

# Itasca Self Study

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## **Executive Summary:**

**Standard I: I-A.** The program has a feedback mechanism, SEP Part I that is reviewed yearly, and SEP Part II reviewed every 2 years. **I-B.** Itasca Practical Nursing Program convenes an Advisory Board twice a year and offers an annual Advisory Board survey. **1-C.** The programs completion rates have not consistently met the benchmark of 70% within 100% of program length. Quality improvement measures have been implemented. **I-D.** Itasca NCLEX results were: 2015-2017 - 76%, 79.17%, and 83.33% - 3-year average of 79.476%. **I-E.** The nursing programs employment rates: 2014 = 84.6%, 2015 = 75%, 2016 = 100%. **I-F.** 2017 satisfaction results - Exit Survey 100%; 6 to 12-month graduate 100%; Employer 100%; Faculty 100%. **II-A.** The nursing program mission is congruent with the college mission. **II-B.** Participation on college-wide work groups, committees and associations are encouraged and supported by faculty and administration. **II-C.** Itasca receives feedback from communities of interest including the Advisory Board, faculty, the Minnesota Board of Nursing (yearly compliance reports), and students/alumni. **II-D.** The Itasca webpage is responsive to updates from the nursing program. The Nursing Handbook is reviewed annually by faculty in May for updates and posted for accessibility. **II-E.** Lynette How, Director of Nursing earned a Master of Science in Nursing with a specialty in Nursing Education in April of 2013. **II-F.** The College's annual operating budget comes from Minnesota State and tuition/fees from students. **II-G.** The Director of Nursing updates faculty two to three times a year regarding the budget status in faculty meetings. **III – A.** Itasca's faculty is qualified, diverse, and adequate in number to meet the program goals. **III - B.** Itasca currently does not use preceptors. **III – C.** Faculty Expectations: The MSCF contract delineates the responsibilities for faculty. Professional development and service to the college are core components of a faculty member's work assignment. **III – D.** Faculty demonstrate individual and collective achievement of the program's expected faculty outcomes outlined in Itasca's SEP and discussed in faculty minutes. **IV – A.** Itasca's commitment to

student centered support is evident in the Resource Table in Appendix L. **IV – B. STUDENT POLICIES:** Itasca’s student policies are available on the website under the Academic tab on the Itasca homepage. **IV – C. POLICY CHANGES:** Itasca’s nursing policies are available in the Nursing Handbook, accessible on the Itasca website and in the Learning Management System, PN Orientation course. **IV – D. FORMAL COMPLAINTS:** Itasca has a policy for student grievances, complaints and concerns available under the Academics on the website. **IV – E. STUDENT RECORDS:** Itasca follows the Minnesota State Retention of Student Records Policy and the Records Retention Schedules. **V – A: STUDENT LEARNING OUTCOMES:** Itasca has eight SLOs that were developed from professional standards along with role specific competencies for each of the SLOs. **V – B: PROFESIONAL STANDARDS:** Itasca uses professional standards from the NLN Outcomes and Competencies Framework, National Association of PN Education and Practice (NAPNES), and the MN LPN Scope of Practice to base the student learner outcomes. **V – C: CURRICULUM DESIGN:** The PN Programs’ core courses were developed using a theoretical foundation of basic to complex. **V – D. CURRICULUM UP TO DATE:** The curriculum is up-to-date, dynamic, evidence based and reflects current health care trends. **V – E. EBP AND COLLABORATIVE PRACTICE:** The clinical experiences and simulations immerse students in the art of nursing, as well as volunteer requirements rounding out the community interest experience. **V – F. EXPERIENTIAL LEARNING:** The curriculum contains experiential learning in which students demonstrate and integrate the three apprenticeships of the NLN integrating concepts. **V – G. VARIETY OF TEACHING / LEARNING / EVALUATION:** Academic achievement is measured by course exams and ATI comprehensive exams. **V – H. EVALUATION STRATEGIES:** Each course in the Practical Nursing Program is evaluated using evaluation techniques that vary dependent on the learning activity. **V – I. TECHNOLOGY:** Itasca uses technology throughout the curriculum in each course. **V – J. CURRICULUM REVIEW:** Faculty use the student feedback from course surveys, grading rubrics, and exam analysis to determine the effectiveness of our evaluation strategies.

Standard I: Culture of Excellence – Program Outcomes

**The nursing program engages in ongoing and systematic assessment and evaluation based on data collection processes relative to expected institutional and program outcomes. These data collection processes are used to inform data-based program decisions regarding program integrity and educational achievements. The decisions made by the program demonstrate a commitment to continuous quality improvement in achieving program outcomes. The program’s commitment to continuous quality improvement is evident through the achievement of the following associated quality indicators.**

**Quality Indicator I-A. Faculty and staff assess and evaluate achievement of identified program outcomes by engaging in an on-going, systematic, evidence based process.**

Itasca Nursing Program implements a systematic process for data collection, analysis and quality improvement. The Feedback Mechanism table displays the systematic approach for this data based process. The Feedback Mechanism table includes the outcomes for the program, benchmarks, strategies for data collection including both quantitative and qualitative, timelines, persons responsible, recording and analysis of the data, dissemination of findings and actions taken. Itasca developed the Feedback Mechanism as an orderly “to do” list to monitor program outcomes that feeds into the Systematic Evaluation Plan Part I and Part II (SEP). The SEP Part I focuses on the quality improvement measures as a result of analysis and trending and is reviewed on a yearly basis. Areas reviewed annually include program outcomes, Advisory Board surveys, student course surveys, student exit surveys, 6 – 12-month graduate surveys, faculty surveys, faculty quality improvement plans, and Professional Development Plans (PDP), faculty outcomes, student handbook and policies, course and clinical evaluations.

The SEP Part II identifies goals that are reviewed every other year. In Part I of the SEP we have consistently 2 to 3 years of data, for SEP - Part II 2017 data is documented. Itasca’s review of the SEP is assigned on the calendar schedule for mandatory faculty work days. To assure the faculty have time to review the data analysis and provide quality improvement plans for the program, the program outcomes

of completion rates, employment rates, and satisfaction surveys are all reviewed yearly on one of the August required duty days for all faculty. The faculty review the licensure pass rates in February as the results for the prior year are released at the end of January. The faculty outcomes are also reviewed in August.

The curriculum and student data are primarily reviewed in May on a scheduled faculty workday. In May 2017, the course of interest was Pharmacology II, a first-time offering. A quality improvement (QI) theme centered on Pharmacology II was the focus of student and faculty course development. Qualitative comments from the student QI Projects, (The QI Projects Part I and Part II are assignments in which students are tasked with brainstorming potential improvements to the nursing program) course surveys, and the student exit survey provided faculty with student perspective. The faculty team discussed how to use the feedback and shared supportive ideas with the assigned instructor during the May work day. As a result, changes in Pharmacology I and II for implementation in 2017/18 were planned and documented in the quality improvement plan.

**Quality Indicator I-B. Faculty and staff decisions regarding program effectiveness and continuous quality improvement efforts are informed through multiple means of collecting and analyzing data and are inclusive of input from communities of interest.**

Itasca Practical Nursing Program convenes an Advisory Board twice a year and offers an annual Advisory Board survey. The communities of interest include Itasca employees, community healthcare employers, and community partners. The Itasca employee invitees include, but are not limited to the nursing department, counseling, admissions and administration. Invited community partners include representatives from area hospitals, skilled nursing facilities, assisted living facilities and the Applied Learning Institute.

The agenda is driven by Itasca's SEP and board suggestions. Agenda items and information are sent electronically prior to the meeting to allow for board preparation, so time spent together as a

board is productive and interactive. In the December 2016 survey (N=4 facilities), 100% responded with agreement in statements such as “I feel the members of this committee have input into the nursing processes and decision making” and “the Itasca Nursing Program value’s our committee’s feedback, opinions and feelings”.

Each year nursing students complete a Quality Improvement Project – Part I and Quality Improvement Project – Part II for the nursing program. Near the end of the fall semester, students identify opportunities for improvement within the program. In student-led groups, they select one opportunity, which the group identified, to work through quality improvement exercises and present their conclusions to the class. In the spring semester, students work on a similar program quality improvement activity, but it is more in depth. Root-cause-analysis is an underpinning to the student-led assignment. Students present to the class and discuss potential reasons for the opportunity, identify barriers for improvement and share potential solutions. For example, a student group wanted to address the SBAR format of the weekly clinical reflection assignment. Included in the student position were improvement strategies, collaboration stakeholders, resources needed for change, steps for implementation, and potential barriers. The student group then presented their idea to their peers and instructor for additional feedback. At the next faculty meeting this idea, as well as all other ideas were discussed. Plans for implementing the change were rolled out August 2017.

Five main types of surveys also direct Itasca Practical Nursing program’s decisions on program effectiveness and identify opportunities for improvement. Course surveys at the end of each course allow faculty to reflect on student perspectives and annual exit surveys at the end of the program provide insight on how students perceived their educational experience throughout the Practical Nursing program. Annual faculty surveys provide faculty the opportunity to voice opinions on data needed for our SEP and to identify trends in attitude.

Further information is collected from a large-scale survey to all graduates (Graduate Follow Up [GRFU]), which provides employment and continuing education data distributed by the college.

Additionally, in spring semester, Itasca Nursing Program sends out a 6-12-month survey to the previous year's graduates as to overall program satisfaction and satisfaction with their preparation as to the student learner outcomes.

The Advisory Board contributes annually to employer surveys to provide their perception of new graduates of the program. In December, 2016, 100% of the advisory board members (N= 4) agreed or strongly agreed that the advisory board has input into the program decision making.

Data from each of these surveys is discussed at faculty meetings and quality improvement plans are determined by the discussions. An example of action taken by Itasca Practical Nursing from employer survey analysis is improved student interview preparation with the result of facility partners coming to Itasca Community College to conduct mock interviews. Student feedback and employer feedback from the mock interviews was positive.

**Quality Indicator I-C. The program achieves expected program outcomes related to program completion rates.**

Our goal on our SEP is a 3-year average completion of 70% will complete the program as scheduled. Our program defines completion as finishing the program in two semesters and we do not rollover returning students to calculate completion at 150%. We calculate completion rate outcomes this way because we have one start date per year and returning students have to reapply to the program. Table 1 displays the program completion rates for the past 3 years and the 3-year average.

<b>Table 1: Program Completion Rates</b>				
Program	2014/2015	2015/2016	2016/2017	3 year average
PN Program	47/62 or 75.8%	24/45 or 55.6%	25/36 or 69.4%	66.9%

We did not meet our benchmark; however, faculty developed a quality improvement plan after looking at data on success rates, corresponding TEAS pre-entry scores and exam averages in the Health Needs courses. The following data on TEAS entrance exams directed an increase in pre-entry requirements. Of the students that did not complete the program in 2016, five students were below an overall TEAS score of 50, and ten students were below a score of 55. Pre-requisite TEAS scores prior to July 2016 were 41.3, effective July 1, 2016 the minimum score was raised to 50. The impact of this change will be evidenced in the class of 2017/18. Even though there was evidence supporting a TEAS score of 55, faculty decided to go slow in increasing the TEAS to gather further data. In addition, other factors such as English Language Learner status and TEAS retake attempts need to be considered for a multi-dimensional analysis. The GPA for the program was increased for the fall 2018 admission from 2.0 to 2.5 after GPA data was analyzed on those not successful in the program. In an audit of 2015/16 and 2016/17 student retention, 45% of unsuccessful students did not have an overall GPA above 2.5 in the requisites of Human Growth & Development, Anatomy and Physiology I & II, and Medical Terminology.

**Quality Indicator I-D. The program achieves expected program outcomes related to graduates performance on licensure and certification examinations.**

Table 2 below, displays the past 3 years NCLEX first time test takers results along with the 3-year average. The previous year’s results are published every January. As noted in table 2, the pass rates are consistently trending upward and are 0.5% short of the goal of 80% for a 3-year average.

<b>Table 2: PN NCLEX Pass Rates</b>				
Program	Jan 1 – Dec 31 2015	Jan 1 – Dec 31 2016	Jan 1 – Dec 31, 2017	3-year average
NCLEX Results	76%	79.17%	83.33%	79.476%

The faculty team analyzed data from the medical / surgical courses of 2015/16 students. The nursing grading policy for a final grade in the course was 80% and included a combination of assignment and exam points all of equal measure. Data analysis of the cumulative proctored exam scores (without

the assignment points) demonstrated that the majority of students (4/5 or 80%) who were unable to pass their medical /surgical courses by 78% on their exam points alone, did not pass their NCLEX boards the first time. There was one student that did not pass the NCLEX earning over 78%, she was at 78.1%.

Discussions began spring of 2017 to determine revision of grading policy with faculty. A unanimous decision to change the grading policy to require students to achieve a 78% cumulative exam average in courses with unit exams. If the students were not successful in achieving a 78% cumulative exam average, the student would fail the course. If the student scores 78% or above on the cumulative exam average, then assignment points would be added for the required 80% overall passing score for the course. Changes to the student handbook were made. At the May 2017 meeting with incoming students, this information was shared directly with those in attendance. The impact of this change will be evidenced starting with the 2017/18 class graduates.

**Quality Indicator I-E. The program achieves expected program outcomes related to graduate employment rates in the area of nursing program preparation.**

Itasca Community College is a part Minnesota State (Minnesota State) which consists of 37 colleges and universities across Minnesota. Itasca participates in the annual Minnesota State Graduate Placement Survey following a strict protocol prescribed by Minnesota State. Graduates are surveyed one year after their graduation to determine their employment status. The policy can be retrieved at <http://www.minnstate.edu/board/policy/331.html> for procedural explanation. Responses are submitted to and processed by Minnesota State, which produces a database and report generator that calculates the “related employment rate” for all of Itasca’s programs and for Itasca as a whole. The “related employment rate” represents the total number of graduates working in a position related to their program of study as a percentage of the total number of graduates available for related work.

The Itasca nursing program’s employment rates are found on Table 3.

<b>Table 3: PN Job Placement</b>			
Graduation Year	Survey Response Rate	Placement Rate	Continuing Education
May 2016	22/24 or 91.7%	100%	79.2%
May 2015	38/48 or 79.1%	75%	78.9%
May 2014	42/49 or 85.7%	84.6%	61.9%

Our percentage of students' continuing education is proportionately high related to the student desire to progress in nursing to an RN.

**Quality Indicator I-F. Faculty, students, alumni and employers express satisfaction with program effectiveness.**

The nursing program surveys multiple partners to identify program effectiveness including faculty on a yearly faculty survey, students on an exit survey, alumni on a 6 to 12-month graduate survey, and employers on an employer survey.

Faculty: The nursing program satisfaction surveys for 2016 and 2017 include faculty satisfaction of the program's effectiveness in producing safe, qualified nurses as 100% satisfaction (N = 5).

Student: Student exit surveys had 100% satisfaction in 2016 and 2017 (N =18 with 72% response rate [18/25], and N=24 with 96% response rate [24/25]). In 2017, points were assigned to the completion of the exit survey to encourage class participation. To keep it anonymous, a screenshot of survey completion with student name was submitted.

Alumni: The 6 to 12-month satisfaction results for the class of 2016 were 100% satisfaction with the Itasca Practical Nursing Program (N = 13 with a 52% response rate (13/25)). Some of the qualitative comments from the 2017 alumni were "I really enjoyed the hands-on during clinicals as that helped me learn a lot more about patient care", "the supportive, family-like atmosphere was great" and "I loved the ability to learn from home and the clinical experiences".

Employers: In December of 2016 employers attending the Advisory Board meeting completed a survey. Representatives from the same facility collectively filled out one survey, 4 surveys were

completed. The result was 100% employer survey satisfaction with the Itasca Practical Nursing Program (N =4).

Table 4 displays the past 3 years of program satisfaction data for the students, faculty, alumni and employers.

<b>Table 4: Program Satisfaction</b>			
Survey	Spring 2015	Spring 2016	Spring 2017
% = Student Satisfaction – N= Response rate	89% (N=18/47 or 38%)	100% (N=18/25 or 72%)	100% (N=24/25 or 96%)
% =Faculty Satisfaction – N= responded/total	100% (N=5/5=100%)	100% (N=5/5=100%)	100% (N=5/5 = 100%)
% =Alumni Satisfaction N= responded/total	Class of 2014 = 100% (N=19/49 or 38.8%)	Class of 2015=92.3% (N=26/47 or 55%)	Class of 2016=100% (N=13/25 or 52%)
% = Employer Satisfaction – Advisory Board N= total	Evaluation of Graduates 2014 100% (N=34)	Evaluation of Graduates 2015 100% (N=10 surveys)	Evaluation of Graduates 2016 100% (N=4 facilities)

Table 5 displays the program strengths, areas needing improvement and future plans for the program that relate to Standard 1. Evidence for Standard I is available on the Nursing Program Evidence for Compliance Document available at site visit.

