



2829 University Avenue SE #200, Minneapolis, MN 55414-3253

Email: nursing.board@state.mn.us

Website: www.nursingboard.state.mn.us

June 7, 2018

Dorinda Sorvig, MS, RN
Northland Community and Technical College Practical Nursing Program
2022 Central Ave NE
East Grand Forks, MN 56721

Dear Director Sorvig,

Re: Continuing approval for nursing programs with full candidacy status

Program approval rules requiring programs obtain national nursing accreditation or be in candidacy by January 1, 2016 went into effect June 28, 2011. The implementation date of January 1, 2016 was revised to January 1, 2018 under the Good Cause Exempt Rule process and went into effect March 31, 2014.

On December 1, 2016, the Minnesota Board of Nursing affirmed that all programs must be awarded full candidacy status by June 1, 2018. On June 7, 2018, the program's candidacy status was reviewed. Northland Community and Technical College Practical Nursing Program has been granted continuing approval until June 7, 2019.

Sincerely,

A handwritten signature in black ink that reads "Marilyn Krasowski".

Marilyn Krasowski, EdD, RN
Director for Education
Minnesota Board of Nursing
612-317-3014
Marilyn.Krasowski@state.mn.us

A handwritten signature in black ink that reads "Mary M. Hoepfner".

Mary M. Hoepfner, EdD, RN
Nursing Education Specialist
Minnesota Board of Nursing
612-317-3016
Mary.Hoepfner@state.mn.us

(612) 317-3000 – Voice (612) 617-2190 – Fax
(888) 234-2690 – Voice (MN, IA, ND, SD, WI) (800) 627-3529 – TTY

Equal Opportunity Employer

Printed on Recycled and Recyclable Paper

Northland Community & Technical College Practical Nursing Program

Systematic Assessment & Evaluation Plan Aug. 2015 – May 2018

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 institutional and expected 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 a program of 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.					
Key Element	How assessed/frequency	Expected Outcome/ met or not met	Supporting evidence Exemplars/Where found	Date Reviewed / evaluation	Action plan
Systematic, data-based process of ongoing assessment & evaluation	Review systematic assessment & evaluation doc monthly at faculty meetings. Jan.	Faculty will review assigned standards at least monthly at faculty meetings. /met	Ongoing standards review docs. Faculty meeting minutes. NCTC PN calendar for standards review doc. /Electronic resource.	'17-'18: 9.15.17 We review the assigned monthly standard at one or both faculty meetings every month. '16-'17: 1.4.17 We review the assigned monthly standard at one or both faculty meetings every month. '15-'16: 1.21.16 Review every meeting. See meeting minutes	Will continue to assess May or August after Spring Semester, and January or February after Fall Semester. Continue to review as part of the faculty meetings. Continue to review at faculty meetings.
Program outcomes data reviewed & decisions made based on data	Review of program data benchmarks and outcomes results. Biannually – Jan. & May.	Documentation will demonstrate review and decisions made based on program outcome data. /met	Program outcomes table (benchmarks, results, decisions made). Faculty meeting minutes. /Electronic resource.	'17-'18: 5.7.18 Benchmarks/outcomes will remain same. 9-8-17 Benchmarks reviewed from May grads outcomes. Completion rate less than desired from both curriculums on the graduation exit survey. Was a delay in getting survey link to faculty.	5.7.18 Excellent graduation exit survey results! Improved response due to explanation and value of student feedback. 9.17 Ensure that all graduation exit surveys will be completed in Concepts II course for both campus and online/hybrid sections. Will encourage students to

						complete survey with utilization of D2L tools.
					'16-'17: 1.20.17 Benchmarks reviewed for Dec. grads outcomes. Emphasized need to include pharm in all courses of diploma curriculum. Changed grad exit survey to Concepts II instead of clinical. '15-'16: 1.21.16 Benchmarks established.	Re-assess if all of the grad exit surveys are completed in Concepts II this spring. Determine if grad exit will remain with Concepts II.
					'15-'16: 1.21.16 Benchmarks established.	Continue to review.

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.

Key Element	How assessed/frequency	Expected Outcome/ met or not met	Supporting evidence Exemplars/Where found	Date Reviewed / evaluation	Action plan
Description of how communities of interest have input into decision-making.	Review nursing program advisory committee meetings and PN QI meetings. / Biannually Jan & May.	Meeting minutes from nursing program advisory committee meetings and PN QI meetings will show input provided and resulting changes made to program. / met	Nursing advisory committee meeting minutes. PN QI meeting minutes. Faculty meeting minutes. /Electronic resource.	'17-'18: 1.12.18 Need to record program changes on one document. 9.15.17 October advisory meeting scheduled with discussion of program outcomes on agenda. QI mtg: students request for continuation of pharmacology in all PNSG courses. 10.27.17 Committee recommended that all program outcomes be changed to the same form of measurement on the employer survey. Faculty agreed and this was changed for the employer survey. '16-'17: 9.2.16 Reviewed 6 month graduate survey. Comment made in regards to students taking on more clients during clinical. This is near impossible for instructor to be responsible for 4 clients per student. Other times there is not enough clients on the unit.	Director will update the 'program changes' table. 9.15.17 Pharmacology will continue to be included in content delivery. NCLEX results to date do not show evidence of lack of pharmacology knowledge among NCTC graduates. Will review advisory meeting discussion at following faculty meeting. 10.27.17: Changed employer outcome measurement on employer survey so all measured the same. This may change with upcoming concept based curriculum. We are exploring new ways to implement multiple patient load.

				<p>Another student was hoping for the opportunity to be with a client during the dying process.</p> <p>10.28.16 Discussed PN QI meetings & advisory committee mtg. Adjusted supplies for spring skills totes. Will try Zoom mtg for several spring distance courses. No action items from advisory committee mtg.</p> <p>1.4.17 Reviewed Dec. grad exit survey. Agreed to add Pharm to all courses in 44 cr diploma curriculum. Will explain to SPNs in orientation that LPNs are hired in clinics and LTC most, so clinicals will be in those areas and acute care.</p> <p>'15-'16: 1.21.16 Discussed after the October Advisory and QI meetings.</p> <p>5/5/16 discussed Spring Advisory Meeting survey at nurse faculty meeting.</p>	<p>The opportunity is not always available for all students. Plan would be to possibly set up a simulation during either a course or clinical.</p> <p>Continue to review PN QI meeting discussions and advisory committee meetings. Assess skills totes supplies again, and if Zoom meetings were effective.</p> <p>Pharm has been included in all courses I CBC curriculum</p> <p>Will review May '17 grad exit survey results in May and determine if there's consistency in SPNs feedback.</p> <p>Continue to discuss after each meeting.</p> <p>Will start advisory meeting with discussing goals for meeting per recommendations.</p>
--	--	--	--	---	--

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

Key Element	How assessed/ frequency	Expected Outcome/ or not met	Supporting evidence Exemplars/Where found	Date Reviewed / evaluation	Action plan
Program completion rate data.	Review last 3 years of program completion rate (2015-2017). / Annually – May.	80% completion/ retention rate will be achieved by PN students overall. / met	Table with 3 years of averaged program completion rate data. /SSR.	'17-'18: 5/7/18: Retention rates for fall'17 to spring '18 was 89.8% overall. Outcome met. Distance/hybrid: 92.8%, EGF: 94.8%; TRF: 75%. One student in TRF dropped late April due to mental health issues; otherwise would have been at 81% for TRF. 3 others dropped after fall semester – medical and personal issues.	5/7/18: Continue with Distance plan as mentioned below due to retention of Distance improved. Student tutors for Fall '18 are in place. Continue with early alerts and notification to Academic Success Center as needed.

<p>Advisors will not encourage students to take a distance/hybrid seat if they realize they will be more successful on campus. Continue with virtual meetings, voice over PPT, and continue to obtain student feedback.</p> <p>9.15.17 Will continue to offer more frequent face to face or virtual meetings with the distance/hybrid students. Will continue to seek student feedback and adjust to their needs.</p>	<p>Retention/completion rates for spring '17-Fall '17 was 90% total. 100% TRF; 95% EGF; 80% DE/Hybrid. Goal met. DE/hybrid group had several that took that seat as a 2nd choice. Total for 2017 was 93% (fall'16 – spring'17 and spring'17-fall'17).</p> <p>9.15.17: Retention/completion Fall 16- Spring 17 was an overall 96% completion rate for the new curriculum. TRF= 95% EGF= 95% Distance/hybrid= 100% Goal met.</p>				
<p>Several faculty offered online meetings via Zoom and received positive student feedback. Will continue to offer these online meetings and evaluate student feedback.</p>	<p>'16-'17: Retention rates for fall '15 starts were 75% TRF; 90% EGF and 68% DE. Total it was 83%. DE was quite a bit lower. For previous curriculum spring '16 starts: no TRF cohort; 90% EGF, 80% DE. For 'new' curriculum fall '16 starts: 95% TRF, 95% EGF and 93% DE. Overall the outcome is met.</p>				
<p>Faculty or PN advisor will contact students who 'disappear' for 2 or more weeks; offer counseling, support services as applicable.</p>	<p>'15-'16: Retention/completion rate for spring '14 starts was 87% and for fall '14 starts was 92%. Spring '15 starts rate was 86.6%. All 3 cohorts were 80% or above individually.</p>				

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

Key Element	How assessed/frequency	Expected Outcome/ met or not met	Supporting evidence Exemplars/Where found	Date Reviewed / evaluation	Action plan
Graduate licensure pass rate.	Review of annual NCLEX-PN pass	The 3 year average for NCLEX-PN pass rate for	MN BON and/or NCSBN document with pass rates.	'17-'18: 5/7/18: 2017 pass rate was 88.17%, above the state and national averages. Outcome met.	Follow up from last year: This was completed Nov. 1, 2017. See table of comparison between CBC curriculum and

	rates. / Annually – May.	program graduates will be 80%. / Met.	Document with NCTCs 3 year average of pass rates. / Table-SSR; Electronic resource.	2017 NCSBN PN Test Plan. Continue to evaluate as we have more CBC graduates. Continue to encourage student to attend ATI Live review along with the end of the year advising associated with Clinical. Advisement of other review resources available. Even though outcome was met, we need to double check that our 'new' 44 credit curriculum aligns with 2017 NCSBN test plan. Will compare our new curriculum to 2017 PN test plan this upcoming academic year.
				'16-'17: 9/2/16- 2016 pass rate was 86.18%. Outcome met. National pass rate was 83.7%.
				'15-'16: 2/11/16 – latest quarter and annual pass rates reviewed. 2015 pass rate: 86.41%. Reviewed 5/9/2016. Average pass rate for 2013-2015 is 81.92%. Outcome met. Jan. 1, 2014 the two separate PN programs became one with the MN BON. We had several TRF graduates from previous years who tested for the 1 st time in 2014 and dropped the pass rate.
				Incorporated ATI focused review after assessments. 1 campus began utilizing the advising sheet after the NCLEX predictor exam. Both campuses utilized this spring '16. Continue to encourage students to re-take Comp Predictor if below 95% predictability of passing NCLEX-PN. Outcome met for last 3 years. May actually see a dip in pass rates after starting concept based curriculum, according to research. Striving to continue to incorporate NCSBN PN Test Plan into our CBC. Continue to encourage graduating students to take NCLEX-PN within 2-3 months of graduation.

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

Key Element	How assessed/ frequency	Expected Outcome/ met or not met	Supporting evidence Exemplars/Where found	Date Reviewed / evaluation	Action plan
Graduate employment rates within 12 months of graduation.	Review graduate employment rate through 6-12 month graduate survey. / Annually – May.	90% of program graduates will be employed in nursing within 12 months of graduation OR be	Survey results from graduates 6-12 months after graduation. / Electronic resource.	'17-'18: 5.7.18 Waiting for the FY16 graduates placement data. Fall '17 advisory committee meeting: group agreed 90% is a reasonable expected outcome.	Table in self-study report includes FY13-FY15. Continue with 90% for this outcome.

	enrolled in an RN program. / Met		'16-'17: 9/8/17 Total FY15 grads responded were 104 (combined diploma and AAS). 7 reported unrelated work, not employed or status unknown. For the AAS grads the rate for related work or cont education was 93.8%; for diploma grads 85.7%. Total combined is 93.2% so target met.	63% of those reporting are continuing their education! We will continue to encourage graduates to go on for further education. Again, the AAS grads could be counted previously as a diploma grad if some went on for their AAS degree. We need to determine if there's a more reliable method to collect this data from grads, since the number reporting is not the same as the number of grads we have on record. Discovered we couldn't send the 6-12 mo. Grad survey to them via their cell phone.
			'15-'16: Meeting 5.9.16: FY14 placement was 93% for PN grads. Stats from A. Chamma. Stats we receive from MnSCU very confusing – they don't count continuing education as placement.	Will continue to discuss employment rates with college personnel responsible for tracking this (will be changing again as current employee is moving to a different position at college). Need to pull out accurate data.

Quality Indicator I-F: Faculty, students, alumni and employers express satisfaction with program effectiveness.					
Key Element	How assessed/frequency	Expected Outcome/ met or not met	Supporting evidence Exemplars/Where found	Date Reviewed / evaluation	Action plan
Student satisfaction with program effectiveness.	Graduate exit survey. PN QI meeting discussions. Annually - May	90% of graduates responding will rate question with an 'agree or strongly agree'. Met	Survey results. Minutes from PN QI meetings. / Electronic resource.	'17-'18: 5/7/18 Spr '18 grad exit survey: 96.9% (64/66) agreed or strongly agreed with satisfaction of program effectiveness. 12/18/17 reviewed F'17 grad exit. 96.49% of respondents' rate this question agree or strongly agree. Outcome met. 57 out of 63 students answered this question so it went better this semester in concepts II.	'17-'18: Themes addressed: <ul style="list-style-type: none"> Continue with or more simulation Incorporation of more pharmacology into every course. Mindful of potential of academic dishonestly practices. Spring 19 will consider the possibility of splitting Invasive Therapy lab sections. Only a couple of comments asking for more Pharm. <u>Strengths of program:</u> (themes) <ul style="list-style-type: none"> Faculty Clinical experiences and labs

<ul style="list-style-type: none"> • Instructor's care and support of students. • Hands on program • Way the program is taught; exemplars taught in both classroom and then lab – is exceptional. • Prepares us for NCLEX • Small class size • Program was flexible • ATI 	<p><u>Program weaknesses:</u></p> <ul style="list-style-type: none"> • Miscommunication w/ instructors. <u>Plan:</u> Faculty will talk more before lab time when teaching with multiple faculty. Faculty will come prepared. • First clinical. <u>Plan:</u> Fewer comments than last semester so this is improving. Faculty to continue to explain purpose of clin care I and stress the PN role (not CNA). • Instructors not on same page; inconsistent on grading skills.: <u>Plan</u> – see plan with miscommunication. Will also inform students that faculty confer on grading skills validations. Will add skills grading rubric into D2L and use for all skills validations. Done for spring '18. • ATI (no rationales with practice tests for proctored exams). <u>Plan:</u> have the practice test due 1 week before proctored so students can view rationales before the proctored test. So open rationales after practice tests due. Assign Pract A to campus and Pract B to distance/hybrid. Still require 90% or they will not earn the 2 points. • <u>More lab time practice.</u> <u>Plan:</u> Lab schedule with open times are posted in PN Info shell and on lab doors. SPNs

<p>may also reserve small test out rooms with Susie. Faculty to also post lab schedule in their course D2L.</p> <ul style="list-style-type: none"> • <u>Tutor</u>: Plan: Did not hear of this need fall semester. If faculty hear of this need, let Dorinda know and she'll talk to ASC to find tutor funds. • <u>More Pharm. Plan</u>: This is mentioned fewer times than previous semesters! Continue to incorporate Pharm in all courses as well as clinicals. The capstone project in concepts II has been changed to focus on Pharm for spring '18! • <u>Need for refresher of skills before clinic II</u>: Plan: incorporating this back into the clinic care II orientation day – spring '18! This was implemented. 				
<p>1/4/17: Will move grad exit survey to theory course-Concepts II to try obtain a higher number of students completing it. Students in previous curriculum ask for more Pharm; will add to all concept based curriculum courses.</p> <p>9/9/17: Did move grad exit survey to theory course, but completion rate still not the best. May be due to fact it was given in last week. Will try administer 2-3 weeks before end of semester fall '17.</p> <p>For #5: share with appropriate personnel as indicated. Instruct students to provide details for unsatisfied responses.</p> <p>For #7: IT staff do present at all PN Orientation sessions! Will also point out the resources for D2L orientation to students.</p> <p>For #15: Many SPNs state that LTC or clinic are not good sites. However, that is where LPNs are hired! We share this info at orientation, but will also reinforce in courses as well. They may not be aware of</p>	<p>'16-'17: 1/4/17-reviewed F'16 grad exit survey. 100% of students rated this question with agree or strongly agree.</p> <p>9/9/17: Spr'17 grad exit survey results reviewed. 90% of the students rated this question with agree or strongly agree.</p> <p>Target met.</p> <p>All but 3 other questions received 90% of students rating them agree or strongly agree. These 3 questions below were at 88-89%.</p> <p>#5: student services/HR are sufficient (FA, Business, bookstore, advising, tutoring).</p> <p>#7: Orientation to tech was available to me.</p> <p>#15: Clinical sites are appropriate for learning.</p> <p>All of the program outcome questions were answered with agree or strongly agree.</p>			

