SLOs with the 6-12 month graduate and employer surveys in spring 2016. The surveys have been going out in July after the twelve month mark and we intend to begin sending those surveys out earlier, starting in March 2016.

The systematic evaluation plan addresses student learning outcomes (role specific graduate competencies), program outcomes and ACEN standards as documented in the DNP Program Evaluation Plan (PEP). Measurement of degree of achievement for each of the

outcomes and standards is in place. The program has had a formal evaluation plan in place since its inception in 2003. For the last two years, the Dakota Nursing Program has transitioned from a less measurable evaluation plan to the Program Evaluation Plan (PEP) currently in place to measure performance. Use of the ACEN standards for the systematic evaluation has strengthened the measurement parameters of the plan. Program outcomes are measured using a variety of methods and is documented and analyzed after completion of summer semester at the annual summer analysis session.

Faculty review outcomes and standards with a schedule that includes surveys and analysis of the survey results. See Appendix I: Schedule for the Evaluation Plan - BSC. This schedule is located within an Excel document for easy sorting for any date or standard parameter. The evaluation plan in Appendix J includes the program outcomes chart with three years of data for the program. The data is documented at the consortium, partner colleges, and distance sites so the program can clearly see if and where any issues are located.

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

The DNP has an assessment process in place for didactic and clinical courses. Faculty complete course assessment forms at the end of each semester and incorporate course evaluation tools as well as appropriate ATI test for each area of study. Please find the course assessment template in Appendix H. This past year, the faculty have completed test blueprinting for 100% of all exams. They are able to map specific questions back to each course SLO and each program SLO so that role-specific graduate competencies can each be measured. The clinical evaluation tool has also been redesigned to allow faculty to map the SLOs back to the competencies. ATI exams are analyzed at the end of each semester and at the summer analysis session for low areas per each specific year as well as trends in the scores over time. Examples of clinical evaluation rubrics, course assessments, and test blueprints will be available in the evidence room during the ACEN visit. Please find an outline of the data collection instruments below in Table 6.1.1 Survey Assignments and Evaluations.

Table 6.2.1 Survey Assignments, Assessments, and Evaluations				
Name of Survey, Assessment or Evaluation Process	Who Administers - Collects	When to Administer - Collect	Responsibility for Reporting Findings	Month to Report Findings to Faculty
Faculty Survey	Director	March	Director	July
Faculty Course Assessments (ATI results, test blueprinting) – measure SLOs	Faculty	December, May, July	Faculty	July
Course Exams – course SLOs	Faculty	Ongoing	Faculty	July
Clinical performance evaluations	Faculty	Ongoing	Faculty	July
Course Evaluations by Students	Director	December, May, July	Faculty	July
NCLEX Data	Director	Quarterly	Coordinator	Ongoing and officially in September
Student Exit Survey	Director	AD – May PN - July	Director	October
Graduate Survey	Director	May - 12 months after graduation	Director	December
Employer Survey	Director	May - 12 months after graduation	Director	December
Advisory Committee Survey	Coordinator Faculty	Fall advisory meeting	Coordinator Faculty	December
Faculty Evaluations by Students	Director	December, May	Coordinator	January, June

In addition to the Surveys and Evaluations, the Dakota Nursing Program uses quarterly NCLEX reports to keep track of pass rates for both an annual report covering the year from July 1 to June 30 and a second report that contains cohort members at the consortium, partner college, and distance site levels. The program also purchases Mountain Measurement reports every two years and finds that information is generally a backup or second opinion to the information already acquired from ATI. Mountain Measurement was purchased in 2013 and in 2015. The program has only been tracking the data by partner college and distance site for the past two years and for some of the data with the updated graduate and employer surveys but as noted, will begin tracking all program outcome data per college and site. The nurse director is responsible for compiling all of the data and making that information available to the nursing coordinators and faculty. We are currently working on a process to aid in putting this data in a more manageable format.

Please find several example of program changes made by the faculty using evaluation findings in Table 6.1.2 Program Changes Made Based on Aggregated Evaluation Findings.

Table 6.2.2 Program Changes Made Based on Aggregated Evaluation Findings			
Item	Change	Rationale	Location of Data and Date of Change
Psychosocial areas decreased on ATI and Mt Measurement	More discussion on therapeutic communication in courses and a section for assessing this area in the clinical behavior rubric	Increase awareness of the need to teach/learn psychosocial information.	Course Improvement forms, Curriculum Meetings, ATI results, Mt. Measurement results.
Poor course assessment from students in N 224	Incorporated more activity and flipped classroom approach	Engage students in learning.	Fall 2013 and fall 2014 course outline on eCollege.
Graduate survey response rates were below 25%	Change to a survey tool that incorporates feedback on return so we can email those who have not responded. Implement post cards and phone calls to increase response.	Increased response rates will increase the significance of the survey.	Leadership Team and Curriculum Committee minutes.
1. NCLEX Pass rate is 17/19 – 89.47% from July 2013 – June 2014. Pass rate is still above state and national pass rates this year but it has been trending down.	1. Monitor pass rate each quarter as students take exam. Do Mountain Measurement analysis every other year to see if there are any weak areas. 2. Incorporate test blueprinting this year to see if we are covering all competency areas.	Incorporate proactive methods to increase pass rate before it gets too low.	July 2014

6.3 Evaluation findings are shared with communities of interest.

Evaluation findings are shared with the members of the public and partner medical facilities at the LRSC advisory board each fall. If additional findings are available later then they are reported at the spring advisory meeting. Students receive program evaluation data at the Faculty and Student Affairs meetings. The nursing coordinator and faculty inform students, and clinical agencies of any policies or procedures that impact students or the clinical sites. Information that directly affects students, including changes in policies, procedures, and program information is provided by faculty within the LMS course announcement pages, on the DNP website, at Faculty and Student Affairs meetings, the nursing student handbook, the college catalog, and through direct emails to students.

The advisory committees discuss strategies for improvement for any benchmarks that are not met or other issues where their feedback is requested. For example they were asked to give input on how to increase response rates for employer surveys and responded that the program should send out paper copies of the survey but include an electronic link on the DNP website.

Other feedback includes ideas on how to market the program and how to increase student communication skills.

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

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

Expected Level of Achievement: The NCLEX-RN® pass rate three-year mean for first-time takers will be at the national mean or above during the same three-year period for Associate Degree Nursing graduates. Bismarck State College pass rate three year average continues to be above the national mean. The AD site at Harvey graduated the first cohort in May 2015 and does not have NCLEX RN results yet.

Action: To maintain a good pass rate, the program initiated an ATI Live Review course that is mandatory for all students which is part of NURS 259. BSC also started using more simulation in the laboratory. The program decided to begin meeting on a bi-monthly basis with the AD students at all sites so that with an early warning system, interventions could be put into place for high risk students.

Table 6.4.1 NCLEX-RN Licensure Exam Rates (2012-2014)							
Year	National RN Pass Rate	National AD Pass Rate	North Dakota Pass Rate	DNP AD Program Pass Rate	BSC All Sites Pass Rate	BSC Bismarck Pass Rate	BSC Harvey Pass Rate
7/11-6/12	88.92%	86.86%	89.42%	82/93 88.17%	15/15 100%	15/15 100%	N/A
7/12-6/13	87.03%	85.12%	87.2%	73/83 87.95%	22/23 95.7%	22/23 95.7%	N/A
7/13-6/14	82.56%	77.59%	88.43%	59/66 89.39%	17/19 89.47%	17/19 89.47%	N/A
3 year Average	86.17%	83.19%	88.35%	214/242 86.78%	54/57 94.74%	54/57 94.74%	N/A

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

Expected Level of Achievement: The AD program will have at least 80% of current students graduate from the program within 150% of program length (three semesters).

The Associate Degree program is completed in 100% of time in two semesters. Each course is only offered one time per year. If a student drops during fall semester, they are unable to re-enter the program until the following fall which would then place them at 200% of time to complete the degree. If a student drops in the spring the same problem occurs. All of the completion rates on Table 6.4.2 DNP AD Program Attrition/Completion Rates are based on a completion of 100% of the program length. BSC has had a greater than 90% retention every year for the past three years.

Action: The program is going to start to measure attrition rate per internal students who come directly from the PN program and those who have worked for a year or more as an LPN and come in as an advanced standing student.

Table 6.4.2 DNP AD Program Attrition/Completion Rates 2013-2015									
Site	AY 13			AY 14			AY 15		
	Start/End	Attrition	Completion	Start/End	Attrition	Completion	Start/End	Attrition	Completion
BSC - Bismarck	21/20	4.8%	95.2%	22/20	9.0%	91.0%	23 /22	4.3%	95.7%
BSC Harvey	N/A	N/A	N/A	N/A	N/A	N/A	2/2	0.0%	100.0%
Total BSC	21/20	4.8%	95.2%	22/20	9.0%	91.0%	25/24	4%	96%
Total DNP	90/76	15.6%	84.4%	99/88	11.1%	88.9%	102/90	11.8%	88.2%

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

Expected Level of Achievement:

1. RN Graduates who respond to the Graduate Follow-up Survey 6-12 months post-graduation will express program satisfaction with an overall mean score of at least 3.0 on a 5.0 Likert Scale.
2. RN Graduates who respond to the Graduate Follow-up Survey 6-12 months post-graduation will express ability to perform the SLOs of the program with an overall mean score of at least 3.0 on a 5.0 Likert Scale.

Table 6.4.3 below shows that the graduates are meeting the ELA in that they are satisfied with the program and their ability to perform the SLOs of the program (note these are the previous SLOs and the updated SLOs (effective fall 2014) will begin March 2016 with the May 2015 graduates). Data for the May 2014 graduates is just being compiled. The response rate for

BSC graduates has been above 50% for the past two years. The program would like to maintain this rate above 50%

Action: In an effort to maintain a response rate greater than 50%, the program started doing reminder notices. Administrative assistants contact the graduates if they do not respond and they have the opportunity to answer on the phone or they can choose to go to the website. The program has been more successful in acquiring personal email addresses before the students' graduate which will assist with contacts. Email subject line name and timing of sending surveys will also be addressed when the email is sent to the students. Our Qualtrics survey tool also allows us to send reminders via email. We started using this survey tool last year. An analysis of the Facebook page reveals very few graduates continue to access it after they graduate so it was decided not to use this to increase response rates. The responses will also be sorted for distance sites for the May 2014 graduate survey.

Table 6.4.3 Program Satisfaction (RN Graduates 2011-2013)		
Program SLO #1 - I am able to adapt. the nursing process to provide nursing care in diverse settings to meet the human needs of individuals across the health-illness continuum.		
Year	DNP	BSC
2011 Graduates - 6 pt. Likert	12/83 15% avg. = 5.33	n = 3/11 27% - avg. not separated per site
2012 Graduates - 5 pt. Likert	n = 29/83 36% avg.= 4.52	n = 9/18 50% avg.= 4.78
2013 Graduates - 5 pt. Likert	n = 30/76 40% avg. = 4.60	n = 11/20 55% avg. = 4.55
Program SLO #2 - I am able to incorporate various communication techniques in developing therapeutic relationships with individuals, families, and members of the interdisciplinary team.		
Year	DNP	BSC
2011 Graduates - 6 pt. Likert	12/83 15% avg. 5.17	n = 3/11 27% - avg. not separated per site
2012 Graduates - 5 pt. Likert	n = 29/83 36% avg.= 4.55	n = 9/18 50% avg.= 4.89
2013 Graduates - 5 pt. Likert	n = 30/76 40% avg. = 4.63	n = 11/20 55% avg. = 4.64
Program SLO #3 - I am able to function within the legal and ethical scope of practice as an accountable member of the health care team providing leadership and management in the delivery of quality nursing care consistent with the associate degree registered nurse.		
Year	DNP	BSC
2011 Graduates - 6 pt. Likert	12/83 15% avg. 5.58	n = 3/11 27% - avg. not separated per site
2012 Graduates - 5 pt. Likert	n = 29/83 36% avg.= 4.45	n = 9/18 50% avg.= 4.67
2013 Graduates - 5 pt. Likert	n = 30/76 40% avg. = 4.5	n = 11/20 55% avg. = 4.36
Program SLO #4 - I am able to demonstrate professional behaviors as a member of the dynamic health care discipline of nursing incorporating independent and continuous learning.		
Year	DNP	BSC
2011 Graduates - 6 pt. Likert	12/83 15% avg. 5.17	n = 3/11 27% - avg. not separated per site
2012 Graduates - 5 pt. Likert	n = 29/83 36% avg.= 4.59	n = 9/18 50% avg.= 4.78
2013 Graduates - 5 pt. Likert	n = 30/76 40% avg. = 4.63	n = 11/20 55% avg. = 4.55
Program SLO #5 - I am able to integrate teaching-learning principles in providing individuals and families with health care information and skills related to health promotion and maintenance.		

Year	DNP	BSC
2011 Graduates - 6 pt. Likert	12/83 15% avg. 5.33	n = 3/11 27% - avg. not separated per site
2012 Graduates - 5 pt. Likert	n = 29/83 36% avg.= 4.48	n = 9/18 50% avg.= 4.78
2013 Graduates - 5 pt. Likert	n = 30/76 40% avg. = 4.60	n = 11/20 55% avg. = 4.55
Program SLO #6 - I am able to integrate social, biological, behavioral, and nursing sciences when providing evidence-based nursing care to diverse individuals across the lifespan.		
Year	DNP	BSC
2011 Graduates - 6 pt. Likert	12/83 15% avg. 5.25	n = 3/11 27% - avg. not separated per site
2012 Graduates - 5 pt. Likert	n = 29/83 36% avg.= 4.31	n = 9/18 50% avg.= 4.78
2013 Graduates - 5 pt. Likert	n = 30/76 40% avg. = 4.47	n = 11/20 55% avg. = 4.27
Overall Program Satisfaction - Overall, I believe the program prepared me to practice as a safe, competent nurse.		
Year	DNP	BSC
2011 Graduates - 6 pt. Likert	12/83 15% avg. 5.42	n = 3/11 27% - avg. not separated per site
2012 Graduates - 5 pt. Likert	n = 29/83 36% avg.= 4.52	n = 9/18 50% avg.= 4.89
2013 Graduates - 5 pt. Likert	n = 30/76 40% avg. = 4.60	n = 11/20 55% avg. = 4.64

Qualitative comments from the past three years will be available in the evidence room with a sample from the LRSC 2012 and 2013 graduates noted below.

Provide suggestions as to how the Dakota Nursing Program could have better prepared you for practice and passing the NCLEX-RN.

- *“ATI is very helpful. The overview at the end of the semester helped me tremendously in passing the NCLEX-RN. Continue this!”*
- *“I don't believe there was anything the program could have done to prepare me better. The NCLEX review was great!”*
- *“The 3 day live review and review book provided adequately prepared me. That book was the only study material I used after graduation and I felt more prepared for the NCLEX-RN than I did for the NCLEX-PN.”*
- *“Nothing - This program is amazing. I compare my classes and learning experiences with many 4 year nurses and I feel at the same level if not more confident!”*
- *“I think, it was beneficial for me to take the ATI again prior to testing so I knew where I really needed to focus.”*
- *“I was well prepared for the NCLEX RN from the program itself. I would have been more confident as a new nurse if I would have better understood my "role". The program is very broad covering many specialties, which can overwhelm a student/graduate. Specification on RN role / more discussion on RN role in clinical setting and practice would have been helpful to me. Ex. It is not realistic for a student nurse to be in charge/ running a code blue, for example.”*

Action: The faculty has incorporated more simulation into the curriculum to address a more realistic expectation of what the RN role is in a clinical setting.

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

Expected Level of Achievement:

1. Employers who respond to the Employer Survey 6-12 months post-graduation will express satisfaction with graduate performance of student learning outcomes with an overall mean score of at least 3.0 on a 5.0 Likert Scale.
2. Employers who respond to the Employer Survey 6-12 months post-graduation will express satisfaction with the preparation of a safe and effective nurse by the program with an overall mean score of at least 3.0 on a 5.0 Likert Scale.

Table 6.4.4 below shows the consortium employer satisfaction meeting the ELA and the response rates are good. However, the program needs to separate the data for BSC and this will be done for the graduate survey (graduates from May 2014) which is currently being processed.

Table 6.4.4 Satisfaction with Graduate Preparation (RN Employers 2011-2013)		
Program SLO #1 - I am able to adapt. the nursing process to provide nursing care in diverse settings to meet the human needs of individuals across the health-illness continuum.		
Year	DNP	BSC
2011 Employers - 6 pt. Likert	n = 41/64 64% avg. = 5.0	Not calculated per site
2012 Employers - 5 pt. Likert	n = 40/70 58% avg. = 4.53	n = 11/18 61% - avg. not separated per site
2013 Employers - 5 pt. Likert	n = 44/56 79% avg. = 4.27	n = 14/20 70% - avg. not separated per site
Program SLO #2 - I am able to incorporate various communication techniques in developing therapeutic relationships with individuals, families, and members of the interdisciplinary team.		
Year	DNP	BSC
2011 Employers - 6 pt. Likert	n = 41/64 64% avg. = 5.15	Not calculated per site
2012 Employers - 5 pt. Likert	n = 40/70 58% avg. = 4.4	n = 11/18 61% - avg. not separated per site
2013 Employers - 5 pt. Likert	n = 44/56 79% avg. = 4.23	n = 14/20 70% - avg. not separated per site
Program SLO #3 - I am able to function within the legal and ethical scope of practice as an accountable member of the health care team providing leadership and management in the delivery of quality nursing care consistent with the associate degree registered nurse.		
Year	DNP	BSC
2011 Employers - 6 pt. Likert	n = 41/64 64% avg. = 5.17	Not calculated per site
2012 Employers - 5 pt. Likert	n = 40/70 58% avg. = 4.15	n = 11/18 61% - avg. not separated per site
2013 Employers - 5 pt. Likert	n = 44/56 79% avg. = 4.20	n = 14/20 70% - avg. not separated per site
Program SLO #4 - I am able to demonstrate professional behaviors as a member of the dynamic health care discipline of nursing incorporating independent and continuous learning.		
Year	DNP	BSC
2011 Employers - 6 pt. Likert	n = 41/64 64% avg. = 5.02	Not calculated per site
2012 Employers - 5 pt. Likert	n = 40/70 58% avg. = 4.23	n = 11/18 61% - avg. not separated per site
2013 Employers - 5 pt. Likert	n = 44/56 79% avg. = 4.23	n = 14/20 70% - avg. not separated per site

Program SLO #5 - I am able to integrate teaching-learning principles in providing individuals and families with health care information and skills related to health promotion and maintenance.		
Year	DNP	BSC
2011 Employers - 6 pt. Likert	n = 41/64 64% avg. = 5.02	Not calculated per site
2012 Employers - 5 pt. Likert	n = 40/70 58% avg. = 4.3	n = 11/18 61% - avg. not separated per site
2013 Employers - 5 pt. Likert	n = 44/56 79% avg. = 4.16	n = 14/20 70% - avg. not separated per site
Program SLO #6 - I am able to integrate social, biological, behavioral, and nursing sciences when providing evidence-based nursing care to diverse individuals across the lifespan.		
Year	DNP	BSC
2011 Employers - 6 pt. Likert	n = 41/64 64% avg. = 5.0	Not calculated per site
2012 Employers - 5 pt. Likert	n = 40/70 58% avg. = 4.28	n = 11/18 61% - avg. not separated per site
2013 Employers - 5 pt. Likert	n = 44/56 79% avg. = 4.18	n = 14/20 70% - avg. not separated per site
Overall Program Satisfaction - Overall, I believe the program prepared this graduate to practice as a safe, competent nurse.		
Year	DNP	BSC
2011 Employers - 6 pt. Likert	n = 41/64 64% avg. = 5.15	Not calculated per site
2012 Employers - 5 pt. Likert	n = 40/70 58% avg. = 4.36	n = 11/18 61% - avg. not separated per site
2013 Employers - 5 pt. Likert	n = 44/56 79% avg. = 4.32	n = 14/20 70% - avg. not separated per site

Qualitative comments from the past three years will be available in the evidence room with the BSC comments separated for this year by the time the site visitors arrive. Overall comments from the past three years reflect what is discussed at the advisory board meetings in that the employers feel the program is good, the graduates are competent, and that we should send more their way.

Action: Some of the other comments have to do with incorporating “Teach Back” which was incorporated in NURS 227 and increasing communication ability of students. The program is incorporating the Studer group AIDET to increase this process with clients.

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

Expected Level of Achievement: A minimum of 80% of new Associate degree graduates who seek employment in nursing as an RN will obtain positions within one year of graduation from the exit point of the program.

The employment rate for BSC AD graduates as RNs has been 100% for the past 3 years for each of the cohorts. In addition to the graduate surveys the program has been able to easily ascertain graduate employment rates by purchasing the list of nurses in ND from the ND Board of Nursing. This list includes data related to graduation date and place of employment, costs \$75,

and was quite helpful in tracking students. However, this past year the Board of Nursing changed the requirement for a student to renew their original license from one year to two years and as such we are not able to track this information so readily.

Harvey has not had a graduate survey obtained yet, this will happen for the first graduating class of 2015 in 2016.

Table 6.4.5 BSC AD RN Job Placement Rates 2011-2013			
	2011 Graduates	2012 Graduates	2013 Graduates
BSC (Bismarck) Graduates	11/11 -100%	18/18 – 100%	20/20 – 100%

Action: Work to increase response rates (as noted before in 6.4.3) of the graduate surveys as these surveys will be our main way of finding out where graduates are since the BON list will not include these students until the year following their one year graduation survey. Also, determine through the surveys whether the graduates are working PT/FT and if they are pursuing advanced nursing education.



Policy & Procedures

Faculty Policy - Faculty Workload

Policy:

It is the intent of Bismarck State College to implement a faculty workload policy that promotes student learning and is consistent with the institutional mission. Commensurate with this goal, and vital to its achievement, is the fair and equitable treatment of faculty in a work environment that enhances creativity, innovation, and the academic freedom to develop and deliver individual courses and entire curricula to meet the needs of our students and the larger community we serve.

Among the perceived strengths of the learning experience provided by the college are small classes, innovative teaching, technologically enhanced curricula, and quality student-faculty interactions in traditional and virtual classrooms. These strengths, in part, derive from the expertise of faculty in the content and pedagogical techniques of their individual disciplines, faculty participation in the governance of the institution, and their availability on a daily basis to interact with students.

Workload:

Faculty position descriptions include three components: teaching, scholarship, and service. Workload may be defined as the sum of the activities needed to successfully meet the responsibilities inherent in these components.

Responsibilities of each faculty member include, but are not limited to:

- (1) developing and delivering the curricula required to meet the needs of our students and the mission of Bismarck State College,
- (2) assessing student outcomes as a basis for improving learning and maintaining the academic integrity of programs,
- (3) advising students accurately and knowledgeably to help them attain their academic goals,
- (4) actively participating in committees, process improvement teams, faculty senate and other bodies concerned with day-to-day governance of the campus, and
- (5) maintaining proficiency in their disciplines including an appropriate presence in the community.

Appendix A – BSC Faculty Workload Policy

Measurable Workload Components:

Measurable workload components include:

1. Advising Load
2. Committee Load
3. Teaching Load

Other considerations:

1. Overload pay will be authorized during second semester or earlier, if in the judgment of the Department Chair/Program Manager and Dean of Academic Affairs/ Associate VP, NECE, the yearly average will exceed the guidelines.

Advising Load Calculation:

Department Chairpersons/Program Managers, in concert with the Dean of Academic Affairs/ Associate VP, NECE, will ensure that advising duties within a discipline are evenly shared by the faculty teaching in that area. No faculty member shall have more than 50 advisees except under special circumstances. Additional advising duties may be assumed by a faculty member in exchange for a proportionate reduction in workload in another area.*

Committee Load Calculation:

Faculty shall choose to serve on, or be assigned to, standing committees at the beginning of each academic year. Subcommittees, ad hoc committees and process improvement teams may be constituted during the year as the need arises. Time commitment differs dramatically with the task before a committee, thus there is no specified minimum or maximum committee assignment. Faculty with particularly heavy committee loads may receive a proportionate reduction in workload in another area.*

Teaching Load Calculation**:

Block Instruction (Trade-Technical Programs):

1. 30 credit hours will be considered a full-time teaching load per year. This equates to an average of 15 credit hours per semester.
- or
2. An average of 25 contact hours per week per semester will be considered a full-time load when teaching classes of a lecture-laboratory combination.

Appendix A – BSC Faculty Workload Policy

NECE entirely online or with a mixture of online and on ground delivery:

1. 45 credit hours will be considered a full-time teaching load per year when the faculty member is on an eleven-month contract. This equates to an average of 16 credit hours per fall and spring semester and 13 credit hours for the summer term.

or

2. 32 credit hours will be considered a full-time teaching load per academic year for faculty on nine month contracts. This equates to an average of 16 credits per term.

or

3. 54 credit hours will be considered a full-time teaching load per year for telecommuting faculty who are not on campus to participate in campus governance. This equates to 19 credit hours per fall and spring semester and 16 credit hours for the summer term.

or

4. 38 credit hours will be considered a full-time teaching load per academic year for telecommuting faculty on nine-month contracts who are not on campus to participate in campus governance. This equates to 19 credits per term.

All Others:

1. 30 credit hours will be considered a full-time teaching load per year. This equates to an average of 15 credit hours per semester.

or

2. An average of 17 contact hours per week per semester will be considered a full-time load when teaching a combination of lecture classes and laboratory classes.

*See Workload Variations at the end of this policy.

**Workload calculations are not meant to be applied to faculty with special ten and eleven month contracts.

Implementation Guide:

1. When determining a full-time teaching load for a semester, either the credit hour total or the contact hour total, whichever is more beneficial to the instructor, is used. In NECE, only credit hours will be counted since teaching loads normally consist of a combination of on ground and online instruction.
2. Semester teaching loads exceeding the credit or contact hour limits may be offset by lighter loads in the other semester to achieve an average annual teaching load within the guideline limits.
3. Special assignments may be used as part of load. (See Workload Variations below.)

Appendix A – BSC Faculty Workload Policy

4. Unusually heavy advising or committee loads, if documented, may be used to reduce teaching load.

Workload Variations:

Bismarck State College recognizes that no workload policy can adequately take into account the multitude of differences in types of instruction and effort required to teach highly variable curricula well. The workload policy must, therefore, be flexible if Bismarck State College is to continue to provide the best learning opportunities for students in both traditional and virtual classrooms. Department Chairpersons or Program Managers, in consultation with the faculty, shall recommend to the appropriate administrator minimum and maximum class sizes consistent with institutional policy, medium of course delivery and resource limitations.

Adjustments to workload are made at the department level, following discussion between the faculty member and the Department Chairperson or Program Manager, with the approval of the Dean of Academic Affairs/ Associate VP, NECE. Adjustments to teaching load and class size must be documented and accompanied by a written rationale. Documentation and rationale will be on file in the appropriate administrator's office.