<b>Table 5: Strengths and Areas Needing Improvement for Standard I</b>			
Criteria	Strengths of the Program Related to Standard I	Areas of the Program Needing Improvement Related to Standard I	Future Plans
I-A	The program has a feedback mechanism that supports the SEP Part I and Part II. The program uses this via a calendar schedule. The process is working well for the program.		Continue using the SEP as designed.
I-B	Faculty highly engaged and seeks out QI from student feedback from surveys and QI Projects, Part I and II.  Actively engaged advisory group, program outcomes shared and reviewed at the bi-annual meeting along with feedback from Advisory Board.		Continue to illicit feedback from communities of interest.
I-C	Process in place to determine completion rates using a database kept by director of nursing	Program completion rates not as high as desired by the program, however, percentages are reported at 100% rather than 150% of program length. Unsuccessful students are required to re-apply and status does not carry over for the 150%.	Plan to use feedback data in more formalized way, esp. related to attrition and feedback from comp predictor.  Plan to raise GPA to 2.5 from a 2.0 starting 2018 admits.  Offer a couple lunch-n-learns at the beginning of Semester I to emphasize positive study habits.
I-D	Pass rates this year up to 83.33%	The current NCLEX rate averaged over 3 years is 79.476%. Need to improve on the NCLEX first time pass rates for the program.	Fall 2017: Instituted a new grading policy for the program in which students must pass their exams cumulatively by 78% prior to any other points being added to the final score.  Increase the GPA to 2.5 for 2018 admits.
I-E	The job placement rates have been good.		Continue to track job placements.
I-F	Faculty, students, alumni and employers consistently report satisfaction with the program effectiveness.		Continue to seek feedback on program satisfaction from multiple communities of interest

## **Standard II: Culture of Integrity and Accountability – Mission, Governance, and Resources**

**A culture of organizational integrity and accountability exists within the institution and program with regard to mission, governance, and resources as reflected in their core values. The missions of the institution and nursing program are aligned, creating an environment in which the program can effectively establish program goals and achieve expected program outcomes. Institutional and program governance support the attainment of the program’s expected outcomes, and reflect faculty and student participation. Communities of interest are engaged in providing input into program planning. There is demonstrated institutional and program commitment and accountability to providing resources critical to maintaining the operational integrity of the nursing academic unit and supporting continuous quality improvement efforts designed to meet the program’s expected outcomes. This shared institutional and program perspective related to mission, governance, and resource allocation is evidenced through the achievement of the following associated quality indicators.**

**Quality Indicator II-A. Faculty and staff define the core values, mission, and goals for the nursing program, ensuring they are aligned with institutional mission and goals; expected program outcomes are derived from the established mission and goals.**

The Itasca Nursing Program’s mission is congruent with the college mission and a table was developed as supporting evidence. The mission and vision of Itasca Community College (ICC) and of the Itasca Practical Nursing (PN) Program is aligned as seen in Appendix B - Mission/Philosophy. Evidence is found on the Itasca webpage <http://www.Itascacc.edu/about-Itasca/mission-vision.html> and on the nursing webpage in a student handbook link <http://www.Itascacc.edu/nursing>. The nursing mission, core values and goals are reviewed every 2 years as scheduled on the SEP. The program is reviewing the mission/philosophy two years in a row (2017 and 2018) as the college is revising their mission with a final draft expected Spring 2018. Once the college has finalized their mission, the Itasca Nursing Program will revisit the nursing programs mission to assure it is in alignment.

The Itasca Nursing Program’s handbook is located on the nursing webpage. The nursing handbook includes the college and programs mission, the nursing programs’ core values, and goals along with the expected program outcomes.

**Quality Indicator II-B. The organizational structure of the parent institution and the nursing program provide opportunities for faculty and students to demonstrate involvement in institutional and program governance, enabling achievement of expected program outcomes.**

Faculty participation on college-wide work groups, committees and associations are encouraged and supported by faculty and administration. All faculty are covered under the Minnesota State College Faculty contract (MSCF). The MSCF contract has several established meetings at each campus within the Minnesota State system, including the Faculty Association (FA), Shared Governance Committee and the Academic Affairs and Standards Committee (AASC). The nursing faculty commonly attend the FA meetings. In addition, 100% of the three-full-time faculty are on college wide committees including the MSCF's mandated AASC and Shared Governance committees. The Director of Nursing, How, chairs the college wide General Matters and Student Affairs committee, Cole chairs the colleges' Facilities and Technology committee and Aldrich participates on the colleges' AASC. How and Cole represent their FA committees on the Faculty Association Shared Governance committee that meets once a month.

One hundred percent of the full-time faculty attend monthly faculty meetings coordinated by the Director of Nursing. Adjunct faculty are invited and minutes of the meeting are dispersed via e-mail. Because of the size of our faculty team, conflicts in preset meetings can be adjusted to accommodate full participation. The agenda addresses our SEP calendar schedule for consistency. In addition, spontaneous agenda items are added for timely discussion with the faculty group.

Students volunteer for student representative positions from each of the three clinical groups which includes distance group representation. The 2017/2018 class representative positions include President, Vice-President, Secretary and Student Life Representative. Each clinical group is represented in one of the offices, with two representatives from one clinical group.

Volunteer student representatives are active in College Wide Student Life and in communicating volunteer activities. The 2017 nursing graduates donated hours above any other Student Life group to the new food shelf on campus to help build consistency.

All students in the Practical Nursing Program share perspectives and develop quality improvement plans for the Practical Nursing program as part of Itasca nursing's curriculum. Examples of some quality improvement outcomes are shared later in the self-study in Standards II-C and V.

Nursing faculty attend the Practical Nursing Advisory Board meetings as well as select staff and administration from around the campus. The volunteer student representatives are invited to attend. The format for the board meetings encourages discussion, sharing of ideas and discussion of topics such as student and faculty survey outcomes. The agenda is arranged to share data in a systematic way according to Itasca's SEP Calendar Schedule and is distributed electronically to the board members at least two weeks in advance.

The students were asked on the Spring 2017 exit survey whether the student representatives, QI projects I and II and course surveys were an effective means of participation in program governance and ongoing communication with faculty. 96% of the students either agreed or strongly agreed (N=24/25).

**Quality Indicator II-C. Communities of interest provide feedback which is used to inform program decision-making about the educational preparation of students.**

Itasca receives feedback from communities of interest including the Advisory Board, the faculty, the Minnesota Board of Nursing (yearly compliance reports), and students through surveys. The program has multiple community partnerships that are documented on Table 6, such as elementary schools, Itasca County Health Fair, and the Career Fair for high school students.

<b>Table 6: Partnerships</b>		
Partnerships	Explain how this partnership provides intra-interprofessional collaboration	Years of Involvement
K-12 Schools Deer River	Students follow the school nurse and collaborate with the school nurse on care of children in the school setting. Students also help with some screenings.	2000 to present
Blood Donation	Set up by Circle K (College Kiwanis Group) and students are encouraged to donate blood.	Offered 3 to 4 times a year
Food Shelf	In December, the students work with the food shelf to get donations and see how this affects the community. This year students plan to donate money to the food shelf.	Yearly in December
Itasca Outreach Project	Collaboration with Koochitaska. Koochitaska is a dual county social service support program for underrepresented people. Twenty-five families are chosen by Koochitaska. Students volunteer to fill gift bags for the families at Christmas.	5 years
Runs for causes (Autism, Baby Step Boutique, etc.)	Each year the students have the opportunity to do “fun runs” and participate by being support staff for giving out food, beverages, providing rest stops, etc.	5 years
Victory Day for kids with disabilities	Students participate on the side lines as support staff to cheer students with disabilities on, food, momentums, and assistance to the students.	
AD/PN Director of Nursing	The Director of Nursing attends the quarterly AD/PN Statewide Director of Nursing meetings to assist the Director of Nursing in mentoring and networking with other Director of Nursing to provide quality in the nursing program.	20+ years
HealthForce Minnesota (HFM)	Collaborates with HFM for consulting services for accreditation and curricular updates.	4 years
Statewide PN Curriculum Collaboration Project	We had 2 faculty members that were on this project in 2013 and 2014. Resources are used throughout the program to provide for solid learning activities and a foundation for the nursing program.	3 years
Minnesota Simulation and Healthcare Education Partnership (MNSHEP)	All faculty are a part of the MnSHEP group and receive opportunities for attending free webinars on simulation, free resources, and access to experts in the simulation world within Minnesota.	1 year
Children’s Fair Community Event	Students volunteer at an Itasca PN booth which is located next to the local hospital. Students interact with children and assist with the teddy bear clinic.	10 years
Career Day	Students volunteer in the nursing lab to interact with 400-500 area high school students (juniors and seniors) during Simulated experiences.	10 years

<b>Table 6: Partnerships</b>		
Partnerships	Explain how this partnership provides intra-interprofessional collaboration	Years of Involvement
Anishinaabe Career Day	The program hosts Native American high school students through interactive presentations to expose nursing as a career option.	2010 to present

Itasca Practical Nursing’s Advisory Board has been an active participant in giving and receiving feedback. As a result of discussions, Itasca Practical Nursing program is currently making plans to host an open house for facility partners to present information on their facility to prospective employees on campus and in the community. This will benefit students’ educational preparation by giving them an opportunity to meet with potential employers or gain experience in talking to professionals. It will strengthen the relationship between the Itasca program and facilities by hosting the facilities and giving an opportunity to meet with prospective employees.

Itasca Nursing Program’s curriculum includes two assignments for students to directly provide feedback about their educational experience / preparation to facilitate quality improvement. After the data is collected and discussed, the data is summarized in a document, faculty reflect on the feedback that is obtained from these assignments. Faculty analyze the data, reflect in discussion on the data, and develop action plans using the input from the students’ quality improvement plans.

One of the quality improvement plans developed by students in fall of 2016 was specifically for improvements to the student clinical reflection assignment. Over the winter break changes were made to the remaining reflection assignments based on student feedback and implemented by the faculty in Spring 2017 to the same group of students. As part of the Spring 2017 quality improvement assignment, the same group of students were encouraged to provide feedback on the changes. These suggestions were used in revisions to the 2017/18 reflection assignments.

In addition, the program has multiple surveys that are used to provide feedback into the program processes and curriculum. The surveys include course surveys, clinical site surveys, student exit survey, post graduate 6 to 12-month surveys, Advisory Board surveys and faculty surveys.

Itasca's Nursing Program is approved by the Board of Nursing and completes a Compliance Report which demonstrates compliance to the legislative rules for nursing programs within Minnesota. Minnesota Board of Nursing representatives attend the quarterly AD/PN Director of Nursing Statewide Meetings to disseminate information to the program Director of Nursing regarding legislative updates and changes to the rules.

**Quality Indicator II-D. Program publications, documents, and policies are clear, current, accurately reflect program practices, and are accessible to communities of interest.**

The Itasca webpage is responsive to updates from the nursing program. The information regarding pursuit of CNEA is located on the nursing program's tab, as well as the career outlook, application to the program, program planner, student pre-requisite planner and the Nursing Handbook. The website <http://www.itascacc.edu/nursing> is updated annually at minimum by Itasca staff with input from the Director of Nursing. The Nursing Handbook is reviewed annually by faculty in May for updates and posted to the Itasca nursing webpage and in the Desire 2 Learn Brightspace (D2L) Learning Skills (LSKL) PN Orientation course. Date of revision to the Nursing Handbook are noted on the cover page. The Itasca Nursing Program webpage hyperlinks have an updated or revision date listed to assure communities of interests are aware of changes.

The Director of Nursing designed a tri-fold marketing tool for the program that was published and is distributed to prospective students and available at the Enrollment Director's office, student services, and the nursing hall. Web address information was provided on the publication for currency.

If a policy changes within the program, students are updated with changes at the May and August Orientation days. If changes to policies occur within the academic year, the changes are announced in class, put in announcements and provided via email and/or instant message. For example, a notice was put on the PN Orientation course announcement page in the online D2L course on September 12, 2017 and updated on October 3, 2017 to notify students of required flu shots. Students are no longer able to sign a declination form to decline a flu shot per requirements of the clinical facility.

Table 7 displays the results of specific survey questions regarding the implementation and notification of policies and changes to policies. Students were asked to give comments if they did not agree with the statements. Results included 8% that disagreed that policies are consistently communicated. The comments for this question had to do with the communication of policies that were resolved between the faculty and the students. Question two had 12.5% of the students that disagreed that student policies are implemented in a consistent and equitable manner. The comments involved a late reduction oversight by a faculty member and was resolved as soon as the issue was presented to the faculty member according to the policy.

<b>Table 7: Spring 2017 Exit Survey Policies</b>		
2017 Exit Survey Question (N=24/25)	Agree or Strongly Agree	Disagree or strongly disagree
1. Policies, procedures and program information are clear and readily accessible with changes consistently communicate to students with adequate notice.	92%	8%
2. Student policies are implemented in a consistent and equitable manner.	87.5%	12.5%

**Quality Indicator II-E. The nursing unit is led by a chief academic nurse administrator who is educationally and experientially qualified for the role and administratively entrusted with the responsibility and authorization to provide the leadership needed to achieve the program’s expected outcomes.**

Lynette How, Director of Nursing earned a Master of Science in Nursing with a specialty in Nursing Education in April of 2013 and has a current, unencumbered Minnesota RN Nursing License. The Director of Nursing's nursing career includes positions in acute care, ambulatory care, and nursing administration. The Director of Nursing has patient care experiences on medical, surgical, obstetrics, and clinic wings.

One of the areas of leadership expertise the current Director of Nursing has is in organization and development. In her role in hospital administration, she developed order set care protocols for common diagnoses to cover core measure criteria needed in reimbursement of services and quality measures for patient care. The protocols included feedback from physicians, administration and coders. In her role in ambulatory care, she developed protocols of care for patients that were used as prototypes region wide.

Courses on leadership, policy and politics in the master's program assisted in the development of theory-based leadership qualities. Internalized learning on transformational leadership has been adjusted and shared with students in the Role Transition course taught by the Director of Nursing.

A few accomplishments in the first year as Director of Nursing include securing grants for lab equipment improvements, building community relationships, participating in campus committees, initiating student internship development, assuming a lead role in Healthcare Career Pathways development, enriching organization details to the program and fiscal responsibility for allocating resources. Organizing a systematic reporting / discussion structure to faculty meetings has strengthened productivity of the meetings. A second-year addition includes participation on a campus task force working on the mission, vision and values strategic direction statements for Itasca. This team added depth to collaboration with peers and perspective of the Practical Nursing program in alignment

with the college. Another addition is accepting a position on the Essentia Health Deer River Advisory Board.

The Director of Nursing's position description includes responsibility for the development and administration of an accredited educational program. This includes the coordination/facilitation of didactic and clinical education; coordination of program faculty as appropriate; evaluation of student progress; maintenance of program records; and the instruction of students. The position also includes coordination of and participation in Practical Nursing Advisory committee activities. In addition, the position includes the responsibility for program fiscal planning, coordinating budget requests and development and evaluation, selection and purchasing of educational material and equipment with faculty input.

**Quality Indicator II-F. The nursing program has the necessary budgetary, human, instructional, physical, and technological resources to demonstrate achievement of the mission, goals, and expected program outcomes.**

**Budget:** The College's annual operating budget comes from Minnesota State. Biennial funding is secured from the Minnesota Legislature in even numbered years, annual operating budgets are then proposed to the Minnesota State Board of Trustees, which is charged with approving the Minnesota State budget. Fiscal support for the Nursing Department includes funding from the state allocation, tuition, grants and Carl D. Perkins Funding. The nursing budget is for nursing faculty personnel and staff only. The college budget supports the student services, technology, and the general education courses in the college. Table 8 displays the past three years of budgets for the nursing program, including personnel costs and the non-personnel budget which is used for student and lab supplies, travel, and professional development. In addition, the table displays the revenues and expenditures for the program for the past three years. The fiscal years run from July 1<sup>st</sup> to June 30<sup>th</sup> each year. The table shows that the programs revenues minus expenses balances out to \$0 each year. The nursing programs

budget is comparable to other programs in the college (evidence in the resource room will include three years of college budget and three years of nursing budget). In addition, on the faculty survey in spring 2017, 100% of the faculty (6/6) agreed that the nursing program’s budget was adequate.

<b>Table 8: Revenue and Expenses</b>			
Budget	FY 2016 7/1/15 – 6/30/16	FY 2017 7/1/16-6/30/17	FY 2018 7/1/17-6/30/18
Budget (Personnel)	449,510	372,571	390,000
Budget (Non-Personnel)	8,650	7,500	11,275
Total Expenses	458,160	380,071	401,275
Total Tuition	178,928	178,264	199,705
Total College Allocation	279,232	201,807	201,570
Total Revenue	458,160	380,071	401,275
Difference Revenue and Expenses	\$0	\$0	\$0

Additional revenue was secured in FY 2015 and FY 2018 in the form of grants. The nursing program received grant dollars in 2015 in the amount of \$63,000 for renovation of the nursing lab on the Itasca Campus from Itasca’s operating funds. The money was used to relocate the lab to increase square foot space, update beds, simulation equipment, and transform the space into the look and feel of a legitimate simulation lab.

The Itasca Nursing Program provides a distance education opportunity at the Rainy River Community College (RRCC) campus. RRCC received Minnesota General Obligation bond funds in FY 2015 in the amount of \$311,000 for a complete renovation of the nursing lab. The Itasca Nursing Program uses the updated RRCC lab for accessibility of students residing closer to the RRCC campus.

Two grants secured for FY 2018 in the amount of \$38,000 are building on the vast improvements made previously in FY 2015 from the Iron Range Resources and Rehabilitation Board (IRRRB) and the Applied Learning Institute (ALI) which are regional economic development organizations. The most notable improvement is the Medication Administration simulation equipment. The Medication

Administration equipment includes injector models, medication demo-doses that can be scanned and a student Electronic Health Record (HER), which coordinates with our Laerdal package at both simulation labs.

In 2016/17 the Itasca Nursing Program had 4.135 full-time equivalent (FTE) based on 30 faculty credits equaling 1.0 FTE. Program capacity is 40 students per academic year. The 4.135 FTE includes the FTE of the Director of Nursing who teaches half-time in the program and is assigned release credits for directing half-time, along with two full-time faculty, and three adjunct faculty.

**Human Resources:** The Itasca Nursing Program has a Clinical Lab Assistant (CLA) that works part time for the program to provide set up and take down for the labs, maintain equipment, order supplies, assist in student remediation of skills and who is also involved in recruiting and retention efforts. In addition, Itasca has multiple student services and resources for faculty and students. The college provides the funding for student services and information technology employees (See Appendix L: Resource Table). Table 9 displays the % of students that utilized specific student services at Itasca in 2017. On a Spring 2017 Exit Survey students were given the following statement: “The instructors are accessible to me and willing to answer questions about campus student services or other needs I may have”. Student results were 100% (N=24/25) agreed or strongly agreed to the statement.

<b>Table 9: Spring 2017 Student Exit Survey Student Services</b>		
Question: The following accessible ITASCA Student Services were utilized to meet my learning needs. Select all that apply...		
Student Services	% that utilized the services	N = out of 24
Academic Advising	54.17%	13
Tutoring	12.5%	3
Financial Aid Guidance	54.17%	13
Library Resources	71%	17
Personal Counseling	20.83%	5
Career Guidance	25%	6
Technology Support	25%	6
Bookstore	87.5%	21

**Instructional Resources:** The college has several required “duty days” per the Minnesota State College Faculty (MSCF) contract that faculty are required to attend. Required duty days for adjunct faculty are pro-rated. The college provided a Faculty Development Series on Teaching and Learning offered face-to-face on the campus in Fall 2017 as a result of feedback given by faculty.

Assessment Technology Learning (ATI) Academy, a supplementary learning program, provides instructional resources for instructors, proctors and students on how to use ATI. The package additionally provides students and faculty with learning opportunities beyond the assignments and testing.

Professional Development funds are available to each faculty member per requirements of the MSCF contract. Each faculty member receives \$250.00 each year and \$150 for part-time faculty. As an added benefit, faculty members are able to complete college/university courses within Minnesota State with tuition waivers to cover costs. In addition, Perkins funding provides approximately \$2000 a year for the nursing program professional development funds.