<p>sites that LPNs are hired for at this point in their education.</p> <p><u>Strengths of program: (themes)</u></p> <ul style="list-style-type: none"> • Instructors (knowledgeable, available, excellent, experienced, helpful) • ATI • Concept based curriculum • Hands on learning • Clinicals • Small class size <p><u>Weaknesses of program: (themes)</u></p> <ul style="list-style-type: none"> • Need more lab practice time • More voice over PPT • More Pharm • More equipment in labs • Is too much info in 2nd semester • Need a nursing tutor • Need study groups • Consistency with clinical instructors 					
<p>Fall '15: ATI Pharmacology Made Easy incorporated into student resources. Pharmacology and Pediatric care to be integrated into entire curriculum. Maternal information to be more focused in new curriculum as pediatric information is being incorporated throughout other courses in the curriculum.</p> <p>Spring '16: Will refer students to success center for accommodations. Will look at options for more open skill lab hours with 'new' diploma curriculum. Will reinforce to students that no 2 instructors teach or performs skills exactly the same.</p> <p>QI meetings: continue to incorporate more and more ATI into course requirements; continue to remind SPNs at program orientation about ATI charge to account; continue to offer CEU assignment as first missed clinical day;</p>	<p>'15-'16: 2/11/16 – student responses reviewed for fall '15 grads. 5/9/16: student responses for spring '16 reviewed. 99% of fall '15 grads and spring '16 grads agreed or strongly agreed that they were satisfied with program effectiveness. Outcome met.</p> <p>QI meetings discussed 11/19/16 and 4/7/16 faculty meetings. Like ATI; one campus liked CEU make-up for first missed clinical day, other campus didn't like it; like PN Info D2L site;</p>				

<p>Alumni satisfaction with program effectiveness.</p>	<p>6-12 month graduate survey. Accreditation meeting with alumni in facility setting. /With accreditation on site visit. / Feb.</p>	<p>90% of graduates responding will rate questions with agree or strongly agree (proficient or excellent on some questions). Majority of alumni will express satisfaction with program effectiveness. / met</p>	<p>6-12 month Grad survey results. Notes from accrediting team visit with alumni. / Electronic resource</p>	<p>'17-'18: 2/23/18: F'16 and Spr'17 grads: both curriculums 97.5% rated this question agree or strongly agree (40/41). Only 41 responded. Were a total of 166 grads so only a 25% response rate.</p> <p>'16-'17: 9/8/17: FY15 results: 33 responded. Over 90% of responding grads agreed or strongly agreed with all questions. Target met.</p>	<p>continue to post pertinent info for all SPNs to PN Info D2L site.</p> <p>Question was added from last year's plan below. Keep benchmark as is, since the response rate is not the greatest. We posted survey link in AD info shell, sent it via email several times, and also to personal emails that were listed in system.</p> <p>Again, need to try improve the number of grads completing this survey! For FY15 we had 102 total PN graduates so this is only a 32% completion rate. With the 'new' 44 credit curriculum, the survey questions about program outcomes will have to be changed for some of the spring '17 graduates. We will also add a question more specific to this quality indicator: 'I was satisfied with the program effectiveness'.</p>
<p>Employer satisfaction with program effectiveness.</p>	<p>Employer survey. /Annually – May</p>	<p>Employer survey: overall average will be 2.5 or higher on scale of 1-4. /Met</p> <p>Updated fall '17 to: 90% of employers will rate this question with agree or strongly agree.</p>	<p>Employer survey results. / Electronic resource</p>	<p>'15-'16: review 6-12 mo survey results from FY14 grads. 33 grads responded. All questions had 90% of grads answering agree, strongly agree. Target met.</p> <p>'17-'18: 10.27.17 Per fall advisory committee meeting suggestion: we'll change this outcome to be similar to other program outcomes. Also added question specific to this QI: rate overall satisfaction with PN Program effectiveness with the grads we've hired. May: 5.7.18</p>	<p>Continue to send survey to grads 6-12 months after graduation. We investigated the possibility of send this survey out to students' cell phone numbers, but it's not possible with our subscription to Survey Monkey. Need to try improve the number of grads completing this survey! For FY14 we had 124 total PN graduates between fall '13 and spring '14 so this is only a 26% completion rate.</p> <p>Will be included in the employer survey sent out in Mar/Apr 2018 for 2017 grads.</p>

<p>Faculty satisfaction with program effectiveness.</p>	<p>Annual faculty survey. / May</p>	<p>90% of faculty will rate question with agree or strongly agree. /Met (Satisfied with the programs' effectiveness in achieving expected outcomes'.)</p>	<p>Faculty survey results. / Electronic resource.</p>	<p>2017 results: 100% agreed that they are satisfied with program effectiveness. 18/27 responded so had a 66.7% response rate! Improved again. '16-'17: 9/9/17: 2016 employer survey results- overall average was 3.3 so outcome met. All 22 who responded would hire NCTC PN grads again. We had a 61% (22/36) return rate so that improved. '15-'16: 2/11/16 – Tara has sent out employer satisfaction surveys. 2/25/16 Outcome has been met. Overall average was 2.5 or higher for all questions on 2015 survey. 11/20 surveys were returned for a 55% return rate. '17-'18: 4.12.18: 91.7% of faculty responding agreed or strongly agreed they are satisfied with program's effectiveness in meeting expected outcomes. Outcome met. One strongly disagreed, but no comment. Item may have been misread. '16-'17: 5.9.17 reviewed faculty survey for FY17 @ faculty meeting. 100% of faculty agreed that they are satisfied with the programs' effectiveness in achieving expected outcomes. Outcome met. A comment was it could be a bit more organized but no specifics were included.</p>	<p>No changes deemed necessary. Outcome met. We will thank employers at the fall nursing advisory committee meeting and encourage them to continue to respond to the employer surveys. We discovered someone else at the college was also sending this survey to employers; so PN advisor will no longer send these. The duplication may have decreased the number responding. Continue to remind advisory committee to participate in satisfaction survey. Will review results in future meeting 2/25/16 Continue to remind and request employers to submit satisfaction surveys. Will additionally continue to remind at the advisory meetings. Budget information shared to faculty was adequate. Lab will be updated as able. Faculty are attending national conferences and information is tracked with a spreadsheet. Other comments: Director did not bring up budget often enough last year. Will add to agenda for faculty meetings each quarter to keep faculty informed of where the budget is at. Comments included that the lab needs updating as well as sim equipment. Will continue to share lessons learned from webinars, workshops attended with each other at faculty meetings. One would like seminars offered on effective teaching. Will consider when budget is set for FY18. The program does pay for all faculty subscriptions to Nurse Tim where they</p>
--	-------------------------------------	---	---	---	---

					can access webinars for free on a multitude of topics.
				'15-'16: 5.9.16 – 100% of faculty agreed or strongly agreed that they are satisfied with the programs' effectiveness in achieving expected outcomes.	Other findings: director will update faculty on department budget balance periodically-quarterly. Will inform part-time faculty that they have access to professional funds and that they may participate in technology orientation (email sent by DS on 5/20/16). Will evaluate faculty goal for attending national conferences in the fall.

Standard II: Program Integrity – Mission, Governance, and Resources

The mission, goals, core values, and expected outcomes of the nursing program are consistent with and contribute to the mission, goals and core values of the parent institution.

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.					
Key Element	How assessed/frequency	Expected Outcome/ met or not met	Supporting evidence Exemplars	Date Reviewed/ evaluation	Action plan
Consistency between program & institution mission, goals.	Compare program to institution. Every 2 years and with changes.	Comparison demonstrates consistency between mission, goals and core values of PN Program and NCTC. / Ongoing with program goals./Met	Document: table of comparison. Minn State & NCTC mission/goals web sites. /Appendix C	'17-'18: No changes 9/22/17 continue with program goals set in 2015. Met. The college is working on updating the mission/strategic plan. '16-'17: No changes. Continue with program goals. They are being met.	Continue to review if changes are needed. See table in self-study. Will possibly have to re-align program mission with revised college mission in spring or summer of 2018. Continue to review if changes.
Review of mission, goals, program outcomes and SLOs.	Review of PN mission, values, program outcomes, SLOs	PN Program mission, values, program outcomes, SLOs remain	Meeting minutes. / Electronic resource.	'15-'16: 9/3/15 began review: 9/17/15 Drafted five program goals. '17-'18: 9/22/17 no changes.	9/3/15 developing goals: 9/17/15 Ongoing development of program goals. Completed curriculum development fall '16 and implemented 2 nd semester spring '17.

	for relevance. Annually – Sept.	relevant to current practice. / Met		'16-'17: 9/2/16 reviewed.	9/2/16 No changes noted to mission and philosophy. Continue to develop new curriculum this fall around SLO, program outcomes.
				'15-'16: 9/3/15 reviewed. 9/17/15 begin to develop program goals.	9/17/15 No changes noted to mission and philosophy. Continue to develop new curriculum around SLO, 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.

Key Element	How assessed/ frequency	Expected Outcome/ met or not met	Supporting evidence Exemplars/Where found	Date Reviewed / evaluation	Action plan
Faculty participation in governance activities.	Look at faculty participation in college and program committees. Annually – Sept.	100% of FT faculty will participate on at least one college and one program committee. / Met	Table with list of college and program committees showing PN faculty names. / Electronic resource.	'17-'18: 9/22/17 Outcome met '16-'17: 9/2/16 Outcome met '15-'16: 9/17/15 Outcome met	9/22/17 All faculty continue on campus and college committees/clubs 9/2/16 All faculty to continue on campus and college committees/clubs. 9/17/15 All faculty to continue on campus and college committees/clubs.
Student participation in governance activities.	Look at student participation in PN Club, PN QI meetings, & Nursing Advisory Committee. Annually – Sept.	PN club will exist on both campuses; 1-2 representatives from each semester and each cohort will participate in PN QI meetings & Nursing Advisory Committee meetings. / Met	Meeting minutes from PN Club meetings, meeting minutes from PN QI meetings, & Nursing Advisory Committee meeting minutes. / Electronic resource.	'17-'18: 9/22/17 faculty meetings – faculty advisors for both campus PN clubs were named/volunteered. Met '16-'17: 9.2.16 & 9.16.16 faculty meetings – faculty advisors for both campus PN clubs were named/volunteered. Met '15-'16: Oct. 23 & Nov. 6; Apr. 2 and Apr. 16 QI mtgs were reviewed @ faculty meetings.	Continue to support PN clubs and their activities on both campuses. Continue to support PN clubs and their activities on both campuses. See QI minutes for student feedback and action plans.

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

Key Element	How assessed/ frequency	Expected Outcome/ met or not met	Supporting evidence Exemplars/Where found	Date Reviewed / evaluation	Action plan
	Look at Nursing Program Advisory	Nursing Program seeks feedback from Nursing	Nursing Program Advisory Committee meeting	'17-'18: 9/22/17 discussed at faculty meeting. Information in	Also continuing to send agenda prior to meeting for additions from members.

Communities of interest provide feedback- advisory committee	Committee feedback/ input. Oct. and March.	Program Advisory Committee and utilizes feedback. / Met	minutes. Nursing Program Advisory Committee annual survey. PN faculty meeting minutes. / Electronic resource.	regards to program outcomes, feedback and such will be shared with advisory committee. Shared program outcomes; advisory committee recommended making outcomes the same for the employer survey. This was changed as recommended for spring '18 surveys.	Send revised employment survey out spring '18. Will also provide advisory committee survey to members at the spring '18 meeting. This was provided and many there completed it that night.
Communities of interest provide feedback - students	Request student feedback on program at PN QI meetings & on graduate exit survey. / Oct. and April.	PN Program will seek input and feedback from students 2 times per semester. / Met	PN QI meeting minutes. PN faculty meeting minutes. Graduate exit surveys. / Electronic resource.	'17-'18: 3.30.18: Academic dishonesty came up in both meetings. Discussed solutions as well as reporting each incident. Students would like to do meds in Clinical Care I. Students would like to drop practice math and have the first math exam start in orientation. Oct. 10.27.17: discussed QI meetings at this faculty meeting. 9/22/17 Will review fall QI meeting after each meeting.	3.30.18 Ideas discussed: Faculty stand in back, assigned seating, move chairs around tables, shuffling questions, random order for options. Suggestions for math quiz in clinicals: Maybe put a practice test in Clinical Care I shell: Will bring all of these to the clinical meeting in May (on agenda). This was done and practice ATI math modules were added to Clinical Care I. 10.27.17 EGF/DE advisor sent email to new starts informing them where to look for online campus/lab dates. DS posted lab schedules in PN Info shell (also posted for spring 2018). Faculty incorporated skills review with clin care II orientation spr'18. Will add an evening shift option to EGF clin care I survey for fall '18.
				'15-'16: 9/17/15 Addressed in faculty meeting. Discussed spring advisory committee mtg at 4.7.16 faculty mtg. 5.5.16 reviewed results of advisory committee survey. 9/15 returned the survey = 60%.	9/17/15 Will continue to review minutes after each advisory meeting. 4.7.16 – continue to send out agenda 1 week before so members may seek input to questions/items on agenda. 5.5.16 will start each advisory committee meeting with a goal or two for the meeting.

<p>CNEA accreditation status and contact info publicized.</p>	<p>Review of PN web page and PN Handbook by PN</p>	<p>Accreditation status and contact information will</p>	<p>PN Handbook PN web page</p>	<p>5.7.18 faculty meeting. Advisory committee spr '18 survey results: 100% rated this 3-4 that they've been informed of policy changes for Nursing program. Outcome met. 5.7.18: grad exit survey spr' 18 results: 100% of respondents rated this question 3 or above that policies are clear, accurate, consistent and accessible on the college website. 66 respondents out of 66! A great response rate. '16-'17: 10/28/16 Faculty mtg: advisory comm mtg – no changes recommended to program. No additional exemplars provided by committee. New curriculum clinicals focus shared. Positive feedback on nursing career fair. Group recommended to send employer surveys for PN and RN students together. '15-'16: 5.5.16 advisory committee survey: 100% agreed that we share program outcomes with them (NCLEX pass rates, employment rates, etc.). However, we didn't have a specific question about policy changes on the survey. We have informed them of all the changes with the 'new' 44 credit curriculum. 5.9.16 grad exit survey: 95% fall grads and 98% spring grads rated the question with a 3 or 4. '17-'18: 9/22/17 Pre-Accreditation status was added to the PN web page spring '17.</p>	<p>Adv committee survey: continue to bring policy changes to advisory committee for input – preferably before they are implemented. Continue to post PN Handbook on web page, link to it in all D2L courses, and review in program orientation and clinical orientations at a minimum. Will continue to host annual career fair on both campuses. Sending PN and RN employer surveys together at the same time to employers now. The question that was to be added to the survey was not added; will add for spring '18 survey. Committee members did agree they are notified of program outcomes. Will add a question about notification of policy changes to advisory committee survey. It helped to clarify the question on the grad exit survey (added 'this is not for course communication). Keep the question as is.</p>
<p>CNEA accreditation status and contact info publicized.</p>	<p>Review of PN web page and PN Handbook by PN</p>	<p>Accreditation status and contact information will</p>	<p>PN Handbook PN web page</p>	<p>5.7.18 faculty meeting. Advisory committee spr '18 survey results: 100% rated this 3-4 that they've been informed of policy changes for Nursing program. Outcome met. 5.7.18: grad exit survey spr' 18 results: 100% of respondents rated this question 3 or above that policies are clear, accurate, consistent and accessible on the college website. 66 respondents out of 66! A great response rate. '16-'17: 10/28/16 Faculty mtg: advisory comm mtg – no changes recommended to program. No additional exemplars provided by committee. New curriculum clinicals focus shared. Positive feedback on nursing career fair. Group recommended to send employer surveys for PN and RN students together. '15-'16: 5.5.16 advisory committee survey: 100% agreed that we share program outcomes with them (NCLEX pass rates, employment rates, etc.). However, we didn't have a specific question about policy changes on the survey. We have informed them of all the changes with the 'new' 44 credit curriculum. 5.9.16 grad exit survey: 95% fall grads and 98% spring grads rated the question with a 3 or 4. '17-'18: 9/22/17 Pre-Accreditation status was added to the PN web page spring '17.</p>	<p>Adv committee survey: continue to bring policy changes to advisory committee for input – preferably before they are implemented. Continue to post PN Handbook on web page, link to it in all D2L courses, and review in program orientation and clinical orientations at a minimum. Will continue to host annual career fair on both campuses. Sending PN and RN employer surveys together at the same time to employers now. The question that was to be added to the survey was not added; will add for spring '18 survey. Committee members did agree they are notified of program outcomes. Will add a question about notification of policy changes to advisory committee survey. It helped to clarify the question on the grad exit survey (added 'this is not for course communication). Keep the question as is.</p>

Review of program publications, documents and policies.	Director. Annually – Sept.	be noted on PN web page and PN Handbook. / Met	PN Faculty Handbook. / Electronic resource.	<p>'16-'17: 9/2/16 The program website and PN Handbook show program is approved by MN BON.</p> <p>'15-'16: 9/17/15 The program website and PN Handbook show program is approved by MN BON.</p> <p>'17-'18: 9/22/17 PN Handbook provided for students via web page. PN Handbook is reviewed and updated per faculty input every semester. PN web page reviewed and updated summer '17 with Dean's collaboration.</p> <p>'16-'17: 9/2/16 PN Handbook was updated over summer 2016, and for this year there are 2 Handbooks: one with outgoing curriculum courses and eligibility requirements and one with 'new' curriculum courses and eligibility requirements. Faculty felt this would be less confusing for students. Policies essentially the same for both curriculums. Sent to faculty for review before fall '16 semester began; feedback provided and corrections made.</p> <p>'15-'16: 9/17/15 Handbook and webpage updated prior to Fall '15 semester and prior to Spring '16. Multiple changes made to web page re: 'new' 44 credit curriculum.</p>	<p>Will be adding to the webpage and handbook pre-accreditation status after December 2016.</p> <p>Will continue to display approval and accreditation status for all communities of interest.</p> <p>Back to one PN Handbook for diploma curriculum.</p> <p>Web page review: Consider adding a document to webpage for students with application and acceptance procedures. Director to start on this during current academic year.</p> <p>Will continue with 2 handbooks for '16-'17 academic year. Continue to review publications, documents and policies every semester and prn.</p> <p>Will continue to update every semester and more often as needed. Director has folder of notices sent to web master with changes.</p>
	PN Director and Dean of Allied Health, Nursing & Public Services to review. Every semester.	PN web page, PN Handbook and PN Faculty Handbook will be reviewed and updated prn every semester. / Met	PN web page PN Handbook PN Faculty Handbook / Electronic resource.		