Special Considerations:

Flexibility in workload policy is needed to meet the demands of rapidly changing formats and media for delivering courses for the benefit of the students, faculty and college. The following guidelines are to be used by Department Chairpersons/ Program Managers and the appropriate administrator when scheduling classes and faculty to teach them.

1. The first priority for scheduling classes is to meet the needs of students.
2. Second and subsequent priorities are to meet the needs of the college and to make best use of limited resources.
3. Department Chairs/ Program Managers are responsible for scheduling classes. Full-time faculty has first choice for scheduled classes except that full-time faculty will not normally be scheduled to teach from noon to 1 PM on Tuesdays or Thursdays.
 - a. Full-time faculty negotiate teaching schedules with Department Chairs/ Program Managers; faculty may be required to teach weekend or distance education classes as part of load or to meet the instructional needs of the college.
 - b. Department Chairs and Program Managers have the right and responsibility to assign faculty to develop and teach classes, within their areas of proficiency that are deemed necessary to meet the needs of students and the college.
 - c. Extended-day classes, online classes and IVN/ITV classes may be counted by faculty as part of normal load regardless of the times they are offered.
 - d. Any class beginning at or after 4:30 PM may be counted by faculty as an extended day class.

Appendix A – BSC Faculty Workload Policy

- e. On-line classes may be counted by faculty as part of normal load or as extended day classes.
- 4. Online classes will typically be limited to twenty-five (25) students.

History of This Policy:

First policy draft by the Workload Process Improvement Team. Approved by the President's Cabinet on February 8, 2000. Policy effective in the summer of 2000.

Revisions – January 13, 2004; November 29, 2006; May 10, 2007; June 26, 2008; March 8, 2011.

Fall 2014			Credits	Program Credits	BSC	LRSC	DCB	WSC
PN	NURS 120	Foundations of Nursing	3	4		4		
PN	NURS 120	Foundations of Nursing	3	4		4		
PN	NURS 121	Practical Nursing I	3	4			3.1	0.9
PN	NURS 121	Practical Nursing I	3	4			3.1	0.9
PN	NURS 122	Clinical Practice I- (2 hours of IVN per week + lead)	3	3		2		1
PN	NURS 122	Clinical Practice I- (2 hours of IVN per week + lead)	3	3		2		1
RN	NURS 224	Professional Role Dev	2	3				3
RN	NURS 224	Professional Role Dev**	2	3				3
RN	NURS 225	Alterations in Health I	3	4	3			1
RN	NURS 225	Alterations in Health I**	3	4	3			1
RN	NURS 226	Maternal Child Nursing	3	4	1.5		2.5	
RN	NURS 226	Maternal Child Nursing**	3	4	1.5		2.5	
RN	NURS 227	Clinical Applications I- (1 credit online per week + lead)	4	3		3		
Spring 2015			Credits	Program Credits	BSC	LRSC	DCB	WSC
PN	NURS 127	Practical Nursing II: Introduction to Medical Surgical Nursing	2	3			2	1
PN	NURS 127	Practical Nursing II: Introduction to Medical Surgical Nursing	2	3			2	1
PN	NURS 145	Introduction to Maternal/Child Nursing	2	3		1	2	
PN	NURS 145	Introduction to Maternal/Child Nursing	2	3		1	2	
PN	NURS 124	Clinical Practice II - M/C lab	3	2			1	1
RN	NURS 228	Alterations in Health II	4	5	5			
RN	NURS 228	Alterations in Health II**	4	5	5			
RN	NURS 229	Health Promotion & Psychosocial Nursing	2	3				3
RN	NURS 229	Health Promotion & Psychosocial Nursing**	2	3				3
RN	NURS 237	Clinical Application II- (online simulation material + lead)	5	3		3		
RN	NURS 259	Role Transitions (online material + lead)	1	2			2	
Summer 15			Credits	Program Credits	BSC	LRSC	DCB	WSC
PN	NURS 129	Practical Nursing III	4	5	2	1	1	1
PN	NURS 129	Practical Nursing III**	4	5	2	1	1	1
PN	NURS 126	Clinical Practice III	3	1		1		
Campus Totals			78	93	23	23	24.2	22.8
Goal = 21-25 PWC per college		* 1 Credit given Lead Faculty and **Credit for large classes (over 50)						

Dakota Nursing Program Full Time Shared Consortium AD Faculty Profile AY 2015-2016

Faculty Name	FT/PT	Date of Initial Appointment	Rank	Baccalaureate Degree (credential) and Institution Granting Degree	Graduate Degree (credential) and Specialty Certifications	Name of Institution Granting Graduate Degree	Areas of Clinical Experience/Expertise	Academic Teaching (T) and Other (O) Areas of Responsibility	
								T	O
Janet Johnson	PT WSC	2006	Associate Professor	BSN University of Mary 1996	MSN/MBA	University of Mary 2007	Emergency Medical Surgical Mental Health	15% Shared Consortium via IVN <u>AD - NURS 224</u>	N/A
Melanie Krentz	FT BSC	August 2015	Assistant Professor	BSN Med Center One College of Nursing, 1996	MSN	University of North Dakota, 2012	Pediatrics Obstetrics/Nursery Medical Surgical Occupational Health	100% Shared Consortium via IVN PN - NURS 129 <u>AD - NURS 226, NURS 228,</u> BSC Campus only NURS 122, NURS 124, NURS 126, NURS 227, NURS 237	N/A
Suzie McShane	FT BSC	2005	Associate Professor	BSN MedCenter College of Nursing 1998	MSN	University of Mary 2006	Medical/Surgical Nursing, PACU, Same Day Surgery	40% Shared Consortium via IVN <u>AD - NURS 225</u> BSC Campus only NURS 259, NURS 227 NURS 237, NURS 126	60% Nurse Coordinator BSC
Annie Paulson	FT BSC	Sept 06	Associate Professor	BSN Dickinson State University, 2003	MSN	University of Mary, 2007	Staff Nurse at Vibra Hospital Diabetes Education, Staff Education and Resource Team	95% Shared Consortium via IVN <u>AD - NURS 225, NURS 228</u> BSC Campus only NURS 122, NURS 124, NURS 126, NURS 227, NURS 237	5% Student Nurse Organiza tion Facilitator
Gail Raasakka	FT WSC	2013	Assistant Professor	BSN University of Mary 1986	MSN	Walden University, 2015	Critical Care Geriatrics	40% Shared Consortium via IVN	60%

							Nursing Administration Mental health	PN - NURS 121, NURS 129 <u>AD - NURS 225, NURS 229</u> WSC Campus only NURS 237, NURS 259	Nurse Coordinator WSC
Tami Solberg	FT WSC	2013	Instructor	BSN Minot State University 1986	MSN MBA – Health Care	Walden University 2014 Regis University 2004	Nursing Administration; Risk Management; Leadership Effectiveness Coach, Med/Surg, ICU, Peds, Post-partum, Oncology, Behavioral Health	100% Shared Consortium via IVN <u>AD - NURS 224, NURS 228</u> WSC Campus only NURS 126, NURS 227, NURS 259 NURS 237	N/A
Betty Tykwinski	FT DCB	2011	Instructor	BSN Minnesota State University, Mankato 1986	MSN	Walden University MSN May 2011	Medical Surgical Nursing, Emergency Department, Maternal Newborn	80% Shared Consortium via IVN PN – NURS 145 <u>AD - NURS 226, NURS 259</u> DCB - VCSU Campus only NURS 122, NURS 124, NURS 126 NURS 227, NURS 237, NURS 259	20% DCB – VCSU Site Manager
Cheri Weisz	FT LRSC	August 2010	Instructor	BSN Minot State University 2006	MSN Nursing Education	Walden University 2013	Medical Surgical and Nursing Administration	100% Shared Consortium via IVN <u>AD - NURS 227, NURS 237</u> LRSC Campus only NURS 122, NURS 126, NURS 227 NURS 237	N/A

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NURS 224 Syllabus - Fall 2015

COURSE: NURS 224: Professional Role Development

CREDIT HOURS: 2 semester hours (32 classroom hours)

COURSE DESCRIPTION:

Investigate the role of the RN. Students will learn about historical trends, increase their knowledge of the background and current application of safety goals and competencies, and use previous skills in management to now refine leadership skills. Students will start the process of analyzing individual performance and system effectiveness.

MEETING TIME: Section I 8:00-8:50 AM on Monday and Wednesday
BSC, LRSC, WSC, DCB-Minot, LRSC-Mayville - (*A on Mondays*)

Section II 12:00-12:50 PM on Monday and Wednesday
DCB, DCB-Valley City, LRSC-Mayville - (*B on Mondays and A/B on Wednesdays*), WSC-FBCC

PREREQUISITES: Admission to Dakota Associate Degree Nursing Program

COREQUISITES: NURS 225, Alterations in Health I
NURS 226, Maternal Child Nursing
NURS 227, Clinical Applications I

STUDENT LEARNING OUTCOMES:

Program SLO Areas	Course Student Learning Outcomes (SLO)
Teamwork and Communication	1. Examine how the nurse optimizes caring relationships within the interdisciplinary healthcare team by using conflict resolution techniques, effective communication, consensus-building, and shared decision-making.
Professionalism and Leadership	2. Explain professional responsibilities, professional standards and scope of practice for a registered nurse including the ethical and legal dimensions, historical trends, and roles in nursing.
	3. Outline the principles and techniques of therapeutic communication and information management, leadership, time management, multiple responsibilities, delegation and group dynamics as they relate to client care.
Client Centered Care	4. Include diverse client values, beliefs, and attitudes in the plan of care and education plan for clients.
Evidence Based Practice and Nursing Judgment	5. Examine the use of critical thinking during nursing practice to make safe, effective, and evidence-based decisions while providing holistic client care.
Quality	6. Apply Quality Safety Education for Nurses (QSEN) Initiatives and

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Improvement and Safety	National Patient Safety Goals into nursing practice and collaboration with interdisciplinary health care team members to promote client safety and quality care.
	7. Identify how individual performance and system effectiveness can improve safety and quality of care.
Informatics	8. Specify appropriate technology to communicate effectively and manage information in delivery of client care while maintaining patient privacy and confidentiality.

LEARNING ACTIVITIES:

IVN lecture, class discussion, ATI Module, Medcom Video, threaded discussions, supplemental readings, and group work.

STUDENT ASSESSMENT:

Written examinations, quizzes, threaded discussions, papers, group discussion and activities.

GRADE BREAKDOWN:

Course grade will be based on the following percentages.

50% - Proctored Examinations

25% - Threaded Discussions

10% - Professional Nurse Paper

5% - Quizzes, Medcom Video quiz, and ATI Quiz

5% - Cover Letter

5% - Resume

GRADING POLICY:

The following grading scale is used:

92.0 - 100.00 = A

84.0 - 91.99 = B

76.0 - 83.99 = C

68.0 - 75.99 = D

Below 68 = F

There will be no rounding up of grades for any reason.

There is no extra credit offered.

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NURS 225 Syllabus - Fall 2015

COURSE: NURS 225: Alterations in Health I

CREDIT HOURS: 3 semester hours (48 Classroom Hours)

COURSE DESCRIPTION:

Explore the pathophysiology and nursing interventions used in caring for individuals experiencing acute and chronic alterations in health that build on concepts, knowledge and skills introduced in practical nursing courses and the supporting sciences. Utilize evidence based practice, nursing judgment, therapeutic communication, and the nursing process as a framework for providing and managing nursing care to diverse individuals along the health-illness continuum.

MEETING TIME: **Section I** 10:00-11:50 AM on Monday and 9:00-9:50 AM on Wednesday
BSC, LRSC, WSC, DCB-Minot, LRSC-Mayville - (*A on Mondays*)
Section II 2:00-3:50 PM on Monday and 1:00-1:50 PM on Wednesday
DCB, DCB-Valley City, LRSC-Mayville - (*B on Mondays and A/B on Wednesdays*), WSC-FBCC

PREREQUISITES: Admission to Dakota Associate Degree Nursing Program

COREQUISITES: NURS 224, Professional Role Development
NURS 226, Maternal Child Nursing
NURS 227, Clinical Applications I

STUDENT LEARNING OUTCOMES:

Program SLO Areas	Course Student Learning Outcomes (SLO)
Teamwork and Communication	1. Characterize the relationships within interdisciplinary healthcare team developed to optimize effective communication, caring behaviors, and management of client healthcare needs.
Professionalism and Leadership	2. Examine the role and responsibilities of a registered nurse to provide and direct client care across the lifespan.
Client Centered Care	3. Utilize the nursing process to prioritize client centered care that incorporates therapeutic communication, client teaching principles, and culturally sensitive care while advocating and promoting self-determination and integrity.
Evidence Based Practice and Nursing Judgment	4. Plan client care incorporating evidence-based practice and teaching-learning principles that promote self-determination.
	5. Apply the use of nursing judgment in client care to make safe, effective, and evidence-based decisions.
Quality Improvement	6. Utilize quality care measures in the plan of care to keep clients safe

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and Safety	and satisfied.
Informatics	7. Explain the use of technology to communicate effectively and manage information in the delivery of client care.

LEARNING ACTIVITIES:

Lecture over IVN, class discussion, audiovisual material, reading assignments, online materials, case studies, independent assignments, supplemental readings, guest speakers.

STUDENT ASSESSMENT:

Student progress will be assessed using written examinations, video assignments, quizzes, worksheets, online activities, case studies, computer program activities, and class participation.

GRADE BREAKDOWN:	Exams:	95%
	<u>Quizzes and Written Assignments:</u>	<u>5%</u>
		100%

GRADING POLICY:

The following grading scale is used:

92.0 - 100.00	= A
84.0 - 91.99	= B
76.0 - 83.99	= C
68.0 - 75.99	= D
Below 68	= F

**There will be no rounding up of grades for any reason.
There is no extra credit offered.**

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NURS 226 Syllabus - Fall 2015

COURSE: NURS 226: Maternal Child Nursing

CREDIT HOURS: 3 semester hours (48 Classroom Hours)

COURSE DESCRIPTION:

Integrate prior learning while expending knowledge of the neonate, developing child, women's health, and childbearing family. Health maintenance and study of diseases and disorders affecting diverse neonates, children, women, and families along the health-illness continuum and during the end stages of life are examined. Emphasis is placed on therapeutic communication, the role of the registered nurse, ethical/legal issues, and health promotion and maintenance during life stages of growth and development for neonates, children and women.

MEETING TIME: Section I 9:00-9:50 AM on Monday and 10:00-11:50 AM on Wednesday
BSC, LRSC, WSC, DCB-Minot, LRSC-Mayville - (*A on Mondays*)

Section II 1:00-1:50 PM on Monday and 2:00-3:50 PM on Wednesday
DCB, DCB-Valley City, LRSC-Mayville - (*B on Mondays and A/B on Wednesdays*), WSC-FBCC

PREREQUISITES: Admission to Dakota Associate Degree Nursing Program

COREQUISITES: NURS 224, Professional Role Development
NURS 225, Alterations in Health I
NURS 227, Clinical Applications I

STUDENT LEARNING OUTCOMES:

Program SLO Areas	Course Student Learning Outcomes (SLO)
Teamwork and Communication	1. Distinguish between the varied relationships within the interdisciplinary healthcare team related to effective communication, caring behaviors, and management of client healthcare needs for women, newborns, and children.
Professionalism and Leadership	2. Summarize the role and responsibilities of a registered nurse to provide and direct care for women, infants, and children
	3. Examine the ethical and legal concerns related to the care of women, infants, and children.
Client Centered Care	4. Utilize the nursing process to prioritize client centered care that incorporates therapeutic communication, client teaching principles, and culturally sensitive care while advocating and promoting self-determination and integrity for women, infants, and children.

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Evidence Based Practice and Nursing Judgment	5. Examine quality evidence based client care that incorporates the nursing process, science, and clinical reasoning when caring for women, infants, and children.
Quality Improvement and Safety	6. Employ individual performance and system effectiveness to improve the safety and quality of care of women, infants, and children.
Informatics	7. Apply technology to deliver safe client care for women, infants, and children.

LEARNING ACTIVITIES:

Lecture over IVN, class discussion, audiovisual material, case studies, independent assignments, supplemental readings, guest speakers.

STUDENT ASSESSMENT:

Student progress will be assessed using written examinations, video assignments, quizzes, worksheets, online activities, case studies, and class participation.

GRADE BREAKDOWN:	Exams:	95%
	Quizzes and Written Assignments:	<u>5%</u>
		100%

GRADING POLICY:

The following grading scale is used:

92.0 - 100.00	= A
84.0 - 91.99	= B
76.0 - 83.99	= C
68.0 - 75.99	= D
Below 68	= F

**There will be no rounding up of grades for any reason.
There is no extra credit offered.**

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NURS 227 Syllabus - Fall 2015

COURSE: NURS 227: Clinical Applications I

CREDIT HOURS: 4 Semester hours (192 lab/clinical hours)
(144 hours in clinical and 48 hours in lab)
(1 credit of lab/clinical course = 3 contact hours)

COURSE DESCRIPTION:

Participate collaboratively with members of the interdisciplinary health care team to provide safe and culturally sensitive client centered care in the lab, clinical area and simulation lab. Practice parenteral medication therapies and demonstrate professional and leadership competencies while incorporating evidence based practices and sound nursing judgment.

MEETING TIME: **Clinical:** Tuesday, Thursday, Friday, or Saturday. Please see individualized site calendars for your clinical assignments.

Lab: as scheduled by your coordinator for three hours per week. Students are expected to prepare for lab by completing the eCollege assignments each week before lab.

PREREQUISITES: Admission to Dakota Associate Degree Nursing Program

COREQUISITES: NURS 224, Professional Role Development
NURS 225, Alterations in Health I
NURS 226, Maternal Child Nursing

STUDENT LEARNING OUTCOMES:

Program SLO Areas	Course Student Learning Outcomes (SLO)
Teamwork and Communication	1. Participate in collaborative relationships using effective communication with members of the interdisciplinary healthcare team.
Professionalism and Leadership	Demonstrate actions and behaviors that are congruent with professional nursing standards including ethical and legal dimensions
	2. Demonstrate management and delegation competencies performed in the role of the RN.
Client Centered Care	3. Utilize the nursing process and therapeutic communication in caring for clients while providing and advocating for culturally sensitive care that will promote their self-determination and integrity
	4. Incorporate the psychosocial, cultural, spiritual, and developmental needs into the plan of care.
	5. Incorporate client education regarding health care and safety issues with respect to self-determination.
Evidence Based Practice and Nursing	6. Identify the evidence-based practices involved in clinical decision-making to prioritize safe nursing care.

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Judgment	7. Interpret results of diagnostic studies for patients with chronic, acute, and complex healthcare needs.
Quality Improvement and Safety	8. Examine individual performance and system effectiveness to improve the safety and quality of care.
	9. Implements safe practices and sound judgment in the administration of medications and treatment.
	10. Identify potential/actual patient complications and respond appropriately.
Informatics	11. Incorporate appropriate technology to communicate effectively and manage information in the delivery of client care.

LEARNING ACTIVITIES:

Tegrity lecture, clinical, lab, technical skills, simulation, class discussion, audiovisual material, guest speakers. Pre- and post-conference, text, journal articles, online technology, independent assignments, case studies, quizzes and supplemental readings.

STUDENT ASSESSMENT:

Written examinations, weekly assignments, skills check offs, class/clinical conference participation, student journals, clinical observation and evaluation, computerized review (ATI testing).

GRADE BREAKDOWN:	Weekly Assignments/lab work	25%
	Clinical Paperwork/behaviors	70%
	ATI NCLEX-RN Review	<u>5%</u>
		100%

GRADING POLICY:

The following grading scale is used:

92.0 - 100.00	= A
84.0 - 91.99	= B
76.0 - 83.99	= C
68.0 - 75.99	= D
Below 68	= F

There will be no rounding up of grades for any reason.

There is no extra credit offered.

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NURS 228 Syllabus - Spring 2016

COURSE: NURS 228: Alterations in Health II

CREDIT HOURS: 4 semester hours (64 Classroom Hours)

COURSE DESCRIPTION:

Continue the study of acute and chronic alterations in health across a variety of health care environments. Discuss the principles of clinical judgment, leadership and delegation while prioritizing and providing safe, effective and culturally sensitive client care for individuals experiencing complex alterations in health. Analyze ethical health care, quality improvement processes and effective work practices within the health care system.

MEETING TIME:

Monday and Wednesday

Section I 9:00-10:50 BSC, LRSC, WSC, DCB-Minot

Section II 1:00-2:50 DCB, DCB-Valley City, LRSC-
Mayville, WSC-FBCC

PREREQUISITE:

NURS 224, Professional Role Development

NURS 225, Alterations in Health I

NURS 226, Maternal Child Nursing

NURS 227, Clinical Applications I

COREQUISITES:

NURS 237, Clinical Applications II

NURS 229, Health Promotion and Psychosocial Nursing

NURS 259, Role Transitions

STUDENT LEARNING OUTCOMES:

Program SLO Areas	Course Student Learning Outcomes (SLO)
Teamwork and Communication	1. Evaluate how the interdisciplinary health care team effectively communicates and prioritizes collaborative care of clients across the lifespan.
Professionalism and Leadership	2. Integrate the principles of management, leadership, delegation, prioritization, assignment, and supervision into nursing practice based on standards of care and scope of practice.
Client Centered Care	3. Integrate diverse client values, beliefs, and attitudes into a plan of care for clients.
Evidence Based Practice and Nursing Judgment	4. Prioritize nursing care demonstrating professional responsibility and accountability in the role of a registered nurse as an interdisciplinary member of the health care team caring for clients across the lifespan in a variety of clinical settings.
Quality Improvement and Safety	5. Analyze actual/potential client complications and formulate appropriate response.

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	6. Analyze use of technology in the healthcare system related to the delivery of safe client care.
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LEARNING ACTIVITIES:

Lecture over IVN, class discussion, audiovisual material, assignments, online materials, case studies, independent assignments, supplemental readings, guest speakers.

STUDENT ASSESSMENT:

Student progress will be assessed using written examinations, video assignments, quizzes, worksheets, online activities, case studies, computer program activities, and class participation.

GRADE BREAKDOWN:	Exams:	95%
	<u>Quizzes and Written Assignments:</u>	<u>5%</u>
		100%

GRADING POLICY:

The following grading scale is used:

92.0 - 100.00	= A
84.0 - 91.99	= B
76.0 - 83.99	= C
68.0 - 75.99	= D
Below 68	= F

**There will be no rounding up of grades for any reason.
There is no extra credit offered.**

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NURS 229 Syllabus - Spring 2016

COURSE: NURS 229: Health Promotion and Psychosocial Nursing

CREDIT HOURS: 2 semester hours (32 classroom hours)

COURSE DESCRIPTION:

Examine safe and effective client care in the areas of health promotion for individuals and groups in communities and in care of the client experiencing psychosocial issues. Expand skills in promoting a client's self-determination, advocating for clients, and working within the interdisciplinary health care team while making evidence based decisions to improve the safety and quality of client care.

MEETING TIME: **Monday and Wednesday**
Section I 11:00-11:50 BSC, LRSC, WSC, DCB-Minot
Section II 3:00-3:50 DCB, DCB-Valley City, LRSC-
Mayville, WSC-FBCC

PREREQUISITES: NURS 224, Professional Role Development
NURS 225, Alterations in Health I
NURS 226, Maternal Child Nursing
NURS 227, Clinical Applications I

COREQUISITES: NURS 237, Clinical Applications II
NURS 228, Alterations in Health II
NURS 259, Role Transitions

STUDENT LEARNING OUTCOMES:

Program SLO Areas	Course Student Learning Outcomes (SLO)
Teamwork and Communication	1. Analyze the relationships within the interdisciplinary healthcare team developed to optimize effective communication, caring behaviors, and management of client healthcare needs for health promotion and psychosocial needs.
Professionalism and Leadership	2. Integrate professional standards, regulations, and the scope of practice for a registered nurse with the care of clients' health promotion and psychosocial needs including the ethical and legal dimensions.
Client Centered Care	3. Formulate culturally competent care for clients' health promotion and psychosocial needs while advocating for clients, and promoting their self-determination and integrity.
Evidence Based Practice and Nursing Judgment	4. Prioritize nursing judgments to make safe, effective, and evidenced-based decisions that integrate science and the nursing process to provide holistic client care including their health promotion and psychosocial needs.

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Quality Improvement and Safety	5. Monitor health care system, individual performance, and effectiveness to improve the safety and quality of care in the care of clients and their health promotion and psychosocial needs.
Informatics	6. Integrate current technology to support decision-making and manage information in the delivery of client care in the care of clients and their health promotion and psychosocial needs.

LEARNING ACTIVITIES:

Lecture over IVN, class discussion, audiovisual material, reading assignments, online materials, case studies, independent assignments, supplemental readings, guest speakers.

STUDENT ASSESSMENT:

Student progress will be assessed using written examinations, video assignments, quizzes, worksheets, online activities, case studies, computer program activities, and class participation.

GRADE BREAKDOWN:	Exams:	95%
	<u>Quizzes and Written Assignments:</u>	<u>5%</u>
		100%

GRADING POLICY:

The following grading scale is used:

92.0 - 100.00	= A
84.0 - 91.99	= B
76.0 - 83.99	= C
68.0 - 75.99	= D
Below 68	= F

There will be no rounding up of grades for any reason.

There is no extra credit offered.

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NURS 237 Syllabus - Spring 2016

COURSE: NURS 237: Clinical Applications II

CREDIT HOURS: 5 Semester hours (240 lab/clinical hours)
(1 credit of lab/clinical = 3 contact hours)

COURSE DESCRIPTION:

Prioritize safe, effective, and culturally competent client care in acute and community settings during this clinical and simulation lab course. Clients with complex alterations in health and psychosocial issues are managed with a spirit of inquiry and collaboration to make evidence based clinical judgments. Quality improvement practices related to national safety goals are examined. Students will be challenged with a precepted activity during the latter part of this course.

MEETING TIME: **Clinical:** Tuesday, Thursday, Friday, and/or Saturday. Please see individualized site calendars for your clinical assignments.

Lab: As Scheduled on Monday or Wednesdays per local campus

PREREQUISITE: NURS 224, Professional Role Development
NURS 225, Alterations in Health I
NURS 226, Maternal Child Nursing
NURS 227, Clinical Applications I

COREQUISITES: NURS 228, Alterations in Health II
NURS 229, Health Promotion and Psychosocial Nursing
NURS 259, Role Transitions

STUDENT LEARNING OUTCOMES:

Program SLO Areas	Course Student Learning Outcomes (SLO)
Teamwork and Communication	1. Collaborate with clients and members of the interdisciplinary health care team to optimize effective communication, caring behaviors, and management of client needs.
Professionalism and Leadership	2. Adhere to professional standards and scope of practice as an associate degree registered nurse while pursuing professional growth and acting as a leader and change agent within legal, ethical and regulatory frameworks.
	3. Value personal integrity, professional behaviors, professional boundaries and lifelong learning.
Client Centered Care	4. Manage care and accept accountability in assigning nursing tasks/activities to achieve patient care goals.
	5. Analyze the nursing process in caring for clients while providing culturally sensitive care that will promote their self-determination and

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	integrity.
	6. Provide culturally competent care and advocate for clients while promoting their self-determination and integrity.
Evidence Based Practice and Nursing Judgment	7. Compile evidence in determining rationale for one's prioritization of nursing judgments across the lifespan
	8. Implement nursing judgment to make safe, effective, and evidenced-based decisions that integrate science and the nursing process in providing holistic client care.
Quality Improvement and Safety	9. Appraise quality improvement methods used to develop or revise the policies/procedures used to maintain client safety
	10. Incorporate a spirit of inquiry to make evidence based clinical judgments and management decisions to improve the safety and quality of care across a variety of systems.
Informatics	11. Integrate current technology to support decision-making and manage information in the delivery of client care.