**Physical Resources:** Itasca has one classroom on the Itasca campus with a computer, Docu-cam, projector, screen as well as a webcam for Skype. The classroom seats 40 students with tables and chairs. The classroom at RRCC is comparable and seats 30 students.

The Skills/Simulation lab on the Itasca campus has one lab with six bed capacity complete with bedside tables, curtains, three bedside monitors, and storage for equipment and supplies.

RRCC has a comparable lab with five bed capacity complete with bedside tables, curtains, four bedside monitors, and storage for equipment and supplies.

Simulation occurs within the nursing lab on each campus. Itasca and RRCC labs include four Simpads and bedside computer with monitors, two adult nursing Kelley/Anne, two nursing kids, one

nursing baby, one Noelle mannequin, warmer and bassinet, and mannequins that are Simpad compatible.

Students were asked on the 2017 exit survey about the sufficiency of resources in the program.

Table 10 displays the results of the survey which shows satisfaction for the multiple resources available to the program.

<b>Table 10: 2017 Student Exit Survey Resources</b>				
Questions from 2017 Survey (N=24/25)	Strongly Agree	Agree	Disagree	Strongly Disagree
Online Resources, the learning management system (D2L) and/or Skype were helpful and positive resources to promote my learning.	17 71%	7 29%	0	0
Orientation to technology and support was available to me	12 50%	12 50%	0	0
Information for technology requirements and policies/resources for web-enhanced education are clear, accurate, consistent, and accessible on the college website.	11 46%	13 54%	0	0
Technology was current, up to date, and sufficient to meet my needs.	11 45.83%	12 50%	1 4.17%	0
The classrooms and skills labs were adequately equipped and appropriate to meet my learning needs.	13 57%	10 43%	0	0
Learning resources such as ATI, CINAHL, STAT Ref! were sufficient to meet my needs	12 50%	9 37.5%	3 12.5%	0

**Quality Indicator II-G. Nursing program resources are periodically reviewed and allocated as needed to sustain an environment of continuous quality improvement that enables the program to meet expected program outcomes and expected student learning outcomes.**

Itasca’s nursing budget is reviewed by faculty annually in October. The Director of Nursing updates faculty two to three times a year regarding the budget status in faculty meetings. In 2015, approximately \$63,000 was secured to create an updated simulation lab at Itasca. Concurrent renovations were completed under another funding source at the RRCC lab.

In 2017, two grants were secured in the amount of approximately \$38,000 to make improvements on student experience in the clinical lab. Because of these grants, things such as injection models, sequential compression devices and many improvements to medication

administration simulation were made. Improvements to medication administration was a focus related to changes made in clinical facilities, safety of the patient and student feedback.

These improvements benefit our current Practical Nursing students as well as future students in a course offered at participating high schools titled the Healthcare Core Curriculum (HCCC). High school students enrolled in HCCC are invited to come to the nursing lab for experiential learning once a month.

A table of resources is available to view in Appendix L. Evidence for Standard II is available on the Nursing Program Evidence for Compliance Document available at site visit. Table 11 displays the programs strengths and areas needing improvement along with future plans related to Standard II.

<b>Table 11: Strengths and Areas Needing Improvement for Standard II</b>			
Criteria	Strengths of the Program Related to Standard II	Areas of the Program Needing Improvement Related to Standard II	Future Plans
II-A	Faculty involvement in strategic planning for the mission, vision and values along with goal statements for college and program.	The values and goals statements of the college was revised based on task force input.	Review program value and goal alignment chart for re-alignment revision with changes to the college mission in 2017/2018.
II-B	<p>Student leader representative representation for each clinical group.</p> <p>2017 Student Exit Survey 100% agreement - The student representatives, QI projects I and II and course surveys were an effective means of participation in program governance and ongoing communication with faculty.</p> <p>QI fall and spring student led projects along with responsive QI from faculty throughout the semester.</p> <p>Exit survey provides student feedback and is taken into consideration for future QI.</p> <p>100% of full-time faculty serve on a college committee and 50% chair their committee. All nursing faculty receive faculty agendas, minutes, college faculty association agendas and are encouraged to serve on college-wide committees.</p>		Continue to elicit representation and improvement plans.
II-C	<p>Several successful partnerships with communities of interest.</p> <p>Partnership with RRCC, Hibbing Community College (HCC) and Itasca Area School Collaborative (IASC) to promote healthcare opportunities in the region.</p> <p>Advisory Board and clinical site partners' feedback elicited throughout the year at regular intervals formally and informally to discuss goals and improvements.</p> <p>Annual Advisory Board survey provided and results / action plan shared.</p> <p>Advisory Survey response 2016 in 100% agreement - I feel the members of the committee have input into the nursing program and decision making.</p>		Continue with partnerships.
II-D	Nursing program information (publications, documents and policies, NLN CNEA contact information and accreditation status) are accessible via the Itasca nursing website and in the student	Website needs to have consistent dates when documents are updated	Continue to collaborate with Enrollment Director to update

<b>Table 11: Strengths and Areas Needing Improvement for Standard II</b>			
Criteria	Strengths of the Program Related to Standard II	Areas of the Program Needing Improvement Related to Standard II	Future Plans
	<p>handbook, are reviewed for accuracy, clear, and up to date information on a scheduled basis.</p> <p>2017 Student Exit Survey 100% agreement- Program publications, documents, and policies are up-to-date and accurately reflect program practices.</p>		<p>current documents with the most current updated date.</p> <p>Consistently include revision/updates dates to documents and hyperlinks.</p>
II-E	<p>The Director of Nursing is qualified educationally and experientially. The job description supports the role of the nurse Director of Nursing in managing the procurement and allocation of the programs resources.</p>	<p>Director of Nursing would like to have additional leadership training</p>	<p>Seek out opportunities for training and education in leadership.</p>
II-F	<p>Faculty and student surveys report that there are adequate human, physical and technological resources for teaching and learning environment.</p> <p>Faculty are satisfied with the program's effectiveness in producing safe, qualified nurses. 100%</p> <p>Faculty have the opportunity to review and discuss the program operating budget. 80%</p> <p>The nursing programs' operational budget is adequate.</p> <p>Student exit 2017 agreement response-</p> <p>The classrooms and skills labs were adequately equipped and appropriate to meet my learning needs. 100%</p> <p>Technology was current, up-to-date, and sufficient to meet my needs. 95.8%</p> <p>Learning resources such as ATI, CINAHL, STAT Ref! were sufficient to meet my needs. 87.5%</p>	<p>Physical space - classroom location shares space with loud air exchange vent.</p> <p>A computer lab will be removed from campus in 2-3 years. Need plans for how the program will access computers for testing in the future.</p>	<p>Work with administration to identify possible classroom re-location options.</p> <p>Develop plan for access of computers for testing within the next year.</p>
II-G	<p>Faculty pursue grant funding resources, i.e. Lab renovation, Simulation software and supplies.</p> <p>Faculty pursue technology resources to support and enrich the student learning environment i.e. webcams for Skype, Docucare, Smart monitor, SimPads.</p> <p>Faculty survey response agrees budget is adequate.</p> <p>The nursing program's budget is adequate.</p> <p>Faculty and staff review the program resources for a sustained environment and provide input for quality improvement</p>		

### **Standard III: Culture of Excellence and Caring - Faculty**

**The expertise, creativity, and innovation demonstrated by the collective faculty within a culture of excellence and caring enables the nursing program to achieve expected program outcomes aligned with the program’s mission and goals. The faculty complement consists of educationally and experientially qualified individuals of diverse backgrounds who have expertise as educators, clinicians, scholars, and researchers, as relevant to the program’s mission and use their expertise to co-create a student-centered learning environment and achieve expected program outcomes. The organizational environment and program core values support inclusivity and empower faculty to achieve the professional outcomes expected of them in the faculty role, and seek the recruitment and retention of a diverse faculty. This commitment to creating a culture of excellence and caring supportive of faculty outcomes is evidenced through the achievement of the following associated quality indicators.**

#### **Quality Indicator III-A. The program’s faculty are qualified, diverse and adequate in number to meet program goals.**

Itasca’s faculty is qualified, diverse, and adequate in number to meet the program goals. Itasca has three unlimited (unlimited = permanent) full-time nursing faculty including the Director of Nursing (~ 50% teaching assigned) and three adjunct nursing faculty, all with MSN degrees. All the faculty have current and unencumbered RN licenses for the state of MN. The faculty profile outlines the degree attainment (Appendix E). Itasca’s nursing faculty are diverse with work experiences from clinics, skilled nursing facilities, acute care, specialty areas and administration. Our faculty include a nurse practitioner who practices in urgent care in addition to her full-time teaching assignment and an adjunct who is a nurse manager in a sub-acute skilled nursing unit.

One of the college core values is access - Itasca Community College embraces diversity and values service to all learners. [ICC’s Strategic Direction 3](#) is to provide learning opportunities, programs and services to enhance the global economic competitiveness of the state, its region, and its people. A goal under this Strategic Direction includes developing learning opportunities and campus action plans around cultural diversity, to improve understanding of global issues and better prepare our students for

a diverse world. The following foundational processes are employed by Itasca as it implements its strategic plan including: Respect diversity- The College will respect the strengths and experiences of learners and community members from all walks of life. The below statements are current in December of 2017, but revisions are currently being made to the strategic plan and will be updated in spring of 2018.

Minnesota State has an [Office of Equity and Inclusion](#), whose mission states: “The Office of Equity and Inclusion ensures students, faculty, and staff in Minnesota State learn and work in environments that actively promote equity and inclusion. The values that guide our work include: access and opportunity, equity and inclusion, cultural competence, culturally responsive pedagogy & service, and community engagement.” Itasca has and implements an [Affirmative Action plan](#) to assure an organizational environment supportive of recruiting and retaining a diverse faculty.

In addition, [Article 5 of the MSCF contract](#) is a non-discrimination article which includes equal applications, employer responsibilities and jurisdiction. Below is a segment from Article 5 which guides Itasca in creating an environment of supportive recruiting and retaining of diverse faculty:

- Job vacancy postings and advertising are far reaching and include such avenues as diversity.com, Chronicle of Higher Education, Native Councils, American Indian Journals
- The Northeast Higher Education District (NHED) search advisory committee handbook/guidelines include training information on Unconscious Bias, Non-discriminatory interviews
- All search committee members are required to watch the state’s Unconscious Bias video
- Question(s) about diversity background are included in each candidate’s interview
- The state’s Affirmative Action policies on all hires are included and followed

- We have an equity and inclusion plan for each NHED college which has goals and strategic plan to ensure we have an inclusive environment for all diverse backgrounds
- Itasca has an active diversity committee which also provides ways to help diverse faculty retention

Each faculty member has completed a CV which includes work experiences, awards, honors, leadership roles on campus, community and/or profession, licensure information, specialty taught in the program and expertise in area, continuing education and scholarly works (CVs available at site visit).

Itasca's preferred qualification is for a Masters in Nursing for unlimited (permanent) full-time nursing faculty. All faculty meet credentialing qualifications of the college and the Minnesota Board of Nursing.

Minnesota State requires a Bachelor in Nursing along with specific recency and experience as a RN as cited below.

**Occupational Experience Requirement** - Two full-time years (or equivalent) of verified related paid work experience as a registered nurse at the professional level.

**Recency Requirement** - One year of this work experience shall be within the five years immediately preceding the date of application for the credential field. The recency requirement shall be waived if the individual has two years of successful full-time (or equivalent) postsecondary teaching experience in the credential field within the last five years.

**Professional Requirement** - Current unencumbered Minnesota Registered Nurse (RN) license.

**Teaching and Learning Competency Requirement** - course construction (credit course)\*, teaching/instructional methods (credit course)\*, student outcomes

assessment/evaluation (credit course)\*, philosophy of community and technical college education (credit or non-credit course)\*\*

Faculty shall have a degree in education or three years of successful full-time (or equivalent) teaching experience prior to being hired, or shall be required to complete coursework in the above content areas (or their equivalent) prior to being granted unlimited status.

These courses shall be waived for individuals who at the time of hire have: a degree in education, or have documented evidence of successful completion of equivalent coursework in the specified teaching and learning content areas, or have three years of successful, full-time (or equivalent) secondary, postsecondary, industry, or trade apprenticeship teaching experience in the field for which they are being hired. ([Procedure 3.32.1 College Faculty Credentialing, Part 5, Subpart](#)). All faculty meet these requirements, documentation is kept in Human Resources at the college.

The [Minnesota Board of Nursing](#) requires a minimum of a Bachelors Science in Nursing for Practical Nursing faculty and a Master's degree in Nursing for the Director of Nursing. All Itasca full-time and part-time nursing faculty have a Master's Degree in Nursing.

All faculty fall under the jurisdiction of the Minnesota State College Faculty (MSCF) union contract. The [MSCF contract](#) states that: "A faculty member in the former MCCFA bargaining unit may be assigned either the thirty (30) credits per academic year limit or the forty (40) contact hours per academic year limit. Whenever either limit has been reached, the instructor may accept additional credit or contact hour assignments only as overload" (p. 24). In addition, faculty, per contract, are required to have one office hour per week for every three credits taught. Additional office hours or

student availability may be scheduled at the instructor’s discretion. Office hours and times of availability of faculty are clearly placed on faculty doors, on course syllabi, and are shared with students.

Table 12 displays the faculty to student ratios in the courses within the program.

<b>Table 12: Course Ratios</b>		
Course Number and Name	Credit Load Theory/lab/clinical	Faculty to students maximum ratio
PRNU 1205 Health Needs for All Ages I	4 theory	40/1
PRNU 1207 Pharmacology I	2 theory	40/1
PRNU 1208 Maternal Child	2 theory	40/1
PRNU 1210 Nursing Skills I	2 theory / 1 lab	20/1
PRNU 1211 Clinical I	5 clinical	10/1
PRNU 1212 Sim Lab: Nursing Basics	1 lab	10/1
PRNU 2204: Pharmacology II	2 theory	40/1
PRNU 2206 Health Needs for All Ages II	4 theory	40/1
PRNU 2207 Psychosocial Aspects of Nursing	2 theory	40/1
PRNU 2209 Role Transition	1 theory	40/1
PRNU 2210 Nursing Skills II	1 lab	20/1
PRNU 2211 Clinical II	4 clinical	10/1
PRNU 2221 Integrated practicum	2 clinical	10/1

### **Faculty Overload**

Faculty in 2015/2016 were not in overload assignment. The overloads in 2016/2017 and 2017/2018 are due to national accreditation preparation (Table 13).

<b>Table 13: Faculty Overload</b>			
Year	# Credits of Overload 2017/2018	# Credits of Overload 2016/2017	# Credits of Overload 2015/2016
# of Credits in Overload	9.5	15.25	0
Rationale	Accreditation Preparation	Accreditation Preparation	

Faculty to student ratios are upheld and supported by administration, 40:1 theory, 20:1 lab, 10:1 clinical and simulation. Assignments are recommended by the Director of Nursing to the Chief Academic Officer (CAO) with faculty input and agreement.

The following table displays the assignments for the 2017/2018 school year. The first section is for the fall semester for each faculty member with the spring assignment following. The total for the year should equal 30 credits or 40 contact hours and the employee is paid whichever is higher. In the 2017/2018 school year there are 9.5 credits of overload, all of these credits were assigned for CNEA Accreditation work.

**Table 14: Faculty Credit Assignments**

Fall																							
Lynette				Sue				Renee				Amber				Rachel				RR			
Class Ti	Credits	Contact	Contact	Class Ti	Credits	Contact	Contact	Class Ti	Credits	Contact	Contact	Class Ti	Credits	Contact	Contact	Class Ti	Credits	Contact	Contact	Class Ti	Credits	Contact	Contact Hrs
Coordin	8	8	170	Clinical	5	10	150	Clinical	5	10	150	Pharm I	2	2	32	Clinical	5	10	150	Clinical	5	10	150
Clinical	1	2	32	Coordin	2	2	42.67	Skills I	6	6	96	Skills I	1	2	32					Skills I la	1	2	32
OB	2	2	32	Health N	4	4	64	Sim Lab	1	2	32	Clinical	1	2	16					Sim Lab	1	2	0
Med Ter	1	1	16	Sim Lab	1	2	32	HCCC	4	4	64												
Sim Lab	1	2	32	Skills I	1	2	32	HCCC	2	2	32	Sim Lab	1	2	32								
Clin Sim	1	2	32	CNEA	2	2	32	CNEA	1	1	16	CNEA	1	1	16								
Med Ter	1.5	1.5	16																				
CNEA	4	4	64																				
HCCC	2	2	32																				
<b>Total</b>	<b>21.5</b>	<b>24.5</b>	<b>428</b>	<b>Total</b>	<b>15</b>	<b>22</b>	<b>352.67</b>	<b>Total</b>	<b>19</b>	<b>25</b>	<b>390.00</b>	<b>Total</b>	<b>6</b>	<b>9</b>	<b>128.00</b>	<b>Total</b>	<b>5</b>	<b>10</b>	<b>150.00</b>	<b>Total</b>	<b>7</b>	<b>14</b>	<b>182.00</b>
Spring																							
Lynette				Sue				Renee				Amber				Rachel				RR			
Class Ti	Credits	Contact	Contact	Class Ti	Credits	Contact	Contact	Class Ti	Credits	Contact	Contact	Class Ti	Credits	Contact	Contact	Class Ti	Credits	Contact	Contact	Class Ti	Credits	Contact	Contact Hrs
Coordin	10	10	213	Clinical I	4	8	128	Clinical	4	8	128	Clinical I	1	2	32	Clinical I	4	8	128	Clinical I	4	8	128
Role Tra	1	1	16	IP	2	4	64	IP	2	4	64	IP (Sim)	1	2	32	IP	2	4	64	IP	2	4	64
Med Ter	1	1	16	Coordin	2	2	42.67	Skills II	2.5	5	80	Pharm II	2	2	32					Skills II	0.5	1	8
Med Ter	???			Health N	4	4	64	CNEA	1	1	16	P/S	2	2	32	0			0	0			0
CNEA	2	2	32	CNEA	1	1	16	CNEA	1	1	16	CNEA	1	1	16	0			0	0			0
Clinical I	1	2	32													0			0	0			0
IP (Sim)	1	2	32													0			0	0			0
MT Infin	1	1	16													0			0	0			0
<b>Total</b>	<b>17</b>	<b>19</b>	<b>357.00</b>	<b>Total</b>	<b>13</b>	<b>19</b>	<b>314.67</b>	<b>Total</b>	<b>9.5</b>	<b>18</b>	<b>288</b>	<b>Total</b>	<b>7</b>	<b>9</b>	<b>144</b>	<b>Total</b>	<b>6</b>	<b>12</b>	<b>192</b>	<b>Total</b>	<b>6.5</b>	<b>13</b>	<b>200</b>
Summer	2	2	42.00																				
<b>Totals</b>		<b>45.5</b>	<b>825.00</b>			<b>41</b>	<b>667.33</b>			<b>43</b>	<b>678.00</b>			<b>18</b>	<b>272.00</b>			<b>22</b>	<b>342.00</b>			<b>27</b>	<b>382.00</b>

**Quality Indicator III-B. Preceptors are qualified and prepared for their assigned role and responsibilities in facilitating student learning.**

Itasca currently does not use preceptors.