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.			
Key Element	How assessed/ frequency	Expected Outcome/ met or not met	Supporting evidence Exemplars/Where found
			Date Reviewed / evaluation Action plan

Nurse administrator- curriculum vitae.	Review of curriculum vitae. Every 2 years – Sept. (or with change in administrator)	Nurse administrator holds a graduate degree in nursing./ Met.	Curriculum vitae of nurse administrator. /Appendix F.	'17-'18: 9/22/17 Outcome met. '16-'17--Every two years – see next year. '15-'16: 9/17/15 Evaluation achieved. '17-'18: 9/22/17 See Release Credit Equivalency (RCE) '16-'17: Every two years – see next year. '15-'16: 9/17/15 See RCE (position description).	CV updated. Continue with qualified nurse administrator. Continue with qualified nurse administrator Continue with current qualification and requirements.
Nurse administrator – position description.	Review of position description. Every 2 years – Sept. (or with change in PD or administrator)	Position description shows nurse administrator has administrative responsibility & autonomy to manage program's resources. /Met.	Nurse administrator position description. /Appendix G.		Continue with current qualification and requirements.

Quality Indicator II-F: The nursing program has the necessary budgetary, human, instructional, physical, and technological resources to demonstrate achievement of the mission, goals, expected program outcomes.					
Key Element	How assessed/ frequency	Expected Outcome/ met or not met	Supporting evidence Exemplars/Where found	Date Reviewed / evaluation	Action plan
Sufficient budgetary resources.	Discussed at faculty meeting – Sept. Discussed at PN QI meeting – April.	Minutes will show this discussion and any insufficiencies are noted and followed up on. / Met	PN faculty meeting minutes. PN QI meeting minutes. /Electronic resource.	'17-'18: 9/22/17 will discuss after survey in April. Budget snapshot has been shared 4 times at faculty meetings throughout the year. 4/12/18: spring '18 faculty resource survey results: 100% (9 respondents) agreed or strongly agreed that the budget is adequate. Discussed how to use more sim manikins; room issues discussed– JS following up on. Discussed changing several questions to yes/no to obtain more appropriate response.	Jodi S following up on room issues with 366 in EGF. Dorinda asked Laerdal rep at HEC, but he was no help in offering suggestions to clean manikin. Dorinda had Tara change indicated questions for next year's survey-Apr. '18.
				'16-'17: faculty survey from last spring reviewed. Mannequins EGF continue to be an issue, new body parts received. Will confer with	As many mannequins as possible were repaired in EGF by maintenance staff in Oct. – Nov. '16.

				<p>maintenance. Beds in EGF/TRF a few each non-functioning-group link initiated. Totes- continue to refine current and new totes.</p> <p>'15-'16: 9/17/15 Discussion regarding funding for CBC conferences. No other needs identified at this time. See student QJ meeting minutes. No deficiency noted.</p> <p>'17-'18: 9/22/17 received new used bed in both labs from VEC. IV pumps repaired so adequate for fall '17.</p> <p>12.18.17: fall '17 grad exit survey: no comments on resources that are needed by grads. All respondents agreed classrooms were sufficient to meet needs.</p> <p>5.7.18: spr '18 grad exit survey: one comment that invasive lab (EGF) is too crowded with 3 sections.</p> <p>'16-'17: See below.</p> <p>'15-'16: 9/17/15 Physical resources sufficient at this time.</p> <p>'17-'18: 9/22/17 Will look at in April after faculty survey.</p> <p>12.18.17: Grad exit survey fall '17 shows 98% agree that technology support was available and over 96% agreed that technology was current, comprehensive and accessible.</p> <p>5.7.18: Grad exit survey spr '18: 100% agreed technology orientation was provided and 98%</p>	<p>Both campus labs received a 'new' used bed from local facility in GF. Continue to make program budget requests per college budget process.</p> <p>Will look at conference dates and faculty availability to attend CBC training. One faculty attended Iggy conference on CBC. Program hired consultant from Nurse Tim who came for 2 days too present on CBC in Mar. 2016.</p> <p>Continue to request needed items via the budget process.</p> <p>Continue to include this question on grad exit survey.</p> <p>Will look at separating one section from other 2 for spring '19 (hopefully have at least one new FT faculty by then).</p> <p>Adjust the skills tote supplies and numbers each semester based on student and faculty feedback.</p> <p>Will need to plan well ahead to prepare "tote" skills pack list for new curriculum fall semester '16. This was completed during spring '16 semester.</p> <p>Continue to assess at QJ meetings and on grad exit survey.</p> <p>Continue to assess at QI meetings and on grad exit survey.</p>
Sufficient physical resources.	<p>Discussed at faculty meeting – Sept.</p> <p>Discussed at PN QI meeting – April.</p>	<p>Minutes will show this discussion and any insufficiencies are noted and followed up on. / Met</p>	<p>PN faculty meeting minutes.</p> <p>PN QI meeting minutes. /Electronic resource.</p>	<p>'17-'18: 9/22/17 received new used bed in both labs from VEC. IV pumps repaired so adequate for fall '17.</p> <p>12.18.17: fall '17 grad exit survey: no comments on resources that are needed by grads. All respondents agreed classrooms were sufficient to meet needs.</p> <p>5.7.18: spr '18 grad exit survey: one comment that invasive lab (EGF) is too crowded with 3 sections.</p> <p>'16-'17: See below.</p> <p>'15-'16: 9/17/15 Physical resources sufficient at this time.</p>	
Sufficient technological resources.	<p>Discussed at faculty meeting – Sept.</p> <p>Discussed at PN QI meeting – April.</p>	<p>Minutes will show this discussion and any insufficiencies are noted and followed up on. / Met</p>	<p>PN faculty meeting minutes.</p> <p>PN QI meeting minutes. Grad exit survey. /Electronic resource.</p>	<p>Will look at separating one section from other 2 for spring '19 (hopefully have at least one new FT faculty by then).</p> <p>Adjust the skills tote supplies and numbers each semester based on student and faculty feedback.</p> <p>Will need to plan well ahead to prepare "tote" skills pack list for new curriculum fall semester '16. This was completed during spring '16 semester.</p> <p>Continue to assess at QJ meetings and on grad exit survey.</p> <p>Continue to assess at QI meetings and on grad exit survey.</p>	

				<p>agreed that tech support was available.</p> <p>Faculty survey spr '18: room 366 projector screen (EGF) too small.</p> <p>'16-'17: Technology resources remain sufficient. Current beepers dated and some disrepair, they are through Altru, will ask Susie to look into this. (expensive at this time)</p> <p>'15-'16: 9/17/15 Technology resources sufficient at this time.</p> <p>'17-'18: 9/22/17 One FT faculty on sabbatical; position filled for the year. Some faculty overload, but not excessive.</p> <p>5.7.18: Dean Stassen calculated credit loads to FT loads and requested permission to hire 1-2 more faculty. Request granted by President Bona.</p> <p>'16-'17: 9/2/16 Adequate faculty and staff at this time.</p> <p>'15-'16: 9/17/15 Faculty and staff adequate at this time.</p> <p>'17-'18: 9/22/17 discussed spring '17 exit survey results. Several comments about student services not adequate but no specifics mentioned so unable to report to appropriate department.</p> <p>12.18.17: fall '17 grad exit survey: over 96% agree that student services/human resources are sufficient. One comment that it would be nice to have a nursing tutor.</p> <p>5.7.18: spr '18 grad exit survey: 92% agreed or strongly agreed</p>	<p>Jodi S took this to EGF facility meeting; will install larger screen summer '18.</p> <p>Continue to ask if technology resources are adequate on student exit survey as well as faculty survey.</p> <p>Continue to assess and discuss technology needs.</p> <p>Sufficient nursing faculty and staff; continue this practice.</p> <p>Search committee formed and interviews scheduled for early May 2018. Two new nursing faculty accepted positions for fall 2018! One is FT in the PN Program, the other is shared by PN and AD RN programs.</p> <p>Continue to assess and discuss human resources.</p> <p>Continue to encourage students to make specific comments if they choose not met on survey.</p> <p>Director has contacted ASC to confirm there is budget available for peer tutors that could be paid as work study. Notice was posted in PN Info course to inform faculty if students need a tutor.</p>
Sufficient human & instructional resources (faculty & staff).	<p>Discussed at faculty meeting – Sept.</p> <p>Discussed at PN QI meeting – April.</p>	<p>Minutes will show this discussion and any insufficiencies are noted and followed up on. / Met</p>	<p>PN faculty meeting minutes.</p> <p>PN QI meeting minutes. Include library and instructional equipment and supplies. /Electronic resource.</p>	<p>Sufficient nursing faculty and staff; continue this practice.</p> <p>Search committee formed and interviews scheduled for early May 2018. Two new nursing faculty accepted positions for fall 2018! One is FT in the PN Program, the other is shared by PN and AD RN programs.</p>	
Sufficient student services.	<p>Discussed at PN QI meeting – April.</p>	<p>Minutes will show this discussion and any insufficiencies are noted and followed up on.</p>	<p>PN QI meeting minutes.</p> <p>Grad exit survey. /Electronic resource.</p>	<p>Continue to encourage students to make specific comments if they choose not met on survey.</p> <p>Director has contacted ASC to confirm there is budget available for peer tutors that could be paid as work study. Notice was posted in PN Info course to inform faculty if students need a tutor.</p>	

				that student services/human resources are sufficient. Several comments about having services (cafeteria, proctoring) available late afternoon to evening for students on campus at those times.	Director contacting Stassen, Dean regarding evening resources, such as testing proctor and evening cafeteria services. No response at this time.
				'16-'17: Academic Success Center has new director. Math Tutor position filled on TRF. A new Math Tutor to be hired on EGF campus. A student tutor on TRF campus.	Two student tutors available on TRF campus per SPN requests. No requests in EGF
				'15-'16: 9/17/15 Current math tutor leaving position in Academic Success Center.	9/17/15 Meet with Academic Success Center Coordinator to ensure continued access to math tutoring. Nursing faculty (at least 1) to serve on search committee for this position.

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 & expected student learning outcomes.					
Key Element	How assessed/frequency	Expected Outcome/ met or not met	Supporting evidence Exemplars/Where found	Date Reviewed / evaluation	Action plan
Review of program resources by faculty & staff.	Faculty/staff survey. Annually –April.	90% of faculty & staff will rate these questions (fiscal, physical, & student services are adequate) on survey with a 3 or higher on scale of 1-4, and will review annually. /met	Faculty Survey results. /Electronic resource.	'17-'18: <u>5.7.18</u> : 100% of faculty agreed or strongly agreed that there is necessary budgetary, human, physical and tech resources, as well as an adequate operational budget.	Will continue to pursue options to start replacing manikins and sim manikin. Plan orientation on how to use sim manikin for fall '18 in-service. Dean is working on one room issue in EGF-updated summer '18 New electric bed obtained for each lab on EGF and TRF campuses May 2018. Regular mannequin obtained for TRF lab May 2018.
				'16-'17: <u>5.9.17</u> : Reviewed faculty resources survey. 6 completed it. 100% agree that physical, fiscal and student resources are adequate. Suggestions for improvement: include budget info more regularly at faculty meetings; start looking into updating sim equipment; EGF lab	Will add question for faculty to choose FT or PT status to faculty survey. Budget info has been added 4 times/academic year to faculty meetings. Schedule was changed in EGF so only 2 sections are in lab at once. Encouraged faculty to let director know what classrooms aren't adequate and what needs improvement.

<p>Review of program resources by students.</p>	<p>Student survey – graduate exit survey. Dec. and May.</p>	<p>90% of students will rate these questions on survey with a 3 or higher on scale of 1-4. /Met</p>	<p>Graduate exit Survey results. /Electronic resource.</p>	<p>crowded with 3 sections in there; several felt classrooms aren't adequate but no comment on what needs improvement.</p> <p>'15-'16: May 9, 2016: Outcome met except for 2 questions. On 2 question specifically about budget, 2 part-time faculty stated they weren't involved in budget as part-time faculty. Two part-time faculty also commented they didn't know they have access to professional development funds.</p> <p>'17-'18: 9/22/17 Will review student survey results in Dec. and May. <u>12.18.17</u>: 96%of grads agreed or strongly agreed that student services/human resources are sufficient; 100% agreed that classrooms were sufficient. 93% agreed that learning resources were sufficient. Comments: would like more sim incorporated; EGF cafeteria cost and quality of food not good. One IT person not friendly.</p> <p><u>5.7.18</u>: 92.4% (61/66) rated at 3 or above.</p> <p>'16-'17: 9/8/17 reviewed exit survey results from spring '17.</p>	<p>An email was sent by director to all clinical faculty sharing that they do have access (pro-rated) to professional development funds, and that they can be involved in budget process by requesting equipment needs. Clinical faculty did request a video this year that was purchased by the department.</p>
				<p>Dean will relay cafeteria complaints and students also told to complete survey about cafeteria. There will be a new food services provider for FY2019 as the current provider Dean to contact IT.</p> <p>IT supervisor aware of need for IT person to be friendly/accommodating.</p> <p>Late afternoon proctoring and evening cafeteria services requested. Tutors in place for Fall 2018 (1 tutor available on each campus).</p> <p>Student dissatisfaction with technology and some with clinical placement. Maybe have clinic rotation do 2 weeks of clinic and 3 weeks at TCU. Discussion on how to round out the students' educational experience the best. Will check into this for spring. Changed to two days in clinic and 2 -4 days in LTC/rehab/TCU for spring '18.</p>	

Faculty/student ratios	Compare college course caps to PNSG courses. Annually – Oct.	100% of PNSG courses will meet college course caps requirement./Met	Table with faculty/student ratios for theory, lab & clinical. Table with college course caps and PNSG courses. /Table III-A-E in SSR.	'17-'18: 10.6.17 All PNSG courses at or below the caps for these courses. Clinicals require lower faculty/student ratio due to BON requirements. Ratios are adequate to meet program and student outcomes. '16-'17: 10/7/16: All PNSG courses at or below the caps for these courses. Clinicals require lower faculty/student ratio due to BON requirements. Ratios are adequate to meet program and student outcomes. '15-'16: 10/1/15: All PNSG courses at or below the caps for these courses. Clinicals require lower faculty/student ratio due to ND BON requirements. Ratios are adequate to meet program and student outcomes.	Continue to stay at course caps for PNSG courses per college policy. Continue to stay at course caps for PNSG courses per college policy. Continue to stay at course caps for PNSG courses per college policy.
-------------------------------	--	---	---	---	--

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

Key Element	How assessed/frequency	Expected Outcome/ met or not met	Supporting evidence Exemplars/Where found	Date Reviewed / evaluation	Action plan
Selection, orientation & evaluation criteria for preceptors.	NA. No preceptors utilized.			'15-'16: '16-'17: '17-'18:	

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.