LEARNING ACTIVITIES:

Tegrity lecture, clinical, lab, technical skills, simulation, class discussion, audiovisual material, guest speakers. Pre- and post-conference, text, journal articles, online technology, independent assignments, case studies, quizzes and supplemental readings.

STUDENT ASSESSMENT:

Written examinations, weekly assignments, skills check offs, class/clinical conference participation, student journals, clinical observation and evaluation, computerized review (ATI testing).

GRADE BREAKDOWN: 40% - Clinical Behavior/Performance
 40% - Clinical Written Work including Journal
 20% - Lab/simulation skills and Lab paperwork

GRADING POLICY:

The following grading scale is used:

92.0 - 100.00 = A
 84.0 - 91.99 = B
 76.0 - 83.99 = C
 68.0 - 75.99 = D
 Below 68 = F

There will be no rounding up of grades for any reason.

There is no extra credit offered.

Journal: All students will maintain a clinical journal. It serves as a tool to assist with assessment/analysis of the clinical experience, enhancement of communication between students and the nursing coordinator, and offers an ongoing opportunity for discussion regarding the nursing experience. **Journal completion is required for progression in the nursing program. Criteria for the Clinical Journal can be found in the policy section of this handbook.**

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NURS 259 Syllabus - Spring 2016

COURSE: NURS 259: Role Transitions

CREDIT HOURS: 1 semester hour (48 lab hours) (24 of these hours are the ATI Live NCLEX RN® Review during week 17.)
(1 credit of lab/clinical = 3 contact hours)

COURSE DESCRIPTION:

Examine the process of identifying and obtaining a position as a registered nurse. Explore nursing organizations, the legislative process, and lifelong learning. Investigate what it takes to prepare for and be successful in passing the NCLEX RN® examination. Be part of developing an evidence based research question, use technology to prepare a portfolio, and reflect on what it means to be accountable and responsible in the role of the RN.

MEETING TIME: **Lab:** As scheduled by Nursing Coordinator at each campus

PREREQUISITE: NURS 224, Professional Role Development
NURS 225, Alterations in Health I
NURS 226, Maternal Child Nursing
NURS 227, Clinical Applications I

COREQUISITES: NURS 228, Alterations in Health II
NURS 229, Community and Psychosocial Nursing
NURS 237, Clinical Applications II

STUDENT LEARNING OUTCOMES:

Program SLO Areas	Course Student Learning Outcomes (SLO)
Teamwork and Communication:	1. Adapt effectively within nursing and inter-professional teams to achieve quality client care.
Professionalism and Leadership:	2. Develop an individual plan for identification, application, interviewing and retaining a position as a registered nurse. 3. Assume accountability for practice in the role of an RN in accordance with professional, legal, and ethical standards.
Client-Centered Care:	4. Evaluate the importance of providing client-centered care combining the art and science of nursing.
Evidence-Based Practice and Nursing Judgment:	5. Analyze knowledge of advancing the profession of nursing through research and evidence based practice.

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Quality Improvement and Safety:	6. Analyze key aspects of the RN test plan categories..
Informatics:	7. Evaluate ways in which new and emerging technology affects and supports nursing practice.

LEARNING ACTIVITIES:

Tegrity lecture, class discussion, audiovisual material, guest speakers, journal articles, online technology, independent and group assignments, case studies, quizzes and supplemental readings.

STUDENT ASSESSMENT:

ATI proctored and non-proctored exams; Completion of cover letter, resume, practice interview, professional portfolio. Written and online assignments.

GRADING POLICY:

The following grading scale is used:

92.0 - 100.00	= A
84.0 - 91.99	= B
76.0 - 83.99	= C
68.0 - 75.99	= D
Below 68	= F

There will be no rounding up of grades for any reason.

There is no extra credit offered.

GRADE BREAKDOWN: **Total Points** – Lab Assignments, Professional portfolio to include job acquisition assignments, and ATI proctored and non-proctored exams.

NCLEX REVIEW PROGRAM NURSING REVIEW PROGRAM:

The Dakota Nursing Program requires students to purchase and complete an ATI Nursing Review Program. This program is complete with the review modules (Books or eBooks, Skills Modules, Online Practice Assessments, and Proctored Assessments). Please review the complete ATI policy in your student handbook for schedule of exams, remediation policy and grading levels.

To properly prepare for the proctored exams students are expected to study by taking ATI practice exams until they score 90% or greater. Students will not be eligible to take the corresponding ATI proctored exams until they score 90% or greater on the practice exam. Practice exams cannot be taken twice within 12 hours.

Dakota Nursing Program (BSC, DCB, LRSC) and Mayville State University Articulation Plan								
Year	Fall Semester	Credits	Spring Semester	Credits	Summer Semester	Credits	Total	
1	A & P I Introduction to Psychology NURS 120 NURS 121 NURS 122	4 3 3 N 3 N <u>3 N</u> <u>16</u>	A & P II Composition I OR Developmental Psychology Introduction to Pharmacology NURS 124 NURS 127 NURS 145	4 3 3 3 N 2 N <u>2 N</u> <u>17</u>	NURS 126 NURS 129 Composition I OR Developmental Psychology Eligible For NCLEX-PN Licensure PN Certificate (42 credits)	3 N 3 N <u>3</u> <u>9</u>	42 credits 20 Gen Ed & 22 N	
2	NURS 224 NURS 225 NURS 226 NURS 227 Microbiology	2 N 3 N 3 N 4 N <u>4</u> <u>16</u>	NURS 228 NURS 229 NURS 237 NURS 259 ENGL/Communications Elective Eligible For NCLEX-RN Licensure AAS in Nursing (73 credits)	4 N 2 N 5 N 1 N <u>3</u> <u>15</u>			31 credits 7 Gen Ed & 24 N	
3	College Algebra Arts/Humanities Arts/Humanities ENGL/Communications Elective (This semester can be taken at 2 year DNP Institution or MASU – the final 3 semesters will be taken at MaSU)	3 3 3 3 <u>12</u>	BUSN 336 Applied Statistics OR MATH 323 Probability & Statistics* NURS 350 NURS 360 NURS 370 NURS 310	3 3 N 4 N 3 N <u>2 N</u> <u>15</u>	Arts/Humanities OR Social Science* NURS 470	3 <u>4 N</u> <u>7</u>	34 Credits 15 Gen Ed/MASU ES (includes 3*) 16 N & 3 *	
4	NURS 441 NURS 442 NURS 460 NURS 450 Elective*	4 N 2 N 3 N 3 N <u>2</u> <u>14</u>			Indicates courses to meet MaSU Essential Studies Requirements * Indicates required 300/400 level course		14 Credits 12 N credits & 2 * Elective	
Total Program credits (BSN) 74 Nursing, 47 General Education(MASU ES)/Upper Division/Elective = 121 total								121 Credits

All NURS courses in the PN and AD program must be successfully completed in the semester they are scheduled to progress to the next semester. In Year 1 and 2, general education courses can be taken earlier but not later than the identified semester. Credits in the PN/AD program: 46 Nursing, 27 General Education = **73 Total** (18 Clinical credits in PN/AD program)

Credits after AAS RN licensure eligibility = Completion of 12 credits at either 2 year institution or MaSU, 28 credit BS Nursing, 8 credits at 300/400 MaSU level (includes 3 credit statistics course) = **48 credits**

Total credits = **73 (AAS) + 48 (post AAS - BSN) = 121 minimum credits** including transfer, essential studies, upper division, and nursing program credits

MaSU Essential Studies requirements include 6SH English and 3SH Speech. 36 credits must be taken at the 300/400 level and at least 30 credits at MaSU. CIS 1SH credit waiver for BSN students who have earned minimum 36 credits Essential Studies. The Fitness/Wellness and Information Technology MaSU Institutional Graduation Requirements are not required for students who have earned a 2-year degree. Students must meet the following math requirements: College Algebra Pre-req. requirement of a minimum 21 ACT Math score, ASC 093 or equivalent with a grade of "C" or higher and Statistics Pre-req. requirement of completion of College Algebra with a grade of "C" or higher. Math assessment ACT/SAT or COMPASS scores will be used to determine math course placement.

Dakota Nursing Program (BSC, DCB, LRSC) and Minot State University Articulation Plan

Transfer with AAS completed

Year	Fall Semester	Credits	Spring Semester	Credits	Summer Semester	Credits	Total
1	A & P I Introduction to Psychology NURS 120 NURS 121 NURS 122	4 3 3 N 3 N <u>3 N</u> <u>16</u>	A & P II Composition I OR Developmental Psychology Introduction to Pharmacology NURS 124 NURS 127 NURS 145	4 3 3 3 N 2 N <u>2 N</u> <u>17</u>	NURS 126 NURS 129 Composition I OR Developmental Psychology Eligible For NCLEX-PN Licensure PN Certificate (42 credits)	3 N 3 N <u>3</u> <u>9</u>	42 credits 20 Gen Ed & 22 N
2	NURS 224 NURS 225 NURS 226 NURS 227 Microbiology	2 N 3 N 3 N 4 N <u>4</u> <u>16</u>	NURS 228 NURS 229 NURS 237 NURS 259 Gen Ed ENGL 120 or Comm 110 Eligible For NCLEX-RN Licensure AAS in Nursing (73 credits)	4 N 2 N 5 N 1 N <u>3</u> <u>15</u>			31 credits 7 Gen Ed & 24 N
Total PN certificate and AD AAS = 27 Gen Ed & 46 NURS = 73 Total Credits							
3	Statistics (if still needed) NURS 363 NURS 383 NURS 483	4 3 3 <u>3</u> <u>13</u>	NURS 457 NURS 458 Special topics Gen Ed Engl 120 or Comm 110	3 3 3 <u>3</u> <u>12</u>	Gen Ed FC1 Humanities FC3 History	3 <u>3</u> <u>6</u>	31 credits 9 Gen Ed 4 statistics (If still needed) & 18 NURS
4	NURS 493 Gen Ed FC1 Humanities	3 <u>3</u> <u>6</u>			40 NCLEX Exam Credits posted when student shows evidence of passing the NCLEX RN		6 credits 3 Gen Ed & 3 NURS

MISU BSN Total Program credits:

21 credits = BSN Completion courses & 9 credits = minimum of 30 credits taken at MSU (may include remaining General Education Core, Foundational and Developmental Content Area credits, statistics course credits and/or elective credits) , 40 credits posted = NCLEX Exam credit, **MISU Total minimum required for Graduation 122 Credits.**

NURS 227 and 237 Clinical Evaluation Rubric and Rating Form

	Clinical competency	Criteria used to identify successful accomplishment of the competency	9.2-10	8.4-9.1	7.6-8.3	6.8-7.5	0.01 – 6.7	*	Comments
Teamwork and Communication	Interdisciplinary Communication	Effectively communicates/collaborates with team (includes instructor),							
Professionalism and Leadership	Professional Values	Adheres to professional standards and boundaries as outlined in the RN scope of practice and ANA standards.							
	Ethical/Legal Issues	Accountable for assigned client care in accordance with medical facility policies and procedures							
	Management of Care	Provides nursing care that enhances the care delivery setting to protect clients and health care personnel.							
	Role of an RN	Demonstrates accountability for completing assignments on time and for professional behaviors in the clinical environment.							
Client Centered Care	Therapeutic Communication	Uses therapeutic verbal and nonverbal communication in client care.							
	Caring	Identifies physiologic and psychosocial needs including cultural and spiritual values, beliefs and attitudes related to client care (SNs and clients)							
	Health Promotion and Maintenance	Provides nursing care of the client that incorporates the knowledge of expected growth and development principles, prevention and/or early detection of health problems (complications), and strategies to achieve optimal health.							
	Assessment	Analyzes assessment data to determine relevant from irrelevant data, plan of care and expected outcomes							
	Client Education	Provides client education incorporating identified learning needs and a teaching plan. (Teach Back)							
Evidence Based Practice and Nursing Judgment	Clinical reasoning	Use clinical reasoning to identify complications or changes in client condition, respond, and evaluate client responses.							
	Prioritization	Prioritizes client care and adjusts as appropriate.							
Quality Improvement and Safety	Quality Care	Performs treatments/procedures effectively using standard/transmission based/special precautions and National Safety Goals.							
	Safety	Provides safe care in the area of medication administration							
Informatics	Documentation/Confidentiality	Documents in a timely, clear, concise, and prompt manner while maintaining confidentiality of client information							
	Technology – safety equipment	Protects clients from harm through use of and initiation of safety devices (alarms, call lights, bar codes, etc.).							
Average of all clinical behavior scores									Total Score = _____/100 Points
Circle: NURS 227 NURS 237 Clinical Area: _____		Student Name: _____ Date of Clinical: _____	Instructor Signature: _____ Date Graded: _____						

Clinical Performance Evaluation Rubric

Scale/Label	Standard Procedure	Performance Quality	Assistance
Independent 92-100%	Safe/Accurate	Meets and Exceeds Expectations - Proficient, coordinated, confident. Expedient use of time	Direction not required
Developing 84-91%	Safe/Accurate	Meets Expectations - Efficient, coordinated, and confident. Expedient use of time.	Occasional direction
Emerging 76-83%	Mostly Safe/Accurate	Meets Expectations - Partial demonstration of skills. Inefficient or uncoordinated. Delayed time expenditure	Frequent direction
Weak 68-75%	Questionably safe/accurate	Does not meet Expectations - Unskilled and inefficient. Considerable and prolonged time expenditure	Continuous direction
Not Evident 0 – 67%	Unsafe/Inaccurate	Does not meet Expectations - Unable to demonstrate procedures. Lacks confidence, coordination and efficiency	Continuous direction

Performance ratings must be 76% or above to receive a passing grade for the clinical. Comments required for weak or not evident scores.

NURS 227 and 237 Clinical Written Work Rating

Circle grade below that applies or input grade if multiple works.						
	Independent	Developing	Emerging	Weak	Not Evident	Total Score for Paperwork
Clinical Guide	46 - 50	42 - 45	38 - 41	34 - 37	0 - 33	
Concept Map	46 - 50	42 - 45	38 - 41	34 - 37	0 - 33	
Specialty Paperwork	92 - 100	84 - 91	76 - 83	68 - 75	0 - 67	
Instructor Comments:						Total score = _____/100 Points

Clinical Written Work Rubric

Scale/Label	Performance Quality
Independent 92-100%	Meets and Exceeds Expectations - Outstanding effort and thought are obvious. All required areas are addressed in a complete and thorough manner. Information is accurate and presentation is professional in appearance. Assignments are turned in on or before due date.
Developing 84-91%	Meets Expectations - Overall, written work is complete and accurate but lacks depth. Considerable thought and effort is evident. Presentation is professional in appearance. Assignments are turned in on or before the due date.
Emerging 76-83%	Meets Expectations - Most of the assigned areas are addressed but there are obvious gaps. Information is missing and/or not factual. Presentation is acceptable but improvement needed. Assignments are turned in per faculty instructions.
Weak 68-75%	Does not meet Expectations - Large or important pieces of information are missing and/or not factual. Little effort or thought is evident. Presentation is non-professional.
Not Evident 0 – 67%	Does not meet Expectations - Most of the information that was required has not been completed. Assignments are turned in late.

Clinical written work ratings must be 76% or above to receive a passing grade for the clinical. Comments required for weak or not evident scores.

DAKOTA NURSING PROGRAM

Bismarck State College • Dakota College at Bottineau • Lake Region State College • Williston State College

NURS 227/237 AND Clinical Simulation Grading Rubric

Org. 7-2014

Name: _____

Date of Clinical: _____

TOTAL POINTS: ____/16

Primary and Secondary Nurse				
	Beginning 0.0 – 0.25	Developing 0.25 - 0.50	Accomplished 0.50 – 0.75	Exemplary 0.75 - 1.0
Patient Assessment/ Reassessment: (1 Point possible) Points _____	Observation is not organized and key assessment errors are made. Does not recognize need for intervention.	Recognizes some status changes, but interventions are inappropriate or incomplete.	Recognizes all status changes and intervenes appropriately, reassesses. Recognizes signs of deterioration. Interprets and develops interventions with assistance of faculty 1 - 2 times during simulation.	Able to prioritize most important data in care of client. Independently performs all skills fluently and without difficulty.
History Gathering: (1 Point possible) Points _____	Depends mostly on objective data; does not collect subjective data from patient or family members.	Difficulty seeking additional information from the patient and family; often seems not to know what information to seek.	Actively seeks subjective information about the patient's situation from the patient and family to support planning interventions.	Includes past medical history with current objective and subjective data to make appropriate interventions and evaluates patient's condition.
Delegation: (1 Point possible) Points: _____	Does not delegate tasks when it would be appropriate to do so.	Delegates specific instructions to the LPN, however, out the scope of practice.	Delegates specific instructions to the LPN or secondary RN however, DOES NOT include instruction to report back results.	Delegates specific instructions to the LPN or secondary RN to do appropriate tasks in a prioritized order including reporting back to the nurse the results of each task delegated.
Lab and/or Diagnostic Collection: (1 Point possible) Points _____	Neglects to call lab or radiology to order the appropriate tests.	Reports lab data. Student is unable to distinguish between abnormal and normal lab data and/or diagnostic test.	Makes an effort to prioritize data and focus on the most important, but also attends to less relevant or useful data.	Focuses on the most relevant and important data useful for planning the patient's condition.
Critical Thinking: (1 Point possible) Points _____	Poor application of nursing process in providing care in the scenario.	Applies nursing process to patient with help of the team members.	Independently demonstrates application of nursing process to patients in the scenario.	Exceeds expectations by applying the nursing process to patient care.
Communication: (1 Point possible) Points _____	Poor communication skills, inappropriate communication.	Has difficulty communicating; explanations are confusing; directions are unclear; patients and families are confused; unable to communicate details during SBAR.	Communicates well; explains carefully to patients; gives clear directions to team; requires minimal assistance from the instructor. Confident and organized with SBAR	Communicates effectively; explains interventions; reassures patients and families; directs and involves team members, explaining and giving directions. Confident and organized

			communication with minimal prompts.	with SBAR communication without any guidance.
Teamwork: (1 Point possible) Points: _____	Little collaboration or coordination on the team.	Team having difficulties communicating and coordinating the assignment.	Good distribution of workload on the team and well documented. Most team members contributed to the solutions.	All team members clearly contributed to the solutions. All team members exercised a variety of skills.
Patient Education: (1 Point possible) Points: _____	Student does not offer teaching to patient and/ or family members.	Student teaches incorrect information to patient and/or family member.	Student teaches correct information at the patients and or family's level of understanding; but does not offer opportunities for questions.	Student teaches correct information at the patients and or family's level of understanding and offers opportunities for questions and feedback for evaluation.
	Beginning 0-1.99	Developing 2.0-3.99	Accomplished 4.0-5.99	Exemplary 6.0-8.0
Debriefing: (8 Points possible) Points: _____	Student does not verbalize what went well in scenario and what areas should be improved upon.	Verbalizes what went well in the scenario, but has difficulty understanding the alternative interventions.	Student verbalizes what went well and how to improve, however is not sure how to improve for next time.	Student verbalizes what went well, what could have been improved, and what would be done differently in next simulation experience.
Observation Student and Family Member Role Play				
	Beginning 0-1.99	Developing 2.0-3.99	Accomplished 4.0-5.99	Exemplary 6.0-8.0
Role Play/ Presentation: (8 Points possible) Points: _____	Lacks information; Mumbles; Poor participation; Not engaging in the scenario; Poor attitude.	Somewhat informative; unsure of duties; Minimally interacting, discussing, and asking questions among the nurse during most of the scenario.	Presents some information; moderately interacting, discussing, and asking questions among the nurse during most of the scenario.	Indicates a clear understanding of topic, informative; engages with the nurses; speaks loudly and clearly.
Observer: (8 Points possible) Points: _____	Does NOT encourage or and support the efforts and ideas. No feedback given.	Provides minimal amount of feedback to the students. Feedback is vaguely constructive. Minimal amount of encouragement given.	Provides moderate amount of constructive feedback. Encourages and supports the efforts and ideas of others. Major points are addressed, but not well supported.	Expands on the constructive feedback. Major points are stated clearly and are well supported.
	Beginning 0-1.99	Developing 2.0-3.99	Accomplished 4.0-5.99	Exemplary 6.0-8.0
Debriefing: (8 Points possible) Points: _____	Student does not verbalize what went well in scenario and what areas should be improved upon.	Verbalizes what went well in the scenario, but has difficulty understanding the alternative interventions.	Student verbalizes what went well and how to improve, however is not sure how to improve for next time.	Student verbalizes what went well, what could have been improved, and what would be done differently in next simulation experience.

Comments:

Instructor Signature: _____ Date: _____

COURSE IMPROVEMENT FORM

Faculty: Tykwinski _____ **Date:** Spring 2015

Course Name: NURS 259: Role Transitions

1	Attrition: Number of students enrolled on Day 1 _____ and Final count _____
2	Course Grade Results (<i>numbers of students at each level</i>) W _____ F _____ D _____ C _____ B _____ A _____
3	ATI Proctored Exam Title: Leadership Level Results of Number of Students in Each Level – Upon first attempt (<i>numbers of students at each level</i>) Below Level I _____ Level I _____ Level 2 _____ Level 3 _____
4	Evaluation of the three change areas identified in the previous year. (For example: did the new activity cause a change in the course student learning outcome?)
	1.
	2.
	3.
5A	Three (3) areas identified for improvement based on this year's data. (Low scoring areas on exams, student feedback, ATI exam)
	1.
	2.
	3.
5B	Change developed for each of the three areas identified for improvement above. (For example: active learning strategy added, highlight content during class, show a brief video)
	1.
	2.
	3.
5C	Recommendations to faculty teaching other courses. (For example: work with Simulation, Lab and Clinical faculty to address areas of need, let faculty who will next be working with the students know where their areas of need are, let faculty with overlapping content areas know about class weaknesses)
	1.
	2.

	3.
6	What are three of the strengths of this course based on evidence - (High scoring areas on exams, student feedback, ATI exam)
	1.
	2.
	3.

Course Student Learning Outcomes – Update the Learning Activities and Course SLO Evaluation Area

NURS 259: Role Transitions			
Program Student Learner Outcomes (SLOs)	NURS 259 Course Student Learner Outcomes (SLOs)	Learning Activities	Course SLO Evaluation and results
TEAMWORK AND COMMUNICATION: Collaborate with clients and members of the interdisciplinary health care team to optimize effective communication, caring behaviors, and management of client needs.	1. Function effectively within nursing and inter-professional teams to achieve quality client care	<ul style="list-style-type: none"> Classroom discussion - Discuss the impact which effective, inter-professional teamwork has on positive client outcomes Develop and present a staff development activity 	<ul style="list-style-type: none"> Graded classroom discussion Graded small group presentation
PROFESSIONALISM AND LEADERSHIP: Adhere to professional standards and scope of practice as an associate degree registered nurse while pursuing professional growth and acting as a leader and change agent within legal, ethical and regulatory frameworks.	2. Apply the process of identification, application, interviewing and retaining a position as a registered nurse. 3. Assumes accountability for practice in the role of the RN in accordance with professional, legal, and ethical standards.	<ul style="list-style-type: none"> Professional cover letter and resume Mock interview Classroom discussions Legislative argument presentation 	<ul style="list-style-type: none"> Graded resume, cover letter, and interview Graded classroom discussions Quiz Graded classroom presentation Graded drop box assignments
CLIENT-CENTERED CARE: Provide culturally competent care and advocate for clients while promoting their self-determination and integrity.	4. Examine the importance of providing client-centered care combining the art and science of nursing	<ul style="list-style-type: none"> Threaded discussion on professional nursing organizations that focus on trans-cultural nursing and holism. Classroom discussions The art and science of nursing assignment – selecting an art form which reflects the unique characteristics of a client (cultural) 	<ul style="list-style-type: none"> Graded threaded discussion, classroom discussions, drop box assignments
EVIDENCE-BASED PRACTICE AND NURSING JUDGEMENT: Implement nursing judgment to make safe, effective, and evidenced-based decisions that integrate science and the nursing process in providing holistic client care.	5. Demonstrate knowledge of advancing the profession of nursing through research and evidence based practice	<ul style="list-style-type: none"> Classroom discussion Development of evidence based practice statement Identify a clinical problem that you have seen, read about or discussed Formulate a clinical question using the PICOT format Perform a search of the literature to find recent, peer-reviewed research studies which support your clinical question. 	<ul style="list-style-type: none"> Graded classroom discussion and oral presentation of PICOT statement

		<ul style="list-style-type: none"> • Present your PICOT question to your classmates 	
QUALITY IMPROVEMENT AND SAFETY: Incorporate a spirit of inquiry to make evidence based clinical judgments and management decisions to improve the safety and quality of care across a variety of systems.	6. Demonstrate knowledge of key aspects of the RN test plan categories.	<ul style="list-style-type: none"> • Complete ATI exams at a level 2 or 3 and pass the ATI RN Comprehensive Predictor at a 92% probability of passing the NCLEX RN® • Develop an individual focused review plan for final NCLEX RN® preparation 	<ul style="list-style-type: none"> • ATI exams
INFORMATICS: Integrate current technology to support decision-making and manage information in the delivery of client care.	7. Explain and demonstrate ways in which new and emerging technology affects and supports nursing practice	<ul style="list-style-type: none"> • Classroom discussion - Describe ways in which technology is advancing healthcare • Use electronic or conventional methods, to create a professional portfolio which reflects one's professional and personal attributes and accomplishments 	<ul style="list-style-type: none"> • Graded classroom discussion • Graded portfolio