**Quality Indicator III-C. Faculty are supported in providing unique and innovative contributions to the faculty role as defined by the missions of the parent institution and nursing program.**

Faculty Expectations: The MSCF contract delineates the responsibilities for faculty. The contract states:

It is recognized that full-time faculty members normally average forty (40) or more hours per week in carrying out their professional responsibilities. The reference to forty (40) hours is a generalization intended for recognition of the many non-assignable duties that faculty members perform. It does not establish a threshold of maximum assignable hours. It is further recognized that a state college faculty member's work assignment includes a number of diverse professional responsibilities. Classroom teaching and other contacts with students form the core of the faculty work assignment. Additionally, professional development and service to the college are the other core components of a faculty member's work assignment. A faculty member will plan to engage in such activities as student advising, course evaluation, classroom preparation, the evaluation of student performance, committee assignments, classroom research, and community service as part of the overall work assignment. Some of these activities may be completed off campus. Faculty members, regardless of online or onsite assignment(s), are expected to meet the professional obligations described in this article. It is also recognized that the work assignments of part-time faculty include similar duties performed on a proportional basis ([MSCF Contract Article 11](#)).

In addition, the faculty handbook includes information on expectations for nursing faculty. The faculty handbook states:

Professional development and service to the college are core components of a faculty member's work assignment. As time allows, Itasca faculty are encouraged to participate in workshops and meetings. Faculty members are expected to participate in nursing faculty meetings. Faculty are expected to be open to accepting or participating in additional college activities that will enhance or honor students and the college; i.e. graduation, advisory committees, academic advising, recruitment efforts, etc. Faculty are expected to serve on appropriate college committees and/or participate in public relations activities and events that may enhance the department and/or college. Full-time employees are expected to participate in college-wide faculty organizations such as –Faculty Association. This group is composed of MSCF faculty members from all disciplines. It is highly encouraged for all faculty members to participate in faculty-driven committees (AASC, Personnel, Student Affairs, General Matters, Student Life, Facilities). These committees meet and work together on assigned topics for the faculty association to discuss at regularly scheduled meetings (Faculty Handbook page 9).

The faculty are supported in achieving the role of faculty and scholarship by WebEx, trainings, conferences and grant-funded opportunities. College Wide Professional Development (during duty days) occur four times a year which provide updates from the college and specific professional development sessions for faculty. Full-time faculty are guaranteed \$250 a year of professional development dollars through the MSCF contract which can be rolled over from one year to the next. Part-time faculty are offered prorated funds annually that are not accrued. Faculty are also able to access tuition waivers at any of the 37 Minnesota State Colleges and Universities. As part of Itasca Practical Nursing's commitment to faculty enrichment, goals were set and mutually agreed upon to attend the Minnesota Health Educator's Conference at least every two years. Our college additionally supports this by writing a Perkins grant that covers most expenses for the annual MN Health Educator's Conference, which the

majority of faculty attend yearly. Further evidence of college support is evident in that the college assigned 13 release credits for faculty to work on CNEA accreditation during the 2017/2018 school year and 12 release credits in 2016/2017.

The nursing program has an annual budget for travel and program supplies. Travel covers AD/PN Statewide Director of Nursing meetings and RRCC campus visits.

The system office sponsors and supports multiple initiatives to bring faculty development to instructors across the system. Some of these initiatives are available for view on the [Educational Innovations website](#).

Annual Professional Development Plans (PDP's) are authored by faculty to assist in actualizing goals, quality improvement activities, and reflection. Faculty complete PDP's and submit them in the Accreditation D2L site and stored in the CNEA One Drive Standard III folder. The PDP's support faculty to continue growing in their profession.

The following table displays the faculty responses to questions related to professional development. 100% of the faculty agreed or strongly agreed to each of the comments.

<b>Table 15: Faculty Survey 2017 Questions III-C and D</b>				
N=5/5 faculty	Strongly Agree	Agree	Disagree	Strongly Disagree
I am aware of the resources available to me such as professional development dollars and tuition waivers for Minnesota State institutions for myself and dependents.	80%	20%		
I have had the opportunity to engage in continuous quality improvement for ongoing development as an educator.	80%	20%		
I have had the opportunity to participate in activities to support meeting program outcomes such as workshops, continuing education and/or conferences.	100%			
I have had the opportunity to discuss quality improvement ideas and implementation with faculty this year.	80%	20%		

Full-time and part-time faculty are oriented and mentored according to the policies in the Nursing Faculty Handbook.

New faculty are assigned a mentor and are also encouraged to ask other nursing faculty with expertise in specific areas any questions for guidance and assistance. For example, new faculty are guided to Aldrich who has expertise in technology, the Director of Nursing who has expertise in organization and development, Cole who has expertise in facilities, Unger who has expertise in skilled nursing facilities, and Carlson who has expertise in simulation. All the faculty work together to assist new faculty according to their strengths.

**Quality Indicator III-D. Faculty demonstrate individual and collective achievement of the program's expected faculty outcomes.**

Faculty demonstrate individual and collective achievement of the program's expected faculty outcomes outlined in Itasca's SEP and discussed in faculty minutes. We developed program faculty development outcomes in 2015, measured them and annually met the goals we established. The outcome goals Itasca Practical Nursing value include attendance at the Health Educator Conference, maintaining continuing education units, participation in administrative duty days and ongoing education related to online delivery and simulation.

As seen in Table 13, 100% (N=5/5) of faculty agree or strongly agree that they have had the opportunity to participate in activities to support meeting program outcomes such as workshops, continuing education and/or conferences and have the opportunity to discuss quality improvement ideas and implementation with faculty.

The CAO approaches the faculty evaluation process as an opportunity to work with faculty to reflect on and improve teaching. UFT faculty appraisals are conducted on a rotational basis (approximately every three years) and involve three forms of assessment:

- student evaluations, which are compiled anonymously and include comparison among classes and with past evaluations

- observation of teaching by the CAO
- faculty-written professional development assessment and plan

The student evaluation forms use a set of items with a Likert scale for easy comparison and also include open-ended questions inviting more thorough feedback (the evaluation instrument has been reviewed and revised by a faculty committee). The focus of both the student evaluation form and the CAO's observation visit is on teaching methods and effectiveness in engaging students. The CAO consults with faculty about all three segments of the evaluation. As part of the evaluation process, the CAO encourages participation in activities that focus on improving student engagement through teaching and learning workshops, discussions, and courses of study. Part-time faculty participate in a full evaluation their first semester of teaching and student evaluations with longitudinal reporting annually thereafter. Full-time unlimited (tenured) faculty participate in a full evaluation their first semester of teaching and then once every three years on a rotating basis (HLC Report 2009, p. 159).

Professional Development Plans (PDP) are updated yearly and submitted to the D2L Accreditation site by unlimited (tenured) full and part time faculty. Goal setting for the year is determined and reviewed on a yearly basis in the PDPs.

The faculty each completed a CV which identifies experience, faculty scholarship, professional continuing education, and a list of certificates and degrees achieved. This will be available at the site visit.

Examples of outstanding faculty individual accomplishments include leadership roles of nursing faculty on the college-wide Facilities and Technology Committee, General Matters/Student Affairs committee and the Strategic Directions Steering Committee. Faculty are represented in the community as board members on athletic clubs, a hospital advisory board and as a coordinator of a Women's Outreach Organization.

Two of the faculty members (How and Aldrich) were on a Statewide Curriculum Collaboration Project in 2013/2014 in which a statewide curriculum framework was developed for PN programs in Minnesota. In 2014, Aldrich along with others were published that worked on the project in the Journal of Nursing Education <https://doi.org/10.3928/01484834-20141120-04>.

Evidence for Standard III is available on the Nursing Program Evidence for Compliance Document available at site visit. Table 16 displays the programs strengths, areas needing improvement and future plans for the program.

<b>Table 16: Strengths and Areas Needing Improvement for Standard III</b>			
Criteria	Strengths of the Program Related to Standard III	Areas of the Program Needing Improvement Related to Standard III	Future Plans
III-A	Faculty to student ratio are sufficient for clinical and clinical lab settings. All full-time and adjunct nursing faculty are masters prepared.		Continue offering PN program to 40 students
III-B	Not applicable.		
III-C	<p>Nursing Faculty Handbook supports new faculty, resource for existing. Non-personnel budget supports Director of Nursing travel to state-wide meetings.</p> <p>Professional development funds available each year for full-time, part-time and adjunct faculty.</p> <p>Faculty pursue grant money for annual state educational conference. The college hosts faculty development sessions on a regular basis. The college frequently incorporates development sessions into administrative duty days.</p> <p>Nursing faculty support growth, development and leadership through ongoing mentorship with each other.</p> <p>Annual faculty professional development plans.</p> <p>2017 Faculty survey</p> <p>I have had the opportunity to mentor and/or be mentored and guided in my teaching role. 100%</p> <p>I have submitted a Professional Development Plan during this school year. 100% UFT</p> <p>I am aware of the resources available to me such as professional development dollars and tuition waivers for Minnesota State institutions for myself and dependents. 100%</p> <p>I have had the opportunity to engage in continuous quality improvement for ongoing development as an educator. 100%</p>		<p>Review Nursing Faculty handbook yearly.</p> <p>Continue applying for grant funding to offset costs to attend faculty development opportunities.</p> <p>Itasca continue to offer faculty development on a regular basis.</p> <p>Continue requirement of uploading documentation into Accreditation D2L site for all unlimited full and part-time faculty.</p> <p>Faculty submit for reimbursement to utilize their faculty development funds as needed.</p>
III-D	<p>Faculty outcomes are measured annually, 100% compliance.</p> <p>I attended at least 2 administrative duty days this year.</p> <p>I participated in at least one workshop / session on simulation education this year.</p>		Continue to meet 100% compliance

<b>Table 16: Strengths and Areas Needing Improvement for Standard III</b>			
Criteria	Strengths of the Program Related to Standard III	Areas of the Program Needing Improvement Related to Standard III	Future Plans
	<p>I participated in at least one workshop / session related to online delivery this year.</p> <p>I have earned at least 24 hours of CEU's in the past 2 years for license maintenance.</p> <p>I attended at least one HEC in the last 2 years.</p> <p>I have had the opportunity to participate in activities to support meeting program outcomes such as workshops, continuing education and / or conferences.</p> <p>I have had the opportunity to discuss quality improvement ideas and implementation with faculty this year.</p>		

#### **Standard IV: Culture of Excellence and Caring - Students**

**The parent institution and nursing program are committed to providing student-centered services sufficient to create a learning environment focused on promoting student success. The learning environment is supportive of students, enabling them to achieve academic success. The nursing program has established student policies which conform with institutional student policies. Student policies include, but are not limited to, those related to recruitment, admission, retention, progression, and graduation processes. Students enrolled in distance learning programs have access to student services to support their success. The program's commitment to acting in the best interest of its students and creating a caring environment that fosters student success is exhibited through the achievement of the following associated quality indicators.**

**Quality Indicator IV-A. The institution and program provide student services that are student-centered; culturally responsive; and readily accessible to all students, including those enrolled in distance education; and guide students through the processes associated with admission, recruitment, retention progression, graduation and career planning. Student services are evaluated for effectiveness and ability to satisfactorily meet student needs through a process of continuous quality improvement.**

The college and the nursing program embraces the CNEA's definition of diversity which includes:

“A culture of diversity embraces acceptance, respect, and inclusivity. We understand that each individual is unique and recognize individual differences, which can be along the dimensions of race, ethnicity, gender, sexual orientation, socio-economic status, age, physical abilities, religious beliefs, political beliefs, or other ideologies. A culture of diversity is about understanding ourselves and each other and moving beyond simple tolerance to embracing and celebrating the richness of each individual. While diversity can be about individual differences, it also encompasses institutional and system-wide behavior patterns” (NLN, 2007, [www.nln.org](http://www.nln.org)).

The college is in the process of developing new Strategic Directions and Core Values. These values and directions evidence institutional support of the NLN definition of diversity. The Director of Nursing is on the steering committee for the Strategic Directions work group. As of 12/5/2017 the draft language includes inclusivity that supports student engagement as follows:

Draft Strategic Direction (SD) #2: Advance high quality educational experiences.

Draft SD #2, Directional Goal #4: Student Engagement: Foster an inclusive environment that supports student interaction and engagement with the college.

Draft SD #3: Facilitate development of high-quality citizens.

Draft SD #3 Directional Goal #2 Respect: Model civility through an engaging campus culture that values differences.

A draft version of one of the five new core values as of 12/5/2017 includes:

Civility: Itasca Community College will encourage the college community to engage in meaningful conversations that embrace differing viewpoints and perspectives in a safe, open, and respectful environment.

The nursing program has in the past had multiple English Language Learner (ELL) students. To be sure that the faculty are addressing the ELL student needs, a question is asked at the end of the student exit survey each year: "What suggestions do you have that would help future English speakers of other language students to be successful in our program?"

In spring 2017, short answer responses included: "determine language barriers", "provide time to meet with them and answer any questions or concerns they might have", "advise tutoring to students", "patience", "please be patient and don't get bad impressions of us, it only takes time for us to process the information given in class", "I have to also say that all of the instructors were awesome and helpful in explaining and helping students who don't have English as their primary language", "I am very grateful to all you", "give them a listening ear like they have always done", "speak slowly and ask the student to explain what you just told him or her". Faculty discussed the results at a faculty meeting and plan to continue to support ELL students in the program (see May 2017 faculty meeting minutes).

Itasca's commitment to student centered support is evident in the Resource Table in Appendix L. The

Itasca Student Handbook guides students to the institution student services opportunities available as listed below.

<b>College Services</b>	
Academic Skills Center (ASC) / AEOA Adult Education .....	69
Bookstore .....	70
Bus Service .....	70
Child Care Center.....	70
Computer Services (IT).....	71
Disability Services .....	71
Food Services .....	71
GED Testing.....	72
Housing / Residence Halls .....	72
Insurance (Health).....	72
Library / Media Center.....	72
Multi-Cultural Center .....	72
Parking .....	73
Student ID Cards.....	73
Student Support Services (SSS).....	73
Testing Center.....	74
Transcripts.....	74
Veterans Resource Center.....	74
<b>Student Life</b>	
Athletics, Student Clubs, and Organizations.....	75

The college website was re-designed for easier student navigation in 2016. Students have easy access to information on a variety of student services such as campus security, computer disability, and writing center services by clicking on the main page On-Campus Services tab

<http://www.Itascacc.edu/on-campus-services/student-services.html>. Along with the webpage re-design,

Itasca supports time for the Enrollment Director to manage the website for responsive updates in addition to the position’s admission and recruitment duties.

The Enrollment Director plays a pivotal role in the recruitment and enrollment of prospective students in sync with the nursing student counselor, advisor, and Director of Nursing. The Director of Nursing and faculty work with students on retention and progression through the program. The program has a course titled Role Transition which transitions student focus on graduation requirements, NCLEX preparation and career planning.

Students at the Itasca campus, RRCC campus, and in the Distance program are able to access all student services either on campus at Itasca or RRCC, or for distance via online website, phone conference calls, and/or face to face meetings at the Itasca campus. Table 17 displays the staff at the different locations for the student services along with comparable access for the Itasca, RRCC, and Distance programs.

<b>Table 17: Student Services</b>			
Itasca Practical nursing is a distance education model with presence on 2 campuses with physical lab spaces and dedicated classrooms. Itasca services are available to all students, for convenience, students have the option of additional services at Rainy River Community College (RRCC) through a collaboration agreement.			
Service	Staff	Itasca Campus and Distance students	RRCC Campus on-site services in addition to Itasca services
Counseling	Becky Niemi	Students can phone for a face to face conference at the Itasca campus or schedule a telephone conference call	
Academic Advising	Becky Niemi Kayley Schoonmaker	Becky Niemi Nursing Faculty Phone conference or face to face at Itasca campus	Brad Krassaway
Library Services	Steve Bean: Librarian Itasca	Physical Library on Itasca campus Online resources, specific to nursing	Diane Raboin Physical Library on RRCC campus
Writing Center	Cole Perry	Physical space in library Itasca campus, meeting by appointment face-to-face, phone conference or e-mail	
Financial Aid	Nathan Wright	Physical space in business office Itasca campus, meeting by appointment face-to-face, phone conference or e-mail	
Student Activities	Kayley Schoonmaker	Student Life Clubs	Brad Krassaway Student Life Clubs
Student Support Services/ Disability Services	Ann Vidovic	Physical space on Itasca campus	Amy Amundsen Physical space on RR campus
Veterans Services	Barry Martinson	Students are directed to contact the district coordinator with physical space off-campus <a href="http://www.Itascacc.edu/admissions/va-educational-benefits/">http://www.Itascacc.edu/admissions/va-educational-benefits/</a>	
Book Store	Faith McBride	Physical space in student services building on Itasca campus, orders accepted by phone and shipped if requested	
Proctoring Center	Ann Vidovic	Physical space on Itasca campus	Brenda Sueker Physical space on RR campus
Technical Support	Todd Crow	Students are directed to use the district IT support hub @ <a href="http://www.Itascacc.edu/on-campus-services/itservices/help-desk.html">http://www.Itascacc.edu/on-campus-services/itservices/help-desk.html</a>	Jacob Clarity and district support hub

**Program Specific Services:**

The Itasca nursing program assists with the transition to D2L navigation by enrolling prospective students in LSKL Practical Nursing Application and Practical Nursing Orientation courses prior to fall start. This allows prospective students practice in our D2L learning management system, communicate with the Director of Nursing and have ready access to required documentation due prior to fall entry.