Key Element	How assessed/frequency	Expected Outcome/ met or not met	Supporting evidence Exemplars/Where found	Date Reviewed / evaluation	Action plan

<p>Faculty support for unique contributions.</p>	<p>Faculty meeting minutes show sharing of info; faculty portfolio shows unique contributions. Oct.</p>	<p>Faculty will share info learned from conferences, EBP, etc. at faculty meetings./ Developing. Faculty will update faculty portfolio annually./ Met</p>	<p>Faculty meeting minutes. /Electronic resource. Faculty profile and faculty files. /Document room- faculty portfolios.</p>	<p>'17-'18: 10/6/17 Faculty to update portfolios. '16-'17: 10/7/16 All faculty encouraged to update.</p>	<p>List of documents for faculty portfolios was emailed to all faculty with May faculty meeting minutes. MA and DL shared info from Nurse Tim conference this year. Continue to share experiences from conferences, CEU's etc. Share information among faculty learned from conferences. Specifically Concept Based Curriculum (CBC) conferences. Also started sharing technology or active learning activities at faculty meetings fall '16. See faculty meeting minutes.</p>
<p>Faculty development resources examples.</p>	<p>Show professional development funds process for both campuses. Show budget information for faculty development. Annually – Oct.</p>	<p>100% of FT faculty utilize funds from professional development process. / Met</p>	<p>Evidence of faculty utilizing professional development funds and activity they completed. Faculty PDP. /Faculty portfolios in document room.</p>	<p>'15-'16: 10/22/15: All faculty encouraged to update. '17-'18: 10/6/17 All faculty required to complete PDP annually and all FT faculty encouraged to utilize PD funds. '16-'17: 10/7/16 All faculty required to complete PDP annually and all FT faculty utilize PD funds. '15-'16: 10/1/15: All faculty required to complete PDP annually and all FT faculty utilize PD funds.</p>	<p>Share information among faculty learned from conferences. Specifically Concept Based Curriculum (CBC) conferences. Continue to apply for and utilize PDP funds for ongoing education appropriate to each faculty. DS informed PT faculty that they may use pro-rated amount of faculty development funds. Continue to apply for and utilize PDP funds for ongoing education appropriate to each faculty. DS informed PT faculty that they may use pro-rated amount of faculty development funds. Continue to apply for and utilize PDP funds for ongoing education appropriate to each faculty.</p>

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

Key Element	How assessed/ frequency	Expected Outcome/ met or not met	Supporting evidence Exemplars/Where found	Date Reviewed / evaluation	Action plan
<p>Expected faculty outcomes.</p>	<p>Review faculty outcomes./ Annually – Oct.</p>	<p>All faculty outcomes are collected & analyzed to measure program effectiveness. Annually – Oct. /Not met. '16-'17: met</p>	<p>Document of aggregate of faculty outcomes. Table with data & analysis. /Electronic resource.</p>	<p>'17-'18: 10.2.17 started table/process for attending national conferences. 2.23.18: Reviewed faculty outcomes and updated table.</p>	<p>Faculty to update faculty outcomes table with conferences. Done. Continue to evaluate annually.</p>

Faculty evaluation of performance.	Dean to evaluate faculty per college policy. /Annually or per college policy. Oct.	All faculty will be evaluated per college policy./met	Faculty PDP and class observation/evaluation forms. / Faculty portfolios in document room.	<p>'16-'17: 10/7/16 Reviewed '15-'16 outcomes.</p> <p>'15-'16: 10/1/15; Discussed this and the necessity to develop expected faculty outcomes. 2/25/16: Faculty outcomes developed at meeting.</p> <p>'17-'18: 10.6.17 Need to discuss how to orient new faculty.</p>	<p>Clarified that clinical faculty with 100% assignment in clinical, 80% will hold outside employment. Will add outcome that all faculty will complete 24 CEUs every two years as required by BON. Develop program faculty expected outcomes.</p> <p>2/25/16: Start analyzing data annually now in Oct.</p>
				<p>DS will start an orientation plan and share. Two new clinical faculty were paired with experienced faculty as mentor for fall '17 and one also for spring '18 (also assisting with labs this year). Done through college's professional development mentor program. Will continue to offer this mentor/mentee option to new faculty.</p> <p>May 2018: new PN faculty orientation checklist developed!</p>	<p>Continue with classroom observations by Dean.</p>
				<p>'16-'17: 10/7/16 Dean conducts faculty observations as per MSCF contract.</p> <p>'15-'16: 10/22/15: Dean conducts faculty observations as per MSCF contract.</p>	<p>Continue with classroom observations by Dean.</p>

Standard IV: Culture of Excellence and Caring –Students

The parent institution and nursing program are committed to providing student-centered support services sufficient to create a learning environment focused on promoting student success.

Quality Indicator IV-A: The institution and program provide student support services that are student-centered; culturally responsive; and readily accessible to all students, including those enrolled in distance education; and, guide students throughout the processes associated with admission, recruitment, retention and 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.

Key Element	How assessed/ frequency	Expected Outcome/ met or not met	Supporting evidence Exemplars/Where found	Date Reviewed / evaluation	Action plan
<p>Student support services are adequate.</p>	<p>Review list of student support services on both campuses. Annually –May.</p>	<p>Upon review, outcome changed to 80% on 10/27/2017 to be more realistic.</p> <p>90% of students on graduate exit survey rate this question a 3 or higher on scale of 1-4. / met; not met fall '16.</p>	<p>Table of student support services available on both campuses. /Electronic resource- Table II-F-4.</p>	<p>'17-'18: <u>10.27.17</u>: Spring '17 results: not met. 87.24% rated this a 3 or higher. Several comments showed dissatisfaction with advising. Another comment showed students have seen that cuts at college have made it difficult to have adequate access to all services. Distance students would like access to food services when on campus during the evening for lab. Consider lowering outcome?</p> <p>1.12.18: Over 96% of fall '17 grads rated this 3 or higher. Only 1 comment: that it might be nice to have tutoring for nursing.</p> <p>5.7. 2018: Spring grad exit results: 92.4% rated this 3 or higher. Outcome met. Several comments on having services (proctoring, cafeteria) available late afternoon into evening for students on campus those hours.</p>	<p>Will discuss dissatisfaction with advisors; some of this may be from distance MN advising for distance/hybrid students. The PN advisor there has resigned. Director will continue to communicate program changes with Distance MN and meet with new advisor when on board. Expected outcome lowered to 80% as program has no control over college personnel changes.</p> <p>Cafeteria services? Provide information to students regarding no evening cafeteria services available. Encourage students to bring own food and drink during campus evening skills sessions. Faculty are available to provide recommendations of food services available near the college.</p> <p>Ask students to let faculty know if they are in need of a tutor for nursing courses. Program director will contact ASC if needed. Posted notice in PN Info course asking students to contact faculty if tutor needed. One excellent tutor in TRF assisted online students as well. She is willing to continue to tutor PN students next year when she's in AD program! There is also a tutor in EGF for fall 2018. Either or both will also assist distance/hybrid students.</p> <p>Director will inform Dean of comments. It is noted that MNState-MHD has an evening option for proctoring that is open to any student at no fee.</p>

Quality Indicator IV-C: Student policies are clearly documented and accessible with students advised of changes with adequate notice.					
Key Element	How assessed/ frequency	Expected Outcome/ met or not met	Supporting evidence Exemplars/Where found	Date Reviewed / evaluation	Action plan
Accessibility of student policies.	Examine various places where student handbook is accessible to students. / Annually – Nov.	PN policies, via the PN Handbook, will be accessible to students at all times. / Met	Web site. PN Home site in D2L. PNSG courses in D2L. /Electronic resource.	'17-'18: 12.18.17: PN Handbook remains accessible. Also emailed students and posted in PN info shell a handout for returning students about several policy changes (late assignments, progression/course repeats) for spring '18. '16-'17: 11.4.16 Remain accessible to all students and public. Met. '15-'16: 11-19-15 Met	Continue to post handbook on PN Web Page, link in PN Info course, and link to it in all PNSG courses. Will also email and post major changes in policies to returning students every semester. Continue to post handbook on Web Page and in D2L courses. Notify students of changes as they occur. Continue to post handbook on Web Page and in D2L courses. Notify students of changes as they occur.
Timely communication of student policies to all students.	Survey students-graduate exit survey. Dec./May	80% of students on grad exit survey will respond with a 3 or higher on scale of 1-4 that they receive communication of policy and policy changes in a timely manner. / Met	Survey results. /Electronic resource.	'17 – '18: 10.27.17: Spring '17 results: 93.62% rated this at 3 or higher. It has helped that clarification was added to the question that this pertains to program wide policies/communication. 12.18.17: fall '17 grad exit survey: 96.49% of respondents agreed or strongly agreed that communication of policies, procedures and program info are communicated in timely manner. One comment that communication was unclear but no details provided. 5.7.18: Spring '18 results: 98.4% rated this question 3 or higher. Student stated: "I receive text messages & emails regularly & in timely fashion regarding issues that impacted my educational experience."	PN D2L shell/course was developed during '16-'17 academic year. Feedback from students at QI meetings indicate this is helpful for announcements, communication on NCLEX, pinning ceremonies, career fairs, etc. Will continue to keep this D2L site updated. Director will also go into classrooms if requested to explain changes in policies if they occur mid-program. Continue to post program policies, info to the PN Info D2L shell. Remind 101 phone app is an effective resource for student communication for use with clinical courses.

Standard V: Culture of Learning and Diversity – Curriculum and Teaching/Learning/Evaluation Processes

The curriculum is designed by faculty to create a culture of learning that fosters the professional and personal growth of diverse learners and supports the achievement of expected student learning outcomes in alignment with the program’s mission, goals, values and expected program outcomes, inclusive of distance learning methodologies.

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.					
Key Element	How assessed/frequency	Expected Outcome/ met or not met	Supporting evidence Exemplars/Where found	Date Reviewed / evaluation	Action plan
Student learning outcomes are appropriate for practice role of graduates.	Compare SLOs with national standards: QSEN, NFLPN, MN BON scope of practice and NCLEX-PN test plan. Annually – Dec.	SLOs will incorporate national standards and demonstrate appropriate role of PN graduate. / met	Document with SLOs, QSEN, NFLPN, and MIN BON scope of practice standards. /Electronic resource.	<p>'17-'18: 12/18/17. SLO's seem appropriate for the second semester courses. Will continue to re-evaluate</p> <p>'16-'17: 12/2/16. SLO's seem appropriate for first semester courses. Will continue to re-evaluate</p>	<p>Entire curriculum has been taught. Continue to complete curriculum tables.</p> <p>Implement second semester courses this spring and continue to evaluate SLOs with new curriculum</p>
Competencies, course objectives & Unit/module objectives.	SLOs are integrated throughout the competencies and unit/module objectives. Annually – Dec.	All SLOs will be integrated throughout the curriculum and guide the curriculum. / met	Curriculum documents. Course syllabi. /Electronic resource and course notebooks in document room.	<p>'15-'16: Apr. 7, '16. The QSEN standards are looked at for the PN level. Other standards are PN specific.</p> <p>17-'18': 1/12/18 Entire curriculum has been taught now.</p> <p>'16-'17: 12/2/16. Faculty would like to create more course unit outcomes and will share. Will continue to re-evaluate.</p> <p>'15-'16: Apr. 7, '16. Designed course objectives to align with program outcomes. Are designing unit/mod objectives to align with course objectives.</p>	<p>Maintain current SLOs that incorporate professional standards into the curriculum and appropriate for the PN SOP.</p> <p>Continue to evaluate outcomes at all levels to ensure they align with SLO. Complete all curriculum tables.</p> <p>Finalize last second semester course (Clinical care II) and implement new course and unit objectives spring '17.</p> <p>Continue to finalize first semester courses this spring (learning activities, order of topics, unit/mod objectives).</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.					
Key Element	How assessed/ frequency	Expected Outcome/ or not met	Supporting evidence Exemplars/Where found	Date Reviewed / evaluation	Action plan
Professional nursing standards are guide for curriculum.	Compare curriculum and chosen professional nursing standards/ guidelines. Annually – Dec.	Curriculum will show incorporation of nursing standards incorporated throughout. /met	Curriculum documents. /Electronic resource.	'17-'18: 12.18.17 QSEN is incorporated into current texts, QSEN & NAPNES and MN BON SOP are introduced at PN Program orientation, then throughout curriculum. '16-'17:12/2/16. Covered in Nursing Foundations and will continue to review. '15-'16: Apr. 7,'16. Curriculum does incorporate professional nursing standards for PN scope of practice.	Continue with incorporating professional standards in curriculum and evaluate annually and prn. Also introduce Professional standards and program concepts at PN Program orientation for all students. Continue to incorporate our chosen professional nursing standards into the PN curriculum.

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.					
Key Element	How assessed/ frequency	Expected Outcome/ or not met	Supporting evidence Exemplars/Where found	Date Reviewed / evaluation	Action plan
General education courses are foundational and incorporated into PN curriculum	Examine appropriateness of gen education courses in student graduate exit survey. Jan. & May.	80% of graduating students will respond with 3 or higher on scale of 1-4 on this question./Met.	Survey results. /Electronic resource.	'17-'18: 12/18/17: 96.49% of fall '17 grads rated this question a 3 or higher on the grad exit survey. <u>5.7.18</u> : Spring '18 grad exit survey: 96.9% of grads rated this question a 3 or higher. One comment made referred to a course not required for the PN program! '16-'17:12/2/16. We will continue to review this on curriculum meeting in December and review the results of the grad surveys.	Continue with current gen-ed courses and continue to re-evaluate Continue to review current gen-ed courses and ask grads this question. Plan to review grad exit survey at next PN faculty meeting. Will continue to ask this question – especially after start of 44 cr. Curriculum to assess if gen eds are still appropriate for graduate nursing knowledge and practice.

Program progression, leveling and credit requirements.	Determine if there is duplication of learning and if sequencing is appropriate via faculty discussion. Dec. &/or Apr.	Majority of faculty will agree there's minimal duplication of learning, and sequencing is appropriate.	Faculty meeting minutes. /Electronic resource.	'15-'16:Apr. 7, '16. F15 grads completing survey rated this question agree or strongly agree. '17-'18': 5.7.18: At this time, minimal duplication is present. Concepts are duplicated in semesters, but different exemplars '16-'17:12/2/16. Seems to be working well, will continue to review after completing first semester. '15-'16: Apr. 7, '16. We have developed 44 cr curriculum with sequencing and progression of courses very deliberately.	Will continue to ask this question – especially after start of 44 cr. Curriculum to assess if gen eds are still appropriate for graduate nursing knowledge and practice. Continue to discuss at faculty meetings and will look at revisions for curriculum in Fall 18 Will begin to assess student achievement of SLOs and program completion as new program is implemented fall '16 and first cohort graduates in spring 2017. Will begin to assess student achievement of SLOs and program completion as new program is implemented fall '16.
---	---	--	--	---	--

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

Key Element	How assessed/frequency	Expected Outcome/ met or not met	Supporting evidence Exemplars/Where found	Date Reviewed / evaluation	Action plan
EBP is incorporated into curriculum.	Review of course activities/assignments. annually – Dec.	All PN courses will demonstrate evidence of at least one current EBP content/activity/ assignment. / met	Curriculum documents/table with courses' activities. / Course binders in document room	'17-'18: 12/18/17. EBP is introduced in both semester PN courses. '16-'17:12/2/16. EBP was introduced to first semester students and will continue to review this. Examples: QSEN, CDC, IHI (SBAR), Medscape were all utilized '15-'16: Apr. 7, '16. Are implementing concept based curriculum so are up to date. Realized the need to decrease	Capstone project incorporates an EBP article research. ATI reviews EBP in readings. Ensure all curriculum include EBP examples of assignments, reading, etc. Example: Some use collaborative testing, gamification, and flipping the classroom. Continue to utilize these. Need to continue to make purposeful effort at documenting EBP activities we implement! Continue to develop 1 st semester courses this spring, and start on 2 nd semester courses summer and/or fall '16. Need to

					content in nursing courses. Hired nurse consultant to come to campus Mar. '17-'18, '16 to lead us in course development and CBC concepts.	also document EBP activities we implement.
--	--	--	--	--	---	--

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.						
Key Element	How assessed/frequency	Expected Outcome/ met or not met	Supporting evidence Exemplars/Where found	Date Reviewed / evaluation	Action plan	
Experiential learning experiences are appropriate for practice role of grads.	Review clinical sites for all students. April.	All clinical sites will be appropriate for expected practice role of program grads. / met	Faculty meeting minutes. /Electronic resource.	'17-'18: 12.18.17 Reviewed student feedback on clinical sites. Some say clin care I site is more for CNAs. <u>5.7.18:</u> several comments about not performing enough skills in clin care I. Only one comment that s/he felt like NA. Would like more diverse clinical sites. '16-'17: CBC curriculum implemented this year.	Faculty to reinforce SPNs role as LPN in clinicals. Cut down on clinic days and long-term care in EGF, with more time being spent in acute setting. Will evaluate in Fall '18'	
Agency contracts.	Review all agency contracts for currency. Annually – April.	All facilities utilized as clinical sites will have a current agency contract on file. / met	Clinical contracts. /Electronic resource.	'15-'16: Apr. 7, '16. Have been discussing with new CBC for fall, where the most appropriate sites are for PN clinicals. Advisory committee recommends long term care and clinic areas for PN. Med-surg areas IF they are going on for RN. '17-'18: 1/12/18. Contracts are up-to-date '16-'17: 5.9.17 Contracts remain up-to-date. '15-'16: Apr. 7, '16. We have renewed 7 clinical site contracts this year.	Will evaluate after both semesters of curriculum have been taught. Continue to seek advisory committee recommendations for clinical placement of PN students. Will make sure we ask students to complete clinical surveys every semester to obtain their feedback as well. Continue to re-evaluate contracts for clinical sites Continue to maintain compliance with facility/agency contracts for clinical sites. Continue to maintain compliance with facility/agency contracts for clinical sites.	

Quality Indicator V-F: The curriculum provides experiential learning that enhances student ability to demonstrate leadership, clinically reason, 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.