Criterion	Survey or Table or Form	Month Sent or obtained	Responsibility for Gathering Data	Month of Analysis	Year of Analysis	Responsibility for Data Analysis
1.1 The mission/philosophy and program outcomes of the nursing education unit are congruent with the core values and mission/goals of the governing organization.	Table showing congruency in 3 categories (August)	August	Director to put on agenda for September FSA	September	Biennially 2016	FSA
1.2 The governing organization and nursing education unit ensure representation of the nurse administrator and nursing faculty in governance activities; opportunities exist for student representation in governance activities.	Scholarly Activities and Committee Table - Each site to complete by January 15 Also review meeting minutes, scholarly activities, websites, catalogs.	December	Director to send to Coordinators/Faculty for completion	February	Biennially 2016	FSA
1.3 Communities of interest have input into program processes and decision-making.	<u>Advisory Board Survey (Fall) and Minutes, Employer Survey (May)</u> , and minutes/emails from other meetings with clinical agencies.	November May	Coordinators to put on FF	February	Annually	FSA
1.4 Partnerships that exist promote excellence in nursing education, enhance the profession, and benefit the community.	Grant awards, Articulation Agreements, BON correspondence, minutes and correspondence with professional groups, faculty scholarly activities and CVs with professional organizations noted	Continuous	Director, Coordinator, Faculty	April	Annually	FSA (April) <i>LT (March)</i>
1.5 The nursing education unit is administered by a nurse who holds a graduate degree with a major in nursing.	Director's official transcript	Upon change	Academic Officer and HR Department	Upon change	Upon change	Academic Officer and HR Department
1.6 The nurse administrator is experientially qualified, meets governing organization and state requirements, and is oriented and mentored to the role.	Director's personnel file and the ND BON requirements.	April	Director and Academic Officers	April	Annually	Director and Academic Officers

1.7 When present, nursing program coordinators and/or faculty who assist with program administration are academically and experientially qualified.	Coordinator's personnel file and the ND BON requirements.	March	Director	March	Annually	Director
1.8 The nurse administrator has authority and responsibility for the development and administration of the program and has adequate time and resources to fulfill the role responsibilities.	Faculty Survey (March) , Job description, Workload, Contract, Evaluation	March April	Director	March April	Annually	Director, Coordinator, Academic Officer
1.9 The nurse administrator has the authority to prepare and administer the program budget with faculty input.	Faculty Survey (March) , Minutes, Contracts, Job Description	March April	Director	July	Annually	Director, Coordinator, Academic Officer
1.10 Policies for nursing faculty and staff are comprehensive, provide for the welfare of faculty and staff, and are consistent with those of the governing organization; differences are justified by the goals and outcomes of the nursing education unit.	Table - comparative analysis of faculty and staff policies. Policies are consistent and diversions are justified.	June	Director	July	Annually	Faculty Summer Analysis
1.11 Distance education, when utilized, is congruent with the mission of the governing organization and the mission/philosophy of the nursing education unit.	Table - showing congruency of mission with distance education	March	Director	March	Annually	Leadership and Academic Officer
2.1 Full-time faculty hold a minimum of a graduate degree with a major in nursing.	Faculty Profile Tables Faculty official transcript and POS if in grad program	January	Director Coordinator	January	Annually	Director Coordinator
2.2 Part-time faculty hold a minimum of a baccalaureate degree with a major in nursing; a minimum of 50% of the part-time faculty also hold a graduate degree with a major in nursing.	Faculty Profile Tables Faculty official transcript and POS if in grad program	January	Director Coordinator	January	Annually	Director Coordinator

2.3 Faculty (full- and part-time) credentials meet governing organization and state requirements.	Table - Credentialing information	January August May	Director Coordinator	January	Annually	Director Coordinator
2.4 Preceptors, when utilized, are academically and experientially qualified, oriented, mentored, and monitored, and have clearly documented roles and responsibilities.	Table - Preceptors and the preceptor packet Student and preceptor evaluations.	January	Director Coordinator	January	Annually	Director Coordinator
2.5 The number of full-time faculty is sufficient to ensure that the student learning outcomes and program outcomes are achieved.	Tables - census table, workload table, ratio table, overload table faculty profile tables	May	Director Coordinator	May	Annually	Director Coordinator
2.6 Faculty (full- and part-time) maintain expertise in their areas of responsibility, and their performance reflects scholarship and evidence-based teaching and clinical practices.	Scholarly Activities tables	January	Faculty	May	Annually	Director Coordinator
2.7 The number, utilization, and credentials of staff and non-nurse faculty within the nursing education unit are sufficient to achieve the program goals and outcomes.	Table 2.7 Staff time and credentials	May	Director Coordinator	May	Annually	Director Coordinator
2.8 Faculty (full- and part-time) are oriented and mentored in their areas of responsibility.	Orientation and Mentoring Handbook	May	Director Coordinator	May	Annually	Director Coordinator
2.9 Systematic assessment of faculty (full- and part-time) performance demonstrates competencies that are consistent with program goals and outcomes.	Faculty Annual Evaluations Student Evaluations of faculty	May	Director Coordinator	May	Annually	Director Coordinator
2.10 Faculty (full- and part-time) engage in ongoing development and receive support for instructional and distance technologies.	Faculty Annual Evaluations - review of Scholarly Activities form and CV updated annually for evaluation.	May	Director Coordinator	May	Annually	Director Coordinator

3.1 Policies for nursing students are congruent with those of the governing organization, publicly accessible, non-discriminatory, and consistently applied; differences are justified by the student learning outcomes and program outcomes.	Comparative Analysis using Table 3.1 Comparison of College Policy to DNP Policy with Rationale	January	Director Coordinator	February	Annually	FSA
3.2 Public information is accurate, clear, consistent, and accessible, including the program's accreditation status and the NLNAC contact information.	Comparative Analysis: Table 3.2 Public Information Updates	January	Director Coordinator	February	Annually	FSA
3.3 Changes in policies, procedures, and program information are clearly and consistently communicated to students in a timely manner.	Student exit survey , Summary of director fall site visits	January	Director Coordinator	February	Annually	FSA
3.4 Student services are commensurate with the needs of nursing students, including those receiving instruction using alternative methods of delivery.	Student exit survey , Summary of director spring site visits	July	Director Coordinator	September	Annually	FSA
3.5 Student educational records are in compliance with the policies of the governing organization and state and federal guidelines.	Verification with registrar that policies are in place for retention of records.	July	Coordinator/Facult y	July	Annually	Director Coordinator
3.6 Compliance with the Higher Education Reauthorization Act Title IV eligibility and certification requirements is maintained, including default rates and the results of financial or compliance audits.	Verification with financial aid officer	July	Coordinator/Facult y	July	Annually	Director Coordinator
3.7 Records reflect that program complaints and grievances receive due process and include evidence of resolution.	Review of Table 3.7 Appeals and Grievances in the past year with statement of resolution. Review policy	September	Coordinator/Facult y	September	Annually	Director Coordinator

3.8 Orientation to technology is provided, and technological support is available to students.	Student exit survey , Summary of director spring site visits	July	Director Coordinator	September	Annually	FSA
3.9 Information related to technology requirements and policies specific to distance education are accurate, clear, consistent, and accessible.	Analysis of web site resources and policies.	June	Director Coordinator	June	Annually	Director Coordinator
4.1 The curriculum incorporates established professional standards, guidelines, and competencies, and has clearly articulated student learning outcomes and program outcomes consistent with contemporary practice.	Table 4.1.1 Standards and Competencies Incorporated into the AD Curriculum and Table of Program Outcomes	July	Director Coordinator	August/September	Annually	Student Orientation and first curriculum meeting
4.2 The student learning outcomes are used to organize the curriculum, guide the delivery of instruction, direct learning activities, and evaluate student progress.	Table 4.2.2: AD Program and Course Student Learning Outcomes displaying the leveling of SLO's in nursing courses. Table 4.2.1: Program and Course SLOs correlated to Learning Activities and Evaluation Methods for each Course	July	Director Coordinator	October	Annually	Curriculum meeting
4.3 The curriculum is developed by the faculty and regularly reviewed to ensure integrity, rigor, and currency.	Tables and PO analysis	July	Director Coordinator	July	Annually	Summer Analysis retreat
4.4 The curriculum includes general education courses that enhance professional nursing knowledge and practice.	Review curriculum plan and student exit survey in this area.	January	Director Coordinator	February	Annually	FSA
4.5 The curriculum includes cultural, ethnic, and socially diverse concepts and may also include experiences from regional, national, or global perspectives.	Table 4.5 Culture and review exit survey	July	Director Coordinator	October	Annually	FSA

4.6 The curriculum and instructional processes reflect educational theory, interprofessional collaboration, research, and current standards of practice.	Faculty scholarly activities and Table 4.2.1	July	Director Coordinator	July	Annually	Summer Analysis retreat
4.7 Evaluation methodologies are varied, reflect established professional and practice competencies, and measure the achievement of the student learning outcomes.	Table 4.2.1	July and December	Director Coordinator	July and December	Annually	Summer Analysis retreat and Winter analysis retreat
4.8 The length of time and the credit hours required for program completion are congruent with the attainment of identified student learning outcomes and program outcomes and consistent with the policies of the governing organization, state and national standards, and best practices.	Review curriculum plan and student exit survey in this area.	January	Director Coordinator	February	Annually	FSA
4.9 Practice learning environments support the achievement of student learning outcomes and program outcomes.	Assessment and Criteria for Selection-Maintenance of Clinical Practice Sites	June	Faculty and Coordinators	June	Annually	Faculty and Coordinators
4.10 Students participate in clinical experiences that are evidence-based and reflect contemporary practice and nationally established patient health and safety goals.	Table 4.10: Nationally Established Patient Goals and EBP	June	Faculty and Coordinators	June	Annually	Faculty and Coordinators
4.11 Written agreements for clinical practice agencies are current, specify expectations for all parties, and ensure the protection of students.	Clinical contracts	June	Faculty and Coordinators	June	Annually	Faculty and Coordinators

4.12 Learning activities, instructional materials, and evaluation methods are appropriate for all delivery formats and consistent with the student learning outcomes.	Student exit survey	June	Director Coordinator	June	Annually	Director Coordinator
5.1 Fiscal resources are sustainable, sufficient to ensure the achievement of the student learning outcomes and program outcomes, and commensurate with the resources of the governing organization.	Table 5.1.1 Budget and table 5.1..2 Budget comparison List of needs from nursing department Analysis of Faculty Survey (January)	January	Director Coordinator	March	Annually	Director Coordinator
5.2 Physical resources are sufficient to ensure the achievement of the nursing education unit outcomes, and meet the needs of the faculty, staff, and students.	Student Exit Survey - AD in May and PN in July Faculty Survey (March)		Director Coordinator	July	Annually	Summer Analysis
5.3 Learning resources and technology are selected with faculty input and are comprehensive, current, and accessible to faculty and students.	Student Exit Survey - AD in May and PN in July Faculty Survey (March) Analysis of list of Library resources (March) Analysis of list of Learning and Technology resources (March)		Director Coordinator	July	Annually	Summer Analysis
5.4 Fiscal, physical, technological, and learning resources are sufficient to meet the needs of the faculty and students engaged in alternative methods of delivery.	Comparative site analysis of: Student Exit Survey - AD in May and PN in July Faculty Survey (March)		Director Coordinator	July	Annually	Summer Analysis

6.1 The systematic plan for evaluation of the nursing education unit emphasizes the ongoing assessment and evaluation of each of the following: • Student learning outcomes; • Program outcomes; • Role-specific graduate competencies; and • The ACEN Standards. The systematic plan of evaluation contains specific, measurable expected levels of achievement; appropriate assessment methods; and a minimum of three (3) years of data for each component within the plan.**	PEP	Continuous	Faculty, Director Coordinator	July	Annually	Summer Analysis
6.2 Evaluation findings are aggregated and trended by program option, location, and date of completion and are sufficient to inform program decision-making for the maintenance and improvement of the student learning outcomes and the program outcomes.	PEP	Continuous	Faculty, Director Coordinator	July	Annually	Summer Analysis
6.3 Evaluation findings are shared with communities of interest.	<u>Advisory Board Survey (Fall) and Minutes, Employer Survey (May)</u> , and minutes/emails from other meetings with clinical agencies.	November May	Faculty, Director Coordinator	February	Annually	FSA
6.4 The program demonstrates evidence of achievement in meeting the program outcomes.	PEP 6.4 documents as noted in 6.4.1, 6.4.2, 6.4.3, 6.4.4, 6.4.5	Continuous	Faculty, Director Coordinator	December	Annually	Winter Analysis
6.4.1 Performance on licensure exam: The program's 3-year mean for the licensure exam pass rate will be at or above the national mean for the same 3-year period.	NCLEX Quarterly reports from BON	April, July, October, January	Faculty, Director Coordinator	December	Annually	Winter Analysis

6.4.2 Program completion: Expected levels of achievement for program completion are determined by the faculty and reflect student demographics and program options.	Trended program completion data	May - September	Faculty, Director Coordinator	December	Annually	Winter Analysis
6.4.3 Graduate Program Satisfaction: Qualitative and quantitative measures address graduates six to twelve months post-graduation.	Analysis of Graduate Survey	May - September	Faculty, Director Coordinator	December	Annually	Winter Analysis
6.4.4 Employer Program Satisfaction: Qualitative and quantitative measures address employer satisfaction with graduate preparation for entry-level positions six to twelve months post-graduation.	Analysis of Employer Survey	May - September	Faculty, Director Coordinator	December	Annually	Winter Analysis
6.4.5 Job Placement Rates: Expected levels of achievement are determined by the faculty and are addressed through quantified measures six to twelve months post-graduation.	Analysis of Job Placement reports and ND BON report	May - September	Faculty, Director Coordinator	December	Annually	Winter Analysis

STANDARD 1		
Mission and Administrative Capacity		
The mission of the nursing education unit reflects the governing organization's core values and is congruent with its mission/goals. The governing organization and program have administrative capacity resulting in effective delivery of the nursing program and achievement of identified program outcomes.		
Assessment Process for:		
Criteria 1.1 PN/AD 1.1 The mission/philosophy and program outcomes of the nursing education unit are congruent with the core values and mission/goals of the governing organization.		
Expected Levels of Achievement (ELAs)	Assessment Method with Responsibility	Assessment Schedule:
1. The mission, philosophy, and program outcomes of the DNP are congruent with the core values and mission/goals of the college in at least three categories.	Director and Faculty will create and review a comparative analysis table of the DNP mission, philosophy and program outcomes along with the core values and mission/goals of the college that demonstrates at least three categories of congruency.	Biennially and with revisions Fall 2012, Revised July 2014, September 2016 September – Faculty and Student Affairs Meeting
1.1 Implementation and Evaluation		
Assessment Results:	Action Plans, Follow-up Strategies, Evaluation of Actions	
2012-2013 Reviewed 9/2012 at faculty meeting and found to be congruent, clear and accessible. All published material continues to clearly reflect appropriate Mission, Philosophy and goals. Easily accessible in nursing program handbook and on website.	2012-2013 Maintain nursing program mission, philosophy and goals with congruency to governing organization for now. We will be looking at this again in the near future as we go forth with seeking ACEN accreditation.	
2013-2014 ELA in progress and met with old mission. Dr. Linda Caputi consultation in summer 2013 and conference in September of 2013 lead us to start work on a new mission, philosophy and SLOs. Summer Analysis 2013 – developed new mission Rosati Conference April 2014 – developed new philosophy	2013-2014 SLO meetings May – June – develop new SLOs Gain ND BON approval of new mission. Incorporate new mission, philosophy and SLOs into curriculum for fall 2014.	
2014-2015 ELA 1 is MET Faculty Meeting September 2014 – faculty reviewed comparative analysis table and found at least 3 points of congruency between each of the 4 partner colleges' missions and core values and the DNP mission, philosophy and outcomes. July 2014 – newly developed mission, philosophy and SLOs approved by ND BON	2014-2015 Increase awareness of new nursing program mission, philosophy and SLOs as written and incorporated into the curriculum Re-evaluate SLOs with student and graduate outcome and survey data for the next two years and then review again in September 2016.	

<p>Fall semester 2014 – new mission, philosophy and SLOs incorporated into student handbook and syllabi. Fall Orientation Days 2014 – Reviewed all facets of new mission, philosophy, and SLOs with new PN and AD students. Discussed evidence that guided the revisions.</p>	
1.1 Evidence	
<ol style="list-style-type: none"> 1. Table 1.1. DNP at the college Mission-Philosophy-Program Outcomes and Congruence with the governing organization 2. Mission Statement website http://www.bismarckstate.edu/about/goals/ 3. Faculty Forum – Faculty Handbook, Faculty Meeting Minutes 9/2012, Summer Analysis Meeting Minutes 2013, Caputi conference agenda and post conference meeting minutes, Academic Officers Minutes 2013, Rosati Conference Minutes 2014, SLO meeting minutes, ND BON approval letter July 2014 4. Student handbook showing mission, philosophy, student learning outcomes and competencies, and program outcomes 5. Course syllabi 6. Student Orientation Schedules fall 2014 	

Assessment Process for:		
Criteria 1.2 The governing organization and nursing education unit ensure representation of the nurse administrator and nursing faculty in governance activities; opportunities exist for student representation in governance activities.		
Expected Levels of Achievement (ELAs)	Assessment Method with Responsibility	Assessment Schedule:
<ol style="list-style-type: none"> 1. Director meets with the four partner college academic officers each month (except August). 2. Director meets with the four partner college nurse coordinators on a monthly basis in a leadership team meeting 3. Director, nurse coordinators, full-time and part-time faculty and students participate in the DNP Faculty and Student Affairs committee. 4. Student representatives are elected to the DNP faculty and student affairs committee each year. 5. Director, nurse coordinators and full-time faculty (part-time faculty are also invited) participate in the DNP curriculum committee meetings. 6. Faculty participation on college/faculty senate committees is promoted as appropriate. 7. Students are eligible to participate in local student nurse organizations and college committees/student governance. 	<p>Director and Coordinators/Faculty:</p> <ul style="list-style-type: none"> • Review Nursing Program Faculty, Student Nurse Organization, Student exit survey, Curriculum, Leadership Team and Academic Officer Meeting minutes as well as college specific committee minutes or rosters for AY 13. • Review Faculty Profiles and Scholarly Activities for summaries of involvement. • Review college websites and catalogs for opportunities for faculty and student involvement in governance activities. 	<p>Biennially Spring 2013 Spring 2014 (BON review this year) Spring 2016</p> <p>February 2016 – Local Faculty and Student Affairs and Leadership Meetings. Review at faculty annual evaluations</p>
1.2 Implementation and Evaluation		
Assessment Results:	Action Plans, Follow-up Strategies	
<p>2012-2013 Reviewed May 2013 – Director, Coordinators/Faculty and Students participate in Nursing Program and College committees.</p>	<p>2012-2013 Monitor - Director is very active on all nursing program committees. Meets with all four partner colleges' academic vice presidents and with nurse coordinator leadership team monthly.</p> <p>Monitor – Nursing Coordinators/faculty are active on nursing program and college committees.</p> <p>Monitor involvement – nursing students active in nursing program faculty committee, student nurse organization and have opportunities to be involved in college student governance activities and committees.</p>	
<p>2013-2014 ELAs are MET</p>	<p>2013-2014</p>	

<p>Reviewed January 2014 – Director, Coordinators/Faculty and Students participate in Nursing Program and College committees.</p> <p>See Nursing Program Faculty, Curriculum, Leadership Team and Academic Officer Meeting minutes as well as college specific committee minutes for AY 14. See Faculty Profiles for summaries of involvement.</p>	<p>Monitor - Director is very active on all nursing program committees. Meets with all four partner colleges’ academic vice presidents and with nurse coordinator leadership team monthly. Chairs the Faculty and Student Affairs meetings and attended all curriculum meetings</p> <p>Monitor – Nursing Coordinators/faculty are active on nursing program and college committees.</p> <p>Monitor involvement – nursing students active in nursing program faculty committee, student nurse organization and have opportunities to be involved in college student governance activities and committees.</p>
<p>2014-2015</p> <ol style="list-style-type: none"> 1. MET - Director meets with the four partner college academic officers each month (except August). 2. MET - Director meets with the four partner college nurse coordinators on a monthly basis in a leadership team meeting 3. MET - Director, nurse coordinators, full-time and part-time faculty and students participate in the DNP Faculty and Student Affairs committee. 4. MET - Student representatives are elected to the DNP faculty and student affairs committee each year. 5. MET - Director, nurse coordinators and full-time faculty (part-time faculty are also invited) participate in the DNP curriculum committee meetings. 6. MET - Faculty participation on college/faculty senate committees is promoted as appropriate. 7. MET - Students are eligible to participate in local student nurse organizations and college committees/student governance. 	<p>2014-2015</p> <p>Continue to monitor involvement. Encourage involvement for all faculty and students.</p> <p>Question added to student exit survey – <i>The elected student representatives were an effective means of participation in program governance and ongoing communication with faculty.</i></p>
<p>1.2 Evidence</p>	
<ol style="list-style-type: none"> 1. DNP meeting minutes (Academic Officer, Leadership Team, Faculty and Student Affairs, Curriculum, and Student Nurse Organizations) 2. DNP organizational chart 3. Tables for faculty and student involvement in committees. 4. Faculty profiles and scholarly activities 5. Faculty annual evaluations 6. College committee meeting rosters 7. College catalog and website 	

Assessment Process for:		
Criteria 1.3 Communities of interest have input into program processes and decision-making.		
Expected Levels of Achievement (ELAs)	Assessment Method with Responsibility	Assessment Schedule:
1. Meetings between DNP faculty and community/clinical agency representatives are held at least annually. 2. Input into program processes and decision making is solicited.	Review meeting minutes, advisory board survey, employer survey results <ul style="list-style-type: none"> • Clinical site meetings as needed and annually • Advisory Committee Meeting each fall and spring. 	Annually February – Local Faculty and Student Affairs and Leadership Meetings
1.3 Implementation and Evaluation		
Assessment Results:	Action Plans, Follow-up Strategies	
2012-2013 ELA MET Review of minutes show continued participation of communities of interest. Advisory boards requesting program to offer IV therapy course for LPNs. Course was started fall 2012 and received positive evaluations. Continue to monitor effectiveness of IV therapy courses for LPNs to obtain IV certification. Advisory board given information on Program outcomes, please see minutes from fall 2012 and spring 2013.	2012-2013 Continue to outreach to communities of interest for participation on advisory board. Research starting an IV Therapy course for LPNs	
2013-2014 ELA MET The DNP faculty meets with communities of interest at least annually. Input into program processes and decision making is promoted and is reflected in meeting minutes. Advisory board given information on Program outcomes, please see minutes from fall 2013 and spring 2014. NE Train ND was approved to provide an LPN IV therapy program.	2013-2014 Continue to involve communities of interest in program processes and decision making.	
2014-2015 ELA MET The DNP faculty meets with communities of interest at least annually. Input into program processes and decision making is promoted and is reflected in meeting minutes. Advisory board given information on Program outcomes, please see minutes from fall 2014 and spring 2015. NE Train ND has an IV Therapy course at least 2 times per year. All nursing students in N 227 are advised on how to acquire an IV therapy certification. Advisory committees discussing need for staff to have better communication skills.	2014-2015 Research ways to increase communication in the curriculum so that students going into the work environment will come in with better critical communication skills.	
1.3 Evidence		
1. Employer surveys 2. Advisory board and clinical agency meeting minutes		

3. Advisory Board Survey Summary (added survey in spring 2015)

Assessment Process for:		
Criteria 1.4 Partnerships that exist promote excellence in nursing education, enhance the profession, and benefit the community		
Expected Levels of Achievement (ELAs)	Assessment Method with Responsibility	Assessment Schedule:
1. Partnerships that promote excellence in nursing education, enhance the profession, and benefit the community are actively sought	Director, Coordinator/Faculty evaluate partnerships	Annually <u>April</u> – Local Faculty and <u>March</u> - <i>Leadership Meetings</i>
1.4 Implementation and Evaluation		
Assessment Results:	Action Plans, Follow-up Strategies	
2012-2013 Review of minutes show continued positive interaction with clinical sites. Clinical site evaluations continue to be positive.	2012-2013 Maintain positive relationships with clinical sites. Nurse Administrator will increase diversity of Advisory Board to include legislators, current students and faculty, and graduates of the program.	
2013-2014 Analysis shows that partnerships exist with: ND Nursing Professional and Regulatory Agencies: ND Center for Nursing, ND Board of Nursing (BON), Nurse Education Consortium, CUNEA Grant Opportunities: Bremer Foundation, ND Legislature, Articulation Agreements: Minot State University Nursing Department	2013-2014 Continue to monitor and expand partnerships. Work on increasing the number of articulation agreements Julie Traynor will complete BON term July 2014, plan for other faculty to be active on state level	
2014-2015 ELA MET Analysis shows that partnerships exist with: ND Nursing Professional and Regulatory Agencies: ND Center for Nursing, ND Board of Nursing (<i>DNP consortium colleagues Kim Brown and Gail Raasakka on the BON Practice Committee Janet Johnson on the BON Education Committee</i>), Nurse Education Consortium, CUNEA Grant Opportunities: Bremer Foundation, ND Legislature, Articulation Agreements: Minot State University Nursing Department, Mayville State University Nursing	2014-2015 Continue to monitor and expand partnerships Discuss an articulation agreement with Jamestown University.	

Department, University of Mary Nursing Department	
1.4 Evidence	
<ol style="list-style-type: none"> 1. Grant awards 2. Articulation agreements 3. ND BON Notification of Nurse Participation (SFN 60017-08-11) 4. Correspondence and meeting minutes of ND professional agencies 5. Faculty Scholarly Activities and CVs showing action with professional organizations 	

Assessment Process for:		
Criteria 1.5 The nursing education unit is administered by a nurse who holds a graduate degree with a major in nursing.		
Expected Levels of Achievement (ELAs)	Assessment Method with Responsibility	Assessment Schedule:
1. Nursing Administrator holds a graduate degree with a major in nursing.	Academic Officer and college HR to review personnel file and transcript for Program Director <ul style="list-style-type: none"> • Transcript showing graduate degree with a major in nursing 	With any change in personnel filling this position
1.5 Implementation and Evaluation		
Assessment Results:	Action Plans, Follow-up Strategies	
2012-2013 ELA MET - Program Director has a graduate degree with a major in nursing.	2012-2013 Review of personnel qualifications with any change in Program Director positions.	
2013-2014 ELA MET - Program Director has a graduate degree with a major in nursing.	2013-2014 Review of personnel qualifications with any change in Program Director positions.	
2014-2015 ELA MET - Program Director has a graduate degree with a major in nursing.	2014-2015 Review of personnel qualifications with any change in Program Director positions.	
1.5 Evidence		
1. Director's official transcript shows graduate degree with a major in nursing.		