The program has a part-time clinical lab assistant (RN) that is specific to the nursing program at the Itasca campus. She is available to help the students with tutoring by schedule and assists with skills review.

To attract a greater variety of students, Itasca offers Practical Nursing students a Skype synchronous or asynchronous option for didactic class time. The Skype link is embedded in each course for ease of student access. Faculty teaching didactic portions of learning offer the students an option to come to campus or to attend class via Skype. Not all learning may be attained through the synchronous or asynchronous Skype option; the hours of clinical (including simulation) require student campus presence. Itasca offers this alternative communication option for the didactic portion to support the recruitment and retention of students who could not otherwise be part of a nursing program.

At this time, approximately 25% of the students select the Skype option. Students can move back and forth between in class presence and Skype presence. All exams are given at the same time – those students who are at a distance can elect to set up a proctor site versus travel to campus. All students have access to student support services, using electronic communication, phone or travel to campus to access the services. All students have support to online nursing database (CINAHL) for their course work.

Throughout the program students have the opportunity to voice perspectives in anonymous course, exit, and 6 – 12 month graduate surveys. Faculty develop quality improvement plans based off student feedback from these surveys.

In May 2017, the student exit survey asked whether the “Itasca Student Services were utilized to meet my learning needs”. The following table gives the feedback from the students. As can be seen on the table, it is difficult to determine if the students 1) used the student services, and 2) whether the student services met their needs. The exit survey was revised for the 2018 students to ask the following question: “The following Itasca student services were sufficient to meet my needs” (with a listing of student service resources) to get more detailed feedback.

<b>Table 18: Exit Survey Student Services Questions</b>	
2017 Student Exit Survey: Itasca Student Services were utilized to meet my learning needs. Select all that met your needs. N=24/25 students	
Academic Advising	13
Tutoring	3
Financial Aid	13
Library Resources	17
Personal Counseling	5
Career Guidance	6
Technology Support	6
Bookstore	21

Students were also asked on the student exit survey in Spring 2017 whether or not D2L and/or Skype were helpful and positive to promote my learning. Students 100% (N=24/25) agreed or strongly agreed that D2L and Skype were helpful and positive to promote their learning.

**Quality Indicator IV-B. The program’s student policies conform with institutional student policies and are readily available to the public.**

Itasca’s student policies are available on the website under the Academics tab on the Itasca homepage under college policies <http://www.itascacc.edu/policies>. This site contains the college policies and procedures regarding student registration, academic progress and the confidentiality of student

records. Itasca gives students, through their student government, the right to present their views as well as make written recommendations about decisions that affect these policies. The following list is not exclusive for college policies. The entire document for college policies is found on the webpage above under College Handbook.

The following policies are available on the website:

[Academic Forgiveness](#)

[Academic Integrity](#)

[Acceptable Use of Computers and Information Technology Resources](#)

[Add/Drop/Withdrawal/Refund/Return of Financial Aid](#)

[Complaint and Grievance Process for Students](#)

[Confidentiality Policy](#)

[Copyright Infringement](#)

[Criminal Notice](#)

[Disbursement of Books and Supplies Policy](#)

[Drug and Alcohol Free Campus Policy](#)

[Emergency Response Procedure](#)

[Fact Booklet](#) (Includes college-wide retention and graduation rates)

[Family Education Rights and Privacy Act](#)

[Final Exams](#)

[Harassment / Violence Policy & Procedure](#)

[Handgun Policy](#)

[Immunization Requirements](#)

[Leave of Absence](#)

[Missing Student Notification](#)

[Pass / Fail Grading Option](#)

[Posting of Advertisements and Information on Campus](#)

[Satisfactory Academic Progress Policy](#)

[Smoking and Tobacco Use Policy](#)

[Student Code of Conduct](#)

[Student Concern Process](#)

[Student Stipends/Leadership Awards Policy](#)

[Suggested Lender List/Gift Policy](#)

[Title IV Loan School Code of Conduct Policy](#)

[Verification Policy/Procedure](#)

[Weather Emergency Procedures](#)

The college abides by [Minnesota State policy 1B4](#) Access and Accommodation for Individuals with Disabilities. In addition, the college has an Office for Students with Disabilities (OSD) which provides [disability services](#). The webpage lists the multiple services available for individuals with a physical or mental impairment that substantially limits one or more major life activities, has a record of such an impairment or is regarded as having such an impairment. These activities include the ability to write, learn, read, think, concentrate, memorize, hear, see, talk, walk, breathe, or perform manual tasks.

After admission to Itasca, students must make an appointment to see an OSD staff person for an intake interview and at that time present documentation of their disability. This documentation may include high school special education records or a report from a licensed psychologist, disability specialist, or medical doctor. Once students have presented documentation of their disability along with

having a staff consultation, a variety of accommodations may be provided, determined on a case-by-case basis.

The Itasca Nursing Program follows college policy, but has additional requirements of its students that exceed college policy. To address these requirements, the Nursing Student Handbook is published on the Itasca website and in the LSKL in the D2L Management System titled the Practical Nursing Orientation course. A few examples of additional requirements are background study completion, additional immunization requirements, clinical professionalism, and clinical attendance. Because of the direct patient contact requirements, patient safety and student professionalism parameters exceed college policy. See table 19 for a comparison of the college and nursing policies and rationale for the differences.

<b>Table 19: Comparison of Policies and Rationale for Differences</b>		
College Policy	Nursing Policy	Rationale
<p>Admission to College High school transcript or an official copy of your GED (If you have a Bachelor's or Master's degree, you do not have to submit a high school transcript.) Complete the Placement Test / Register for Classes <a href="#">Student handbook 2017/2018 p. 45</a></p>	<p>* Successful completion of all pre-program requirements. A passing grade of C is required in all general education and nursing courses listed on the Student Pre-requisite Planner Sheet. *Pre-requisite course 2.5 GPA. *TEAS score of 50 or greater <a href="#">Nursing Handbook 2017/18 p. 9 &amp; 10</a></p>	<p>Nursing school is rigorous. Preparation for success in program.</p>
<p>Academic Grades Letter grades of A, H (honors) A, B, H (honors) B, C, D, F, FN (Not successful) , and FW (withdraw) will be used in computation of GPA A grade of F, FN, or FW will not satisfy a graduation requirement nor will it count as a course completion for calculation of satisfactory academic progress. <a href="#">Student Handbook 2017/2018 pp. 64 and 65</a></p>	<p>First, exam averages (in courses with exams other than ATI proctored) must achieve a 78.0% in each course without rounding. If the exam average threshold has been met, the assignment points will be factored into final grade. An 80% or "B" is required to progress in Itasca Practical Nursing (PRNU) core coursework. A student who fails to attain 80% in a nursing course will be dismissed from the program and given the opportunity for one final attempt at the program. <a href="#">Nursing Handbook 2017/18 p. 12</a></p>	<p>Nursing students are being prepared to sit for the NCLEX. Data was analyzed and other programs were polled to initiate an exam average of at least 78% in courses with exams. Students who are successful in this standard are likely to pass the NCLEX on their 1<sup>st</sup> attempt.</p>
<p>Repeating Courses Itasca permits students to repeat their courses for the purpose of improving their letter grade. Both the old and new grades remain on the student's transcript. The repeated course with the lowest grade is not counted in the GPA calculation but will count as an attempt but not completed course for calculation of satisfactory academic progress. <a href="#">Student Handbook 2017/2018 p. 66</a></p>	<p>If a student is readmitted and begins the following year, courses passed at a satisfactory level (exception of clinical) will not have to be retaken. A student who is out of the Program for one year or more, will be required to retake all coursework and will follow the current policies of admission to the Program. A returning student who does not successfully complete the Nursing Program will not be considered for future readmission. <a href="#">Nursing Handbook 2017/18 p. 15</a></p>	<p>The nursing program has time constraints and only allows 2 attempts. Allowing students who are unsuccessful more than once to keep retaking courses is not good stewardship of the program's integrity or the student's resources.</p>
<p>Immunization Record diphtheria, tetanus (Td), measles, mumps and rubella (MMR) <a href="#">Student Handbook 2017/2018 p. 109</a></p>	<p>diphtheria, tetanus (Td), measles, mumps and rubella (MMR) <u>plus</u> varicella, tuberculosis test / screen, hepatitis B series, influenza <a href="#">Nursing Handbook 2017/18 p. 11</a></p>	<p>Clinical facilities have additional requirements for students and faculty at their facility.</p>

<b>Table 19: Comparison of Policies and Rationale for Differences</b>		
College Policy	Nursing Policy	Rationale
HIPPA Agreement No policy	Signed HIPAA and confidentiality statements signed by students per facility request Program confidentiality statement signed by students <a href="#">Nursing Handbook 2017/18 p. 18</a>	Clinical facilities have requirements for students at their facility.
Liability Insurance No policy	All students must carry liability insurance as established by the college. This insurance is provided through the Community College System at a rate of \$12 per year. <a href="#">Nursing Handbook 2017/18 p. 11</a>	Clinical facilities have requirements for students at their facility.
Background Study No background study required	MN DHS background study clearance Federal Criminal Background Study clearance <a href="#">Nursing Handbook 2017/18 p. 12</a>	Clinical facilities have requirements for students and faculty at their facility.
Dress Code-Clinical No policy	Neat and well-groomed Clean uniform not worn outside of lab/clinical Hair clean, neat and off shoulder. Natural hues only Fingernails short, clean, no artificial nails <a href="#">Nursing Handbook 2017/18 p. 17 and 18</a>	Infection control Professional appearance Clinical facilities have requirements for students at their facility.
CPR Certification No policy	CPR for the Healthcare Provider: Students must have current adult, child and infant CPR certification, including AED throughout the program (not to expire prior to June of graduating year). <a href="#">Nursing Handbook 2017/18 p. 10</a>	Foundational knowledge for incoming nursing students

The Nursing Handbook is reviewed on an annual basis to determine if changes need to be made to the policies and as needed throughout the year. If a policy is changed at the end of the academic year, it is updated in the new Nursing Handbook for the following fall with date of revision posted on the website and on the Nursing Handbook. If a policy is changed during the school year (which is rare), the students are notified via instant message, email, D2L and/or face-to-face. An example of a policy change came in May 2017.

- Students must achieve a 78.0% exam average in each course without rounding.
- If the exam average threshold has been met, the assignment points will be factored in.
- An 80% or “B” is required to progress in Itasca Practical Nursing (PRNU) core coursework.
- A student who fails to attain 80% in a nursing course will be dismissed from the program and given the opportunity for one final attempt at the program (Nursing Handbook 2017/18 p. 12).

One additional policy change effective fall 2018, GPA increased from 2.0 to 2.5 for pre-requisite courses required for acceptance into the program. This change was the result of analyzing retention benchmarks (Table 1) not met.

The grading policy for the Itasca Nursing Program is consistent among the faculty. The grading policy is in the Nursing Handbook, agreed upon by the faculty, and found on each course syllabi for the program.

Table 20 demonstrates that in May 2017, 21/24 or 87.5% agreed or strongly agreed that the nursing policies are implemented in a consistent and equitable manner. The three that disagreed had a situation in which a student handed in a late paper and was not deducted 5% as is standard by policy. The student that did not receive the 5% deduction, told the class that he was not deducted 5% because

he was favored by the faculty. Faculty discovered the error after talking to the students about the survey results, subsequently, the 5% was deducted from the student's late paper.

Table 20: May 2017 Exit Survey Policy Question				
Exit Survey Question N=24/25 May 2017	Strongly Agree	Agree	Disagree	Strongly Disagree
IV -C Nursing policies are implemented in a consistent and equitable manner.	10	11	3	0

**Quality Indicator IV-C. Student policies are clearly delineated and accessible with students advised of changes with adequate notice.**

Itasca's nursing policies are available in the Nursing Handbook, accessible on the Itasca website and in the D2L LSKL PN Orientation course.

Quality improvement data collection and analysis related to first-time NCLEX pass rates led to two changes executed in increments. One took effect during the 2017-18 school year and the other will affect 2018-19 applicants. The first to take effect is instituting an exam average minimum of 78% in courses with exams to earn a passing grade. Assignment points will be added after the 78% threshold has been met for the overall 80% minimum to be met. Data from the Data Tracking Tool supported this change to maintain adequate NCLEX pass rates. The second change pertains to a minimum grade point average for pre-requisite classes increasing from 2.0 to 2.5 average. Beginning with the Fall 2018 student group, a GPA average for pre-requisites will be raised from 2.0 to 2.5 along with other minimum qualifications. This transition was the result of surveying other Practical Nursing Programs throughout the state (GPA ranged from 2.0 to 3.0). In a review of former students with a GPA between 2.0 to 2.5, it was validated that 45% of unsuccessful students earned a GPA less than 2.5 in the four course pre-program requirements. Faculty believe these two changes in policy will support a strengthened program NCLEX pass rate and program retention rate.

Table 21 displays the student exit survey results from Spring 2017 related to policies in the nursing program. The program consistently met its benchmark of 80% for each of the questions.

<b>Table 21: Exit Survey Student Policy Questions</b>				
Exit Survey Question May 2017 N= 24/25	Strongly Agree	Agree	Disagree	Strongly Disagree
IV-A The instructors are accessible to me and willing to answer questions about campus student services resources or other needs I may have.	15 = 62.5%	9 = 37.5%	0	0
IV-C Policies, procedures, and program information are clear and readily accessible with changes consistently communicated to students with adequate notice.	10 = 41.6 %	12= 50%	2= 8%	0

**Quality Indicator IV-D. Faculty and staff process the formal program complaints of students using policies and procedures that are clearly delineated.**

Itasca has a policy for student grievances, complaints and concerns available under the Academics, then College Policies tab on the Itasca website <http://www.Itascacc.edu/academics/college-policies/complaintprocess.html>. Resolution of complaints supports students with an easily accessible process and a form for fair representation. In accordance with Minnesota State Board policy 3.8, a student has the right to seek a remedy for a dispute or disagreement through a designated complaint and grievance policy. Students have twenty days to file an initial complaint or grievance. There have been zero formal complaints in the past three years for the nursing program. The Dean of Students is in charge of facilitating student concerns and complaints.

The Nursing Handbook (p. 21) has the Itasca policy and student appeal process for complaints and/or appeals. Three hyperlinks to college documents are given to students in the handbook. Students (100%) on the May 2017 exit survey agreed or strongly agreed that the student handbook provides the process of the program and college policy for handling program complaints and grievances (See table 22).

<b>Table 22: Exit Survey Student Policy Question</b>				
Exit Survey Question May 2017 N= 24/25	Strongly Agree	Agree	Disagree	Strongly Disagree
IV-E Student handbook provides the process of the program and college policy for handling program complaints and grievances.	12 = 50%	12 = 50%	0	0

**Quality Indicator IV-E. Student records are maintained in a secure, confidential manner in accordance with the policies of the parent institution, nursing program, and regulatory guidelines.**

Student records are kept on a password protected network at the college. Itasca follows the Minnesota State Retention of Student Records Policy and the Records Retention Schedules (available at site visit), which were reviewed by faculty. Records that are not in digital form are locked in file cabinets in locked nursing department offices.

The college and nursing program follows the Family Educational Rights and Privacy Act (FERPA) Policy. The college FERPA policy is found on the [website](#). All faculty are trained on FERPA compliance policy upon hire.

Table 23 displays the strengths and areas needing improvement with future plans for Standard IV. Evidence for Standard III is available on the Nursing Program Evidence for Compliance Document available at site visit.

<b>Table 23: Strengths and Areas Needing Improvement for Standard IV</b>			
<b>Criteria</b>	<b>Strengths of the Program Related to Standard IV</b>	<b>Areas of the Program Needing Improvement Related to Standard IV</b>	<b>Future Plans</b>
IV-A	All students have access to didactic and skills teaching through synchronous and asynchronous Skype sessions. 100% of student respondents - satisfied or very satisfied with achievement of SLO's on 6-12 month survey. 2017 Student exit survey – Student services were used to meet learning needs. 100% agree - The instructors are accessible to me and willing to answer questions about campus student services resources or other needs I may have.	Skype can be challenging at times with connections problems occasionally, chat questions in Skype, trying to upload documents can be difficult.	Continue to improve on Skype delivery. Investigate changing to Adobe Connect for fall 2018.
IV-B	Student Nursing Policies are congruent with the colleges' policies; differences are justified by the SLOs and POs (such as Admission Requirements, Progression Requirements, Health Requirements, etc.) as evidenced by Policy Table and faculty meeting minutes. The handbook is reviewed annually and as needed. Updates are uploaded to the college website. 2017 Student exit survey 88.5% agree - Student policies are implemented in a consistent and equitable manner.		Continue to keep nursing handbook up to date with changes and implement consistently.
IV-C	The Nursing Handbooks are available for viewing and download from the Itasca website. 2017 Student exit survey 91.7% agree- The communication of changes in policies, procedures, and program information are clearly and consistently communicated to students in a timely manner.		Continue to communicate policy and procedure changes when necessary.
IV-D	100% of complaints and grievances follow college processes, receive due process and are tracked with evidence of resolution by the Dean of Students. Student exit – Nursing Handbook explains the program and college policy for handling program complaints and grievances.		Continue to have policy for college complaints and grievances in the handbook.
IV-E	Student educational records are 100% in compliance with state and federal guidelines to define methods of maintenance and retention of student educational records. Student nursing files are kept in locked file cabinet in secure room (or on secure network with password required). 2017 Student exit survey 100% agree - The Nursing Handbook provides the process of the program and college policy for handling program complaints and grievances.		Continue to keep records in compliance with state and federal guidelines

### **Standard V: Culture of Learning and Diversity – Curriculum and Evaluation Processes**

**Faculty design program curricula to create a culture of learning that fosters the human flourishing of diverse learners through professional and personal growth, and supports the achievement of expected student learning outcomes. Professional nursing standards and other professional standards appropriate to the program type are foundational curricular elements and are clearly integrated throughout the curriculum. Teaching, learning and evaluation processes take into consideration the diverse learning needs of students and are designed to support student achievement of learning outcomes. Distance learning programs are held to the same curricular, teaching/learning, and evaluation standards as campus-based programs. The program's culture of learning and diversity related to the implementation of curriculum and teaching/learning/evaluation processes is evident through the creation of a positive learning environment and achievement of the following associated quality indicators.**

**Quality Indicator V-A. The curriculum is designed to foster achievement of clearly delineated student learning outcomes that are specific to the program mission and type (i.e., practical/vocational, diploma, associate, bachelor's, master's, post-master's, and clinical doctorate) and aligned with expected curricular program outcomes.**

The Itasca Nursing Program mission is to provide qualified students an opportunity to acquire the knowledge and skills necessary to become licensed and function in the occupation of Practical Nursing. To provide currency to the curriculum, two of the faculty members at Itasca were a part of a statewide PN Curriculum Collaboration Project (PCCP). The purpose of the PCCP was to develop a PN Curricular Framework in collaboration with the PN faculty in Minnesota that demonstrated excellence, met state and national standards required by the Minnesota Board of Nursing and accreditation bodies and provided an educational foundation for Minnesota's future Practical Nurses. The curricular PN framework was designed as a tool for programs and available to be individually adopted per each nursing program's unique needs. Programs were able to adopt parts of the framework or the entire framework to meet their nursing program's needs. The faculty at Itasca reviewed the framework and adopted multiple portions of the PN Framework.