Key Element	How assessed/ frequency	Expected Outcome/ met or not met	Supporting evidence Exemplars/Where found	Date Reviewed / evaluation	Action plan
Experiential learning provides students' ability to demonstrate above characteristics.	Review curriculum to ensure all characteristics are incorporated into clinical experiences. Annually – April.	Curriculum design includes opportunities for students to develop in leadership, clinical reasoning, reflective thought, culturally sensitive care, care delivery, quality & safety, patient-centered care, and teamwork. / met	Curriculum docs. Clinical requirements. /Document room-course notebooks.	'17-'18: 12.18.17 With review, realized there is not a specific learning experience for students to demonstrate leadership. '16-'17: 5.9.17 Reviewed CBC curriculum as second semester just taught for first time. '15-'16: Apr. 7, '16. Are trying to incorporate experiential learning that incorporates ability of students to show leadership, clinical reasoning, culturally responsive, caring, quality improvement, safety, patient-centered care and teamwork, as shown in program outcomes.	Clinical faculty developing a leadership day for clin care II to be implemented this semester – spring '18. Will evaluate at end of semester and revise as necessary. 5.9.18 Clinical write up includes cultural care, a variety of care delivery settings, quality, safety, patient-centered care and teamwork. Continue to incorporate these characteristics into 44 cr. Curriculum.

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).

Key Element	How assessed/ frequency	Expected Outcome/ met or not met	Supporting evidence Exemplars/Where found	Date Reviewed / evaluation	Action plan
Curriculum includes strategies (teaching, learning & evaluation) in all settings based upon EBP and lead	Review of curriculum theory, lab, and clinical courses. / Dec. and April.	Examples of teaching, learning, and evaluations activities will demonstrate utilization of EBP. /meeting	Sample docs of curriculum: learning activities, teaching strategies, evaluation methods, syllabi / Document room-course notebooks.	'17-'18: 12.18.17 Teaching, learning and evaluation strategies reviewed. Determined we need grading rubric built into D2L for all skills, so faculty member incorporated it, all faculty approved.	Implement new skills grading rubric in D2L spring '18 and re-evaluate at end of semester. Continue to ensure curriculum demonstrates student achievement of course and program outcomes. Complete curriculum tables, and gather student work to show achievement.

<p>Students receive support & development in use of technology.</p>	<p>Ask students this question in student graduate exit survey. Dec. & April</p>	<p>80% of students will rate this question a 3 or above on scale of 1-4. / met</p>	<p>Graduate exit student survey results. /Electronic resource.</p>	<p>'16-'17: 5.9.17. FY17 faculty survey results: 4/6 faculty agreed they have orientation to technology available (66.7%) so not met this year. However, 100% agreed that they have support in the use of instructional technology. Need to be sure all faculty are aware of available orientation to technology by IT and ATI and publisher personnel. '15-'16: Apr. 7, '16. For FY15 faculty survey: 100% faculty rated the 3 questions pertaining to technology at a 3 or higher (technology support, computer equipment and software are all adequate to meet program outcomes). '17-'18: 1.12.18: 92.98% of fall '17 grads agreed that orientation to technology was available to them, and 98.24% agreed that technology support was available to them. 5.7.18 Spr '18 grad exit survey: 100% rated a 3 or above that tech orientation was available, and 98.4% rated a 3 or above that tech support was available. '16-'17:12/2/16. Will continue to review this after exit surveys received. '15-'16: Apr. 7, '16. For fall '15 grads: 96% rated the question that 'orientation to technology was available to me' at a 3 or higher. And to the question</p>	<p>mentors available to help. Continue to have Jodi P. to come in to orientation regarding Castle Branch. Castle Branch offers assistance to students. Encourage ALL faculty to complete the survey! Director to develop faculty orientation booklet/manual for nursing faculty. Will include this info in the booklet. Continue to assess this on the faculty survey annually. Continue to ask faculty these questions on the annual faculty survey.</p>
				<p>Continue with providing orientation to email, D2L at program orientation. Continue with ATI rep providing ATI orientation to all first semester students. All D2L courses have D2L orientation course available to them. Continue as indicated above. Will review fall '16 grads exit survey results at next meeting. Continue to have IT provide an orientation on technology at the PN Program orientation. Continue to have ATI representative provide ATI orientation the</p>	

Appendix C

Standard II-A: Comparison of NCTC Mission with PN Program Mission

Appendix C: Congruency of Mission with the Governing Organization		
Key:		
Light blue – quality		
Green – needs of learners		
Yellow – collaboration/partnerships		
Minnesota State Mission/Vision	NCTC Mission	Nursing Program Mission/Philosophy
<p>Mission: The Minnesota State system of distinct and collaborative institutions offers higher education that meets the personal and career goals of a wide range of individual learners, enhances the quality of life for all Minnesotans and sustains vibrant economies throughout the state.</p> <p>Vision: The Minnesota State system will enable the people of Minnesota to succeed by providing the most accessible, highest value education in the nation.</p>	<p>Mission: Northland Community & Technical College is dedicated to creating a quality learning environment for all learners through partnerships with students, communities, businesses, and other educational institutions.</p> <p>Vision: Northland Community & Technical College will be widely recognized as a progressive leader in community and technical college education, responsive to the needs of our learners through the use of partnerships, innovation, and technology.</p>	<p>The mission of Northland Community and Technical College’s Nursing Program is to serve learners, society, and particularly the region through a collaborative approach in the educational preparation of nursing personnel.</p> <p>We believe that Northland Community and Technical College’s (NCTC) Nursing program functions in conjunction with the mission and vision of NCTC. NCTC’s nursing program has multiple campuses and modes of delivery which are committed to inspire student success and cultivate a quality educational environment.</p> <p>The PN program develops the professional behaviors of the student practical nurse through utilization of the nursing process, with emphasis in the areas of communication, teamwork, and inter-professional collaboration.</p> <p>Ongoing quality improvement activities are performed implementing established EBP, and current technology to deliver quality safe patient centered care.</p>

Appendix D: Congruency of Values/Outcomes with Governing Organization

Key:

Light blue – quality

Red – diversity

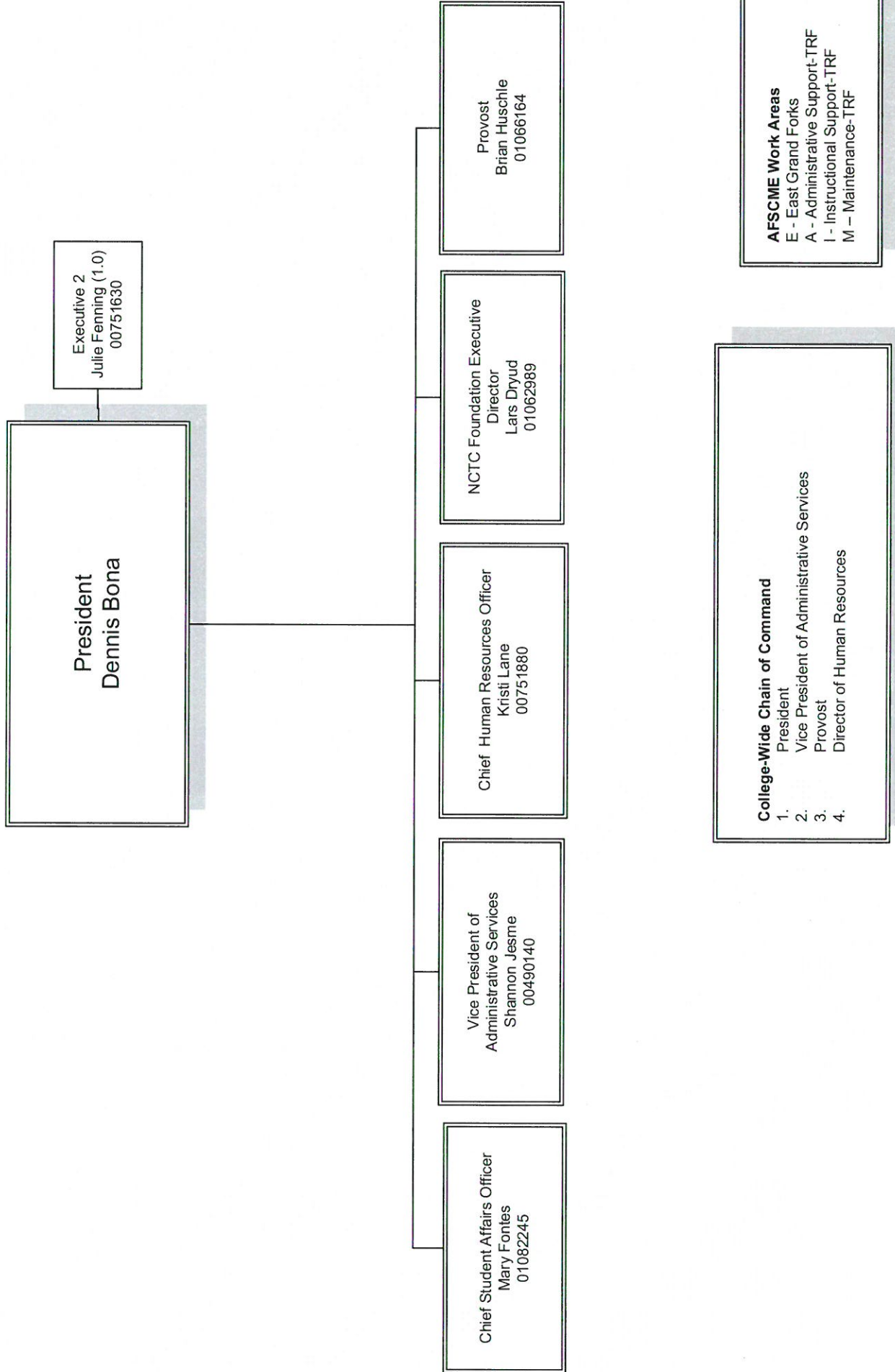
Pink – civic responsibility, civility, communication