Assessment Process for:		
Criteria 1.6 The nurse administrator is experientially qualified, meets governing organization and state requirements, and is oriented and mentored to the role.		
Expected Levels of Achievement (ELAs)	Assessment Method with Responsibility	Assessment Schedule:
<ol style="list-style-type: none"> 1. Nurse Administrator is experientially qualified. 2. Nurse Administrator meets college and ND BON requirements to be the administrator. 3. With any change in Nurse Administrator, that person is oriented and mentored to the role. 	College Academic Officer and Director to <ol style="list-style-type: none"> 1. Do a comparison of nursing program administrator’s credentials to the college, Dakota Nursing Program, ND Board of Nursing and ACEN requirements. 2. Review personnel file <ul style="list-style-type: none"> • Licensure verification • CV • Transcripts • Evaluations • Orientation Packet 	Annually and with any change in personnel filling this position April – with Directors Evaluation (Academic Officers)
1.6 Implementation and Evaluation		
Assessment Results:	Action Plans, Follow-up Strategies	
2012-2013 ELA MET Program Director has experience, meets requirements and was oriented and mentored to the role in 2007.	2012-2013 Review of personnel qualifications with any change in Program Director position	
2013-2014 ELA MET Director has greater than 20 year of experience in acute care and has 15 years of experience in nurse education and has been the director for the past 7 years. Director is a member of the ND Board of Nursing and current President of that board.	2013-2014 Review of personnel qualifications with any change in Program Director position	
2014-2015 <ol style="list-style-type: none"> 1. ELA MET - Nurse Administrator is experientially qualified. 2. ELA MET - Nurse Administrator meets college and ND BON requirements to be the administrator. 3. ELA MET – N/A 	2014-2015 Review of personnel qualifications with any change in Program Director position	
1.6 Evidence		
Director’s personnel file <ul style="list-style-type: none"> • Licensure verification • CV • Transcripts • Evaluations • Review of orientation record and job description Review of ND BON requirements for Nurse Administrators of PN and AD programs. http://www.legis.nd.gov/information/acdata/pdf/54-03.2-03.pdf?20150514170004		

Assessment Process for:		
Criteria 1.7 When present, nursing program coordinators and/or faculty who assist with program administration is academically and experientially qualified.		
Expected Levels of Achievement (ELAs)	Assessment Method with Responsibility	Assessment Schedule:
<ol style="list-style-type: none"> 1. Nurse Coordinator meets academic requirements and has a graduate degree in nursing. 2. Nurse Coordinator is experientially qualified. 3. With any change in Nurse Coordinator, that person is oriented and mentored to the role. 	College Academic Officer and Director to <ol style="list-style-type: none"> 1. Do a comparison of nursing program administrator’s credentials to the college, Dakota Nursing Program, ND Board of Nursing and ACEN requirements. 2. Review personnel file <ul style="list-style-type: none"> • Licensure verification • CV • Transcripts • Evaluations • Orientation Packet 	Annually and with any change in personnel filling this position <u>March</u> – with Coordinators Evaluations (Director and Academic Officer or Chair)
1.7 Implementation and Evaluation		
Assessment Results:	Action Plans, Follow-up Strategies	
2012-2013 ELA MET Nursing Coordinator has experience and a graduate degree with a major in nursing.	2012-2013 Review of personnel qualifications with any change in Nursing Faculty/Coordinator position.	
2013-2014 - ELA MET Coordinator has a master’s degree in nursing education. BSC Coordinator had 7 years of acute care and 10 years of experience as a nurse educator. She has been the coordinator for the past seven years Coordinator was orientated and mentored to role in 2006-2007.	2013-2014 Review of personnel qualifications with any change in Nursing Faculty/Coordinator position.	
2014-2015 - ELA MET <ol style="list-style-type: none"> 1. Coordinator has a master’s degree in nursing education. 2. Coordinator is experientially qualified. BSC Coordinator had 8 years of acute care and 11 years of experience as a nurse educator. <ol style="list-style-type: none"> 3. Done – will monitor with change in personnel 	2014-2015 Review of personnel qualifications with any change in Nursing Faculty/Coordinator position.	
1.7 Evidence		
Coordinator’s personnel file <ul style="list-style-type: none"> • Licensure verification • CV 		

- Transcripts
 - Evaluations
- Review of orientation record and job description
- Review of ND BON requirements for Nurse Administrators of PN and AD programs.
- <http://www.legis.nd.gov/information/acdata/pdf/54-03.2-03.pdf?20150514170004>

Assessment Process for:		
Criteria 1.8 The nurse administrator has authority and responsibility for the development and administration of the program and has adequate time and resources to fulfill the role responsibilities		
Expected Levels of Achievement (ELAs)	Assessment Method with Responsibility	Assessment Schedule:
1. Inspection of documents and analysis of data will verify authority and responsibility for administration of the program are clearly delineated and the 1.) Director and 2.) Coordinator have adequate time and resources to fulfill their roles.	Academic Officer, Director, Coordinator, and HR to review of Director and Coordinator job description, organizational chart, contract, workload, and evaluations, faculty survey	Monitored continuously with an annual assessment and with any change in personnel filling this position or position change. <u>March and April</u> - with Director and Coordinator evaluations
1.8 Implementation and Evaluation		
Assessment Results:	Action Plans, Follow-up Strategies	
2012-2013 ELA MET Program Director has the authority and time to administer the program.	2012-2013 Monitor continuously and review position if any changes in organizational structure or workload occur.	
2013-2014 ELA MET Program Director has the authority and time to administer the program. 100% of time is dedicated to the administrative role. Local management of resources, faculty, staff and students is delegated to the nurse faculty/coordinator – Suzie McShane 60% administrative and 40% faculty	2013-2014 Monitor continuously and review position if any changes in organizational structure or workload occur.	
2014-2015 ELA MET - Program Director has the authority and time to administer the program. 100% of time is dedicated to the administrative role. ELA MET - Local management of resources, faculty, staff and students is delegated to the nurse faculty/coordinator. – Suzie McShane 60% administrative and 40% faculty	2014-2015 Monitor continuously and review position if any changes in organizational structure or workload occur. Faculty survey question added – <i>The nurse administrator has sufficient time and support staff to fulfill the responsibilities of the position.</i>	
1.8 Evidence		
1. Director and Coordinator job description, workload, and contract. 2. Faculty survey		

Assessment Process for:		
Criteria 1.9 The nurse administrator has the authority to prepare and administer the program budget with faculty input.		
Expected Levels of Achievement (ELAs)	Assessment Method with Responsibility	Assessment Schedule:
1. Preparation of the budget and implementation of the budget at the college is completed by the Nursing Coordinator with assistance of the Program Director 2. The Program Director prepares and administrates the Consortium budget 3. The nursing faculty have an opportunity to give input into the budget	Academic Officer, Director and Coordinator review budget process documents, Faculty minutes (consortium and local), Faculty Survey, Academic Officer minutes, and job description of the Program Director and Nursing Coordinator.	Annually July – with commencement of past fiscal year
1.9 Implementation and Evaluation		
Assessment Results:	Action Plans, Follow-up Strategies	
2012-2013 – Not Assessed	2012-2013 Assess this standard in AY 14	
2013-2014 - ELA MET Review of documents shows the director and coordinator prepare and administrate the budget and the faculty have input into the budget.	2013-2014 Monitor process of allocation, request additional funds as necessary to ensure student and program outcomes are being achieved.	
2014-2015 Review of documents shows the director and coordinator prepare and administrate the budget and the faculty have input into the budget.	2014-2015 Monitor process of allocation, request additional funds as necessary to ensure student and program outcomes are being achieved. Faculty survey question added – <i>The nurse administrator has sufficient time and support staff to fulfill the responsibilities of the position.</i>	
1.9 Evidence		
1. Budget, budget process documents, Faculty minutes (consortium and local), Academic Officer minutes, and job description of the Program Director and Nursing Coordinator.		

Assessment Process for:		
Criteria 1.10 Policies for nursing faculty and staff are comprehensive, provide for the welfare of faculty and staff, and are consistent with those of the governing organization; differences are justified by the goals and outcomes of the nursing education unit.		
Expected Levels of Achievement (ELAs)	Assessment Method with Responsibility	Assessment Schedule:
<ol style="list-style-type: none"> All policies for the nursing program faculty and staff are consistent with the college policies and with faculty and administrative contracts. Differences in faculty policy are justified by the nursing program purposes and outcomes (immunizations, dress code, RN licensure, background checks) Staff policies demonstrate 100% consistency with the respective contract and college wide polices. 	Comparative analysis of DNP faculty policies (nursing faculty handbook on FF) with the college faculty manual. Differences and rationale for differences are clearly communicated.	Biennially and with revisions 2013, 2015 <u>July</u> – Faculty Summer Analysis
1.10 Implementation and Evaluation		
Assessment Results:	Action Plans, Follow-up Strategies	
2012-2013 ELA MET Comparative analysis scheduled for fall 2013.	2012-2013 Maintain	
2013-2014 ELA MET Comparative analysis shows policies are congruent with college policies. Variations such as immunizations, RN licensure, dress code, and background checks are necessary for participation in healthcare facilities and regulatory requirements.	2013-2014 Maintain current policies.	
2014-2015 <ol style="list-style-type: none"> ELA MET All policies for the nursing program faculty and staff are consistent with the college policies and with faculty and administrative contracts. ELA MET Differences in faculty policy are justified by the nursing program purposes and outcomes (immunizations, dress code, RN licensure, background checks) ELA MET Staff policies demonstrate 100% consistency with the respective contract and college wide polices. September 5 th Faculty meeting	2014-2015 Policies were reviewed in September but we will review again at Summer Analysis in July to get on track with PEP.	
1.10 Evidence		
<ol style="list-style-type: none"> Comparative analysis table of DNP faculty policies and college policies. College faculty handbook DNP faculty handbook – faculty forum. Faculty and staff contracts 		

STANDARD 2 Faculty and Staff		
Qualified and credentialed faculty are sufficient in number to ensure the achievement of the student learning outcomes and program outcomes. Sufficient qualified staff are available to support the nursing education unit.		
Assessment Process for:		
<p>Criteria 2.1 AD Fulltime faculty hold a minimum of a graduate degree with a major in nursing.</p> <p>Criteria 2.2 AD Part-time faculty hold a minimum of a baccalaureate degree with a major in nursing; a minimum of 50% of the part-time faculty also hold a graduate degree with a major in nursing.</p> <p>Full- and part-time faculty include those individuals teaching and/or evaluating students in classroom, clinical, or laboratory settings.</p>		
Expected Levels of Achievement (ELAs)	Assessment Method with Responsibility	Assessment Schedule:
<p>AD 2.1: 100% of full time faculty hold a master’s degree with a major in nursing.</p> <p>AD 2.2: A minimum of 50% of part time faculty hold a master’s degree with a major in nursing; the remaining full time faculty hold a baccalaureate in nursing.</p>	<p>a. Director to complete comparative analysis of faculty table showing academic degrees and calculate percentage of faculty.</p> <p>b. HR, Director, and Coordinator to review personnel file for CV and current official transcript for all faculty for transcript showing baccalaureate degree and/or graduate degree with a major in nursing as appropriate for position.</p>	<p>With each new hire, as credentials change and annually in January.</p> <p>At hire and as credentials change</p>
2.1 and 2.2 PN/AD - Implementation and Evaluation		
Assessment Results:	Action Plans, Follow-up Strategies, Evaluation of Actions	
<p>2012-2013</p> <ol style="list-style-type: none"> 100% of full time faculty hold a master’s degree with a major in nursing. Met - 3 of 3 FT faculty hold a master’s degree A minimum of 50% of part time faculty hold a master’s degree with a major in nursing; the remaining full time faculty hold a baccalaureate in nursing. Met – 3 of 5 (60%) PT faculty hold a master’s degree and 100% of the remaining faculty hold a baccalaureate in nursing. 	<p>2012-2013</p> <ul style="list-style-type: none"> As faculty positions occur, hire qualified faculty. Encourage and support attainment of a graduate degree in nursing. 	
<p>2013-2014</p> <ol style="list-style-type: none"> Met - 3 of 3 (100%) of FT faculty hold a master’s degree 	<p>2013-2014</p> <ul style="list-style-type: none"> As faculty positions occur, hire qualified faculty. Encourage and support attainment of a graduate degree in nursing. 	

<p>2. Met – 3 of 5 faculty (60%) of PT AD faculty hold a master’s degree, 25% or one faculty holds a baccalaureate degree in nursing and is in the ND BON faculty development program</p>	
<p>2014-2015</p> <ol style="list-style-type: none"> 1. Met - 3 of 3 (100%) of FT faculty hold a master’s degree 2. Met – 3 of 4 faculty (75%) of PT AD faculty hold a master’s degree, 25% or one faculty holds a baccalaureate degree in nursing and is in the ND BON faculty development program 	<p>2014-2015</p> <ul style="list-style-type: none"> • As faculty positions occur, hire qualified faculty. Encourage and support attainment of a graduate degree in nursing. • Identify and support PT faculty who teach in the PN program who would obtain a graduate degree.
<p>2.1 and 2.2 PN/AD - Evidence</p>	
<ol style="list-style-type: none"> 1. Tables: FT and Table PT Faculty Profile 2. Resume/CV for each faculty 3. Official Transcripts 4. Copy of Program of Study for those faculty who are working on a Master’s Degree 5. ND BON documentation of faculty in faculty development program 6. Faculty Job Descriptions 	

Assessment Process for:		
Criteria AD 2.3 Faculty (full- and part-time) credentials meet governing organization and state requirements.		
Expected Levels of Achievement (ELAs)	Assessment Method with Responsibility	Assessment Schedule:
<p>North Dakota Board of Nursing requirements: http://www.legis.nd.gov/information/acdata/pdf/54-03.2-04.pdf?20150516140413</p> <ol style="list-style-type: none"> 1. 100% of Full and Part-time faculty members have an active and unencumbered North Dakota RN license. 2. ND BON 100% of faculty (theory and clinical) hold a master's degree in nursing <ul style="list-style-type: none"> • Faculty who do not hold a master's degree in nursing are in the faculty developmental program. • Faculty who do not have the required credentials will complete a Master's Degree in Nursing within 4 years. 	<ol style="list-style-type: none"> 1. Analysis of the college and ND BON requirements for faculty credentials 2. Nurse Administrator to review transcripts for each faculty member 3. Nurse Administrator to review currency and status of RN licensure of each faculty member 4. Nurse Administrator will review the POS for faculty who do not have the required credentials. 	<ol style="list-style-type: none"> 1. January and With each new hire, as credentials change and a report as needed to the ND BON for the faculty development program at the beginning of each semester.
2.3 Implementation and Evaluation		
Assessment Results:	Action Plans, Follow-up Strategies	
2012-2013 <ol style="list-style-type: none"> 1. All faculty have an active and unencumbered ND RN license. 	2012-2013 Use NURSYS eNotify to monitor all faculty license status. (Free for programs under 100 faculty)	
2013-2014 <ol style="list-style-type: none"> 1. Met - All faculty have an active and unencumbered ND RN license. 2. Not Met – 2 of 8 or 25% of FT and PT faculty are in a graduate program and in the faculty development program: PT faculty - (Deb McAvoy) anticipated date of completion is May 2014 Mentor is Julie Traynor PT faculty - (Anna Anderson) started her graduate program in 2014 and her anticipated date of completion is May 2016, Mentor is Suzie McShane 	2013-2014 Mentor Deb and Anna as they complete their degrees.	
2014-2015 <ol style="list-style-type: none"> 1. Met - All faculty have an active and unencumbered ND RN license. 2. Not Met - 14% or 1 of 7 FT and PT AD faculty has a baccalaureate degree and is working on a Master's degree and also in the faculty development program. PT faculty - (Anna Anderson) started her graduate program in 2014 and her anticipated date of completion is May 2016, Mentor is Suzie McShane 	2014-2015 Mentor Anna as she completes her degree. As we hire faculty we will make every attempt to find qualified faculty.	
2.3 Evidence		

1. Analysis of ND BON requirement for faculty credentials – web link to required rule on nurse educator required credentials.
2. Analysis of the college required credentials for AD Faculty – Job description
3. Analysis of Table - Credentialing Information
4. Review - Resume/CV for each faculty
5. Review - Official Transcripts
6. Analysis of Educational Plan - Copy of Program of Study for those faculty who are working on a Master's Degree

Assessment Process for:		
Criteria PN/AD 2.4 Preceptors, when utilized, are academically and experientially qualified, oriented, mentored, and monitored, and have clearly documented roles and responsibilities		
Expected Levels of Achievement (ELAs)	Assessment Method with Responsibility	Assessment Schedule:
1. Preceptors are academically and experientially qualified, oriented and mentored to roles and responsibilities and monitored by faculty.	Quantitative Analysis: Table of preceptors' degree, clinical expertise, orientation to roles and responsibilities, validation of licensure.	At the start of each semester in which a preceptor is utilized. <u>January</u>
2.4 Implementation and Evaluation		
Assessment Results:	Action Plans, Follow-up Strategies	
2012-2013 – Preceptor table shows all preceptors are academically and experientially qualified. All preceptors were oriented and mentored to the preceptor roles and responsibilities (see signature in preceptor packet) All preceptors were monitored by faculty (Suzie McShane monitored all preceptors this year)	2012-2013 Maintain.	
2013-2014 – Preceptor table shows all preceptors are academically and experientially qualified. All preceptors were oriented and mentored to the preceptor roles and responsibilities (see signature in preceptor packet) All preceptors were monitored by faculty (Suzie McShane monitored all preceptors this year)	2013-2014 Provide more orientation and mentoring/monitoring of preceptors. Involve faculty more in the preceptorship experience.	
2014-2015 – Preceptor table shows all preceptors are academically and experientially qualified. All preceptors were oriented and mentored to the preceptor roles and responsibilities (see signature in preceptor packet) All preceptors were monitored by faculty (Suzie McShane, Annie Paulson, and Greta Knoll monitored all preceptors this year)	2014-2015 Monitor the ND CUNEA group as they discuss clinical supervision, included that in the preceptorship area.	
2.4 Evidence		
<ol style="list-style-type: none"> 1. Quantitative Analysis: Table of preceptors' degree, clinical expertise, orientation to roles and responsibilities, validation of licensure – See Preceptor Table 2. Preceptor Packet for orientation of preceptors to roles and responsibilities. 3. Student and preceptor surveys. 		

Assessment Process for:		
Criteria PN/AD 2.5 The number of full-time faculty is sufficient to ensure that the student learning outcomes and program outcomes are achieved.		
Expected Levels of Achievement (ELAs)	Assessment Method with Responsibility	Assessment Schedule:
<ol style="list-style-type: none"> The number of full time faculty to students at BSC is maintained at 1:22 to ensure that the student and program outcomes are achieved. Nursing faculty overload assignments are minimal and justified. 	<ol style="list-style-type: none"> Analysis of FT faculty to student ratio table which shows adequate FT faculty to student ratio. Analysis of Faculty workload table. Review of faculty overload assignments. 	Annually, May as contracts are developed and with faculty's annual evaluation
2.5 Implementation and Evaluation		
Assessment Results:		Action Plans, Follow-up Strategies
<u>2012-2013</u> <ol style="list-style-type: none"> Not Met – For 21 AD students and 26 PN students – 47 total: <ul style="list-style-type: none"> There are 2 FT faculty (shared between PN and AD programs) There are 4 PT faculty (shared between PN and AD programs) There are 2 PT faculty (PN only) There are 11 shared consortium FT faculty who teach the PN and AD students via IVN Assessment of overload The faculty on overload have requested overload. 		2012-2013 Nursing Coordinator cannot be counted as a FT faculty as she had more than 50% administrative duties. Advocate for adding a FT faculty for next year.
<u>2013-2014</u> <ol style="list-style-type: none"> Not Met - For 22 AD students and 42 PN students – 64 total: <ul style="list-style-type: none"> There are 2 FT faculty (shared between PN and AD programs) There are 4 PT faculty (shared between PN and AD programs) There are 4 PT faculty (PN only) There are 12 shared consortium FT faculty who teach the PN and AD students via IVN 		2013-2014 One of the PT faculty will move to a FT position AY 15 and additional PT faculty will be added as needed.

<p>2. Assessment of overload The faculty on overload have requested overload.</p>	
<p>2014-2015</p> <p>1. For 25 AD students and 24 PN students – 49 total:</p> <ul style="list-style-type: none"> • There are 3 FT faculty (shared between PN and AD programs) • There are 4 PT faculty (shared between PN and AD programs) • There are 3 PT faculty (PN only) • There are 6 additional shared consortium FT AD faculty who teach AD students via IVN and 5 additional FT PN faculty who teach PN students via IVN. <p>2. Assessment of overload – Faculty overload has become a burden to faculty who previously requested it. Administration is currently reviewing with hopes that this will be decreased for AY 16</p>	<p>2014-2015 Meet with BSC administration to decrease overload hours while continuing to maintain adequate support for students.</p>
2.5 Evidence	
<ol style="list-style-type: none"> 1. Faculty and Student Census Table 2. Faculty Assignment - Workload Table 3. Faculty to Student Ratio Table 4. Faculty Overload Table 5. Individual Faculty Contracts 	

Assessment Process for:		
Criteria 2.6 Faculty (full- and part-time) maintain expertise in their areas of responsibility, and their performance reflects scholarship and evidence-based teaching and clinical practices.		
Expected Levels of Achievement (ELAs)	Assessment Method with Responsibility	Assessment Schedule:
<ol style="list-style-type: none"> 1. 100% of faculty (FT and PT) will identify at least one way in which they have maintained expertise in their specific teaching content area within the past year. 2. 100% of faculty (FT and PT) will identify at least one way they maintained current knowledge of evidence based teaching practice within the past year. 3. 100% of faculty (FT and PT) will identify at least one evidence based teaching and/or one evidence based clinical practice that was implemented or used within the past year. 	<p>Analysis of faculty Scholarship Activities table showing how faculty maintain expertise, scholarship, evidence based teaching and clinical practice.</p> <p>Analysis of faculty CVs and their POS if in graduate school.</p>	Annually, May and with faculty's annual evaluation
2.6 Implementation and Evaluation		
Assessment Results:	Action Plans, Follow-up Strategies	
2012-2013 100% of FT faculty completed faculty professional development forms.	2012-2013 Maintain	
2013-2014 100% of FT faculty completed faculty professional development forms. Difficult to pinpoint individual use of EBP.	2013-2014 – update ELA to be more specific, include PT faculty in the ELAs Current ELA = 100% of faculty maintain expertise in their area of expertise and teach using evidence based practice.	
2014-2015 <ol style="list-style-type: none"> 1. 100% of faculty identified how they have maintained expertise in their content area 2. 100% of faculty identified how they have maintained EBT practice 3. 100% of faculty identified at least one implemented EBT practice 	2014-2015 – ELAs updated and new faculty scholarship activities table has replaced the previous faculty professional development form.	
2.6 Evidence		
<ol style="list-style-type: none"> 1. Analysis of faculty Scholarship Activities table 2. Review of Faculty Resume/CV 3. Review of Faculty POS if in a Master's Degree program 		

Assessment Process for:		
Criteria 2.7 The number, utilization and credentials of staff and non-nurse faculty within the nursing education unit are sufficient to achieve the program goals and outcomes.		
Expected Levels of Achievement (ELAs)	Assessment Method with Responsibility	Assessment Schedule:
1. Non Nursing staff are credentialed according to their roles and are sufficient to achieve goals and outcomes for program. 2. Faculty will rate that non–nursing staff are adequate to meet the needs of the nursing program on the faculty survey with an average rating of 3 or greater on a 4 point Likert.	1. Comparative analysis with position description and yearly evaluation by supervisor and Table 2.7 of non-nursing staff that support program and duties. 2. Review of faculty survey	Annually, May (incorporate into budget preparation) and with faculty’s annual evaluation
2.7 Implementation and Evaluation		
Assessment Results:	Action Plans, Follow-up Strategies	
2012-2013 Met - Support staff are appropriately credentialed according to role and satisfy the needs of the department.	2012-2013 Maintain support staff.	
2013-2014 Met - Support staff are appropriately credentialed according to role and satisfy the needs of the department.	2013-2014 Maintain support staff.	
2014-2015 <ol style="list-style-type: none"> 1. Met - Support staff are appropriately credentialed according to role. Addition of paramedic program into the Allied Health Department has stretched the utilization of the support staff. 2. Met - Faculty survey shows an average rating on a 4 point Likert question that non-nursing staff are adequate to meet the needs of the nursing program: 3.10 (n=23/38 -59%) of the DNP consortium 3.00 (n=7/11 -71%) of the BSC faculty 	2014-2015 Discussion ongoing with college administration to increase support staff.	
2.7 Evidence		
<ol style="list-style-type: none"> 1. Position description and Annual Evaluation documents – do comparative analysis of position duties and position description annually with evaluation. 2. Table 2.7 Staff time and credentials. 		

Assessment Process for:		
Criteria 2.8 Faculty (full and part-time) are oriented and mentored in their areas of responsibility.		
Expected Levels of Achievement (ELAs)	Assessment Method with Responsibility	Assessment Schedule:
<ol style="list-style-type: none"> 1. 100 % of new full/part time faculty participate in a formal orientation process. 2. Orientation Materials are up to date and available. 3. New faculty are provided nursing mentoring process during the first year of hire. 	<ol style="list-style-type: none"> 1. Completed checklist from College Orientation and from Nursing Program Orientation. 2. Analysis of Orientation Manual/Faculty Handbook Mentoring information up to date and available. 3. Classroom observation by supervisor with feedback, annual evaluations, and student evaluations. 	<ol style="list-style-type: none"> 1. Annually, <u>May</u>, and with each <u>hire</u>
2.8 Implementation and Evaluation		
Assessment Results:	Action Plans, Follow-up Strategies	
2012-2013 All new faculty and staff are oriented to the position. Mentoring packet has been developed by Jen Moreland for her graduate program project and will be implemented this year.	2012-2013 Maintain	
2013-2014 All new faculty and staff are orientated and mentored to the position. Mentoring packet is somewhat redundant with orientation materials.	2013-2014 Revise mentoring packet.	
2014-2015 <ol style="list-style-type: none"> 1. Orientation – Aimee Bachmeier orientated to new role (PT to FT faculty) 2. Materials – Mentoring packet was updated in 2014 but further revision is needed. Orientation and mentoring packets are available to all faculty on Faculty Forum. 3. Mentoring – Aimee Bachmeier mentored to new role (Greta Knoll) 	2014-2015 <ol style="list-style-type: none"> 1. Continue to assure that all new faculty and faculty changing roles are oriented to new roles. 2. Orientation materials and mentoring materials will be revised summer 2015 – Julie Traynor to lead the process. 3. Continue to assure that all new faculty and faculty changing roles are mentored to new roles. 	
2.8 Evidence		
<ol style="list-style-type: none"> 1. Review that each faculty completed checklists for the college and DNP orientations and the mentoring packet. 2. Analysis of orientation/mentoring packets, faculty forum 		

Assessment Process for:		
Criteria 2.9 Systematic assessment of faculty (full- and part-time) performance demonstrates competencies that are consistent with program goals and outcomes.		
Expected Levels of Achievement (ELAs)	Assessment Method with Responsibility	Assessment Schedule:
1. 100% of nursing faculty receive annual evaluations. 2. Student evaluation of faculty/course (didactic and clinical) will average 3.5 on a 1-5 Likert scale.	1. Analysis of annual evaluations 2. Analysis of student evaluations of faculty	<u>May</u> With annual evaluation and as faculty are evaluated after each semester by students.
2.9 Implementation and Evaluation		
Assessment Results:	Action Plans, Follow-up Strategies	
2012-2013 Met	2012-2013 Maintain	
2013-2014 Met	2013-2014 Maintain	
2014-2015 All PT and FT faculty Evaluations completed spring semester. All student evaluations of faculty were given to faculty and all averaged above 3.5 on the 5 point Likert scale. Faculty evaluation policy and self-evaluation forms are available on Faculty Forum. Faculty have done a good job of submitting the new scholarly activities forms with evaluation.	2014-2015 Director and Coordinators to continue to support faculty professional goals, encourage reflection of nurse educator practice, and encourage faculty to acquire CNE.	
2.9 Evidence		
1. Faculty evaluations on file 2. Student evaluations of course and faculty		

Assessment Process for:		
Criteria 2.10 Faculty full and part-time, engage in ongoing development and receive support for instructional and distance technologies.		
Expected Levels of Achievement (ELAs)	Assessment Method with Responsibility	Assessment Schedule:
1. Each didactic faculty who instructs students at a site distant to their own site will identify at least one activity they engaged in for development of distance learning technologies.	1. Analysis of Scholarly Activities Form and CV	With annual evaluation
1.10 Implementation and Evaluation		
Assessment Results:	Action Plans, Follow-up Strategies	
2012-2013 Not assessed.	2012-2013 N/A	
2013-2014 Not assessed.	2013-2014 Start to assess this standard.	
2014-2015 Faculty submitted scholarly activities forms and those BSC FT faculty who teach on IVN all identified at least one activity they engaged in for development of distance learning (Greta Knoll and Annie Paulson) NDUS created policy on tuition for faculty. The institution will pay for 50% of tuition at a NDUS school for FT faculty upon approval of their POS.	2014-2015 Continue to encourage and assess this process.	
2.10 Evidence		
<ol style="list-style-type: none"> 1. Review of Scholarly Activities Form and CV 2. Agenda for college faculty development, DNP faculty development presentations. 3. Support of faculty development – faculty grants and college funding of ongoing faculty development. 		