Professional standards were used to develop the Student Learner Outcomes (SLOs) to assure Itasca nursing students acquire the knowledge and skills necessary for a practical nurse in Minnesota. The professional standards drawn from are the NLN Integrating Concepts and Educational Model (2010), LPN Scope of Practice (2013), and the National Association of Practical Nurses Education and Service (NAPNES, 2009).

Itasca has eight SLOs that were developed from the professional standards along with role specific competencies for each of the SLOs. Within each of these eight SLOs, role specific competencies with knowledge, practice and ethical comporment apprenticeships were determined and cross-walked to leveled course outcomes, learning activities and measurements. Table 24 is a one-page example displaying the SLOs, the Role Specific Competencies, the Leveled Course Outcomes, the Learning Activities and Measurements. The entire document is available in Appendix G, SLOs Direct Curriculum.

Evidence of integration are outlined in the SLOs Direct Curriculum Table, the Nursing Handbook, and course syllabi. The SLOs are aligned to the course outcomes on the course syllabi. Faculty have been involved in providing input and feedback into the tables and revising syllabi, as well as implementing learning activities and measurements for each student learner outcome.

Table 24, SLOs Direct the Curriculum was updated by the faculty in fall semester 2016. During that semester, the faculty used other table frameworks, the existing SLO table, and the integration of new teaching resources to realign each of their assigned courses learning activities. Intentional mindfulness regarding Integrating Concepts, Role Specific Competencies and leveling drove assignment subtractions, additions, and redesign.

<b>Table 24: SLO's Direct Curriculum</b>				
Student Learning Outcome (SLO)	Role Specific Competencies	PN Curricular Framework Course Outcomes K = Knowledge P = Practice Know How E=Ethical Comportment	Learning Activity	Measurement A cumulative 80% or "B" to pass in all courses required
<p>SLO: INFORMATICS / TECHNOLOGY</p> <p>The practical nursing graduate will utilize information technology in the health care setting (NAPNES).</p> <p>Integrating Concepts: Quality and Safety K 1, 4, 5, 7 P 1, 2, 4, 5, 6 E 2, 3, 4</p> <p>Knowledge and Science K 1, 4a, 7 P 4, 5 E 1, 3</p>	<p>DOCUMENTATION / CONFIDENTIALITY</p> <p>Identify (K), demonstrate (P), and appreciate (E) the use of information technology to accurately document patient care while consistently safeguarding confidential health information.</p>	<p>Level 1 Outcomes</p>	<p>Clinical in facilities and Simulation Clinical Paperwork Reflection Journal Evidence Based Summary Debriefing</p>	<p>Clinical Evaluation Tool &amp; Simulation Rubrics Paperwork Rubrics Reflection Journal Rubric Summary Rubric</p>
		<p>PRNU 1211 Clinical I "K" "P" "E"</p> <p>Maintain confidentiality when using information technology to accurately document the provision and outcomes of patient care. Identify and select evidence based information from journals and online databases related to care of patients.</p>		
		<p>PRNU 1212: Sim Lab: Nursing Basics "K" "P"</p> <p>Identify technology to access reliable resources that support safe patient care, reduce reliance on memory, and enhance competency within the practice setting. Accurately document the provision and outcomes of patient care in the lab setting.</p>	<p>Simulation of VS, focused assessment, sterile technique, catheterization, medication administration, documentation including DAR notes, SBAR</p>	<p>Simulation Rubrics</p>
		<p>Level 2 Outcomes</p>	<p>Clinical in facilities and Simulation Clinical Paperwork Reflection Journal Debriefing</p>	<p>Clinical Evaluation Tool &amp; Simulation Rubrics Paperwork Rubrics Reflection Journal Rubric</p>
		<p>PRNU 2211: Clinical II "P" "E"</p> <p>Consistently maintain confidentiality and value the ramifications associated with accurate documentation of patient care.</p>		
<p>PRNU 2209: Role Transition "P" "E"</p> <p>Support core nursing learner outcomes by recognizing and valuing informatics tools used to uphold quality and safety practices.</p>	<p>ATI The Leader, Learning Systems Tutorials ATI Practice and Proctored Assignments I.e. prompt log off in EHR, real-time assessment documentation. Reflection Capstone Paper Lecture and discussion</p>	<p>ATI Assignment Rubric Exam Questions R/T Material Reflection Paper Rubric</p>		

**Quality Indicator V-B. The curriculum incorporates professional nursing standards and other professional standards and guidelines, associated with PN/VN and RN licensure, APRN certification and/or other graduate level practice competencies aligned with practical/vocational, diploma, associate, bachelor's master's, post-master's certificate, and clinical doctorate types.**

Itasca uses professional standards from the NLN Outcomes and Competencies Framework NAPNES, and MN LPN Scope of Practice to base the student learner outcomes (SLO). Itasca adopted the broad SLO categories of informatics / technology, managing care of the individual patient, nursing judgment / evidence based care, patient / relationship centered care, professional identity and behavior, quality improvement, safety and teamwork / collaboration. Table 25 demonstrates how each SLO is linked to a professional concept and cross walked to the various professional standards. The entire document is available in Appendix H Professional Standards Table.

Table 25: Professional Standards					
Professional Concept	PN Student Learning Outcomes	Role Specific Competencies	LPN Scope of Practice (SOP) 2013	NAPNES (2009)	NLN (2010)
Professional Concepts: Informatics/Technology  Managing Care of the Individual Patient  Nursing Judgment/Evidence Based Care  Patient/Relationship Centered Care  Professional Identity and Behaviors  Quality Improvement  Safety  Teamwork and Collaboration	Student Learning Outcomes have been developed for each of the 8 Professional Concepts.	Each Student Learning Outcome has 2 to 3 competency statements that are measured throughout the nursing program. The competency statements are focused around the 3 apprenticeships of the NLN Educational Model.  "K" Knowledge "P" Practice "E" Ethical Comportment	Minnesota Statute: 148.171 Minnesota Nurse Practice Act <b>Sec. 6. Subd. 14. Practice of practical nursing.</b> The "practice of practical nursing" means the performance, with or without compensation of those services that incorporates caring for individual patients in all settings through nursing standards recognized by the board at the direction of a registered nurse, advanced practice registered nurse, or other licensed health care provider and includes, but is not limited to:	Standards of Practice and Educational Competencies of Graduates of Practical/Vocational Nursing Programs  Professional Behaviors Communication Assessment Planning Caring Interventions Managing	National League for Nursing Educational Competency Model. The 3 Apprenticeships of NLN are implemented into the competency statements.

**Quality Indicator V-C. The program’s curriculum is sequenced, designed and implemented to progressively support student achievement of learning outcomes and the acquisition of competencies appropriate for the intended practice role.**

Itasca has a limited number of pre-requisites based on Minnesota State diploma requirements. We require evidence of competency in English and math via standardized placement testing or equivalent college level course. Computer skills are demonstrated via a computer test, previous online course experiences or a related computer course. Students must achieve a course grade of “C” or higher and 2.5 GPA.

We also require that students be on the Minnesota Nursing Assistant Registry and complete CPR and First Aid or an alternative Basic Life Support for Healthcare Provider certification. Itasca requires eight credits of Anatomy and Physiology, three credits of Human Development Psychology and one credit of Medical Terminology with an earned “C” (not a C-) or greater, prior to finalized admission. Pre-requisite selection is based on 2013 student feedback, Advisory Board and core concepts of knowledge that Itasca believes is critical for success in the nursing program. At the end of the program students are asked about the value of pre-requisites in relation to enhancement and knowledge of core nursing courses. The 2017 student exit survey (N=24/25) results found that 100% of the graduates agreed or strongly agreed that the general education courses enhanced nursing knowledge and practice.

Beginning with the Fall 2018 student group, a GPA average for pre-requisites will be raised from 2.0 to 2.5 along with other minimum qualifications.

The Itasca Nursing Program includes three semesters of coursework, one semester of general education pre-program requirements (12 credits) and two semesters of core nursing program courses (33 credits). A semester is 16 weeks in length.

Table 26 displays the semester courses, the credits for didactic, lab and clinical and the total credits/contact hours. Didactic courses are 1 credit/1 hour of classroom time, labs and clinical are 1 credit/2 hours.

<b>Table 26: Program Length Table</b>				
Course	Didactic Credits/Contact Hours/Semester	Lab Credits/Contact Hours/Semester	Clinical Credits/Contact Hours/Semester	Total Credits/Contact Hours/Semester
<b>Pre-Program Requirements</b>				
BIOL 2101 Anatomy & Physiology I	3/48	1/32		4/80
BIOL 2102 Anatomy & Physiology II	3/48	1/32		4/80
PSYC 1201 Human Growth & Development	3/48			3/48
PRNU 1202 Medical Terminology	1/16			1/16
<b>Total Credits /Contact Hours</b>	<b>10/160</b>	<b>2/64</b>		<b>12/224</b>
<b>Semester 1</b>				
PRNU 1205 Health Needs for All Ages I	4/64			4/64
PRNU 1207 Pharmacology I	2/32			2/32
PRNU 1208 Maternal/Child Nursing	2/32			2/32
PRNU 1210 Nursing Skills I	2/32	1/32		3/64
PRNU 1211 Clinical I			5/160	5/160
PRNU 1212 SimLab: Nursing Basics		1/32		1/32
<b>Total Credits/Contact Hours</b>	<b>10/160</b>	<b>2/64</b>	<b>5/160</b>	<b>17/384</b>
<b>Semester 2</b>				
PRNU 2206 Health Needs for All Ages II	4/64			4/64
PRNU 2207 Psychosocial Aspects of Nursing	2/32			2/32
PRNU 2208 Pharmacology II	2/32			2/32
PRNU 2209 Role Transition	1/16			1/16
PRNU 2210 Nursing Skills II		1/32		1/32
PRNU 2211 Clinical II			4/128	4/128
PRNU 2221 Integrated Practicum			2/64	2/64
<b>Total Credits/Contact Hours</b>	<b>9/144</b>	<b>1/32</b>	<b>6/192</b>	<b>16/368</b>
<b>Total Program Credits/Contact Hours/week</b>	<b>29/464</b>	<b>5/160</b>	<b>11/352</b>	<b>45/976</b>

The Itasca Nursing Program's core courses were developed using a theoretical foundation of basic to complex. The first semester begins with foundational knowledge and skills to provide the

groundwork for the complexity of care taught in the second semester. The SLOs and Role Specific Competencies are evaluated throughout the program as seen in Appendix G SLOs Direct the Curriculum.

Didactic courses are leveled using Bloom's taxonomy. In first semester, PRNU 1205 Health Needs of All Ages I develop the student's basic understanding of various health conditions and nursing care for patients of all ages in relation to health/illness concepts and across the life span. This course specifically develops the student's understanding of health conditions, changes with aging, and nursing care for patients with disorders of integumentary, musculoskeletal, urinary, reproductive, neurological, sensory systems and diabetes mellitus.

In the second semester, the course PRNU 2206 Health Needs of All Ages II advances the student's understanding of various health/illness concepts and nursing care for patients of all ages. This course expands the student's understanding of health conditions, emphasizing common medical/surgical problems that may require management in an acute care facility and with patients experiencing co-morbid diseases or emerging complications. Emphasis is placed on care of patients with endocrine, gastrointestinal - accessory organ, oncology, blood - lymphatic, cardiovascular, and respiratory system disorders.

Both courses cover disease processes, diagnostic tests, pharmacology, medical/surgical treatments, nutrition, health/illness concepts and nursing interventions with focus on adult, geriatric and pediatric concerns. The courses also integrate the student learner outcomes, cultural implications and the emotional needs of patients, important for providing safe, quality patient centered care.

The program also has two Pharmacology courses, one in each semester. In semester one, Pharmacology I presents basic principles of pharmaceuticals. Included is information on pharmacokinetics, pharmacodynamics, accurate dosage calculations, common adverse/side effects, and contraindications to drug use with pharmacological interventions for management. Emphasis is placed

on dosage calculation, select drug classifications and nursing care related to the safe administration of medications to patients across the lifespan.

Pharmacology II presents additional basic principles of pharmaceuticals beyond Pharmacology I. Included in this course is information on pharmacokinetics, pharmacodynamics, accurate dosage calculations, common adverse/side effects, contraindications to drug use, and fluid and electrolyte disturbances with pharmacological interventions for management. Emphasis is placed on select drug classifications and nursing care related to the safe administration of medications to patients across the lifespan.

Both Pharmacology courses are designed to align with Health Needs of All Ages I and II and complement Skills I and II. The courses provide the foundational pharmacology needed for the disease systems and skills covered.

Skills I in the first semester provides basic concepts, skills, and elements of nursing practice. Skills I provides a foundation of knowledge by which the nurse is guided in giving care. Principles of nursing process, caring communication, ethical and legal issues, medical terminology and documentation, data collecting, client evaluation, sterile technique, wound healing, elimination, surgical care, various clinical procedures, and medication administration is covered. Various skills essential to safe practices of nursing are emphasized, demonstrated, and tested.

Sim Lab: Nursing Basics, during the first semester, is designed to work in conjunction with Skills I. Students practice and demonstrate via simulation the basic skills taught in Skills I. The return demonstrations include focused assessments and collection of data, implementation of skills learned in the lab setting, documentation of findings, prioritization, nursing judgment, communication skills, and reinforcement of teaching plans for patients with common problems. Performance on the technical skills

learned in Skills I are formally evaluated. These skills include vital signs, head-to-toe assessment, sterile technique, catheterization, and medication administration in the simulation lab.

Skills II builds on the knowledge gained in Nursing Skills I and provides the concepts, skills, and elements of nursing practice that guides the nursing student in more advanced care of patients. Emphasis is placed on the knowledge of skills, equipment and care of patients with conditions of the musculoskeletal, respiratory, and gastrointestinal systems. IV therapy skills, equipment, theory and dosage calculation are emphasized.

Clinical I provides the student an opportunity to apply nursing judgment using the nursing process to implement safe, patient/relationship centered care in selected settings. The clinical student focuses on collecting data and focused assessments, implementing skills learned in the lab setting, documenting findings, and reinforcing teaching plans for patients with common problems. The student develops communication and customer service skills working with individual patients and team members. This clinical experience occurs in a variety of settings: initially in long term care, transitional care, and the simulation lab. Focus during the last part of the course transitions as students progress to primarily acute care facilities and ambulatory care, working with patients (including maternal/medical-pediatric/surgical rotations) across the health and age continuum. This transition reflects a leveling up of student expectations and may include a variety of additional settings such as schools, home care, imaging, physical therapy, occupational therapy and respiratory therapy.

Clinical II in the second semester provides the student an opportunity to apply nursing judgment using evidence based care, critical thinking and clinical judgment to implement safe, patient centered care to individual patients across the lifespan (maternal/medical-pediatric/surgical rotations). The clinical student reflects on the value of patient centered care, teamwork and collaboration, informatics, quality improvement, safety, managing care of the individual patient, and nursing judgment/evidence

based care. This clinical experience occurs primarily in acute care and ambulatory care with patients across the health and age continuum; however, it may also include a variety of additional sites such as home care, imaging, physical therapy, occupational therapy and respiratory therapy. The simulation lab is utilized to develop nursing judgment and critical thinking as well.

**Quality Indicator V-D. The curriculum is up-to-date, dynamic, evidence-based, and reflects current societal and health care trends and issues, research findings, and contemporary educational practices.**

The curriculum is up-to-date, dynamic, evidence based and reflects current health care trends. To keep the curriculum up-to date, a curriculum evaluation and gap analysis are performed with each update of the NCLEX test plan. In the spring of 2017, faculty contributed to the review of the new PN NCLEX test plan. Additionally, the SLOs were re-visited for minor wording adjustments which led to minor syllabi adjustments.

The NCLEX test plan was analyzed and compared against ATI proctored exam results to identify areas in our curriculum to enhance. Results from the ATI Comprehensive Predictor are reviewed annually. Quality improvement measures based on the test plan data and ATI Comprehensive Predictor are discussed and plans are developed for implementation in the program. For example, evidence of root cause analysis education was added spring 2017 in the Role Transition power point discussion. Another example of currency was the adjustment in program plan based on the new legislation from the Minnesota Board of Nursing allowing up to 50% of clinical to be replaced by simulation. A new “Sim Lab: Nursing Basics” course was approved by the college-wide AASC for the 2017/18 school year. This course reflects components that were part of the Skills I and Clinical I courses with a heightened emphasis on simulated demonstration.

The curriculum is evidence based as it is developed from a foundation of professional standards. In addition, evidence based research is used to support the curriculum in the text books and in the

continuing education that the faculty receive throughout the year. Faculty share evidence based interventions with students in their teaching. Students are required to select evidence based interventions to support patient care during each clinical assignment. Students also complete an evidence based assignment in four clinical rotations during the two semesters.

The review process for the PN curriculum is found in the SEP Part I and Part II. Every semester course surveys, ATI proctored exams, and course reviews are completed for analysis and development of improvement plans. The course review templates include information on the course textbook(s), course content, student learning outcomes measured in the course, course assignments, course tests, ATI results, course survey results, discussion with the other faculty, and a quality improvement plan for the course. The entire year's course review templates are discussed yearly at an August faculty meeting.

The other Standard V indicators are reviewed every two years on a calendar schedule as displayed in the SEP part II.

The faculty determines the trends and issues that should be reflected in the curriculum by input from multiple venues. The Advisory Board for example, completes a survey on a yearly basis and one of the questions asked on the survey specifically addresses the new changes in the health care environment which will impact the preparation of future practical nursing graduates. If there are any emerging trends, the advisory board discusses those with the program. One example from the advisory board was a request for the program to teach how to administer an EKG. With grant money, the program is ordering an EKG simulator.