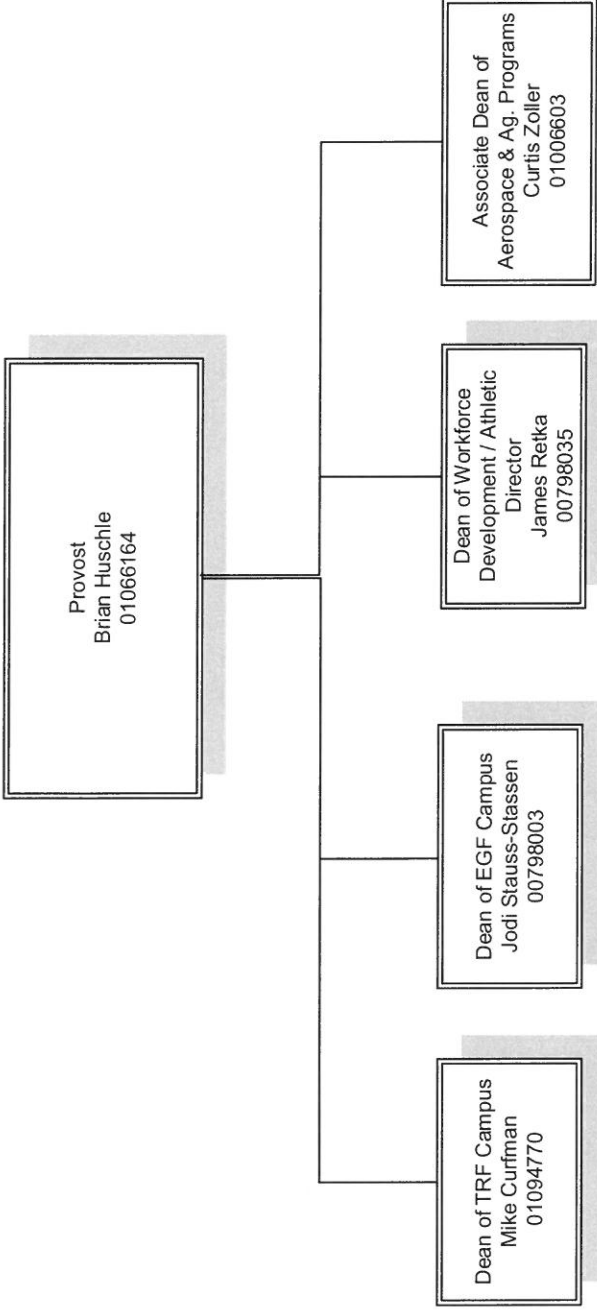
Green – accountability, access

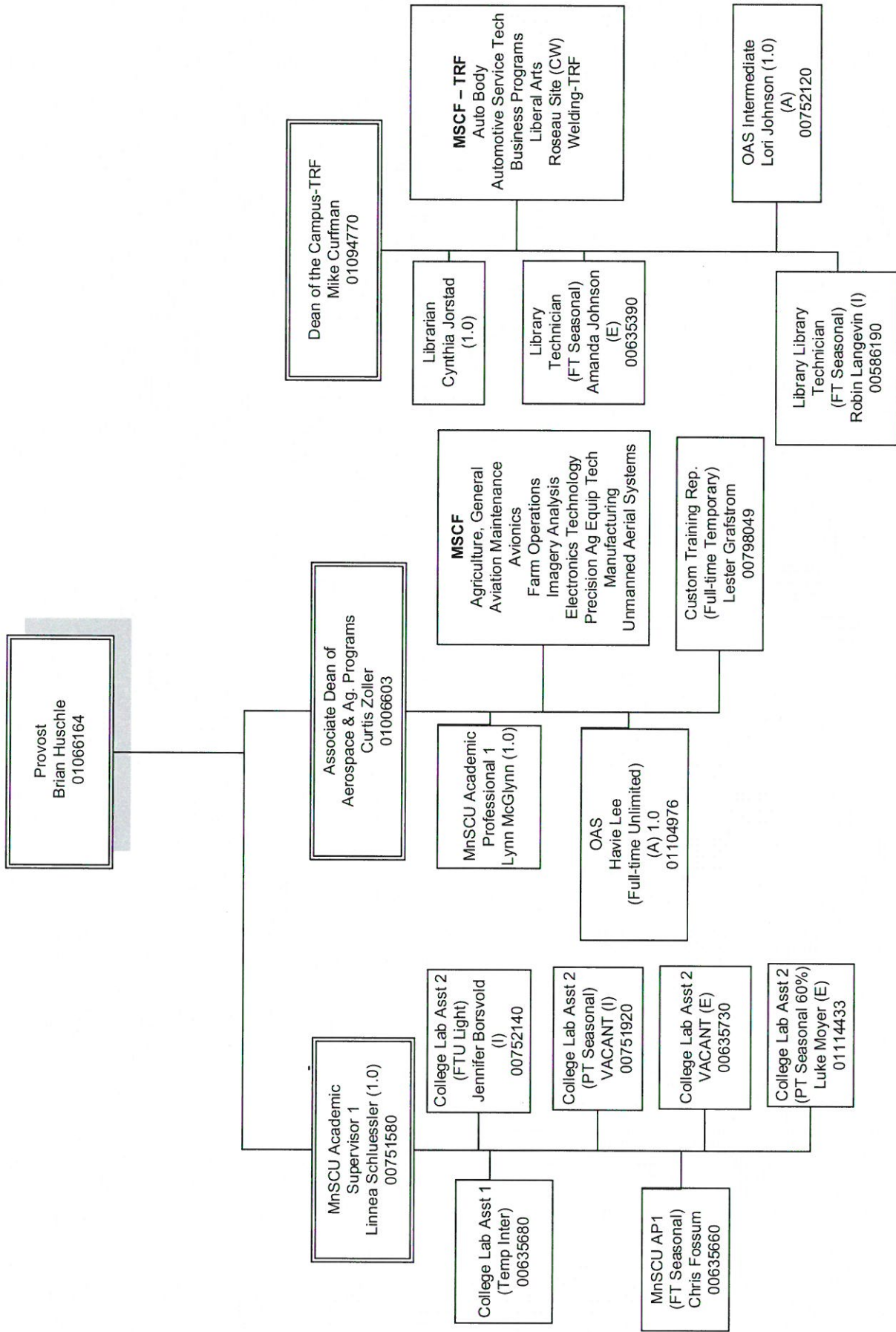
Yellow – information technology

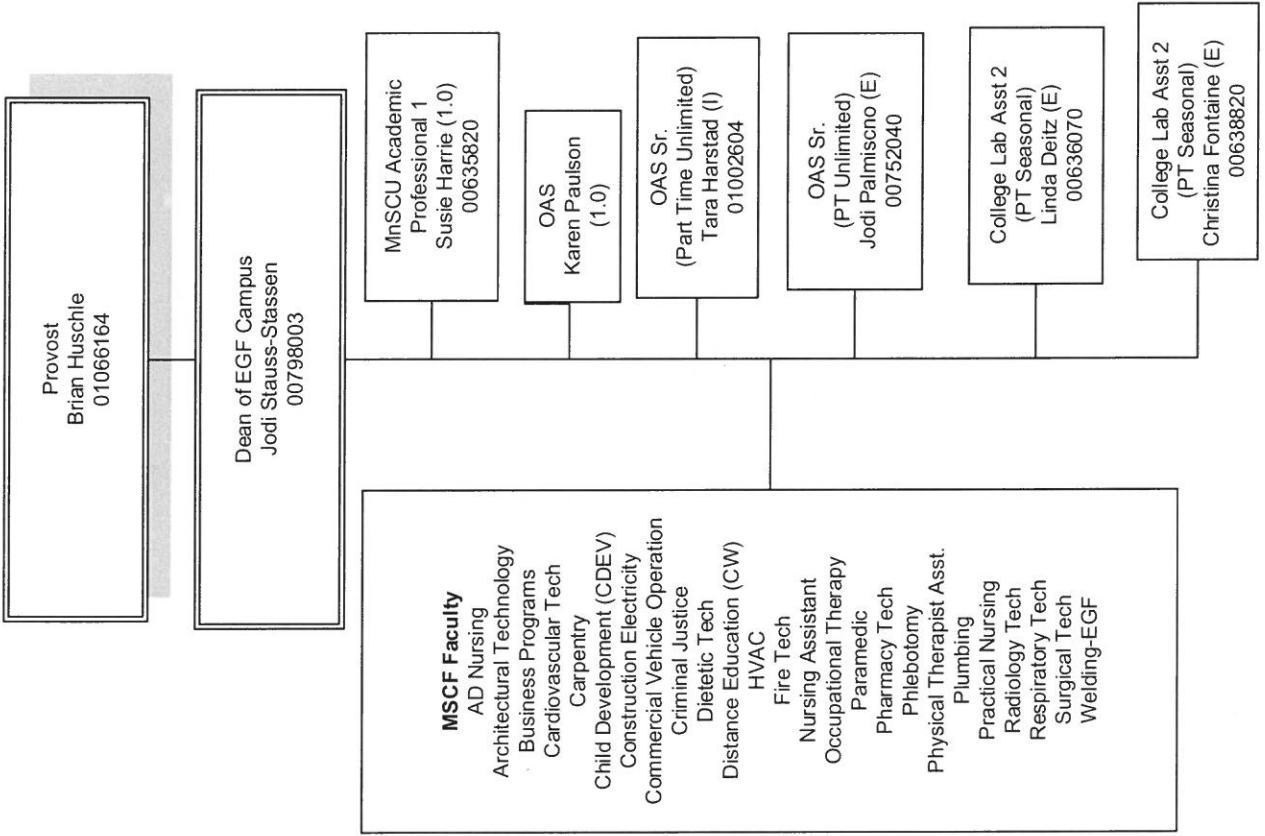
Minnesota State Values	NCTC Institutional Learner Outcomes	PN Program Student Outcomes
<p>Quality: Promoting higher standards of performance in everything the system undertakes.</p> <p>Diversity: Building a system open and accepting of all individuals.</p> <p>Civility: Educating for social and civic responsibility.</p> <p>Access and Affordability: Ensuring that there are no financial barriers to Minnesota State education.</p> <p>System wide Accountability: Demonstrating educational effectiveness and organizational efficiency.</p>	<p>Communication Skills Students will be able to communicate effectively with a variety of audiences using verbal, nonverbal, listening, writing, interpersonal and team skills.</p> <p>Critical Thinking Skills Students will be able to separate fact and opinion, recognize distinct points of view and analyze and evaluate information, including mathematical information. Students will be able to acknowledge diverse values, and employ creativity and effective problem-solving skills in a variety of situations. Students will be able to understand implications and consequences of decision-making.</p> <p>Global and Civic Responsibility Students will be able to interact in ways that exhibit a sense of community and be sensitive to issues of cultural and global diversity, and understand the importance of exercising civic responsibility on local, regional, and national levels. Students will understand and respect the need to give service to others. Students will respect and care for our natural environment.</p> <p>Information and Applied Technology Students will be able to access and analyze appropriate information and/or resources using technology to solve problems.</p> <p>Personal Development Students will develop professional attitudes and habits of punctuality, honesty, respect, accountability, leadership, professional and personal integrity, and self-directedness while contributing to personal and group goals.</p>	<p>Participate as a member of the interprofessional team collaborating and communicating with other health care providers to promote safe, quality, patient centered care.</p> <p>Manage care through planning, organizing and assigning aspects of care to UAP' and LPN's under the direction of a RN or other licensed Health Care Provider.</p> <p>Apply best current evidence with clinical expertise and patient preferences for the delivery of optimal health care.</p> <p>Provide holistic and effective individualized nursing care to diverse patient populations.</p> <p>Apply competent and safe practices to nursing care.</p> <p>Utilize information technology in the health care setting.</p> <p>Demonstrate professional behaviors and accountability to legal and ethical nursing practice standards for a competent PN.</p> <p>Participate in quality improvement activities and effectively use resources to achieve patient outcomes.</p>

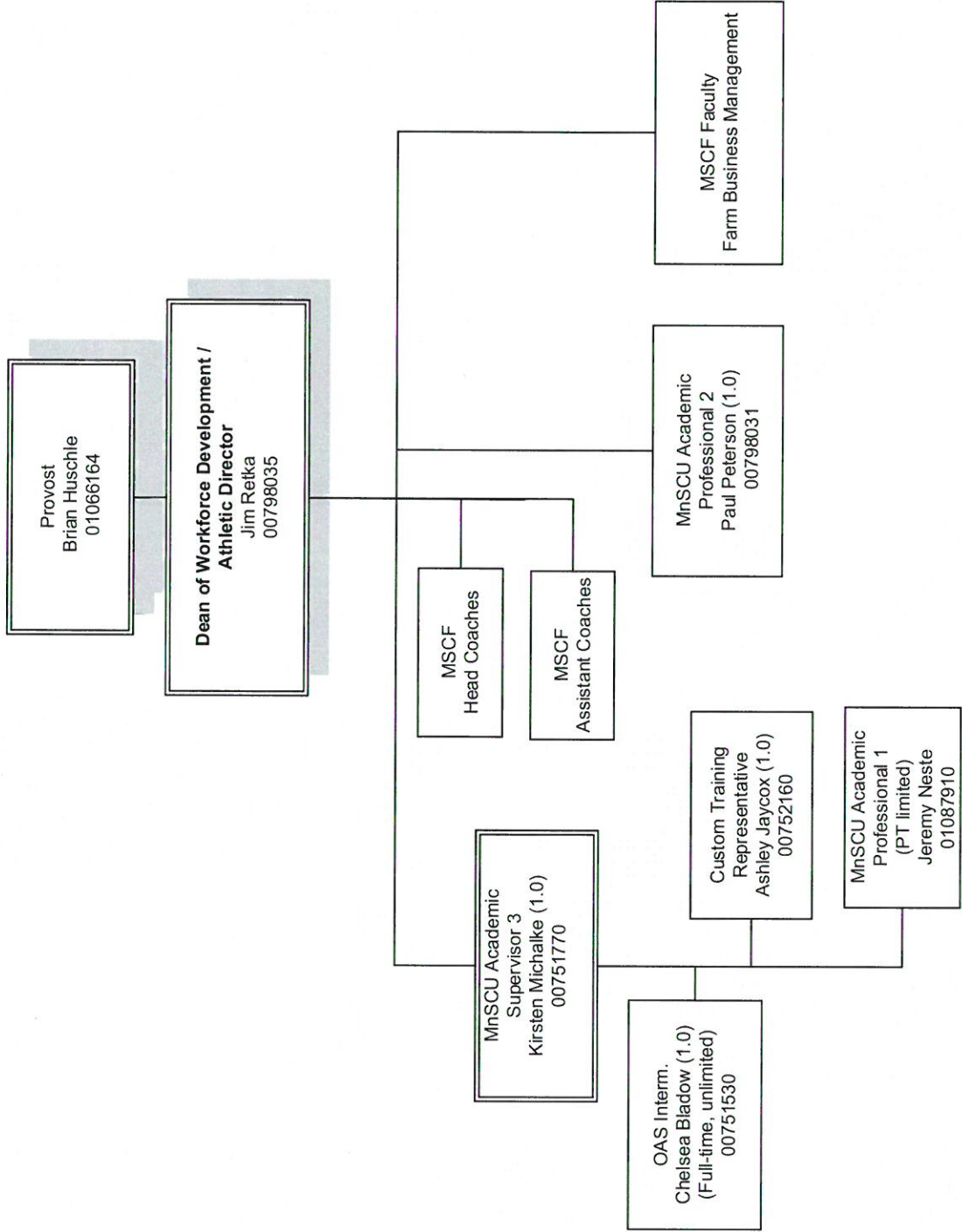
**Northland Community & Technical College
Organizational Chart
August 28, 2018**