**STANDARD 3
STUDENTS**

Student policies and services support the achievement of the student learning outcomes and program outcomes of the nursing education unit.

Assessment Process for:

Criteria 3.1 Policies for nursing students are congruent with those of the governing organization, publicly accessible, non-discriminatory, and consistently applied; differences are justified by the student learning outcomes and program outcomes.

Expected Levels of Achievement (ELAs)	Assessment Method with Responsibility	Assessment Schedule:
1. Student Nursing Policies are congruent with the college policies with differences justified, non-discriminatory and consistently applied. 2. Policies are publicly accessible online.	1. Review table displaying student nursing policies/college policies/congruence and rationale for any variations in policy. 2. Review minutes and student files. 3. Review of website areas in which policies are publically accessible.	Annually in February and with any changes
3.1 Implementation and Evaluation		
Assessment Results:		Action Plans, Follow-up Strategies, Evaluation of Actions
2012-2013 1. Student policies discussed at faculty meeting and found to be congruent with college policies. 2. DNP student policies are accessible online at www.dakotanursing.org in the student handbook.		2012-2013 The policies are congruent to the college policies and accessible to students. Student handbook updated July 2012 and uploaded to DNP website
2013-2014 1. Student policies discussed at faculty meeting and found to be congruent with college policies. ND BON visit in March 2014 – policies found to be congruent – see BON report with table. 2. DNP student policies are accessible online at www.dakotanursing.org in the student handbook.		2013-2014 The policies are congruent with the college policies and accessible to students. Student handbook updated July 2013 and uploaded to DNP website. Program needs to create a table that shows the congruency of the policies and also the rationale for any variations and then discuss at a faculty and student affairs meeting.
2014-2015 1. Table 3.1 Comparison of College Policy to DNP Policy with Rationale completed and will be reviewed by faculty on July 20, 2015 2. DNP student policies are accessible online at www.dakotanursing.org in the student handbook.		2014-2015 Student handbook updated July 2014 and uploaded to DNP website. The revised philosophy, mission and SLOs in this handbook were discussed in detail at the student orientations on August 25 and 26, 2014 Rationale for variations in policy are not specifically stated in student handbook, this will be discussed at the July 20 meeting and updated for revised

	handbook due out in July 2015. (Specifically review admission, GPA requirements, clinical requirements, ESL requirements, and TEAS exam)
3.1 Evidence	
<ol style="list-style-type: none"> 1. Comparative Analysis using Table 3.1 Comparison of College Policy to DNP Policy with Rationale 2. Faculty and Student Affairs minutes regarding discussion of student policies. 3. Student files include statement signed by the student that they have read the student handbook. 4. Review of website areas in which policies are publically accessible. www.dakotanursing.org student handbook (includes student policies and also includes procedure for admission into program) www.bismarckstate.edu North Dakota University System Student Affairs policies - http://ndus.edu/makers/procedures/sbhe/Default.asp?SID=6 ND BON policy - link to student rules - http://www.legis.nd.gov/information/acdata/pdf/54-03.2-05.pdf?20150518170206 	

Assessment Process for:		
Criteria 3.2 Public information is accurate, clear, consistent, and accessible, including the program's accreditation status and the ACEN contact information.		
Expected Levels of Achievement (ELAs)	Assessment Method with Responsibility	Assessment Schedule:
1. Nursing program information is accessible via the nursing website and has accurate, clear, and consistent 100% of the time and include accurate information on ACEN contact information and accreditation status of nursing program.	<ol style="list-style-type: none"> 1. Nurse administrator and faculty to review DNP website, college website, nursing fact sheets, and DNP brochures. 2. Nurse administrator and faculty to review ACEN status and contact information and update status as accreditation progresses. 	Annually in February and with any changes
3.2 Implementation and Evaluation		
Assessment Results:	Action Plans, Follow-up Strategies	
2012-2013 Reviewed DNP student handbook July 2012, nursing fact sheet, DNP brochure and website March 2013	2012-2013 Updated all program materials	
2013-2014 Reviewed DNP student handbook July 2013. The nursing fact sheet, DNP brochure and website was reviewed again in December 2013 in preparation for ND BON site visit to occur spring 2014. ACEN Candidacy status statement is included in student handbook and on DNP website.	2013-2014 <ol style="list-style-type: none"> 1. Update DNP website, college website, nursing fact sheets, and DNP brochures. 2. Update ACEN status and contact information and update status as accreditation progresses. 	
2014-2015 Reviewed DNP student handbook, websites, fact sheets, and brochures – May-June 2014. ACEN Candidacy status statement is accurately worded and included in student handbook and on DNP website.	2014-2015 <ol style="list-style-type: none"> 1. July 2014 - Update DNP website, college website, nursing fact sheets, and DNP brochures. 2. July 2014 - Update ACEN status and contact information and update status as accreditation progresses. 3. Nurse administrator to work with ACEN to ascertain correct way to announce upcoming site visits 	
3.2 Evidence		
<ol style="list-style-type: none"> 1. Comparative Analysis: Table 3.2 Public Information Updates 2. www.dakotanursing.org 3. Nursing program website and handbooks displaying ACEN status 4. Newspaper announcements of accreditation status: Prior to site visit 		

Assessment Process for:		
Criteria 3.3 Changes in policies, procedures, and program information are clearly and consistently communicated to students in a timely manner.		
Expected Levels of Achievement (ELAs)	Assessment Method with Responsibility	Assessment Schedule:
<ol style="list-style-type: none"> 1. 100% of time changes in policies, procedures, and program information are clearly and consistently communicated to students in a timely manner. 2. Student exit evaluation will reflect that policy changes were communicated to them in a timely manner. Rating average of 3.5 on a 1-5 Likert scale. 	<ol style="list-style-type: none"> 1. Evidence of website updates/policy and procedure updates via LMS announcement and DNP website 2. Survey of student perspective of how policy changes are communicated. 	February and with any policy or procedure change.
3.3 Implementation and Evaluation		
Assessment Results:	Action Plans, Follow-up Strategies	
2012-2013 Change in policies were updated in student handbook. July 2012 new handbook posted to www.dakotanurisng.org and also reviewed with students who sign a form that states they have read the policies.	2012-2013 Maintain, post any changes that occur during the year to the website, the LMS and announce at faculty meetings. Continue to update handbook each summer.	
2013-2014 Change in policies were updated in student handbook. July 2013 new handbook posted to www.dakotanurisng.org and also reviewed with students who sign a form that states they have read the policies.	2013-2014 Maintain, post any changes that occur during the year to the website, the LMS and announce at faculty meetings. Continue to update handbook each summer.	
2014-2015 Change in policies were updated in student handbook. July 2014 new handbook posted to www.dakotanurisng.org and also reviewed with students who sign a form that states they have read the policies.	2014-2015 <ol style="list-style-type: none"> 1. Maintain, post any changes that occur during the year to the website, the LMS and announce at faculty meetings. Continue to update handbook each summer. 2. Add item in student exit evaluation to ascertain student satisfaction with communication of Policies 	
2015-2016 <ol style="list-style-type: none"> 1. 2. Specific area regarding student services has been added to the Student Exit Survey to ascertain satisfaction in this area. <ul style="list-style-type: none"> • <i>The communication of policies, procedures, and program information are clearly and consistently communicated to me in a timely manner.</i> 		
3.3 Evidence		
<ol style="list-style-type: none"> 1. Evidence of emails, LMS announcements and website updates with any policy or procedure change. 2. Student Handbook – dated each year 3. Faculty meeting minutes 4. Student exit survey on communication of policy and procedures changes when they occur 		

Assessment Process for:		
Criteria 3.4 Student services are commensurate with the needs of nursing students, including those receiving instruction using alternative methods of delivery.		
Expected Levels of Achievement (ELAs)	Assessment Method with Responsibility	Assessment Schedule:
<ol style="list-style-type: none"> 1. Students using student services agree or strongly agree that they are satisfied with services by a rating average of greater than 3.0 on the Student Exit Survey – Likert scale of 5. 2. Support services will be adequate for the needs of the students. 	<ol style="list-style-type: none"> 1. Analysis of survey results from Student Exit Survey. 2. Review of table that reviews availability of support services and qualifications of individuals responsible for them. 	Annually, Director to analyze results in July and share with faculty/students in <u>September</u> .
3.4 Implementation and Evaluation		
Assessment Results:	Action Plans, Follow-up Strategies	
2012-2013 – May 2012 graduates = 83 total graduates Note student satisfaction with program from graduate survey. N= 29 respondents Rating average for question on overall satisfaction of program is 4.48 on a 5 point Likert scale.	2012-2013 Maintain	
2013-2014 - May 2013 graduates Student satisfaction on exit survey is 4.46 on a 5 point Likert scale n=28 (37%). There were a total of 76 AD students exiting the program, 28 responded (BSC-8, DCB-6, LRSC-1, WSC-13) Table of student services noted to be adequate during BON visit.	2013-2014 Maintain but separate students answers for each site. Add information to student services table on distance site access to services.	
2014-2015 May 2014 graduates <ol style="list-style-type: none"> 1. Met: Total DNP: 33/88 responses = 38% with a 3.85% satisfaction rating. Met: BSC: 4 of 20 = 20% with a 4.25% satisfaction rating. 2. Met: Student services table shows access for on campus and distance sites available for students at all locations. 	2014-2015 Review student services and satisfaction on an annual basis. Add specific questions regarding ACEN 3.4 Student Services to next year's exit evaluation. Research how to access CCSSE or Noel Levitz survey showing student satisfaction of student services	
2015-2016 Specific area regarding student services has been added to the Student Exit Survey to ascertain satisfaction in this area. <ul style="list-style-type: none"> • <i>Access to support services: Counseling, Financial Aid, Business Office, Bookstore, Library services and Academic Advising were available for my needs.</i> 	2015-2016	

<ul style="list-style-type: none"> • <i>Student learning resources: tutoring, learning center, student groups, etc. supported my learning.</i> 	
3.4 Evidence	
<ol style="list-style-type: none"> 1. Analysis of survey results from DNP Student Exit Survey. (Access to support services: Counseling, academic advising, financial aid, career placement were available for my needs.) 2. Table 3.4 Student Services - Review of availability of support services and qualifications of individuals responsible for them both on campus and at distance. 3. Begin looking at CCSSE or Noel Levitz survey showing student satisfaction of student services (Separate for Nursing CIP code) 	

Assessment Process for:		
Criteria 3.5 Student educational records are in compliance with the policies of the governing organization and state and federal guidelines.		
Expected Levels of Achievement (ELAs)	Assessment Method with Responsibility	Assessment Schedule:
1. The methods for the maintenance and retention of student education and financial records are in 100% compliance with college, state and federal guidelines. <ul style="list-style-type: none"> a. College records are in place in registrar’s office b. Nursing student files are kept in locked file in secure room in accord with DNP student file policy. 	Coordinator to verify with Registrar’s office that policies are in place for maintenance of records. Coordinator to verify that nursing student files are kept in locked files in secure room.	Annually, <u>July</u>
3.5 Implementation and Evaluation		
Assessment Results:	Action Plans, Follow-up Strategies	
2012-2013 Student records in locked file in nursing coordinators office.	2012-2013 Maintain	
2013-2014 Student records in locked file in nursing coordinators office.	2013-2014 Maintain	
2014-2015 <ul style="list-style-type: none"> 1. Met - Registrar’s office notes that policies are in place for maintenance of records. 2. Met - nursing student files are kept in locked files in secure room. 	2014-2015 Review record retention policy with registrar and nursing coordinator annually.	
2015-2016 <ul style="list-style-type: none"> 1. 2. Student file policy changed from 3 years of retention after graduation to 4 years of retention after graduation as NDUS requirements have changed. <u>FSA May 2015</u> 		
3.5 Evidence		
NDUS and college policy on record retention http://www.ndus.edu/makers/procedures/sbhe/default.asp?PID=128&SID=11 Correspondence with Registrar’s office regarding policy for retention of student files. Nursing faculty handbook – student file policy		

Assessment Process for:

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

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

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

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

Expected Levels of Achievement (ELAs)	Assessment Method with Responsibility	Assessment Schedule:
<p>1. Loan information 100% of students receiving loans will receive written, comprehensive student loan repayment information addressing counseling, monitoring, and cooperation with lenders.</p> <p>2. Repayment: 100% of students will receive information on the students' responsibilities in relation to student loan repayment</p> <p>3. Compliance: 100% compliance with NDUS, college, state and federal requirements for maintenance of financial aid records.</p> <p>4. Default Rate: Less than 6% of students will be in default of financial responsibilities.</p>	<p>1. Loan Information: Coordinator to verify with Financial Aid (FA) department that written policy exists that 100% of students receive information on loan repayment.</p> <p>2. Repayment: Coordinator to verify with FA that policies are in place for 100% of students to receive information on their responsibilities for student loan repayment.</p> <p>3. Compliance: Coordinator to verify with FA that they are 100% in compliance with NDUS, College, State and Federal Requirements.</p> <p>4. Default Rate: Coordinator to verify with FA the default rate for students.</p>	<p>Annually, July</p>
3.6 Implementation and Evaluation		
Assessment Results:		Action Plans, Follow-up Strategies
<p>2012-2013 Not assessed by nursing</p>		<p>2012-2013 Not assessed by nursing</p>
<p>2013-2014 Not assessed by nursing.</p>		<p>2013-2014 Not assessed by nursing.</p>
<p>2014-2015</p> <p>1. Met - Loan information written policy in place regarding loan information disclosures for all (100%) of students.</p> <p>2. Met - Repayment: (100% of) all graduating students and students who withdrew receive notification regarding loan repayment.</p>		<p>2014-2015 Review Loan information, Repayment, and Compliance with the Financial aid office annually.</p>

<ol style="list-style-type: none"> 3. Met - Compliance: BSC is fully compliant with NDSU, college, state, and federal requirements. 4. Un-Met - Default Rate: 7.9% (2012 3-year cohort) of students are in default of financial responsibilities. (6% is goal) 	<p>For default rate - Raising awareness about loan repayment among graduating students is the best bet to help the default rate. This will be addressed via Financial Aid Office by getting the word out through the graduation fair, or sending more communications to students leading up to graduation.</p>
3.6 Evidence	
<p>Report from financial aid department verifying the following:</p> <ol style="list-style-type: none"> 1. Loan Info: Verify with Financial Aid (FA) department that written policy exists that 100% of students receive information on loan repayment. 2. Repayment: Verify with FA that policies are in place for 100% of students to receive information on their responsibilities for student loan repayment. 3. Compliance: Verify with FA that they are 100% in compliance with NDUS, College, State and Federal Requirements. 4. Default Rate: Verify with FA the default rate for students. 	

Assessment Process for:		
Criteria 3.7 Records reflect that program complaints and grievances receive due process and include evidence of resolution.		
Expected Levels of Achievement (ELAs)	Assessment Method with Responsibility	Assessment Schedule:
<ol style="list-style-type: none"> 1. 100% of complaints and grievances will follow the DNP and College policies, receive due process and be tracked with evidence of resolution. 2. The student handbook includes the program's grievance policy 3. All students sign a document stating they have read the policy. 4. Students agree or strongly agree that the student handbook explains the program and college policy for handling program complaints and grievances by a rating average of greater than 3.0 on the Student Exit Survey – Likert scale of 5. 	<ol style="list-style-type: none"> 1. Table of complaints/grievances in previous year with evidence of resolution. 2. Review of grievance policy process in nursing student handbook. 3. Review of student handbook form stating they have read the policies from students. 4. Review student exit survey. 	Annually, <u>September</u>
3.7 Implementation and Evaluation		
Assessment Results:	Action Plans, Follow-up Strategies	
2012-2013 No official complaints or grievances.	2012-2013 Monitor and update policies as needed	
2013-2014 No official complaints or grievances.	2013-2014 Monitor, update policies as needed	
2014-2015 <ol style="list-style-type: none"> 1. No official complaints or grievances. 2. Student handbook reviewed for grievance policy 3. Student signs form stating they have read the handbook. 4. Student survey to be administered May 2015 for AD students and July 2015 for PN students contains question related to explanation of policy on complaints and grievances. 	2014-2015 Monitor, update policies as needed	
3.7 Evidence		
<ol style="list-style-type: none"> 1. Review of Table 3.7 Appeals and Grievances in the past year with statement of resolution. 2. Review of grievance policy in college catalog and website and DNP nursing student handbook and website 3. Review student forms regarding reading of the handbook. 4. Student exit survey (starting May 2015). 		

Assessment Process for:		
Criteria 3.8 Orientation to technology is provided, and technological support is available to students.		
Expected Levels of Achievement (ELAs)	Assessment Method with Responsibility	Assessment Schedule:
<ol style="list-style-type: none"> Students will agree on an average of greater than 3 on a Likert scale of 5 that orientation to technology was available to them - student exit survey Students will agree on an average of greater than 3 on a Likert scale of 5 that technology support was available to them - student exit survey 	<ol style="list-style-type: none"> Review of student exit survey 	Annually, Director to analyze results in July and share with faculty/students in September.
3.8 Implementation and Evaluation		
Assessment Results:	Action Plans, Follow-up Strategies	
2012-2013 – May 2012 graduates = 83 total graduates Note student satisfaction with program from graduate survey. N= 29 respondents Rating average for question on overall satisfaction of program is 4.48 on a 5 point Likert scale.	2012-2013 Maintain	
2013-2014 - May 2013 graduates Student satisfaction on exit survey is 4.46 on a 5 point Likert scale n=28 (37%). There were a total of 76 AD students exiting the program, 28 responded (BSC-8, DCB-6, LRSC-1, WSC-13)	2013-2014 Maintain but separate students answers for each site. Add information to student services table on distance site technology support.	
2014-2015 May 2014 graduates <ol style="list-style-type: none"> Met: Total DNP: 33/88 responses = 38% with a 3.85% satisfaction rating. Met: BSC: 4 of 20 = 20% with a 4.25% satisfaction rating. 	2014-2015 Review technology accessibility, support, and satisfaction annually. Add specific questions regarding technology orientation and support to next year's exit evaluation.	
2015-2016 <ol style="list-style-type: none"> Added question on student exit survey (May 2015) if orientation to technology was available to them and response was: TBA Added question on student exit survey (May 2015) if technology support was available to them and response was: TBA 	2015-2016	
3.8 Evidence		
<ol style="list-style-type: none"> Analysis of graduate exit survey showing average rating greater than 3 on the 5 point Likert for the following areas: <ul style="list-style-type: none"> Orientation to technology was adequate in the following areas Technology support was available to me. 		

Assessment Process for:		
Criteria 3.9 Information related to technology requirements and policies specific to distance education are accurate, clear, consistent, and accessible.		
Expected Levels of Achievement (ELAs)	Assessment Method with Responsibility	Assessment Schedule:
<ol style="list-style-type: none"> Information for technology requirements and policies for online education is clear, accurate, consistent, and accessible on the college website. Students will agree on an average of greater than 3 on a Likert scale of 5 that Information for technology requirements and policies for online education is clear, accurate, consistent, and accessible on the college website. 	<ol style="list-style-type: none"> Analysis of web site resources and policies regarding technology requirements for distance education. Review of student survey. 	Annually in June and with any changes
3.9 Implementation and Evaluation		
Assessment Results:	Action Plans, Follow-up Strategies	
2012-2013 Met - Review of LMS and online resources show technology requirements are clear and accessible.	2012-2013 Maintain.	
2013-2014 Met - Review of LMS and online resources show technology requirements are clear and accessible. However, students state they would like more information on how to access each online resource. (Class meetings with director) This area needs to be more measurable from the student standpoint.	2013-2014 Add technology support form to LMS. Add a question to the student exit survey - <i>Information for technology requirements and policies for online education are clear, accurate, consistent, and accessible on the college website.</i>	
2014-2015 1. Met - LMS (Pearson) has Tech Support tab in each of the courses with a link to Live Chat 24 hours per day 7 days per week. There is also a 1-800 Help Desk phone number for tech support. There is a technology support form with all of the online resources listed with a contact listed for each area in the Student Home Page area of the LMS. 2. Students answered the following question: Information for technology requirements and policies for online education are clear, accurate, consistent, and accessible on the college website. n = ---	2014-2015 Director to ask students about technology requirements and policies in the class meetings.	
3.9 Evidence		
Quantitative Analysis of web site resources and policies. Technology support form.		

STANDARD 4 Curriculum		
The curriculum supports the achievement of the identified student learning outcomes and program outcomes of the nursing education unit consistent with safe practice in contemporary healthcare environments.		
Assessment Process for:		
Criteria 4.1 The curriculum incorporates established professional standards, guidelines, and competencies, and has clearly articulated student learning outcomes (SLO's) and program outcomes (PO) consistent with contemporary practice.		
Expected Levels of Achievement (ELAs)	Assessment Method with Responsibility	Assessment Schedule:
1. The curriculum incorporates professional standard, guidelines, and competencies within the program. (ANA, NLN, NFLPN (PN Program), ND NPA, QSEN, IOM, ect) 2. The nursing program has program outcomes with estimated levels of achievement determined.	1. Table 4.1.1 Standards and Competencies Incorporated into the AD Curriculum displaying curriculum development with professional standards, guidelines, and competencies. 2. Table of Programs Outcomes (PO) with ELA's listed – See standard 6.4.	Tables reviewed annually. <u>August/September</u> – Orientation and Curriculum Meeting
4.1 Implementation and Evaluation		
Assessment Results:		Action Plans, Follow-up Strategies, Evaluation of Actions
2012-2013 1. Reviewed 9/2012 at faculty meeting and found to include professional standards and guidelines. Correlates to framework.		2012-2013 Maintain at this time but start researching updates.
2013-2014 Met – outcomes have inclusion of professional standards and guidelines Dr. Linda Caputi consultation in summer 2013 and conference in September of 2013 lead us to start work on a new mission, philosophy and SLOs. Summer Analysis 2013 – developed new mission with faculty Rosati Conference April 2014 – developed new philosophy with faculty		2013-2014 SLO meetings May – June – develop new SLOs with faculty Gain ND BON approval of new SLOs. Incorporate new SLOs into curriculum for fall 2014.
2014-2015 1. Met - Comparative analysis of professional standards – Table 4.1.1 Standards and Competencies Incorporated into the AD Curriculum 2. Met – Nursing program has Program outcomes – see documentation in table in Standard 6.4.		2014-2015 Increase awareness of new nursing program mission, philosophy and SLOs as written and incorporated into the curriculum Re-evaluate SLOs with student and graduate outcome and survey data for the next two years and then review again in September 2016.