In addition, the faculty attends a yearly statewide Health Educators Conference (HEC) that brings in national speakers which address emerging teaching innovations. The faculty also attended a Best Practices in Simulation Conference in May 2017 which was based on the MN Board of Nursing rule changes which allows up to 50% of clinical to be replaced with simulation. Faculty are also members of

a statewide simulation collaboration called Mn Simulation for Healthcare Education Professionals (MnSHEP). There are monthly webinars which address emerging trends in simulation.

In addition, one of the faculty members currently works as a Nurse Practitioner at an Urgent Care and keeps up-to-date with emerging health care trends and shares the information with the other faculty.

**Quality Indicator V-E. The curriculum provides students with experiential learning that supports evidence-based practice, intra- and interprofessional collaborative practice, student achievement of clinical competence, and as appropriate to the program’s mission and expected curricular outcomes, expertise in a specific role or specialty.**

All clinical sites require contracts that are current, signed, and up-to-date. The contracts were designed by the Minnesota Colleges Attorney General and provide for the safety of the students, are current and monitored by the Director of Nursing. Itasca has two main skilled nursing facility partners and three primary acute care facilities in which student have the opportunity to experience patient care in a variety of settings. Table 27 has a listing of the clinical sites along with the date the contract expires, the specialty area and the maximum number of students for the facility. Additional contracts are in place that allow for flexibility of student clinical placement.

<b>Table 27: Clinical Sites</b>				
Clinical Site	Address	Signed Contract and Expiration Date	Specialty Area	Max # of students in facility
Grand Village	923 Hale Lake Pointe Grand Rapids MN	12/31/18	Long-term care, short-term rehab	Up to 30
Koochiching Health Services	912 Main St Littlefork, MN	12/31/2022	Long-term care	Up to 10
Rainy River Medical Center	1400 Hwy 71 International Falls, MN	12/31/2022	Acute care, ambulatory care	Up to 10
Essentia, Deer River	1025 NE 10th Avenue Deer River MN	Exp. 1/1/2023	Acute care, ambulatory care	Up to 10
Fairview, Grand Rapids	1601 Golf Course Road, Grand Rapids, MN	Exp.9/1/2022	Acute care, ambulatory care	6 on MSP/OB, 6 on other units

Table 28 includes the 2017 student exit survey results regarding clinical sites. The benchmark of 80% was met for each area.

<b>Table 28: Student Exit Survey Regarding Clinical Sites</b>				
Survey Questions	Strongly Agree	Agree	Disagree	Strongly Disagree
Student Exit Survey 2017 Results (N=24/25) The clinical site is appropriate for learning and achievement of Student Learning Outcomes and Program Outcomes.	15	9	0	0
The clinical sites had an overall atmosphere that supported my learning.	15	8	1	0
If not appropriate, which clinical site did you have and why was it not appropriate?				
One student did not like returning to the long-term care facility at the end of the year after being in acute care.				

Students have three clinical courses, Clinical I in first semester, Clinical II and Integrated Practicum in the second semester.

Clinical I provides the student an opportunity to apply nursing judgment using the nursing process to implement safe, patient/relationship centered care in selected settings. The clinical student focuses on collecting data and focused assessments implementing skills learned in the lab setting, documenting findings and reinforcing teaching plans for patients with common problems. The student develops communication and customer service skills working with individual patients and team members. This clinical experience occurs in a variety of settings: initially in long term care, transitional care, and the simulation lab. The last part of the course the students progress to primarily acute care facilities and ambulatory care, working with patients (including maternal/child/pediatric) across the health and age continuum. Students may also be assigned to a variety of additional observation settings such as surgery, home care, imaging, physical therapy (PT), and respiratory therapy (RT).

Clinical II provides the student an opportunity to apply nursing judgment using evidence based care, critical thinking and clinical judgment to implement safe, patient centered care to individual patients across the lifespan (maternal/medical-pediatric/surgical rotations). The clinical student reflects

on the value of patient centered care, teamwork and collaboration, informatics, quality improvement, safety, managing care of the individual patient, and nursing judgment/evidence based care. This clinical experience occurs in a variety of settings: primarily acute care and ambulatory care, however may include a variety of additional sites such as surgery, home care, imaging, PT, RT, and schools with patients across the health and age continuum. The simulation lab is also utilized.

Students complete a two-credit Integrated Practicum. This course facilitates the transition of the student to the role of a practical nurse in the clinical setting. Concepts related to management, teamwork, and quality improvement through self-reflection on performance are emphasized as well as career development that may enhance career progression. Standards of practice and the importance of practicing according to state regulations and statutes for the scope of practice for the practical nurse are further emphasized and analyzed. This clinical course experience may allow students to care for multi-patient assignments and occurs in primarily the acute care and long-term care setting with individual patients across the life span; and includes simulation lab experience. A variety of additional sites such as hospice, home care, ambulatory care, and assisted living may be used. The students also attend and participate in a required live boards review as part of the integrated practicum course.

Simulation challenges students to apply learning and to communicate to select healthcare specialties outside of nursing. Simulation begins in the first semester in the Sim Lab course which focuses on focused assessments and collecting data, implementing skills learned in the lab setting, documenting findings, prioritization, nursing judgment, communication skills, and reinforcing teaching plans for patients with common problems. Performance on the technical skills learned in Skills I are formally evaluated. These skills include vital signs, head-to-toe assessment, sterile technique, catheterization, and medication administration in the simulation lab.

Clinical I simulation includes a women's health focus with a post hysterectomy surgical patient and uncomplicated postpartum patient and newborn. In the second semester in Clinical II, students complete two simulation days. In the Integrated Practicum course students complete a simulation with an adult patient with a chronic illness that has an acute exacerbation. Table 29 displays the simulation throughout the program along with the health/illness continuum and patients across the lifespan.

**Table 29: Simulations through the Curriculum**

Clinical Course, Title and Course Number	Term	Title of Simulation	Health Continuum Behavioral (BEH)/Physical (PHY) Place check in appropriate box						Patients Across the Lifespan Place check in appropriate box			
			Wellness		Acute Illness		Chronic Illness		Adult	Children	Elderly	Maternal & Child
			BEH	PHY	BEH	PHY	BEH	PHY				
PRNU 1212 Sim Lab	Fall	Vital Signs Physical Assessment Wound Care Catheter Medication Administration	x	x	x	x	x	x	x	x		
PRNU 1211 Clinical I	Fall	Maternal delivery and Newborn assessment Adult post-op hysterectomy complications	x	x	x	X			X			X
PRNU 2211 Clinical II	Spring	Diabetic child with hyperglycemia Adult with exacerbation of asthma Elderly with hip fracture and repair  Post op delirium Medication Reaction Angina			X	X	X	X	X	x	X	
PRNU 2221 Integrated Practicum	Spring	Elderly with COPD with Pneumothorax Hypoglycemia Post-op Opioid Reaction			x	x	x	x	x		x	

Table 30 displays the experiential learning within the nursing program for inter and intra professional collaboration, and evidence based practice.

<b>Table 30: Experiential Learning</b>	
<b>Experiential Learning</b>	<b>Practical Nursing Program</b>
Inter-professional Collaboration	Students work with the surgical team, PT, OT, RT at the clinical settings. Students reflects on teamwork through written documentation in four clinical reflection journals.
Intra-professional collaboration	Students work with other nurses on the hospital floor, in LTC, and in clinic settings. Students have a primary nurse in clinical settings. Students take report and give SBAR report to the nurses on the floor.
Evidence based practice	Students complete four summaries related to evidenced-based practice with a focus on specific clinical rotation topics – geriatric, obstetrics, medical, pediatrics, surgical. Students participate in bedside rounding at the acute care clinical facilities. Both acute care settings completed hand washing surveys in which the students were made aware of and participated in.

Students are evaluated daily while in the clinical setting using a clinical evaluation tool. The clinical evaluation tools identify the SLOs, the role specific competencies, along with specific criteria that must be met to pass the course. The clinical evaluation tools are leveled to provide a basic competency by the end of the foundations of care and foundations or care capstone and competence of the SLOs by the end of the program. If students are not successful in any of the SLO competencies and/or criteria, the student does not pass the course.

Itasca students purchase an ATI package that includes experiential learning tutorials called Real Life, and The Leader and The Communicator, which are assigned throughout the curriculum. These tutorials assist students to make decisions in scenario videos that change outcomes based on student response. ATI has scenarios we use for leadership and these are discussed in Role Transition. The controlled environment is a safe way for students to explore how incorrect responses impact the patient in the scenarios.

The clinical experiences and simulations previously discussed immerse students in the art of nursing, as well as volunteer requirements rounding out the community interest experience. Students

are required to complete ten hours of volunteer work with at least five different activities throughout the two semesters. An overall summary is submitted during the Role Transition course. One of the volunteer experience opportunities is helping with Victory Day. This is a community event hosted by the local high school football team for children with special needs to get out on the field. Students also volunteer by donating blood and helping at food shelves. Students host the Simulation lab for high school students visiting the college for Career Day. Another example is hosting a booth at the Children's Fair, a community event focused on resources available for nurturing all children in the county.

**Quality Indicator V-F. The curriculum provides experiential learning that enhances student ability to demonstrate leadership, clinical reasoning, reflect thoughtfully, provide culturally responsive care to diverse populations, and integrate concepts, including, but not limited to context and environment of care delivery, knowledge and science, personal and professional development, quality and safety, patient-centered care, and teamwork into their practice.**

The curriculum contains experiential learning in which students demonstrate leadership, clinical reasoning, reflect thoughtfully, provide culturally responsive care, and integrate the three apprenticeships of the NLN integrating concepts. Table 31 displays how the program integrates experiential learning for students in leadership, clinical reasoning, reflecting thoughtfully, and providing culturally responsible care.

Table 31: Experiential Learning Activities		
Experiential Learning	Experiential Learning Activity	Practical Nursing Program Examples
<b>Leadership Skills</b>	Student Representatives	Students volunteer as student representatives and serve as a liaison between the students and faculty. Three to six students volunteer to act as student representatives for the class at the beginning of fall semester. Student representation from each clinical group is encouraged. In addition to serving as a liaison, these students determine leadership roles including president, vice president, secretary, and student life representative. They also promote volunteer opportunities to assist in awareness to help fellow students attain their required volunteer hours. All students participate in volunteer activities. Through these activities, students act as a representative of the program and develop professional behaviors and leadership skills.
	QI Projects	To promote leadership in all students, the curriculum includes all students' participation in two quality improvement (QI) projects. The first QI project takes place at the end of fall semester with a focus of student perspective on QI opportunities within the program. Students are divided into assigned small groups and tasked with brainstorming all potential improvements to the program. At the end of a set time, each group presents on their ideas, focusing on one improvement that they feel is most important. This activity develops leadership skills, teamwork and professionalism in addition to reflection on safety and quality improvement. In the spring the second QI project further develops these skills.
	Clinical	Students develop leadership skills in the clinical setting by successfully completing on the Clinical Evaluation Tool, the SLO of Managing Care of the Individual Patients. The SLO Role Specific Competency states that the student will assign nursing tasks/activities to other PN's and assign and monitor nursing tasks/activities assigned to Unlicensed Assisted Personnel to achieve patient care goals. The team lead role is assigned to students to facilitate initial introduction to leadership skills.
	Simulation ATI modules	In Clinical II during simulations, students reflect on questions regarding leadership during the simulation. The questions include: Who emerged as the leader and were others assigned or delegated care? ATI "The Leader" has 5 case modules which are discussed in Role Transition.
<b>Clinical Reasoning</b>	Clinical	Students are evaluated on clinical reasoning during clinical via the clinical evaluation tool under the SLO of Nursing Judgment. Multiple assignments in clinicals evaluate the students' ability to use clinical judgment. Students journal on their nursing judgment in clinical reflective journals.
	Simulation	Students are evaluated in simulation under the nursing judgment SLO as well. A rubric was developed that measures this. Students also reflect on the nursing judgment in their reflection journal and in debriefing after simulation.

Table 31: Experiential Learning Activities		
Experiential Learning	Experiential Learning Activity	Practical Nursing Program Examples
	ATI tutorials	ATI Real Life Medical Surgical modules assist students to make decisions in scenario videos that change outcomes based on student response.
<b>Reflective Thought</b>	Clinical	Students are required to complete reflective journaling in all 3 of the clinical courses. Students are evaluated by faculty on their reflective journaling clinical experiences which focus on the student learner outcomes.
	Simulation	Students reflect in the debriefing time after clinicals in in written clinical reflective journaling.
<b>Culturally Sensitive Care to Diverse Populations</b>	Clinical	Students work with diverse cultural populations in the clinical setting. Native Americans are the primary diverse population in this area. Students also work with other students in the nursing program which includes diversity of gender, sexual orientation, and ethnic and cultural differences.
	Simulation	Simulations include diversity of gender, ethnic and cultural differences (manikins also diverse).
	ATI	Tutorials in ATI, primarily The Communicator, challenge students to develop their approaches to diverse populations via video interaction.

In addition, faculty were asked in a 2017 faculty survey whether they have input into experiential learning experiences for students. The results of the survey are found on Table 32, Faculty 2017 Survey Results.

<b>Table 32: Faculty 2017 Survey Results</b>				
Survey Questions	Strongly Agree	Agree	Disagree	Strongly Disagree
2017 Faculty Survey Results: (N=5/5) I have had the opportunity to provide input into the experiential learning experiences related to collaboration and evidenced based practice for students this year.	4	1	0	0
I have had the opportunity to provide input into the experiential learning experiences related to leadership, reasoning and reflection for students this year.	3	2	0	0

The program aligned the curriculum with the NLN integrating concepts' apprenticeships. The faculty completed a gap analysis and the Integrating Concepts of Knowledge, Practice-Know How, and Ethical Comportments were leveled for the PN program. The integrating concepts are found in column 1 of the SLOs Direct the Curriculum Table (Appendix G).

Table 33, NLN Integrating Concepts displays examples of how each of the integrating concepts is integrated into the program.

<b>Table 33: NLN Integrating Concepts</b>	
<b>Experiential Learning Activity</b>	<b>Practical Nursing Program Examples</b>
<b>Knowledge and Science</b>	Informatics: Telemetry monitors, blood glucose devices and electronic health records systems used to extract data for quality care, reporting and process improvements. Evidence Based Practice: Bedside rounding, handoff reporting (SBAR), National Patient Safety Goals.
<b>Personal and Professional Development</b>	Quality Improvement Projects I and II which provide nonlinear thinking, and problem solving. Students are evaluated in the clinical and simulation settings for professional behaviors.
<b>Quality and Safety</b>	Simulation of VS, focused assessment, sterile technique, catheterization, medication administration, documentation including DAR notes and SBAR. Students evaluated in clinical on quality and safety as well via the clinical evaluation tool.
<b>Relationship Centered Care</b>	Students are evaluated in the clinical setting for Patient/Relationship Centered Care criteria on the clinical evaluation tool. Also evaluated in Simulation.

Table 33: NLN Integrating Concepts	
Experiential Learning Activity	Practical Nursing Program Examples
<b>Teamwork</b>	A discussion of failed teamwork related to the Josie King Story exemplifies the importance of teamwork and effective communication. Students are evaluated in the clinical setting for teamwork/collaboration criteria on the clinical evaluation tool. Also evaluated in Simulation and Psychosocial Group Presentations.
<b>Context and Environment</b>	Students are in several different clinical settings throughout the program. In the clinical setting students are required to follow the policies and procedures, to work under different leadership styles, deal with ethical situations specific to the clinical population, and work in different systems dependent upon the clinical setting.

**Quality Indicator V-G. The faculty use a variety of teaching, learning, and evaluation strategies within the curriculum, including distance education programs, that are evidence-based, student-centered, and designed to create a culture of learning as demonstrated by student achievement of expected course and curricular program outcomes appropriate for the program type (i.e., practical/vocational, diploma, associate, bachelor's master's, post-master's certificate, and clinical doctorate).**

The SLO table provides specific information for the variety of learning activities and evaluation methods. Itasca uses a variety of methods that will support on-campus and off-campus learners such as case studies, simulations, worksheets, tutorials, discussions, lab skills, quizzes, exams, self-reflection and clinical evaluation tools. Assignments have rubrics for grading.

Classrooms have a variety of different approaches to facilitate learning. The majority of didactic sessions are offered via Skype (live and recorded) to provide students not in attendance with accessibility synchronously and asynchronously. Each faculty member is encouraged to use their teaching strengths for variety within didactic learning. Individualized rubrics are associated for different assignments for objectivity and consistency. Skills lab and simulation lab offer students a kinesthetic learning style approach. Presentations, test outs and practice documentation are examples of learning strategies. The following table from the 2017 Faculty Survey illustrates the diversity of evaluation strategies.

Each course in the Practical Nursing Program is evaluated using evaluation techniques that vary dependent on the learning activity and includes methods such as grading rubrics, exam questions or

return demonstration. Faculty assigned to each course also contribute to the variation of evaluation techniques to advocate for autonomy. Each course has a syllabus that is published on the course D2L site and submitted to the CAO which contains the teaching, learning, and evaluation methods. The program-wide course outlines, which guide the syllabi, were updated March 2017.

Table 34 Evaluation Strategies displays the results of a faculty survey in spring 2017 which demonstrates the multiple evaluation strategies used by the faculty. The survey of faculty members (N=5) includes 3 that are fulltime and 2 that are part time.

<b>Table 34: Evaluation Strategies</b>	
Faculty were asked to select all the evaluation strategies they used with students in 2016/2017 school year. (N=5/6)	
ATI products	4/5 or 80%
Designed rubrics	4/5 or 80%
Exams	4/5 or 80%
Clickers or Numbered Cards	4/5 or 80%
Discussion	4/5 or 80%
Reflection	4/5 or 80%
Group Work	3/5 or 60%
Quizzes	4/5 or 80%
Simulation	5/5 or 100%
Return Demonstrations	5/5 or 100%
Concept Maps	4/5 or 80%
Clinical Evaluation Tools	4/5 or 80%
Papers	3/5 or 60%

Itasca offers nursing students an option to come to campus or to attend class via Skype for didactic lecture courses. A total of ten contact credit hours in first semester and nine contact credit hours in the second semester can be attended via Skype, while fourteen contact credit hours of lab and clinical (including simulation) each semester require face-to-face (F2F) presence. This is a blended program for students choosing Skype delivery for didactic teaching. Students can move back and forth between in class presence and Skype presence. All tests are given at the same time – those students who are at a distance are proctored at pre-determined proctored sites that follow the proctored exam

policy. Students who participate in live Skype lectures are included in the group discussion with the F2F students. Those who view the lecture asynchronously listen to the previously recorded discussion. Group work has been limited due to students viewing Skype asynchronously. This is an area that the faculty are working on to improve the asynchronous learning environment.