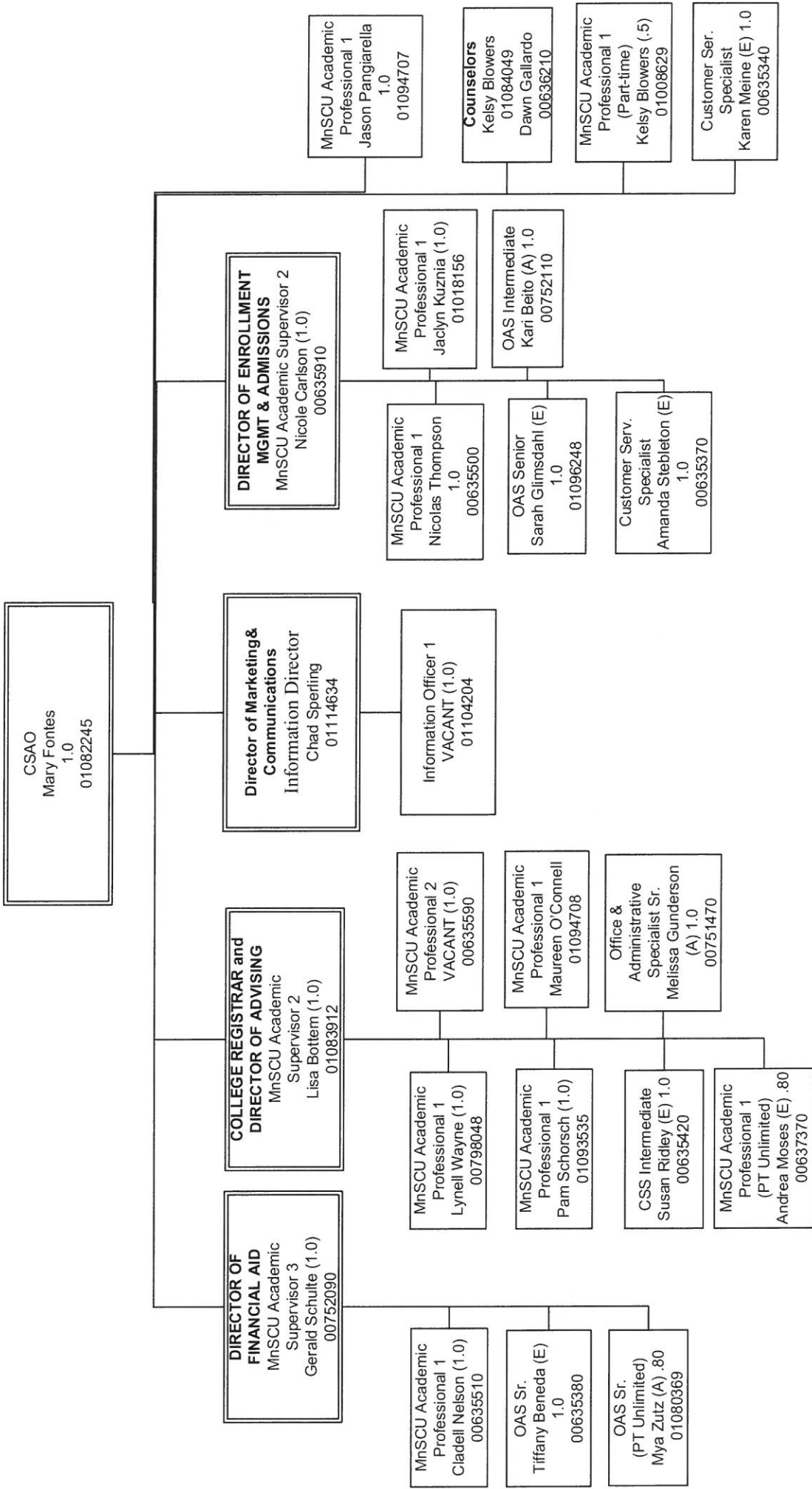




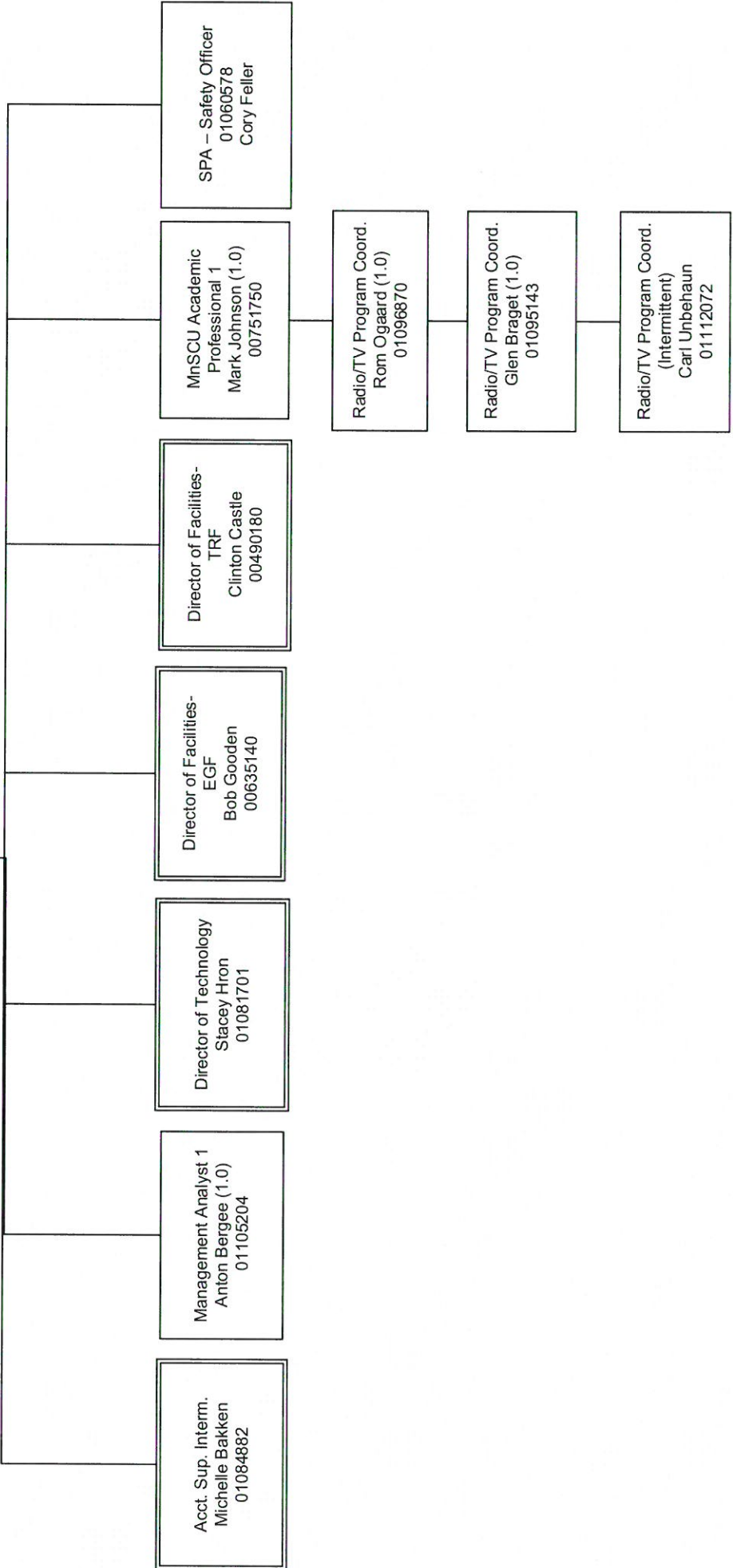


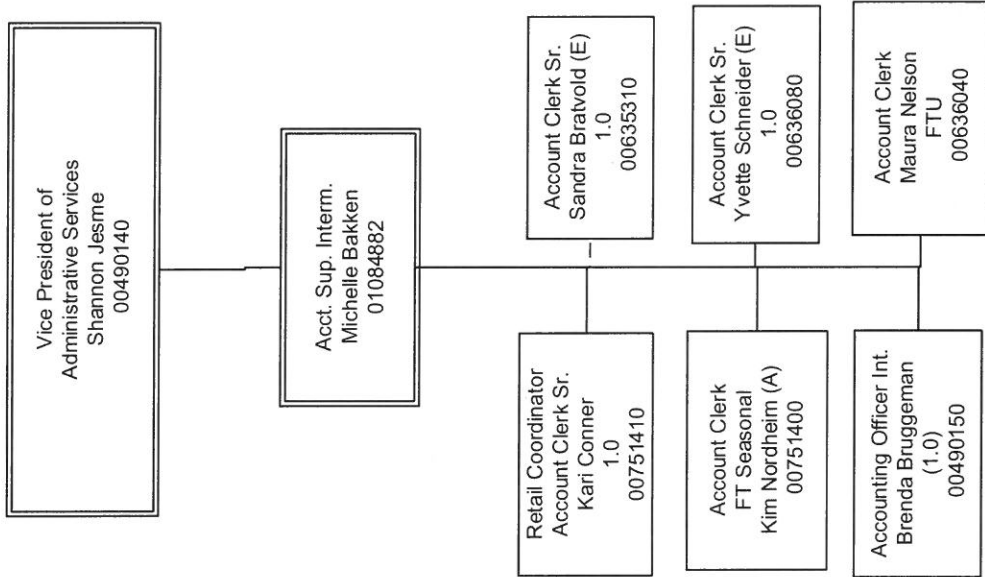


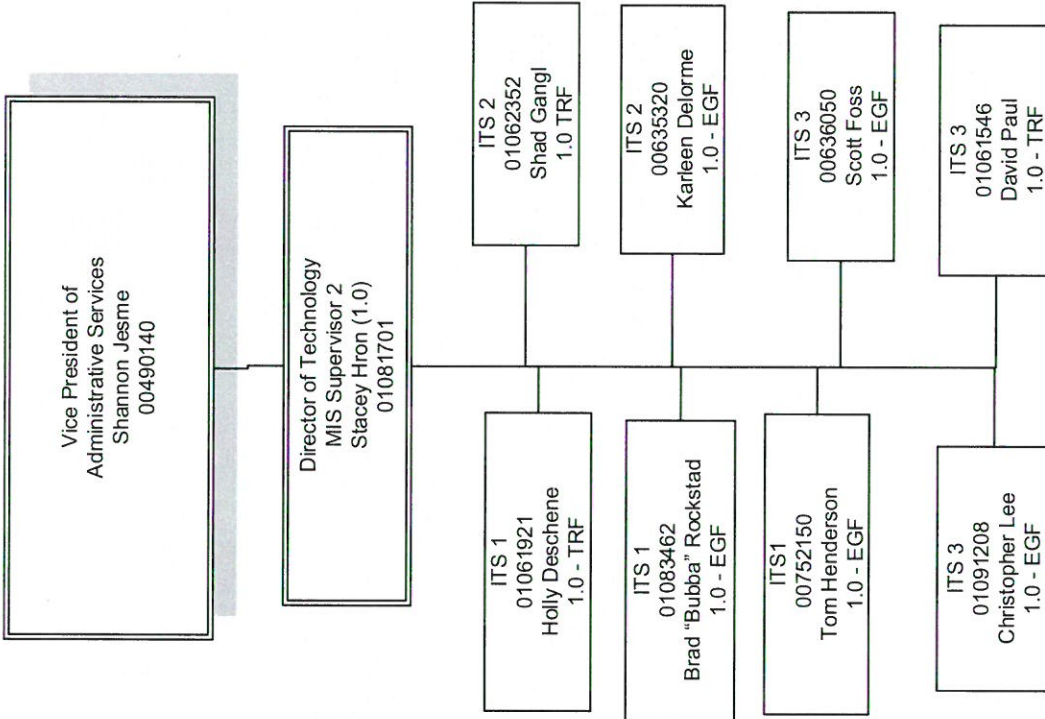


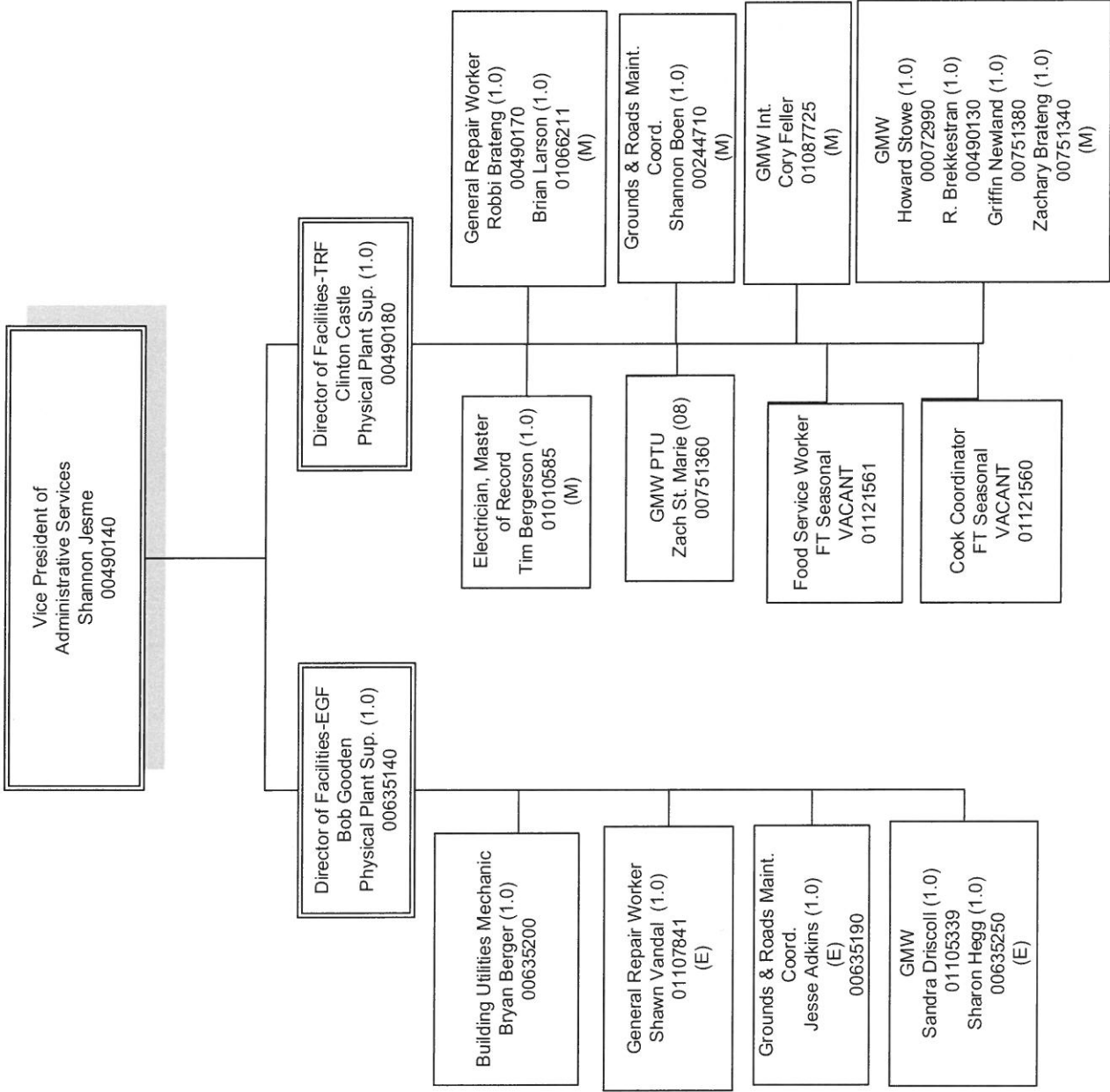


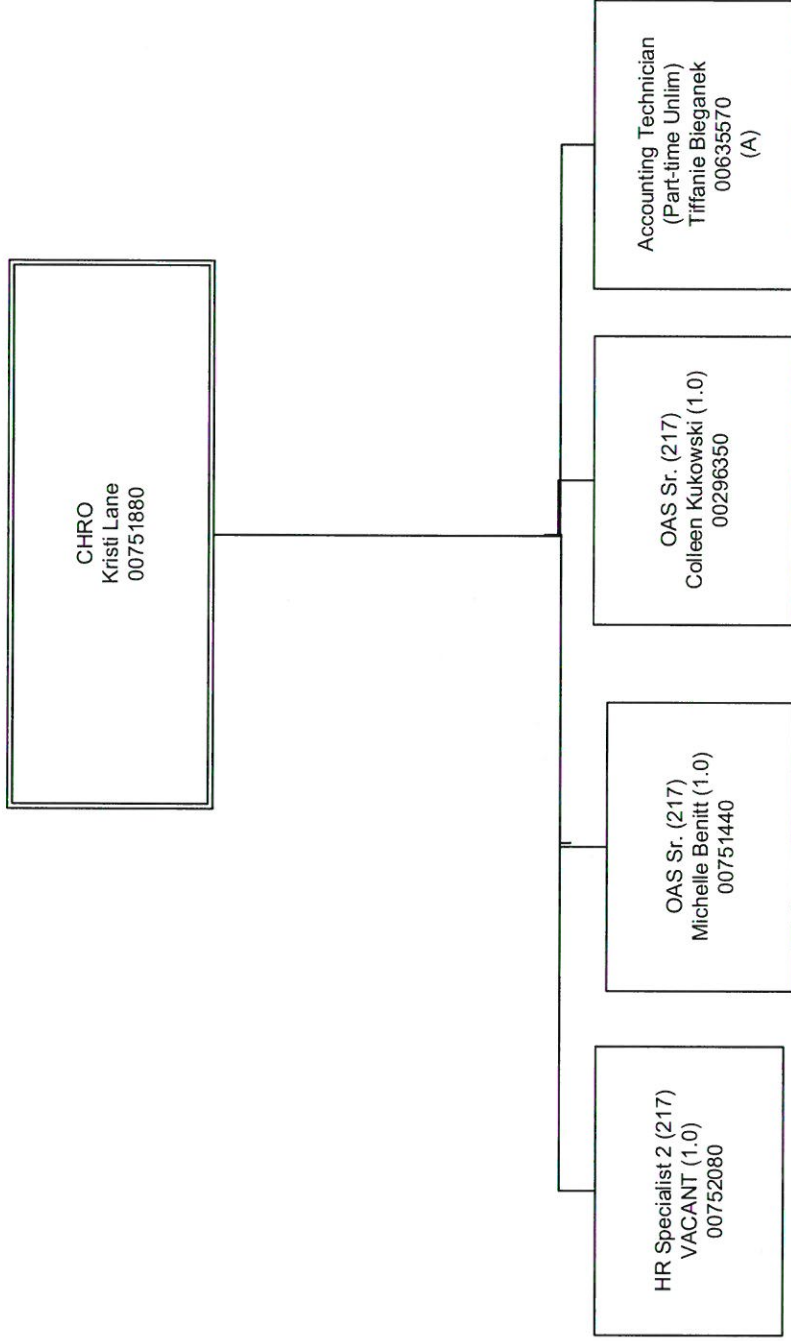
Vice President of Administrative Services
Shannon Jesme
00490140

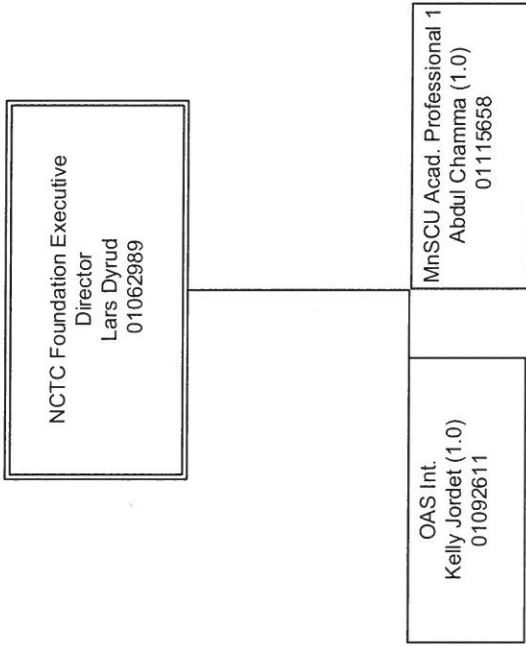


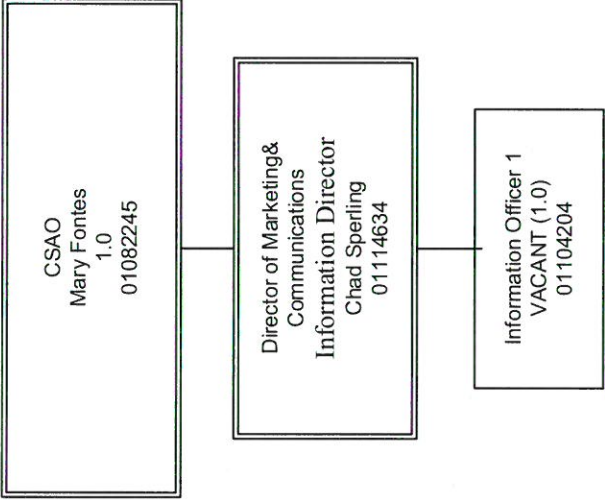












CURRICULUM VITAE

NAME: Dorinda Sorvig, M.S., R.N.
ADDRESS: 17699 110th St. SW
Red Lake Falls, MN 56750
PHONE: 218-683-8736
Email: dorinda.sorvig@northlandcollege.edu

EDUCATIONAL BACKGROUND:

Diploma, RN 1982
St. Luke's School of Nursing, Sioux City, IA.
Bachelor of Science in Nursing 1984
Briar Cliff College, Sioux City, IA.
Master of Science 2007
Nurse Educator Track, Minnesota State University – Moorhead, Moorhead, MN.
Teacher Education Series – 5 courses 1990-1994
Bemidji State University, Bemidji, MN.

ACADEMIC PROFESSIONAL EXPERIENCE:

Practical Nursing Faculty, 1989-present

Northland Community & Technical College, Thief River Falls, MN.

Responsibilities include but not limited to:

- Classroom instruction on campus and online delivery
- Work collaboratively with department faculty in curriculum development/revision/evaluation
- Utilize active learning in the classroom
- Assessment of student learning and evaluation of performance in compliance with written evaluation tools
- Leader in use of ATI as supplemental resource to curriculum
- Taught NURS 2125 RN Clinical 1 and assisted with NURS 2110 Health Assessment Principles lab for AD RN program
- Practical Nursing courses taught include (previous and current curriculum):
 - Concepts of Nursing
 - Nursing I
 - Nursing II

- Nursing III
- Nursing Pharmacology
- Nursing Roles
- Nursing I Skills
- Nursing II Skills
- PN Clinical I
- PN Clinical II
- Medical Terminology
- Foundations of Nursing
- Maternal Child Health
- PNSG1254 Nursing Foundations
- PNSG1278 Invasive Nursing Therapies Lab
- PNSG1282 Nursing Concepts II Lab
- PNSG1270 Transition to Practice

PN Program Director, 2000-2011, 2013-present

Northland Community & Technical College, Thief River Falls, MN.

Responsibilities include but not limited to:

- Coordinate all aspects of PN program – two campuses and distance/hybrid cohorts
- Manage book orders
- Manage ordering of skills packs/totes for students
- Maintain communication between students and faculty
- Initiated ATI utilization for the program
- Assist in developing course schedules
- Deal with student concerns
- Plan and facilitate faculty meetings
- Co-implemented eligibility process for PN program admissions
- Coordinate PN Program admissions process in collaboration with staff, dean
- Assisted in coordinating delivery of entire PN program to 2 remote sites (Roseau and Mahnomen, MN)
- Facilitate annual program assessment
- Plan and facilitate student QI meetings every semester
- Advised all PN students in first term as director
- Provide instructions for students on NCLEX process and verify their graduation with the board of nursing
- Develop and update student handbook/policy book in collaboration with faculty and dean
- Maintain regulatory requirements per MN Board of Nursing
- Nursing Assistant Test Site Coordinator (first term as director)
- Nursing Assistant Coordinator (first term as director)
- Assisted in development of implementation of Massage Therapy program at the college
- Act as liaison with accrediting agency
- Lead and work with program faculty collaboratively to prepare for initial accreditation

- Assist in recruiting qualified faculty
- Lead and work with faculty to implement/revise and coordinate curriculum
- Assist in coordinating semi-annual Advisory Committee meetings
- Collaborate with Dean for program fiscal planning

1988-1989 Staff Nurse @ United Hospital, Grand Forks, ND
 Primary care provider on step-down unit from ICU; provided all aspects of patient care, EKG monitoring, physical and psychosocial care, skills validation completed every month as required.

1982-1988 Staff Nurse and Charge Nurse @ St. Luke's Hospital, Sioux City, IA
 Charge nurse, Team leader and primary care provider on orthopedic floor for 2 years; float nurse for 4 years. Performed all aspects of nursing care including team leader, charge nurse & staff nurse duties.

CERTIFICATES/AWARDS:

- Vocational Teaching License
- Quality Matters (QM) Certified Peer Reviewer: 2012 - present
- QM Certified Master Reviewer: 2013 - present
- Luoma Leadership Academy Certificate: 2008
- National Institute for Staff and Organizational Development Excellence Award: 2007
- Minnesota State License # R 115412 O Registered Nurse
- Received 'Awards for Excellence Project': 'PDA Utilization in Nursing': 2007

PROFESSIONAL ACTIVITIES:

- NLN Commission for Nursing Education Accreditation On-Site Evaluator 2016-present
- Member of CNEA Standards Committee, 2018-2019
- Serve as faculty mentor for NCTC faculty: 2016 - present
- Developed online courses
- Completed QM courses (Accessibility, 2013-2015 QM Rubric)
- Led faculty session on Inclusivity
- Presented 'PDA Utilization in Nursing' to MSU-M students Spring 2008
- Serve or have served on the following college committees:
 - Shared Governance Council
 - Graduation
 - Student Academic Appeals (chair)
 - Technology
 - Assessment & Program Review
 - Relicensure
 - Executive Committee for Minnesota State College Faculty unit

CONTINUING EDUCATION:

- Health Educators conference. April 19-20, 2018.
- 101 An Introduction to NCLEX[®] Program Reports. Mountain Measurement, Inc. April 18, 2018.
- 201 Analyzing & Interpreting NCLEX[®] Program Reports. Mountain Measurement, Inc. April 18, 2018.
- NLN CNEA Webinar Series: Focus on the NLN CNEA Standards of Accreditation. Fall 2017.
- Preparing Your Program for NLN CNEA Accreditation: Beginning the Journey. Nov. 18, 2016.
- Lateral Violence in the Workplace: Breaking the Silence. Sept. 29, 2016.
- Move Beyond Civility: How to Facilitate Difficult Dialogues in the Classroom. Sept. 27, 2016.
- Health Educators Conference. April 27-29, 2016.
- Bringing the Concept Based Curriculum to Life for Student Learning. March 17, 2016.
- The Use of Virtual Simulations in Your Teaching Practice. Feb. 24, 2016.
- Concept-Based Curriculum from the Ground Up, Part 1. Jan. 18, 2016.
- Web Accessibility MOOC for Online Educators. May 6, 2015.
- Health Educators Conference. April 29- May 1, 2015.
- Creating Captioned Videos. Nov. 13, 2014.
- NCLEX Regional Workshop. Sept. 19, 2014.
- Teaching in Concept-Based Curriculum: An Introduction. July 10, 2014.
- Concept-Based Curriculum Symposium. July 11, 2014.
- Quality Matters Rubric Update. July 4, 2014.