<p>July 2014 – newly developed mission, philosophy and SLOs approved by ND BON</p> <p>Fall semester 2014 – new mission, philosophy and SLOs incorporated into student handbook and syllabi.</p> <p>Fall Orientation Days 2014 – Reviewed all facets of new mission, philosophy, and SLOs with new PN and AD students. Discussed evidence that guided the revisions.</p>	
4.1 Evidence	
<ol style="list-style-type: none"> 1. Table 4.1.1 Standards and Competencies Incorporated into the AD Curriculum displaying curriculum development with professional standards, guidelines, and competencies. 2. Table including Program Outcomes with the following found in Standard 6.4 <ol style="list-style-type: none"> a. NCLEX Pass rate b. Program Completion rate c. Graduate satisfaction d. Employer satisfaction e. Job placement rates 	

Assessment Process for:		
Criteria 4.2 The student learning outcomes (SLO's) are used to organize the curriculum, guide the delivery of instruction, direct learning activities, and evaluate student progress.		
Expected Levels of Achievement (ELAs)	Assessment Method with Responsibility	Assessment Schedule:
<ol style="list-style-type: none"> 1. Student Learning Outcomes (SLOs) are leveled throughout the nursing program with Bloom's taxonomy in the courses and on the clinical evaluation tool. 2. SLO's direct the course outcomes which have learning activities and measurement rubrics to evaluate student progress. 	<ol style="list-style-type: none"> 1. Review Table 4.2.2: AD Program and Course Student Learning Outcomes displaying the leveling of SLO's in nursing courses. 2. Review Table 4.2.1: Program and Course SLOs correlated to Learning Activities and Evaluation Methods for each Course 	<p>Tables reviewed annually.</p> <p><u>October</u> Curriculum Meeting</p>
4.2 Implementation and Evaluation		
Assessment Results:	Action Plans, Follow-up Strategies	
2012-2013 <ol style="list-style-type: none"> 1. Outcomes are leveled throughout curriculum 	2012-2013 Maintain	
2013-2014 <ol style="list-style-type: none"> 1. The learning outcomes need to be updated – Caputi conference 	2013-2014 Fully complete the PEP for AY 2014. This year was the first year of the plan and we do not have the groundwork needed to assess this area.	
2014-2015 New SLOs reviewed in fall faculty and student orientations. <ol style="list-style-type: none"> 1. Met - Table 4.2.2: AD Program and Course Student Learning Outcomes displays the leveling of SLO's in nursing courses. 2. Met Table 4.2.1: Program and Course SLOs are correlated to learning activities and evaluation methods for each course 	2014-2015 Continue to review annually and update as needed.	
4.2 Evidence		
<ol style="list-style-type: none"> 1. SLOs Table 4.2.2: AD Program and Course Student Learning Outcomes displaying the leveling of SLO's in nursing courses. Table 4.2.1: Program and Course SLOs correlated to Learning Activities and Evaluation Methods for each Course Clinical Evaluation tools Written assignments and rubrics Student's portfolios showing written work 		

Assessment Process for:		
Criteria 4.3 The curriculum is developed by the faculty and regularly reviewed to ensure integrity, rigor, and currency.		
Expected Levels of Achievement (ELAs)	Assessment Method with Responsibility	Assessment Schedule:
<ol style="list-style-type: none"> INTEGRITY: The mission/philosophy contains the learning concepts that direct the student learning outcomes and the logical progression to the graduate competencies. FACULTY: Faculty survey will show an average rating of 3 or above on a 4 point Likert that faculty have input into curriculum development. RIGOR: The curriculum is compared to the results of Comprehensive Predictor exams, and/or Mountain Measurement results. Topics that the students scored below national average in achievement are reviewed and analyzed, and trended for inclusion into curriculum. CURRENCY NCLEX-: The curriculum is compared to NCLEX- test plan every 3 years when test plan is updated and revised as needed. RIGOR BLUEPRINTS: 100% of classroom tests will have test blueprints developed 	<ol style="list-style-type: none"> Review of Table 1.1 DNP at the college Mission-Philosophy-Learning Outcomes and Congruence with the Governing Organization Review Table 4.2.2: AD Program and Course Student Learning Outcomes displaying the leveling of SLO's in nursing courses. Review faculty survey for agreement that they have input to curriculum. Comparative analysis: Table developed showing results of comprehensive predictors (annually) and Mountain Measurement (every two years or as obtained) Comparative Analysis: Table displaying % of classroom tests with test blueprints developed correlated to NCLEX test plan Comparative Analysis: Table displaying NCLEX test plan and implementation in program Review all course exams for appropriate blueprint 	Annually in July <u>July</u>
4.3 Implementation and Evaluation		
Assessment Results:	Action Plans, Follow-up Strategies	
2012-2013 <ol style="list-style-type: none"> Faculty have input into curriculum development – see curriculum committee minutes. 	2012-2013 Monitor	
2013-2014 <ol style="list-style-type: none"> Faculty have input into the curriculum but is it not assessed for integrity, rigor, and currency in a formal manner 	2013-2014 Develop measurable ELAs to evaluate standard 4.3	
2014-2015 <ol style="list-style-type: none"> Met - INTEGRITY: Table 1.1 and Table 4.2.2 demonstrate the mission/philosophy contains the learning concepts that direct the student learning outcomes and the logical progression to the graduate competencies. 	2014-2015 <ol style="list-style-type: none"> Review tables in October. Maintain Maintain 	

<p>2. FACULTY: Faculty survey shows an average rating on a 4 point Likert question that faculty have input into curriculum development of: 3.52 (n=23/38 -59%) of the DNP consortium 3.43 (n=7/11 -71%) of the BSC faculty 3.40 (n=5/7 -71%) of the DCB faculty 3.67 (n=6/10 - 60%) of the LRSC faculty 3.75 (n=4/10 -40%) of the WSC faculty</p> <p>3. Met - RIGOR: The curriculum is compared to the results of Comprehensive Predictor exams, and/or Mountain Measurement results. Topics that the students scored below national average in achievement are reviewed and analyzed, and trended for inclusion into curriculum. See course assessment forms and table of ATI results.</p> <p>4. Met - CURRENCY NCLEX-: The curriculum is compared to NCLEX- test plan every 3 years when test plan is updated and revised as needed. See comparison of detailed test plan to DNP curriculum.</p> <p>5. Met - RIGOR BLUEPRINTS: 100% of classroom tests will have test blueprints developed</p>	<p>4. Maintain</p> <p>5. Maintain and work on analysis of the test blueprints. Nurse Tim – Mary Krieger to facilitate a workshop on July 21, 2015 on test analysis.</p>
4.3 Evidence	
<ol style="list-style-type: none"> 1. Table 1.1 DNP at the college Mission-Philosophy-Learning Outcomes and Congruence with the Governing Organization and Table 4.2.2: AD Program and Course Student Learning Outcomes displaying the leveling of SLO's in nursing courses. 2. Faculty Survey 3. Table developed showing results of comprehensive predictors (annually) and Mountain Measurement (every two years or as obtained) 4. Table displaying % of classroom tests with test blueprints developed correlated to NCLEX test plan 5. Table displaying NCLEX test plan and implementation in program 6. Course exam blueprints 	

Assessment Process for: AD Criteria 4.4 The curriculum includes general education courses that enhance professional nursing knowledge and practice. PN Criteria 4.4 General education courses/competencies enhance professional nursing knowledge and practice if included in the program of study.		
Expected Levels of Achievement (ELAs)	Assessment Method with Responsibility	Assessment Schedule:
1. General Education: The curriculum has at least 4 general education courses that enhance nursing knowledge and practice. 2. Survey: The exit survey will show that students rate the question on the general education courses for the nursing program enhance professional nursing knowledge and practice at a 3 or higher on a 4 point Likert.	1. Review of curriculum plan with general education courses listed. 2. Review student exit survey	Annually February
4.4 Implementation and Evaluation		
Assessment Results:	Action Plans, Follow-up Strategies	
2012-2013 Not Assessed	2012-2013 Not Assessed	
2013-2014 Not Assessed	2013-2014 Not Assessed	
2014-2015 1. Curriculum contains A & P I, A & P II, Microbiology, Introduction to Psychology, Developmental Psychology, Composition, Pharmacology and an elective. 2. Exit survey does not ask about general education.	2014-2015 1. Maintain 2. Add general education question to exit survey.	
4.4 Evidence		
1. Course of study with General Education Courses Listed 2. Student exit survey		

Assessment Process for: Criteria 4.5 The curriculum includes cultural, ethnic, and socially diverse concepts and may also include experiences from regional, national, or global perspectives.		
Expected Levels of Achievement (ELAs)	Assessment Method with Responsibility	Assessment Schedule:
<p>1. Survey: The exit survey will show that students rate the question on nursing courses supported cultural, ethnic, and socially diverse concepts at a 3 or higher on a 4 point Likert.</p> <p>2. Assignment: 100% of all AD courses will contain an assignment (or simulation) on cultural, ethnic, or socially diverse concepts.</p>	<p>1. Review exit survey</p> <p>2. Review Table 4.4 Cultural, Ethnic, and Socially Diverse Concepts</p>	<p>Tables reviewed annually in October</p>
4.5 Implementation and Evaluation		
Assessment Results:	Action Plans, Follow-up Strategies	
2012-2013 Not assessed	2012-2013 Not assessed	
2013-2014 This is a strong area in the NLNAC standards and needs to be measured in the curriculum. All faculty agree that culture is incorporated but where is it?	2013-2014 Do faculty development in curricular mapping and then complete curricular mapping by spring 2014. Add information on criterion 4.5 to the student exit survey	
2014-2015 1. Exit survey results from May 2015 class will be available in June 2. Met – 100% of all AD courses contain an assignment or simulation on cultural, ethnic, or socially diverse concepts.	2014-2015 1. Monitor survey results 2. Review cultural table with faculty.	
4.5 Evidence		
Table 4.4 Cultural, Ethnic, and Socially Diverse Concepts - showing cultural, ethnic, and socially diverse concepts and evaluation tools/measurements throughout program. Clinical paperwork		

Assessment Process for:		
Criteria 4.6 The curriculum and instructional processes reflect educational theory, interprofessional collaboration, research, and current standards of practice.		
Expected Levels of Achievement (ELAs)	Assessment Method with Responsibility	Assessment Schedule:
<ol style="list-style-type: none"> 1. Faculty will identify on yearly faculty survey at least one way that the following are implemented in their instructional processes: <ol style="list-style-type: none"> a. Inter-professional collaboration b. Research or evidence based practice c. Current standards of practice d. Adult learning theory 2. The curriculum will incorporate at least one of assignments for each of the following in the program: <ol style="list-style-type: none"> a. Inter-professional collaboration b. Evidence based practice c. Current standards of practice 	<ol style="list-style-type: none"> 1. Review of faculty scholarly activities 2. Review Table 4.2.1: Program and Course SLOs correlated to Learning Activities and Evaluation Methods for each Course for evidence of inter-professional collaboration, EBP, and Current Standards of Practice. 	Annually in July – Faculty Summer Analysis
4.6 Implementation and Evaluation		
Assessment Results:	Action Plans, Follow-up Strategies	
2012-2013 Not assessed	2012-2013 Not assessed	
2013-2014 Not assessed	2013-2014 Not assessed	
2014-2015 The details of Criteria 4.6 need to be assessed in a measureable way.	2014-2015 Update the faculty development forms to include adult learning theory, inter-professional collaboration, EBP, and current standards of practice.	
2015-2016 Faculty have submitted detailed scholarly activities forms which show compliance with the implementation of topics into their instructional processes. These will be analyzed for the July meeting.		
4.6 Evidence		
Faculty Scholarly Activities forms Table 4.2.1: Program and Course SLOs correlated to Learning Activities and Evaluation Methods for each Course		

Assessment Process for:		
Criteria 4.7 Evaluation methodologies are varied, reflect established professional and practice competencies, and measure the achievement of the student learning outcomes.		
Expected Levels of Achievement (ELAs)	Assessment Method with Responsibility	Assessment Schedule:
<ol style="list-style-type: none"> Faculty will identify on their course assessment table at least 3 different evaluation methods (formative or summative) they use throughout the program to measure student learning outcomes. 	Comparative Analysis of Table 4.2.1: Program and Course SLOs correlated to Learning Activities and Evaluation Methods for each Course	Bi-annually at the summer and winter analysis retreats <u>July and December</u>
4.7 Implementation and Evaluation		
Assessment Results:	Action Plans, Follow-up Strategies	
2012-2013 Assessment does not include a measurable way to review evaluation methods.	2012-2013 Create course assessment forms that ask for evaluation methods.	
2013-2014 Course assessments are unorganized and information in each assessment varies.	2013-2014 Create course assessments that are uniform across the curriculum and incorporate appropriate areas including how we evaluate students in a variety of ways that reflect professional and practice competencies and measure SLOs.	
2014-2015 <ol style="list-style-type: none"> Un-Met - Faculty have completed course assessments and these forms show a variety of evaluation methods. Not all courses have 3 methods identified. 	2014-2015 Revise course assessment to include a more detailed table to measure and reflect the evaluation methods.	
4.7 Evidence		
Table 4.2.1: Program and Course SLOs correlated to Learning Activities and Evaluation Methods for each Course Course assessment forms for each AD course.		

Assessment Process for:		
Criteria 4.8 The length of time and the credit hours required for program completion are congruent with the attainment of identified student learning outcomes and program outcomes and consistent with the policies of the governing organization, state and national standards, and best practices.		
Expected Levels of Achievement (ELAs)	Assessment Method with Responsibility	Assessment Schedule:
1. Length: Program length is congruent with ND and national standards and best practices 2. Semesters: Students will complete the program in 2 semesters.	1. Length: Comparative analysis of program length to ND and national standards and best practices 2. Semesters: Analysis of program of study.	Annually in February
4.8 Implementation and Evaluation		
Assessment Results:	Action Plans, Follow-up Strategies	
2012-2013 1. PN/AD Program Length – 78 credits 2. PN/AD Program Total Semesters = 6	2012-2013 1. Maintain	
2013-2014 1. PN/AD Program Length – 78 credits 2. PN/AD Program Total Semesters = 6	2013-2014 1. Need to decrease credits in PN program to 40-42 and in AD program to around 70-75	
2014-2015 1. PN/AD Program Length – 78 credits 2. PN/AD Program Total Semesters = 6 Program has been approved to decrease credits in program starting in fall 2015 PN program = 42 credits in 3 semesters. (no pre-requisites) AD Program = 31 credits in 2 semesters. Total for both programs = 73 credits in 5 semesters.	2014-2015 1. Institute new program length in fall 2015	
4.8 Evidence		
Analysis of program of study Fact sheets and brochures Students handbook Nursing websites		

Assessment Process for:		
Criteria 4.9 Practice learning environments support the achievement of student learning outcomes and program outcomes.		
Expected Levels of Achievement (ELAs)	Assessment Method with Responsibility	Assessment Schedule:
<ol style="list-style-type: none"> Clinical students will evaluate the clinical site as 3 or higher on a 1 to 5 Likert scale as being appropriate for learning and achievement of SLO's. Faculty will complete the form: Assessment and Criteria for Selection-Maintenance of Clinical Practice Sites – for each clinical site. 	<ol style="list-style-type: none"> Quantitative analysis: Survey of clinical site completed by students. Review form for each clinical site: Assessment and Criteria for Selection-Maintenance of Clinical Practice Sites 	Annually <u>June</u>
4.9 Implementation and Evaluation		
Assessment Results:	Action Plans, Follow-up Strategies	
2012-2013 <ol style="list-style-type: none"> 100% of clinical sites have clinical contracts 	2012-2013 <ol style="list-style-type: none"> Monitor 	
2013-2014 <ol style="list-style-type: none"> 100% of clinical sites have contracts and most have an annual clinical assessment form completed 	2013-2014 <ol style="list-style-type: none"> Monitor and update clinical assessment form to include student learning outcomes 	
2014-2015 <ol style="list-style-type: none"> 	2014-2015 <ol style="list-style-type: none"> 	
4.9 Evidence		
<ol style="list-style-type: none"> Quantitative analysis of clinical site evaluations Quantitative analysis of clinical contracts table Assessment and Criteria for Selection-Maintenance of Clinical Practice Sites form 		

Assessment Process for:		
Criteria 4.10 Students participate in clinical experiences that are evidence-based and reflect contemporary practice and nationally established patient health and safety goals.		
Expected Levels of Achievement (ELAs)	Assessment Method with Responsibility	Assessment Schedule:
1. Clinical: Faculty identify on a faculty survey at least one of the evidence based practices and nationally established patient health and safety goals at each clinical site.	1. Analysis using Table 4.10: Nationally Established Patient Goals and EBP with list of clinical sites and national patient health and safety goals that are implemented at the site.	Annually <u>June</u>
4.10 Implementation and Evaluation		
Assessment Results:	Action Plans, Follow-up Strategies	
2012-2013 1. Not assessed	2012-2013 1. Not assessed	
2013-2014 1. Partially Met - Clinical site assessment does not include identification of EBP and National Health and Safety Goal identified at each site. However, anecdotal evidence suggests that students do participate in this type of clinical experience.	2013-2014 1. Create form that includes identification of EBP and National Health and Safety Goal identified at each site.	
2014-2015 1. Met – clinical site assessment tool shows that all clinical sites use nationally established safety goals.	2014-2015 1. Improve form to specify national standard.	
4.10 Evidence		
Analysis: Table 4.10: Nationally Established Patient Goals and EBP - list of clinical sites and national patient health and safety goals that are implemented at the site.		

Assessment Process for:		
Criteria 4.11 Written agreements for clinical practice agencies are current, specify expectations for all parties, and ensure the protection of students.		
Expected Levels of Achievement (ELAs)	Assessment Method with Responsibility	Assessment Schedule:
1. Contracts: 100% of Clinical contracts are current, signed, with specify expectations of all parties and ensure the protection of the students.	1. Table of contracts with signatures up to date on the original contracts.	Annually in <u>June</u>
4.11 Implementation and Evaluation		
Assessment Results:		Action Plans, Follow-up Strategies
2012-2013 2. 100% of clinical sites have clinical contracts	2012-2013 2. Monitor	
2013-2014 2. 100% of clinical sites have contracts	2013-2014 2. Monitor	
2014-2015 1. 100% of clinical sites have contracts	2014-2015 1. Monitor	
4.11 Evidence		
Contracts signed List of contracts kept up to date.		

Assessment Process for:		
Criteria 4.12 Learning activities, instructional materials, and evaluation methods are appropriate for all delivery formats and consistent with the student learning outcomes.		
Expected Levels of Achievement (ELAs)	Assessment Method with Responsibility	Assessment Schedule:
Student evaluations of DNP curriculum delivery show agreement by a rating of 3 or higher on a 5 point Likert that instructional materials and evaluation methods are appropriate and consistent with student learning outcomes across all sites in the consortium.	1. Analyze Student evaluation data for agreement that that instructional materials and evaluation methods are appropriate and consistent with student learning outcomes across all sites and clinical facilities in the consortium.	Annually <u>June</u>
4.12 Implementation and Evaluation		
Assessment Results:	Action Plans, Follow-up Strategies	
2012-2013 Not assessed	2012-2013 Not assessed	
2013-2014 Not assessed	2013-2014 Not assessed, add this question to student exit survey or course evaluation	
2014-2015 1. Student exit evaluations show that students are satisfied with instructional materials and evaluation methods.	2014-2015 1. Continue to analyze exit evaluations to improve questions and increase response rates.	
4.12 Evidence		
Student exit evaluation		

STANDARD 5 Resources		
Fiscal, physical, and learning resources are sustainable and sufficient to ensure the achievement of the student learning outcomes and program outcomes of the nursing education unit.		
Assessment Process for: Criteria 5.1 Fiscal resources are sustainable, sufficient to ensure the achievement of the student learning outcomes and program outcomes, and commensurate with the resources of the governing organization.		
Expected Levels of Achievement (ELAs)	Assessment Method with Responsibility	Assessment Schedule:
<ol style="list-style-type: none"> 1. The nursing program’s program operational budget is adequate to support student learning outcomes and nursing program outcomes and shall be commensurate with the resources of the governing organization 2. Faculty show agreement that the nursing programs operational budget is adequate to support the nursing programs outcomes by responding at an average rating of 3 or greater on a 4 point Likert scale for several questions assessing this area. 3. The resources for the nursing program are comparative to resources of other programs within the college 	<ol style="list-style-type: none"> 1. Comparative analysis of list of needs of department versus the budget – table 5.1.1 budget 2. Analysis of faculty survey. 3. Table 5.1.2 budget comparison of nursing and other programs 	Annually, <u>March</u>
5.1 Implementation and Evaluation		
Assessment Results:		Action Plans, Follow-up Strategies, Evaluation of Actions
2012-2013 Met – budget is adequate for the nursing program		2012-2013 Maintain
2013-2014 Met – budget is adequate for the nursing program, compares to other DNP programs favorable and has trended upward with increased costs and number of students.		2013-2014 Maintain
2014-2015 <ol style="list-style-type: none"> 1. Met - Review of the budget finds it adequate to support SLOs, POs, and equitable to the other programs of the governing organization. 2. Met – BSC Faculty average rating on the following questions are: <ul style="list-style-type: none"> • Fiscal resources are adequate to meet the goals and objectives of the Nursing Program – n = 7, rating average = 3.57 		2014-2015 <ol style="list-style-type: none"> 1. Monitor 2. Monitor 3. Monitor

- Fiscal resources (faculty development funds, Perkins, etc.) are adequate to support my faculty development needs. – n=7, rating average = 3.14
- 3. Met – table 5.1.2 shows comparison of Nursing to Medical laboratory technology, Paramedic, and Surgical technology and is found to have a bigger budget but that is in correlation to the higher numbers of nursing students and more faculty members.

5.1 Evidence

1. Review table of program needs and actual budget for past 3 years.
2. Review college-wide budget allocation
3. Review table comparing nursing budget with other similar programs

Assessment Process for:		
Criteria 5.2 Physical resources are sufficient to ensure the achievement of the nursing education unit outcomes, and meet the needs of the faculty, staff, and students.		
Expected Levels of Achievement (ELAs)	Assessment Method with Responsibility	Assessment Schedule:
<ol style="list-style-type: none"> 1. Students will rate the physical resources (classroom and lab) as sufficient to ensure achievement of the student learning outcomes – rating of 3 or higher on a Likert scale of 4. 2. Faculty will rate that the nursing programs physical resources are sufficient by responding at an average rating of 3 or greater on a 4 point Likert scale for several questions on faculty survey assessing this area. 	<ol style="list-style-type: none"> 1. Analysis of Student Exit Survey 2. Analysis of Faculty Survey 	Annually - <u>July</u>
5.2 Implementation and Evaluation		
Assessment Results:	Action Plans, Follow-up Strategies	
2012-2013 Not assessed	2012-2013 Not assessed	
2013-2014 Classrooms, labs, and office space are deemed adequate as assessed by discussions with faculty and students.	2013-2014 Create a faculty survey to assess faculty views on physical resources in a more measurable way. Add question regarding physical resources to the spring 2015 student exit survey.	
2014-2015 <ol style="list-style-type: none"> 1. Met – as anecdotal evidence from director visits shows physical resources are sufficient. Not assessed in the exit survey last spring. Questions noted below regarding physical resources have been added to the AD spring 2015 and PN summer 2015 student exit survey. <ul style="list-style-type: none"> • Classrooms were sufficient to meet my needs. • Skills lab was sufficient to meet my needs. 2. Met – BSC Faculty average rating on the following questions are: <ul style="list-style-type: none"> • Classrooms are adequate to meet the needs of faculty and students. n = 7, average rating = 3.14 • Computer lab is adequate to meet the needs of the faculty and students. n = 7, average rating = 3.43 	2014-2015 <ol style="list-style-type: none"> 1. Monitor answers regarding physical resources upon obtaining student exit survey results early this summer. 2. Discuss space issues with local faculty and BSC administration. 	

- Nursing skills lab facilities are adequate to meet the needs of faculty and students. n = 7, average rating = 3.43
- Office space is adequate to meet the needs of staff and faculty. n = 7, average rating = 3.00 (Several comments related to space being an issue this year – Paramedic program moved into the Allied Health building fall 2014 and this has become a resources issue.
- Private conference areas are available to talk to students (whether office or conference room, etc). n = 7, average rating = 3.43

5.2 Evidence

1. Review of student exit survey regarding physical resources
2. Review of faculty survey regarding physical resources
3. Space: Quantitative analysis by inspection or comparative by campuses (if more than 1 site)
 - Identification & description of physical resources: faculty offices
 - Student physical resources (lockers, breastfeeding rooms, simulation lab, library, storage, interview stream)
 - Meeting rooms & private room for student conferences
 - Nursing Practice Laboratory space adequate
 - Classroom: list of resources in classrooms (smart board, projector, etc.)

Assessment Process for:		
Criteria 5.3 Learning resources and technology are selected with faculty input and are comprehensive, current, and accessible to faculty and students.		
Expected Levels of Achievement (ELAs)	Assessment Method with Responsibility	Assessment Schedule:
<ol style="list-style-type: none"> 1. Students will rate that learner resources and technology are current, comprehensive and accessible on the exit survey by rating it 3 or higher on a Likert scale of 4. 2. Faculty will rate that the nursing programs learning resources and technology are selected with faculty input and are comprehensive, current, and accessible on the faculty survey by rating it 3 or higher on a Likert scale of 4. 3. The college Library, the nursing faculty resource library and laboratory resource library (if have) will be current, relevant and accessible (Books over five years of age will be periodically removed unless historical). 4. The college learning resources and technology are comprehensive and current. 	<ol style="list-style-type: none"> 1. Analysis of Student Exit survey 2. Faculty survey to reflect input into resources 3. Analysis of library resources for campus and distance sites by faculty on an annual basis. – List of resources from librarian. 4. Analysis of learning resources and technology on an annual basis. – List of college and nursing department resources 	Annually, July
5.3 Implementation and Evaluation		
Assessment Results:	Action Plans, Follow-up Strategies	
2012-2013 Not assessed	2012-2013 Not assessed	
2013-2014 Met – anecdotal notes from director visits show students agree that they have adequate learner resources. This needs to be more measurable. Faculty have input into selection of resources. See faculty and curriculum minutes – this needs to be more measurable.	2013-2014 Add question regarding physical resources to the spring 2015 student exit survey. Create a faculty survey to assess faculty views on physical resources in a more measurable way.	
2014-2015 1. The following questions were added to the student exit survey for AD students (May) and PN students in (July): <ul style="list-style-type: none"> • Learner resources and technology are sufficient, current, comprehensive and accessible. • Learning resources such as ATI, Evolve, Medcom, Skyscape, and Simchart were sufficient to meet my needs. 2. Met – BSC Faculty average rating on the following questions are:	2014-2015 1. Monitor answers regarding learning resources and technology upon obtaining student exit survey results early this summer. 2. Faculty seem overall satisfied in all of the areas but are a little low in the library resources area. Review with faculty and find out why they rated this one low. No comments to suggest dissatisfaction noted on survey. 3. Monitor Library, Learning resources, and technology on an annual basis.	

<ul style="list-style-type: none"> • Nursing faculty participate in selection of library resources. n = 7, average rating = 3.00 • Nursing faculty participate in selection and use of learning resources. n = 7, average rating = 3.29 • Library holdings and access are sufficient to meet the outcomes of the program. n = 7, average rating = 3.00 • Nursing skills lab resources are sufficient to meet the outcomes of the program. n = 7, average rating = 3.57 • Audiovisual and computer equipment are sufficient to meet the outcomes of the program. n = 7, average rating = 3.29 • Computer software and media are sufficient to meet the outcomes of the program. n = 7, average rating = 3.29 • Technical support is sufficient to meet the outcomes of the program. n = 7, average rating = 3.43 • The learning management system (Pearson Learning also known as eCollege) is sufficient to meet the outcomes of the program. n = 7, average rating = 3.43 <p>3. Analysis of resources of campus and distance sites show that all sites have the resources necessary to meet program outcomes.</p>	
5.3 Evidence	
<p>Student exit survey Faculty: Comparison analysis: Minutes reflect review of current resources and proposed acquisitions. Faculty minutes document review and analysis of resources with decisions to maintain revise or develop resources List of resource needs List of resources available per campus – computers, videos, library resource, journals, books, library hours and utilization, computer lab hours and utilization, sim lab hours and utilization Integration of ATI resources to enhance tutoring, remediation and testing.</p>	

Assessment Process for:		
Criteria 5.4 Fiscal, physical, technological, and learning resources are sufficient to meet the needs of the faculty and students engaged in alternative methods of delivery.		
Expected Levels of Achievement (ELAs)	Assessment Method with Responsibility	Assessment Schedule:
<ol style="list-style-type: none"> 1. Students from all sites will comparatively rate that physical, technological, and learning resources sufficient to meet their needs on the exit survey by rating it 3 or higher on a Likert scale of 4. (See 5.2 and 5.3 associated student exit survey ratings) 2. Faculty from all sites will comparatively rate that physical, technological, and learning resources are sufficient to meet their needs on the faculty survey by rating it 3 or higher on a Likert scale of 4. 	<ol style="list-style-type: none"> 1. Analysis of student exit survey to compare all sites. 2. Analysis of faculty survey to compare all sites. 	Annually, July
5.4 Implementation and Evaluation		
Assessment Results:	Action Plans, Follow-up Strategies	
2012-2013 Not assessed	2012-2013 Not assessed	
2013-2014 Met – anecdotal notes from director visits show students and faculty at all sites agree that they have adequate learner resources. This needs to be more measurable.	2013-2014 Add questions regarding physical, learning, and technology resources to the spring 2015 student exit survey. Create a faculty survey to assess faculty views on physical resources in a more measurable way.	
2014-2015 <ol style="list-style-type: none"> 1. May 2015 AD exit survey results: 2. See faculty assessments from 5.2 and 5.3. Will need to break this down into sites for next year. 	2014-2015 <ol style="list-style-type: none"> 1. Monitor answers regarding learning resources and technology upon obtaining student exit survey results early this summer. 2. Faculty seem overall satisfied in all of the areas but are a little low in the library resources area. Need to breakdown faculty survey into sites to compare data. 	
5.4 Evidence		
<ol style="list-style-type: none"> 1. Graduate exit survey 2. Faculty survey 		

**STANDARD 6
Outcomes**

Program evaluation demonstrates that students and graduates have achieved the student learning outcomes, program outcomes, and role-specific graduate competencies of the nursing education unit.