**Quality Indicator V-H. The faculty design and implement evaluation strategies to measure individual student achievement, ensuring the evaluation strategies are explicitly communicated in course materials and program policies and related to expected course and curricular program outcomes.**

Itasca's grading policy is outlined in the Nursing Handbook, present on each syllabus, and reviewed at student orientation. A letter grade will be assigned to each test or graded assignment, however, two criteria need to be met to pass theory courses. The student must maintain a cumulative average of 78% on all exams, including the final exam. In addition, students are required to obtain an 80% or a B overall with assignment grades included. There are no plus or minus grades, no rounding up percentages and 80% (B) overall in each course is required to progress through the program. A student who fails to attain 80% in a nursing course is dismissed from the program. The student must reapply to get back into the program and is given one final opportunity to be successful. Successful completion of nursing courses taken in each semester is necessary to progress to the next semester.

A result from a 2017 student exit survey demonstrate that 96% of the students (N=24/25) agree or strongly agree that the grading policies on each syllabi were clearly defined at the beginning of each course.

In March 2017, faculty unanimously agreed to adopt a 78% exam cumulative average for program progression in all courses that have at least three exams. This new policy was implemented in the current academic school year of 2017/2018. Students must achieve a cumulative exam average (not

including ATI proctored exams) of 78%. If the exam average threshold has been met, the assignment points are factored in for an overall 80% final grade requirement.

This change in grading policy was an evidence-based change as a result of analysis of previous year's exam scores, first-time pass rate for NCLEX correlation and current practices of other programs around the state.

ATI tutorial modules are graded on rubrics determined by the faculty. Current grading practice requires a minimum 90% score and a minimum of 30 minutes spent on the lesson. The program is looking at implementing new program wide rubrics that will be used consistently for ATI tutorial modules in the future. Currently, one course is piloting a rubric that rewards higher first-time posttest scores. ATI practice assessments, remediation and proctored assessments are graded per policy. Students are oriented to the grading rubrics and have access to the policy.

Simulation Lab: Nursing Basics includes teaching and simulation competence on vital signs, focused assessment, catheterization, sterile technique and medication administration with individualized graded rubrics. The test out rubrics are designed to assist students achieve skill mastery. Students have a maximum three opportunities to demonstrate competence in each skill.

Clinical acute care simulations add student learning outcome focuses to the skill competencies. The lab environment allows for controlled variables and increased similarities for student care opportunities. Scenarios are selected for difficulty level and care across the continuum. Faculty use rubrics to grade students on their performance and reflection. The rubrics align with the SLOs for the program. A significant emphasis is placed on the debriefing as part of the simulation learning experience.

Each facility clinical day is evaluated by the clinical faculty and graded in the associated D2L course. The faculty instructor uses a clinical evaluation tool leveled at the acute care rotation. The

leveling up occurs after the foundations of care capstone rotation approximately midway through the first semester. The tools were revised to reflect Itasca's program and SLOs from the work completed in the PCCP discussed in V-A (See Appendix).

Faculty worked together to build the Student Learner Outcome (SLO) table. The course outlines, syllabi and NCLEX gap analysis served as resources. Within this table, SLO's, integrating concepts, role competencies, learning activities, and methods of measurement are documented. The last revision was completed March 2017. Each of the eight SLOs have curriculum supported evidence with leveling. Instructors review the SLO table (Appendix G) for course alignment and to avoid duplication.

Near the end of second semester, students are required to complete a practicum competency exam. This competency exam covers dosage calculation and medication administration knowledge. Students are required to attain 100% and have three attempts to demonstrate this.

**Quality Indicator V-I. Technology, including the use of distance education technology as applicable, is used effectively to support the teaching, learning, and evaluation process.**

Itasca uses technology throughout the curriculum in each course with the Desire 2 Learn (D2L) learning platform, in assignments through the purchased product of ATI, Docucare, and at clinical sites through Electronic Medical Record (EMR) and informatics tools.

Prospective students are required to navigate through D2L to gain proficiency through the LKSL PN Application Course and PN Orientation Course. Assignments, quizzes and exams are loaded into the D2L learning platform for both F2F students and Skype students. Assignments are the same for F2F and Skype students. If a student needs support for D2L, the student uses D2L helpdesk. The "help" button on the tool bar links the students to a phone number to call for assistance. Students have a Helpdesk number available on the dropdown menu of the toolbar in D2L. On the Itasca website homepage students can access PDF instructions for a variety of common troubleshooting questions and obtain help

for IT by clicking on a hyperlink titled “D2L Brightspace Tools Help Guide for Students”. Another hyperlink, “D2L Brightspace Help Desk” navigates students to a chat option and option to submit an IT incident. Additionally, Aldrich serves as an informal technical resource for students.

Nursing students are oriented to ATI prior to the first day of class at a mandatory nursing student orientation day. ATI is used to support teaching with a variety of tutorials that are assigned, and practice and nationally benchmarked proctored exams. Students are supported by ATI with the use of email and phone for problems.

<b>Table 35: Student Exit 2017 Survey Results</b>				
Survey Questions	Strongly Agree	Agree	Disagree	Strongly Disagree
Orientation to technology and support was available to me.	12	12	0	0
Information for technology requirements and policies / resources for web-enhanced education are clear, accurate, consistent, and accessible on the college website.	11	13	0	0

Clinical facilities provide online learning modules for orientation to EMR. The online learning modules have tests that the students must pass before receiving a certificate. The certificate is used for log-in access to the facilities EMR. If students have problems using the EMR at the clinical site, the clinical instructor, staff at the clinical site, and/or a technology support number can be accessed.

In 2014/15, the use of telepresence connected faculty to students at the RRCC campus at regularly scheduled intervals to supplement the online delivery of didactic courses. As faculty analyzed student feedback and researched improved delivery options, it was decided in Spring 2016 that all didactic courses would be delivered via Skype synchronously and asynchronously rather than using telepresence. Students are oriented to Skype at student orientation. In addition, navigation in Skype if reviewed in the first few class periods of the program. Instructors are available to assist the students via email and/or telephone.

**Quality Indicator V-J. There is systematic and ongoing review and evidence-based revision of the curriculum and teaching, learning, and evaluation strategies by faculty within a culture of continuous quality improvement to foster achievement of the program’s expected student outcomes.**

The Itasca Nursing program has a culture of continuous quality improvement to support the student learner outcomes. Faculty review and revise teaching and learning strategies through a variety of tools including student surveys, faculty quality improvement plans, faculty input in meetings, quality improvement projects and student representative feedback. Table 36 displays data supporting review and revision of teaching, learning, and evaluation strategies.

<b>Table 36: Review and Revision of Teaching, Learning, and Evaluation Strategies</b>	
Student Feedback	2017 Exit Survey, 100% agreed or strongly agreed that Itasca Nursing Program prepared them to enter practice at an entry level in relation to each of the eight SLOs. 2017 Exit Survey -Qualitative Comments Questions “What facilitated, was the most helpful, to your learning during the program?” and “Where did you have the most difficulty in the program?”
Faculty QI Plan	2017 Faculty survey “I have submitted a Professional Development Plan during this school year.” N=5 80% yes 2017 Faculty survey “I have applied quality improvement measures in my assignments related to review and evidenced by revision strategies this year.” N=5 100% agreed or strongly agreed 2017 Faculty survey N=4 (one temporary part-time answered) I attended at least one HEC in the last 2 years. 4 – 100% I have earned at least 24 hours of CEU's in the past 2 years for license maintenance. 4 – 100% I participated in at least one workshop / session related to online delivery this year. 3 – 75% I participated in at least one workshop / session on simulation education this year. 3 – 75% I attended at least 2 administrative duty days this year. 4 – 100% Each semester faculty complete QI Plans using student feedback from course surveys and exam analysis. The QI Plans are shared other nursing faculty at the January, May and August faculty meetings.
Faculty input in meetings	Faculty meetings are scheduled on the fall and spring calendars. All are encouraged to attend/participate. The agenda is adjusted based on faculty input. Discussion and quality improvement plans are evidenced in meeting minutes.
QI Projects	Students participate in two QI Project, Part I and II each year. Faculty attend as able. Ideas from the projects are discussed in a faculty meeting. Potential revisions to teaching, learning and evaluation strategies are analyzed. Changes are shared with students via orientation, announcement, or handbook depending on the nature of the revision.

Table 37 displays the goal / benchmark and quality improvement examples for systematic and ongoing review of curriculum and teaching related to surveys. Courses are surveyed by students and

goals for student feedback responses are obtained. Students have the opportunity to complete course surveys for each course, each semester. Faculty review surveys for benchmark data and qualitative comments and complete a quality improvement plan for each class taught. Quality improvement plans are discussed at minimum every August as a faculty group. The SEP includes the assessment, analysis, trending and quality improvement plan. Specifics for each course are found in the quality improvement plans and in faculty meeting minutes. Students are incentivized to take surveys with assignment points. Evidence is shown by the screenshot of the submission success message to maintain anonymity.

Faculty use the student feedback from course surveys, grading rubrics, and exam analysis to determine the effectiveness of our evaluation strategies. The surveys address how students view and value the combination of different learning strategies with qualitative responses. Exam analysis and grading rubrics address the effectiveness of the teaching / learning strategies.

Table 36 displays the goal / benchmark and quality improvement examples for systematic and ongoing review and quality improvement of curriculum and teaching related to ATI proctored exams.

Topics on the content mastery exams that group score compared to areas below national mean will be reviewed by faculty for potential changes in the curriculum. As a result of faculty discussion on providing evidence of this work, results are added to quality improvement plans. In May of 2016, a new initiative to document and benchmark ATI Comprehensive Predictor evidence was decided by the faculty. The Comprehensive Predictor is a nationally benchmarked exam administered near the end of the program that provides data on each student's probability of passing the NCLEX. Table 35 displays the goal / benchmark and quality improvement examples for systematic and ongoing review of the effectiveness of curriculum and teaching.

Student learning outcomes are leveled in clinical at the beginning of acute care rotations with an advanced clinical evaluation tool. Course outcomes are leveled as indicated by the SLO's Direct

Curriculum Table. More emphasis on knowledge and practice apprenticeships occur in the first semester. More emphasis on the practice and ethical comportment apprenticeships occur in the second semester.

Each semester course surveys submitted by students are reviewed for quality improvement opportunities. General information generated from a Quality Improvement (QI) course plan which is shared at faculty meetings. The QI template includes major concepts, books, ATI results, and an area for a QI plan for the course itself. The instructor fills this out and then shares the updates and changes with the entire faculty body. In addition, student exit surveys, 6 -12 month graduate surveys and Advisory Board surveys are reviewed for suggestions for improvement. As previously discussed, the NCLEX test plan and NLN competencies are periodically reviewed for curriculum congruency.

**Table 37: Review and evidence-based revision**

Systematic and ongoing review and evidence-based revision of the curriculum and teaching, learning, and evaluation strategies by faculty within a culture of continuous quality improvement to foster achievement of the program's expected student outcomes.

Assessment	Goal/Benchmark	QI Plan Examples
Curriculum: Course/Clinical Survey	<p>75% of faculty members review their surveys and develops one QI plan for course improvement each year.</p> <p>Specific instructions for faculty: Qualitative comments will be reviewed and changes made to course as needed as evidenced by faculty QI plans.</p> <p>Benchmark for faculty is that 80% of students will agree or strongly agree to each of the survey questions.</p>	<p>Continue to provide a workday at the beginning of the school year for course improvement</p> <p>Faculty complete QI Plans at the end of each semester and faculty as a whole discuss QI Plans in August meeting.</p>
ATI Proctored Exams	<p>80% of students will achieve 82% probability of passing on the Comprehensive Final Predictor exam.</p> <p>Topics on the exams that group score compared to areas below national mean will be reviewed by faculty for potential changes in the curriculum.</p>	<p>Plan to incorporate the low topics into the courses if they are not in the courses.</p> <p>ATI representative gave in-service fall of 2016.</p> <p>Updated remediation plan for students who did not score high enough in ATI practice exams to include templates and/or focused review.</p> <p>Continue to provide a workday at the beginning of the school year for course improvement</p> <p>Faculty complete QI plans based on proctored ATI exam results at the end of each semester and faculty as a whole discuss.</p> <p>Review calendar to space exams out more per student feedback</p> <p>Continue to schedule Maternal Child ATI exam to the first semester versus second</p> <p>Schedule ATI exam re-takes on the calendar</p>
Course Review	<p>Faculty will review each course taught by using a course review template each semester.</p> <p>Fall course due in Feb. and Spring courses due in August. Entire year reviewed in faculty meeting in August.</p>	<p>Pilot: leave all grades visible versus hiding the assignments so students can pay attention to 80% plus the exam average of 78%. This group will be the control group for future planning.</p> <p>Share change with students on the first day.</p> <p>Sim Basics: Pass with 80%, can choose to do an optional assignment (EBP or Template) for an additional 10%. If &lt;80%, required to complete a Skills template and EBP on the test out skill.</p>

<b>Table 37: Review and evidence-based revision</b>		
Systematic and ongoing review and evidence-based revision of the curriculum and teaching, learning, and evaluation strategies by faculty within a culture of continuous quality improvement to foster achievement of the program's expected student outcomes.		
Assessment	Goal/Benchmark	QI Plan Examples
		Add exam averages and total points to QI plan. Review exam outcomes with class, take about 5 minutes at the beginning of a class.
Student Learning Outcomes / Simulation	80% of students to demonstrate proficiency in safety and nursing judgment as selected by faculty during the final simulation in IP.	Continue to revise assignments and clinical evaluation tools as needed. Continue to assure that all students graduating from the program are able to complete the SLOs

Table 38 is a review of the programs strengths and areas needing improvement along with future plans for the program. Evidence for Standard III is available on the Nursing Program Evidence for Compliance Document available at site visit.

<b>Table 38: Strengths and Areas Needing Improvement for Standard V</b>			
<b>Criteria</b>	<b>Strengths of the Program Related to Standard V</b>	<b>Areas of the Program Needing Improvement Related to Standard V</b>	<b>Future Plans</b>
V-A	The mission/philosophy and core values of the nursing program direct the student learning outcomes and role specific competencies which are integrated through the course outcomes, unit/module objectives, learning activities and evaluation strategies as evidenced by SLO Table and faculty meeting minutes. Each course has a syllabus that is reviewed annually by instructor. 2017 Student exit survey 100% agreement of entry level competence on each of the SLO's.		Review in Spring of 2018 once the mission/vision are set for Itasca to ensure they align. Continue to review annually the syllabus for each course.
V-B	<b>SLOs:</b> Each SLO has role specific competencies which are cross walked to professional standards as evidenced by SLO Table and faculty meeting minutes. <b>NCLEX:</b> The curriculum is compared to the NCLEX- test plan every 3 years when test plan is updated and revised as needed as evidenced by faculty meeting minutes.		In 2020, when the NCLEX test plan is updated, review to ensure that our courses align.
V-C	2017 Student exit survey 100% agreement - General education courses (anatomy, physiology, human growth and development, medical terminology) for the nursing program enhance nursing knowledge and practice. Student learning outcomes are leveled.		
V-D	2017 Student exit survey 100% agreement - Online resources, the learning management system (D2L) and / or Skype were helpful and positive resources to promote my learning. 2017 Faculty survey 100% agreement - I have had the opportunity to identify and address trends, issues and workforce needs in my curriculum.		
V-E	2017 Student exit survey agreement 100% - The clinical site(s) are appropriate for learning and achievement of Student Learning Outcomes and Competencies. 95.8% - The clinical sites had an overall atmosphere that supported my learning.		Ensure clinical facility contracts are up-to-date

<b>Table 38: Strengths and Areas Needing Improvement for Standard V</b>			
<b>Criteria</b>	<b>Strengths of the Program Related to Standard V</b>	<b>Areas of the Program Needing Improvement Related to Standard V</b>	<b>Future Plans</b>
	<p>Contracts: Contracts: 100% of Clinical contracts are current, signed, with specify expectations of all parties and ensure the protection of the students.</p> <p>Partnerships: Numerous partnerships (more than 10 listed on table) exist that promote nursing education and enhance the profession exist and the benefit the community (articulation agreements, service learning partnerships, community activities, healthcare agencies events) as evidenced by partnership table and faculty meeting minutes.</p> <p>2017 Faculty survey 100% agreement - I have had the opportunity to provide input into the experiential learning experiences related to collaboration and evidenced based practice for students this year.</p>		
V-F	<p>2017 Student exit survey 100% agreement - The instructors create opportunities for students to develop their critical thinking skills and critical reasoning skills.</p> <p>2017 Faculty survey 100% agreement - I have had the opportunity to provide input into the experiential learning experiences related to leadership, reasoning and reflection.</p>		Continue to evaluate yearly.
V-G	<p>2017 Student exit survey 100% agreement - The instructors use a variety of teaching strategies to help students learn such as power point, presentation, lecture, experiential, quizzes, case studies...</p>		Continue to evaluate teaching strategies yearly and as needed.
V-H	<p>2017 Student exit survey 91.7% agree - The grading policies were consistently applied throughout the program by faculty. 95.8% The grading policies were on the syllabi were clearly defined at the beginning of each course.</p>		Review grading policies and syllabi yearly to ensure that they are consistent and clear.
V-I	<p>2017 Student exit survey 100% agreement – Orientation to technology and support was available to me.</p>	Increased interaction opportunities for synchronous and	Continue to offer support to the PN students as needed. Check into Adobe Connect capabilities.

**Table 38: Strengths and Areas Needing Improvement for Standard V**

<b>Criteria</b>	<b>Strengths of the Program Related to Standard V</b>	<b>Areas of the Program Needing Improvement Related to Standard V</b>	<b>Future Plans</b>
	Information for technology requirements and policies/resources for web-enhanced education are clear, accurate, consistent, and accessible on the college website. 2017 Faculty survey 100% agreement - I have had the opportunity to identify and address trends, issues and workforce needs in my curriculum.	asynchronous Skype students.	
V-J	2017 Faculty survey 100% agreement - I have applied quality improvement measures in my assignments related to review and evidenced by revision strategies this year.	Analyze pilot project on ATI module grading for outcomes and potential program-wide adoption/revision.	Continual QI per student feedback along with formative and summative assessment as needed. Update ATI module grading.