Assessment Process for:

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

- Student learning outcomes;
- Program outcomes;
- Role-specific graduate competencies; and
- The ACEN Standards.

The systematic plan of evaluation contains specific, measurable expected levels of achievement; appropriate assessment methods; and a minimum of three (3) years of data for each component within the plan.

Expected Levels of Achievement (ELAs)	Assessment Method with Responsibility	Assessment Schedule:
<ol style="list-style-type: none"> 1. The program evaluation plan which includes all 6 standards and criteria are reviewed and updated yearly for measureable/applicable goals and analysis and trending of data. 2. The Student Learning Outcomes and Role Specific Competencies are reviewed and updated yearly as needed. 3. The Program Outcomes are reviewed and updated yearly for measureable goals, analysis and trending of data. 	<ol style="list-style-type: none"> 1. Analysis of PEP and monthly calendar with standing agenda items. 2. Analysis of Course Assessment documents and summer analysis meeting minutes. 3. Analysis of PO in PEP Standard 6.4. 	Annually, July

6.1 Implementation and Evaluation

Assessment Results:	Action Plans, Follow-up Strategies, Evaluation of Actions
2012-2013 <ol style="list-style-type: none"> 1. PEP – Changed from original format to include action plan and follow-up. Also created timeline for PEP evaluations. 	2012-2013 <ol style="list-style-type: none"> 1. June 2013, it was decided to hire a consultant to work on assisting the program with the ACEN standards and to update the curriculum infrastructure – PEP, SLOs, POs.
2013-2014 <ol style="list-style-type: none"> 1. PEP under revision to follow ACEN standards. Consulted with Dr. Linda Caputi in July –September 2013 to updated PEP, SLOs, and POs. 	2013-2014 <ol style="list-style-type: none"> 1. Work with faculty to create SLOs and work to make PEP more measureable.
2014-2015	2014-2015

<ol style="list-style-type: none"> 1. PEP has been updated with more specific ELAs to increase program ability to measure outcomes. PEP timeline updated. 2. SLOs and Role Specific Competencies were updated and approved by the ND BON July 2014 3. PO were reviewed July 2014 – see 6.4 for specifics. 	<ol style="list-style-type: none"> 1. Use the ELAs in a scheduled format to evaluate the program. 2. Review the new SLOs and Role Specific Competencies at the Summer Analysis meeting 2015 3. Use the POs to improve program.
6.1 Evidence	
<p>Analysis of PEP and monthly evaluation calendar Faculty meeting templates/minutes with ACEN agenda items noted Comparative analysis of table with assessment tools and evaluation methods Analysis of table with program outcomes for past 3 years Survey assignments for nursing program</p>	

Assessment Process for: Criteria 6.2 Evaluation findings are aggregated and trended by program option, location, and date of completion and are sufficient to inform program decision-making for the maintenance and improvement of the student learning outcomes and the program outcomes.		
Expected Levels of Achievement (ELAs)	Assessment Method with Responsibility	Assessment Schedule:
1. The following are trended and analyzed to improve student outcomes and program outcomes by program option, location and date of completion: Example: <ol style="list-style-type: none"> 1. Student evaluations of courses 2. Math competency testing outcomes 3. Clinical site assessments by program and evaluations by students 4. Student exit survey 5. Scores on ATI testing throughout program 6. Scores on ATI comprehensive predictor 7. NCSBN program reports, (Mountain Measurement) 8. Faculty survey 9. Advisory Board survey 10. Admission requirements 11. Test scores in courses. 	<ol style="list-style-type: none"> 1. Table Displaying Analysis of Program Outcomes findings. Data is aggregated and trended with Evidence of plan to improve program and student outcomes based on survey data, NCLEX pass rates, completion rates, satisfaction surveys, etc. (See criteria 6.4). 2. Course Assessments for each course 	Annually, <u>July</u>
6.2 Implementation and Evaluation		
Assessment Results:	Action Plans, Follow-up Strategies	
2012-2013 1. Course Assessments completed for Summer Analysis and Winter Analysis sessions.	2012-2013 1. Review course assessment forms for actions plans.	
2013-2014 1. Course Assessments completed for Summer Analysis and Winter Analysis sessions.	2013-2014 1. Review course assessment forms for action plans.	
2014-2015 1. Surveys, assessments, and evaluations trended and analyzed to improve program outcomes and SLOs. Analysis and subsequent action planning completed at summer and winter analysis sessions.	2014-2015 1. Review course assessment forms for actions plans. 2. January 2014 - Tracking table and program change table completed to allow program to identify and follow-up on items in a more organized fashion.	
6.2 Evidence		

Table: Tracking of Documents and Processes changed in program.
Table: Program Changes Made Based on Aggregated Evaluation Findings.
Table: Aggregated scores from Comprehensive predictor tests

Assessment Process for:		
Criteria 6.3 Evaluation findings are shared with communities of interest.		
Definition from 2013 ACEN Glossary:		
Communities of Interest – Persons, groups, agencies, and/or organizations that influence the mission, services, and outcomes of the nursing education unit.		
Expected Levels of Achievement (ELAs)	Assessment Method with Responsibility	Assessment Schedule:
<ol style="list-style-type: none"> 80% of Advisory committee members will agree or strongly agree that program outcomes (NCLEX results, program completion, satisfaction surveys, job placement) are shared with the advisory board on a yearly basis. The job placement, NCLEX pass rates and completion rates are shared with students on the college website. Reports are sent to Board of Nursing, (other regulatory agencies) and ACEN yearly and/or as mandated (if currently accredited by ACEN). 	<ol style="list-style-type: none"> Analysis of advisory board survey to ascertain agreement that the program outcomes were shared with them. Also see advisory board minutes. Review of college website to verify documentation of NCLEX pass rates and completion rates Analysis of completion of yearly reports to ND BON and ACEN (if accredited by ACEN) 	
6.3 Implementation and Evaluation		
Assessment Results:	Action Plans, Follow-up Strategies	
2012-2013 <ol style="list-style-type: none"> Minutes from advisory board meetings show that program outcomes are shared with the board. 	2012-2013 <ol style="list-style-type: none"> Maintain 	
2013-2014 <ol style="list-style-type: none"> Minutes from advisory board meetings show that program outcomes are shared with the board. 	2013-2014 <ol style="list-style-type: none"> Monitor 	
2014-2015 <ol style="list-style-type: none"> Advisory board survey shows satisfaction with receiving program evaluation data. BON shares the college NCLEX pass rate on their website in the annual report. The college does not currently share that information on the website. Annual reports and faculty development reports were sent to the BON as requested. 	2014-2015 <ol style="list-style-type: none"> Survey advisory board after each fall meeting. The college will begin sharing the NCLEX pass rates, completion rates, and job placement rates on the college websites. The total DNP statistics will go on the www.dakotanursing.org website. Continue to submit information to the BON and ACEN in a timely and complete manner. 	
6.3 Evidence		
Analysis of Advisory meeting agenda and minutes which include the Program Learning Outcomes.		

Analysis of completion of annual reports and faculty development reports to ND BON and ACEN.

Assessment Process for:							
Criteria 6.4 The program demonstrates evidence of achievement in meeting the program outcomes.							
6.4.1 Performance on licensure exam: The program's 3-year mean for the licensure exam pass rate will be at or above the national mean for the same 3-year period.							
Expected Levels of Achievement (ELAs)			Assessment Method with Responsibility			Assessment Schedule:	
1. The NCLEX-RN® pass rate three-year mean for first-time takers will be at the national mean or above during the same three-year period for Associate Degree Nursing graduates.			Quantitative Analysis using table displaying past 3 years NCLEX test results with mean of 3 years compared to national level.			Annually, July	
6.4.1 Implementation and Evaluation							
Assessment Results:				Action Plans, Follow-up Strategies			
2012-2013 1. Met - NCLEX Pass rate is 15/15 – 100% from 7/11 to 6/12.				2012-2013 1. Maintain			
2013-2014 1. Met - NCLEX Pass rate is 22/23 – 95.7% from 7/12 – 6/13.				2013-2014 1. Monitor annually			
2014-2015 1. Met – Three year pass rate at BSC and Harvey are both well above the state and national three year pass rates for the same time – see table below. NCLEX Pass rate is 17/19 – 89.47% from 7/13 – 6/14. Pass rate is still above state and national pass rates this year but it has been trending down.				2014-2015 1. Monitor pass rate each quarter as students take exam. Do Mountain Measurement analysis every other year to see if there are any weak areas. 2. Incorporate test blueprinting this year to see if we are covering all competency areas.			
6.4.1 Evidence							
Quantitative Analysis using table displaying past 3 years NCLEX test results with mean of 3 years compared to national level. (See ND BON/NCSBN Quarterly reports)							
Year	National RN Pass Rate	National AD Pass Rate	North Dakota Pass Rate	DNP AD Program Pass Rate	BSC All Sites Pass Rate	BSC Bismarck Pass Rate	BSC Harvey Pass Rate
7/11-6/12	88.92%	86.86%	89.42%	82/93 88.17%	15/15 100%	15/15 100%	N/A
7/12-6/13	87.03%	85.12%	87.2%	73/83 87.95%	22/23 95.7%	22/23 95.7%	N/A

7/13-6/14	82.56%	77.59%	88.43%	59/66 89.39%	17/19 89.47%	17/19 89.47%	N/A
3 year Average	86.17%	83.19%	88.35%	214/242 86.78%	54/57 94.74%	54/57 94.74%	N/A
Assessment Process for:							
Criteria 6.4 The program demonstrates evidence of achievement in meeting the program outcomes.							
6.4.2 Program completion: Expected levels of achievement for program completion are determined by the faculty and reflect student demographics and program options.							
Definition from ACEN 2013 Glossary							
Program Completion Rate – Number of students who graduate within a defined period of time. Definition used by the ACEN for the program completion rate is the number of students who complete the program within 150% of the stated program length beginning with enrollment in the first nursing course.							
Expected Levels of Achievement (ELAs)				Assessment Method with Responsibility			Assessment Schedule:
1. The AD program will have at least 80% of current students graduate from the program within 150% of program length (three semesters).				1. Quantitative Analysis of student completion rate at 150% from time of entry into program.			Annually, July
6.4.2 Implementation and Evaluation							
Assessment Results:				Action Plans, Follow-up Strategies			
2012-2013 1. Met – completion rate of 95.2% in 100% or 2 semesters				2012-2013 Maintain			
2013-2014 1. Met – completion rate of 91% in 100% of time (2 semesters)				2013-2014 Maintain			
2014-2015 Met – completion rate of 96% in 100% of time (2 semesters) <ul style="list-style-type: none"> • Met at Bismarck (main campus) – completion rate of 95.7% in 100% of time (2 semesters) • Met at Harvey (distance site) – completion rate of 100% in 100% of time (2 semesters) 				2014-2015 Monitor completion rate. Also, start to note those students who complete in 150% of time on completion table.			
6.4.2 Evidence							
Quantitative Analysis of student completion rate at 100% and 150% from time of entry into program.							
Aggregated and trended Program completion data							
Table of entry # students (cohort) and students who graduate and show %, those that drop out and reason for dropping out.							

Faculty minutes reflecting discussion and plans for program improvement based on program completion data.

DNP AD Program Attrition/Completion Rates									
Site	AY 13			AY 14			AY 15		
	Start/End	Attrition	Completion	Start/End	Attrition	Completion	Start/End	Attrition	Completion
BSC - Bismarck	21/20	4.8%	95.2%	22/20	9.0%	91.0%	23 /22	4.3%	95.7%
BSC Harvey	N/A	N/A	N/A	N/A	N/A	N/A	2/2	0.0%	100.0%
Total BSC	N/A	N/A	N/A	N/A	N/A	N/A	25/24	4%	96%
Total DNP	90/76	15.6%	84.4%	99/88	11.1%	88.9%	102/90	11.8%	88.2%

Assessment Process for:

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

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

Definition from ACEN 2013 Glossary:

Program Satisfaction – Perceptions of the graduates and employers as to the graduates' achievement of the learning outcomes/competencies and the adequacy and effectiveness of the program.

Expected Levels of Achievement (ELAs)	Assessment Method with Responsibility	Assessment Schedule:
<ol style="list-style-type: none"> 1. RN Graduates who respond to the Graduate Follow-up Survey 6-12 months post-graduation will express program satisfaction with an overall mean score of at least 3.0 on a 5.0 Likert Scale. 2. RN Graduates who respond to the Graduate Follow-up Survey 6-12 months post-graduation will express ability to perform the SLOs of the program with an overall mean score of at least 3.0 on a 5.0 Likert Scale. 3. Qualitative: Data is analyzed from the comment section of the graduate satisfaction survey and changes made as needed. 	<ol style="list-style-type: none"> 1. Qualitative Analysis of Graduate Survey Results (Satisfaction) 2. Quantitative analysis of graduate survey result (SLO) 	Annually, <u>September (will be July in AY 16)</u>
6.4.3 Implementation and Evaluation		
Assessment Results:		Action Plans, Follow-up Strategies

<p>2012-2013 – 2011 Graduates Responses are positive but return rate is not good.</p>	<p>2012-2013 Research ideas on how to increase response rates.</p>
<p>2013-2014 – 2012 Graduates</p> <ol style="list-style-type: none"> 1. <u>AD Graduates of 2012 Survey Results: (5 point Likert scale)</u> Average score – 4.48% Overall Program Satisfaction average score – 4.47% Employed as an RN – 100% Had a job before graduation – 62.1% Highest percentage took the NCLEX-RN exam less than a month after graduation – 62.1% 89.7% of respondents passed the NCLEX-RN on the first attempt <p>Follow up postcards sent out this year with increased response rate.</p>	<p>2013-2014 Monitor response rates.</p>
<p>2014-2015 – 2013 Graduates</p> <ol style="list-style-type: none"> 1. <u>AD Graduate Survey Results (for consortium, individual BSC stats in table below.): (5 point Likert scale)</u> Average score – 4.58% Overall Program Satisfaction average score – 4.58% Employed as an RN – 100% Had a job before graduation – 87% Highest percentage took the NCLEX-RN exam less than a month after graduation – 70% 100% of respondents passed the NCLEX-RN on their first attempt <p>This year, 2014, we went from Survey Monkey to Qualtrics which allowed us to utilize the email option for sending the survey to those we had email addresses for. Next year we should be able to send out even more since personal email is something that we've started to collect at each site.</p> <p>In an attempt to get a higher response rate, we mailed the survey, sent follow-up reminder cards and the students who had not responded were called by the site Administrative Assistants.</p> <p>Rate of Return:</p> <ol style="list-style-type: none"> 1. AD Graduates – $30/76 = 40\%$ - response rates have increased. <p>We added a question as to what their hourly rate of pay is.</p>	<p>2014-2015 Continue to use techniques to maintain response rates. Administer Graduate Survey earlier in the spring.</p>
<p>1.4.3 Evidence</p>	

1. Analysis of graduate survey (satisfaction and SLOs)

Program SLO #1 - I am able to adapt. the nursing process to provide nursing care in diverse settings to meet the human needs of individuals across the health-illness continuum.

Year	DNP	BSC
2011 Graduates - 6 pt. Likert	12/83 15% avg. = 5.33	n = 3/11 27% - avg. not separated per site
2012 Graduates - 5 pt. Likert	n = 29/83 36% avg.= 4.52	n = 9/18 50% avg.= 4.78
2013 Graduates - 5 pt. Likert	n = 30/76 40% avg. = 4.60	n = 11/20 55% avg. = 4.55

Program SLO #2 - I am able to incorporate various communication techniques in developing therapeutic relationships with individuals, families, and members of the interdisciplinary team.

Year	DNP	BSC
2011 Graduates - 6 pt. Likert	12/83 15% avg. 5.17	n = 3/11 27% - avg. not separated per site
2012 Graduates - 5 pt. Likert	n = 29/83 36% avg.= 4.55	n = 9/18 50% avg.= 4.89
2013 Graduates - 5 pt. Likert	n = 30/76 40% avg. = 4.63	n = 11/20 55% avg. = 4.64

Program SLO #3 - I am able to function within the legal and ethical scope of practice as an accountable member of the health care team providing leadership and management in the delivery of quality nursing care consistent with the associate degree registered nurse.

Year	DNP	BSC
2011 Graduates - 6 pt. Likert	12/83 15% avg. 5.58	n = 3/11 27% - avg. not separated per site
2012 Graduates - 5 pt. Likert	n = 29/83 36% avg.= 4.45	n = 9/18 50% avg.= 4.67
2013 Graduates - 5 pt. Likert	n = 30/76 40% avg. = 4.5	n = 11/20 55% avg. = 4.36

Program SLO #4 - I am able to demonstrate professional behaviors as a member of the dynamic health care discipline of nursing incorporating independent and continuous learning.

Year	DNP	BSC
2011 Graduates - 6 pt. Likert	12/83 15% avg. 5.17	n = 3/11 27% - avg. not separated per site
2012 Graduates - 5 pt. Likert	n = 29/83 36% avg.= 4.59	n = 9/18 50% avg.= 4.78
2013 Graduates - 5 pt. Likert	n = 30/76 40% avg. = 4.63	n = 11/20 55% avg. = 4.55

Program SLO #5 - I am able to integrate teaching-learning principles in providing individuals and families with health care information and skills related to health promotion and maintenance.

Year	DNP	BSC
2011 Graduates - 6 pt. Likert	12/83 15% avg. 5.33	n = 3/11 27% - avg. not separated per site
2012 Graduates - 5 pt. Likert	n = 29/83 36% avg.= 4.48	n = 9/18 50% avg.= 4.78
2013 Graduates - 5 pt. Likert	n = 30/76 40% avg. = 4.60	n = 11/20 55% avg. = 4.55

Program SLO #6 - I am able to integrate social, biological, behavioral, and nursing sciences when providing evidence-based nursing care to diverse individuals across the lifespan.		
Year	DNP	BSC
2011 Graduates - 6 pt. Likert	12/83 15% avg. 5.25	n = 3/11 27% - avg. not separated per site
2012 Graduates - 5 pt. Likert	n = 29/83 36% avg.= 4.31	n = 9/18 50% avg.= 4.78
2013 Graduates - 5 pt. Likert	n = 30/76 40% avg. = 4.47	n = 11/20 55% avg. = 4.27
Overall Program Satisfaction - Overall, I believe the program prepared me to practice as a safe, competent nurse.		
Year	DNP	BSC
2011 Graduates - 6 pt. Likert	12/83 15% avg. 5.42	n = 3/11 27% - avg. not separated per site
2012 Graduates - 5 pt. Likert	n = 29/83 36% avg.= 4.52	n = 9/18 50% avg.= 4.89
2013 Graduates - 5 pt. Likert	n = 30/76 40% avg. = 4.60	n = 11/20 55% avg. = 4.64

Assessment Process for:		
Criteria 6.4 The program demonstrates evidence of achievement in meeting the program outcomes.		
6.4.4 Employer Program Satisfaction: Qualitative and quantitative measures address employer satisfaction with graduate preparation for entry-level positions six to twelve months post-graduation.		
Definition from ACEN 2013 Glossary:		
Program Satisfaction – Perceptions of the graduates and employers as to the graduates' achievement of the learning outcomes/competencies and the adequacy and effectiveness of the program.		
Expected Levels of Achievement (ELAs)	Assessment Method with Responsibility	Assessment Schedule:
<ol style="list-style-type: none"> Employers who respond to the Employer Survey 6-12 months post-graduation will express satisfaction with graduate performance of student learning outcomes with an overall mean score of at least 3.0 on a 5.0 Likert Scale. Employers who respond to the Employer Survey 6-12 months post-graduation will express satisfaction with the preparation of a safe and effective nurse by the program with an overall mean score of at least 3.0 on a 5.0 Likert Scale. Qualitative: Data is analyzed from the comment section of the employer satisfaction survey and/or the advisory committee and changes made as needed. 	<ol style="list-style-type: none"> Quantitative Analysis of survey results (SLO) Qualitative Analysis of survey results. (Satisfaction) 	Annually, July
6.4.4 Implementation and Evaluation		

Assessment Results:	Action Plans, Follow-up Strategies
2012-2013 – 2011 Graduate Employers Response averages are all above 4 on a scale of 1-6.	2012-2013 Calculate how many students from each site answer the survey.
2013-2014 – 2012 Graduate Employers 1. Likert scale changed to 5 point. <u>AD Employer Satisfaction Survey Results</u> : (5 point Likert scale) Average score – 4.34% Overall Program Satisfaction average score – 4.37% Response rate decreased as a consortium.	2013-2014 Implement changes to increase response rate.
2014-2015 – 2013 Graduate Employers 1. <u>AD Employer Satisfaction Survey Results</u> : (5 point Likert scale) Overall Average score – 4.25% Overall Program Satisfaction average score – 4.33% Survey shows how many students from each site respond to the survey but is not separated into actual responses. This year, 2014, we went from Survey Monkey to Qualtrics which allowed us to utilize the email option for sending the survey to those we had email addresses for. Rate of Return: AD Employers – 44/56 = 79% We added a due date on the Employer letters, which seemed to help with the response rates and also addressed them to the DON of the facility.	2014-2015 Separate answers to be site specific

6.4.4 Evidence

Analysis of employer survey (satisfaction and SLOs)

Program SLO #1 - I am able to adapt. the nursing process to provide nursing care in diverse settings to meet the human needs of individuals across the health-illness continuum.		
Year	DNP	BSC
2011 Employers - 6 pt. Likert	n = 41/64 64% avg. = 5.0	Not calculated per site
2012 Employers - 5 pt. Likert	n = 40/70 58% avg. = 4.53	n = 11/18 61%- avg. not separated per site
2013 Employers - 5 pt. Likert	n = 44/56 79% avg. = 4.27	n = 14/20 70%- avg. not separated per site
Program SLO #2 - I am able to incorporate various communication techniques in developing therapeutic relationships with individuals, families, and members of the interdisciplinary team.		
Year	DNP	BSC

2011 Employers - 6 pt. Likert	n = 41/64 64% avg. = 5.15	Not calculated per site
2012 Employers - 5 pt. Likert	n = 40/70 58% avg. = 4.4	n = 11/18 61% - avg. not separated per site
2013 Employers - 5 pt. Likert	n = 44/56 79% avg. = 4.23	n = 14/20 70% - avg. not separated per site
Program SLO #3 - I am able to function within the legal and ethical scope of practice as an accountable member of the health care team providing leadership and management in the delivery of quality nursing care consistent with the associate degree registered nurse.		
Year	DNP	BSC
2011 Employers - 6 pt. Likert	n = 41/64 64% avg. = 5.17	Not calculated per site
2012 Employers - 5 pt. Likert	n = 40/70 58% avg. = 4.15	n = 11/18 61% - avg. not separated per site
2013 Employers - 5 pt. Likert	n = 44/56 79% avg. = 4.20	n = 14/20 70% - avg. not separated per site
Program SLO #4 - I am able to demonstrate professional behaviors as a member of the dynamic health care discipline of nursing incorporating independent and continuous learning.		
Year	DNP	BSC
2011 Employers - 6 pt. Likert	n = 41/64 64% avg. = 5.02	Not calculated per site
2012 Employers - 5 pt. Likert	n = 40/70 58% avg. = 4.23	n = 11/18 61% - avg. not separated per site
2013 Employers - 5 pt. Likert	n = 44/56 79% avg. = 4.23	n = 14/20 70% - avg. not separated per site
Program SLO #5 - I am able to integrate teaching-learning principles in providing individuals and families with health care information and skills related to health promotion and maintenance.		
Year	DNP	BSC
2011 Employers - 6 pt. Likert	n = 41/64 64% avg. = 5.02	Not calculated per site
2012 Employers - 5 pt. Likert	n = 40/70 58% avg. = 4.3	n = 11/18 61% - avg. not separated per site
2013 Employers - 5 pt. Likert	n = 44/56 79% avg. = 4.16	n = 14/20 70% - avg. not separated per site
Program SLO #6 - I am able to integrate social, biological, behavioral, and nursing sciences when providing evidence-based nursing care to diverse individuals across the lifespan.		
Year	DNP	BSC
2011 Employers - 6 pt. Likert	n = 41/64 64% avg. = 5.0	Not calculated per site
2012 Employers - 5 pt. Likert	n = 40/70 58% avg. = 4.28	n = 11/18 61% - avg. not separated per site
2013 Employers - 5 pt. Likert	n = 44/56 79% avg. = 4.18	n = 14/20 70% - avg. not separated per site
Overall Program Satisfaction - Overall, I believe the program prepared this graduate to practice as a safe, competent nurse.		
Year	DNP	BSC
2011 Employers - 6 pt. Likert	n = 41/64 64% avg. = 5.15	Not calculated per site
2012 Employers - 5 pt. Likert	n = 40/70 58% avg. = 4.36	n = 11/18 61% - avg. not separated per site

2013 Employers - 5 pt. Likert	n = 44/56 79% avg. = 4.32	n = 14/20 70% - avg. not separated per site
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Assessment Process for:		
Criteria 6.4 The program demonstrates evidence of achievement in meeting the program outcomes.		
6.4.5 Job Placement Rates: Expected levels of achievement are determined by the faculty and are addressed through quantified measures six to twelve months post-graduation.		
Definition from ACEN 2013 Glossary:		
Job Placement Rate – Number of graduates, one year after graduation, employed in a position for which the program prepared them.		
Expected Levels of Achievement (ELAs)	Assessment Method with Responsibility	Assessment Schedule:
1. Job Placement: A minimum of 80% of new Associate degree graduates who seek employment in nursing as an RN will obtain positions within one year of graduation from the exit point of the program.	1. Job Placement: Quantitative Analysis of Graduate Survey	Annually, July
6.4.5 Implementation and Evaluation		
Assessment Results:	Action Plans, Follow-up Strategies	
2012-2013 100% of 2011 graduates are employed 12 months after graduation.	2012-2013 Maintain	
2013-2014 100% of 2012 graduates are employed 12 months after graduation.	2013-2014 Maintain	
2014-2015 100% of 2013 graduates are employed 12 months after graduation.	2014-2015 Analyze PT/FT status as well as further education.	
6.4.5 Evidence		
Quantitative Analysis of Graduate Survey ND BON list of nurses and where they are working in ND College job survey		