Reasonable Credit Equivalency (RCE) Agreement

"A faculty member may be assigned duties that are not described in this agreement by mutual agreement among the faculty member, and the college president or designee." MSCF Contract Article 11; Section 7

Term: **Fall Semester 2018; Spring Semester 2019**

Faculty Member Name: **Dorinda Sorvig**

Number of Reassigned Credits: **18 credits total: 9 credits fall semester/9 credits spring semester**

Assignment: **Nursing Coordinator for AD & PN program, EGF Campus, Thief River Falls Campus, & Online**

Duties:

1. Implements/maintains program accreditation and ensures compliance with industry standards.
 - a. Acts as liaison with accrediting agencies and boards.
 - b. Works collaboratively with program faculty to prepare initial and re-accreditation self-study documents.
 - c. In conjunction with the EGF Campus Dean, prepares and submits required annual accreditation reports and fees.
 - d. Works collaboratively with program administrative assistants to maintain student records in accordance with accreditation standards.
 - e. Works collaboratively with program faculty to develop and implement the use of qualitative and quantitative accreditation documents and evaluation components appropriate for measuring didactic and clinical progress of the student.
 - f. Assists the EGF Campus Dean in acting as a liaison between Northland College and the clinical affiliates to assure accreditation standards are maintained.
 - g. Remains abreast of national, statewide and programmatic trends, issues, proposed legislation and political action impacting program accreditation and operations.
 - h. Assists the EGF Campus Dean in recruiting, screening, interviewing and recommending qualified faculty for employment and assist with faculty development and skills directly relating to accreditation standards.
 - i. Facilitates accreditation site visits.
 - j. For accreditation purposes, works with the EGF Campus Dean to plan, facilitate and chair regular meetings of the program faculty.
 - k. In conjunction with the EGF Campus Dean, analyze and review data related to graduate and employer surveys as well as other assessment data and develops improvement plans or facilitates curriculum changes as necessary.
 - l. Works with faculty in implementation and coordination of the curriculum relative to accreditation.
 - m. Coordinate theory, laboratory and clinical activities for the program relative to accreditation standards.
 - n. Acts as faculty lead in convening all nursing faculty for curriculum development, implementation, evaluation and revision which is responsive to practice and student needs and meets accreditation and/or industry standards.
 - o. Coordinates the admission of students to the program according to program guidelines and accreditation standards.
 - p. Works collaboratively with the EGF Campus Dean to signs affidavits of graduation as required by accrediting and regulatory agencies.
 - q. Develop and oversee program evaluation processes and assessment in accordance with accreditation standards.
 - r. In conjunction with the EGF Campus Dean, coordinates semi-annual Advisory Committee meetings.
 - s. Works collaboratively with program faculty to develop and implement program strategic plan(s) as required by accreditation.
 - t. Develops and monitors program policies and procedures in accordance with accreditation standards.
2. Works collaboratively with the EGF Campus Dean to coordinate program course schedules development.
3. Works in collaboration with the EGF Campus Dean to oversee the development and revision of courses.
4. Works in collaboration with the EGF Campus Dean to oversee student supervision/performance in the clinical setting to assure compliance with the clinical affiliation agreements.
5. Completes the annual Northland College Annual Program Assessment Report.

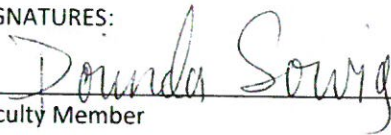
cc: Faculty Member
State MSCF
MSCF Grievance Rep


Form Updated: 11/29/10

6. Coordinates student progress through the curriculum.
 - a. Assure completion of graduation requirements.
 - b. Prepare documents necessary for graduate licensure, board exams, etc.
7. Responsible for working collaboratively with the EGF Campus Dean for program fiscal planning.
 - a. Coordinates budget requests and development.
 - b. Works collaboratively with faculty to evaluate, select and purchase educational material and equipment.
8. Takes leadership role in student recruitment.
9. Pursues ongoing continuing education in professional practice, instructional methodology and management skills.
10. Is a member in good standing in professional organizations locally, statewide and nationally.
11. Acts as liaison/program representative with:
 - a. Other educational programs/institutions.
 - b. Organizations locally, statewide, regionally and nationally.
 - c. Governing/regulating agencies.
12. Where applicable, works with the EGF Campus Dean and Program Medical and/or Advisory Committee in evaluating and integrating Quality Assurance activities and services.

Completion Date of Assignment: **May 17, 2019**

SIGNATURES:


 Faculty Member


 Date Signed

College President or Designee

Date Signed

Cost Center: 112212 - Practical Nursing

General Ledger: 001000 - O & M **Fiscal Year:** 2018
Appropriation Group/ID: GEN / E260037 **MNSCU Fund:** 110 - General Fund
Budget Control Code: Budgeted **Resp Person:** Sorvig, Dorinda K (00300342)
 Stauss-Stassen, Jodi M (00358045)

Revenue (Not Collected):

Object Code	Original Budget	Current Budget	Encum Balance	MTD	YTD	Budget Balance
Totals Within Cost Center	<u>\$ 0.00</u>	<u>\$ 0.00</u>	<u>\$ 0.00</u>	<u>\$ 0.00</u>	<u>\$ 0.00</u>	<u>\$ 0.00</u>
Totals outside Cost Center			<u>\$ 0.00</u>	<u>\$ 0.00</u>	<u>\$ 0.00</u>	

Revenue (Collected):

Object Code	Original Budget	Current Budget	Encum Balance	MTD	YTD	Budget Balance
Totals Within Cost Center	<u>\$ 0.00</u>	<u>\$ 0.00</u>	<u>\$ 0.00</u>	<u>\$ 0.00</u>	<u>\$ 0.00</u>	<u>\$ 0.00</u>
Totals outside Cost Center			<u>\$ 0.00</u>	<u>\$ 0.00</u>	<u>\$ 0.00</u>	

Expenditures:

Object Code	Original Budget	Current Budget	Encum Balance	MTD	YTD	Budget Balance
- in CC#230450 Obj#0099 -	\$ 0.00	\$ 0.00				\$ 0.00
CC 112212 - 0100 - Unclassified Substitute Salary	\$ 0.00		\$ 0.00	\$ 0.00	\$ 482.34	
CC 112212 - 0110 - Unclassified Full-Time Salary	0.00		95,569.02	6,414.08	73,761.92	
CC 112212 - 0120 - Unclassified Part-time/Overload Salary	0.00		16,479.57	1,166.51	5,577.07	
CC 112212 - 0170 - Classified Part-Time Salary	0.00		8,064.63	766.69	11,412.46	
CC 112212 - 0202 - Unclassified Substitute Retirement	0.00		0.00	0.00	55.88	
CC 112212 - 0204 - Unclassified Substitute FICA	0.00		0.00	0.00	35.18	
CC 112212 - 0212 - Unclassified Full-Time Retirement	0.00		7,227.02	739.42	8,503.42	
CC 112212 - 0214 - Unclassified Full-Time FICA	0.00		7,435.96	474.77	5,517.72	
CC 112212 - 0216 - Unclassified Full-Time Insurance	0.00		17,234.09	1,508.10	12,317.37	
CC 112212 - 0222 - Unclassified Part-Time/Overload Rtmnt	0.00		1,190.04	69.99	504.47	
CC 112212 - 0224 - Unclassified Part-Time/Overload FICA	0.00		1,260.65	89.24	417.03	
CC 112212 - 0226 - Unclassified Part-Time/Overload Ins	0.00		4,106.88	0.00	599.84	
CC 112212 - 0272 - Classified Part-Time Retirement	0.00		443.49	42.17	627.73	
CC 112212 - 0274 - Classified Part-Time FICA	0.00		684.24	53.80	805.76	
CC 112212 - 0276 - Classified Part-Time Insurance	0.00		4,438.13	430.32	5,769.36	
Budget (- in CC#230450 Obj#0099 -)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
0999 - Non Salary Budget	\$ 34,000.00	\$ 34,000.00				\$ 20,336.28
1260 - Maintenance Contracts	\$ 0.00		\$ 336.00	\$ 0.00	\$ 0.00	
1411 - Serv Ctr - Printing/Duplicating	0.00		0.00	201.10	1,075.64	
1412 - Service Center Charge-copy machine	0.00		0.00	217.76	946.26	
1538 - Law Enforcement & Security	0.00		0.00	0.00	63.95	
1830 - Refuse Removal	0.00		300.00	0.00	0.00	
1850 - Contracted Food Service	0.00		0.00	0.00	1,105.78	
2010 - Postal, Mailing, & Shipping	0.00		0.00	0.47	2.31	
2110 - Private Auto Mileage - In-State	0.00		0.00	0.00	1,390.46	

2120 - Travel Expense - In-State	0.00	0.00	0.00	116.98		
2122 - Registration Fees - In-State	0.00	0.00	0.00	475.00		
2130 - Living Expense - In-State	0.00	0.00	0.00	16.00		
2210 - Priv Auto Mile- Out-of-State	0.00	0.00	0.00	53.50		
2220 - Travel Expense - Out-of-State	0.00	0.00	0.00	280.60		
2222 - Registration Fee - Out-of-State	0.00	0.00	0.00	978.00		
2230 - Living Expense - Out-of-State	0.00	0.00	0.00	613.30		
2870 - Memberships	0.00	0.00	0.00	2,114.00		
3000 - Supplies & Materials (Not for Resale)	0.00	0.00	0.00	2,288.84		
3002 - Equipment Purchased as Supplies	0.00	0.00	0.00	1,285.95		
3010 - Serv Ctr - Supplies	0.00	0.00	317.47	221.15		
Budget (0999 - Non Salary Budget)	\$ 34,000.00	\$ 34,000.00	\$ 636.00	\$ 736.80	\$ 13,027.72	\$ 20,336.28
Totals Within Cost Center	<u>\$ 34,000.00</u>	<u>\$ 34,000.00</u>	<u>\$ 636.00</u>	<u>\$ 736.80</u>	<u>\$ 13,027.72</u>	<u>\$ 20,336.28</u>
Totals outside Cost Center			<u>\$ 164,133.72</u>	<u>\$ 11,755.09</u>	<u>\$ 126,387.55</u>	
Grand Totals			<u>\$ 164,769.72</u>	<u>\$ 12,491.89</u>	<u>\$ 139,415.27</u>	

Cost Center: 112212 - Practical Nursing

General Ledger: 001000 - O & M **Fiscal Year:** 2017
Appropriation Group/ID: GEN / E260037 **MNSCU Fund:** 110 - General Fund
Budget Control Code: Budgeted **Resp Person:** Sorvig, Dorinda K (00300342)
 Stauss-Stassen, Jodi M (00358045)

Revenue (Not Collected):

Object Code	Original Budget	Current Budget	Encum Balance	MTD	YTD	Budget Balance
Budget (9001 - Accrued Revenue)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Totals Within Cost Center	<u>\$ 0.00</u>	<u>\$ 0.00</u>	<u>\$ 0.00</u>	<u>\$ 0.00</u>	<u>\$ 0.00</u>	<u>\$ 0.00</u>
Totals outside Cost Center			<u>\$ 0.00</u>	<u>\$ 0.00</u>	<u>\$ 0.00</u>	

Revenue (Collected):

Object Code	Original Budget	Current Budget	Encum Balance	MTD	YTD	Budget Balance
Budget (9190 - Miscellaneous Term Related Fees)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 375.00	\$ 375.00
Totals Within Cost Center	<u>\$ 0.00</u>	<u>\$ 0.00</u>	<u>\$ 0.00</u>	<u>\$ 0.00</u>	<u>\$ 375.00</u>	<u>\$ 375.00</u>
Totals outside Cost Center			<u>\$ 0.00</u>	<u>\$ 0.00</u>	<u>\$ 0.00</u>	

Expenditures:

Object Code	Original Budget	Current Budget	Encum Balance	MTD	YTD	Budget Balance
- in CC#230450 Obj#0099 -	\$ 0.00	\$ 0.00				\$ 0.00
CC 112212 - 0100 - Unclassified Substitute Salary	\$ 0.00		\$ 0.00	\$ 0.00	\$ 1,901.54	
CC 112212 - 0110 - Unclassified Full-Time Salary	0.00		0.00	0.00	146,604.45	
CC 112212 - 0120 - Unclassified Part-time/Overload Salary	0.00		0.00	0.00	43,767.93	
CC 112212 - 0170 - Classified Part-Time Salary	0.00		0.00	0.00	20,366.80	
CC 112212 - 0180 - Separation Salary	0.00		0.00	0.00	6,460.35	
CC 112212 - 0202 - Unclassified Substitute Retirement	0.00		0.00	0.00	159.79	
CC 112212 - 0204 - Unclassified Substitute FICA	0.00		0.00	0.00	142.18	
CC 112212 - 0212 - Unclassified Full-Time Retirement	0.00		0.00	0.00	14,765.76	
CC 112212 - 0214 - Unclassified Full-Time FICA	0.00		0.00	0.00	11,035.62	
CC 112212 - 0216 - Unclassified Full-Time Insurance	0.00		0.00	0.00	18,850.95	
CC 112212 - 0222 - Unclassified Part-Time/Overload Rtmnt	0.00		0.00	0.00	3,044.83	
CC 112212 - 0224 - Unclassified Part-Time/Overload FICA	0.00		0.00	0.00	3,319.21	
CC 112212 - 0226 - Unclassified Part-Time/Overload Ins	0.00		0.00	0.00	2,890.07	
CC 112212 - 0272 - Classified Part-Time Retirement	0.00		0.00	0.00	1,120.27	
CC 112212 - 0274 - Classified Part-Time FICA	0.00		0.00	0.00	1,444.11	
CC 112212 - 0276 - Classified Part-Time Insurance	0.00		0.03	0.00	9,722.58	
Budget (- in CC#230450 Obj#0099 -)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
0999 - Non Salary Budget	\$ 34,000.00	\$ 34,000.00				\$ 14,865.79
1110 - Advertising	\$ 0.00		\$ 0.00	\$ 0.00	\$ 172.31	
1260 - Maintenance Contracts	0.00		0.00	0.00	320.00	
1411 - Serv Ctr - Printing/Duplicating	0.00		0.00	0.00	2,145.53	
1412 - Service Center Charge-copy machine	0.00		0.00	0.00	1,387.10	
1538 - Law Enforcement & Security	0.00		0.00	0.00	354.85	

1830 - Refuse Removal	0.00	0.00	0.00	223.68
1850 - Contracted Food Service	0.00	0.00	0.00	1,244.72
1870 - Other Purchased Services	0.00	0.00	0.00	-127.08
2010 - Postal, Mailing, & Shipping	0.00	0.00	0.00	36.49
2110 - Private Auto Mileage - In-State	0.00	0.00	0.00	2,249.91
2120 - Travel Expense - In-State	0.00	0.00	0.00	-715.09
2122 - Registration Fees - In-State	0.00	0.00	0.00	321.25
2130 - Living Expense - In-State	0.00	0.00	0.00	769.67
2162 - Serv Ctr - Motor Pool Rental	0.00	0.00	0.00	786.80
2190 - Meal Without Overnight Lodging-State	0.00	0.00	0.00	124.00
2199 - FICA-In State Meals / Late Expense Reimb	0.00	0.00	0.00	34.29
2210 - Priv Auto Mile- Out-of-State	0.00	0.00	0.00	48.60
2220 - Travel Expense - Out-of-State	0.00	0.00	0.00	-44.28
2230 - Living Expense - Out-of-State	0.00	0.00	0.00	50.50
2870 - Memberships	0.00	0.00	0.00	1,135.00
2880 - Tuition & Registration Fee	0.00	0.00	0.00	-500.00
2891 - Fees - Includes Permit and License Fees	0.00	0.00	0.00	3,625.00
3000 - Supplies & Materials (Not for Resale)	0.00	0.00	0.00	5,096.60
3010 - Serv Ctr - Supplies	0.00	0.00	0.00	394.36
Budget (0999 - Non Salary Budget)	\$ 34,000.00	\$ 34,000.00	\$ 0.00 \$ 0.00	\$ 19,134.21 \$ 14,865.79
Totals Within Cost Center	<u>\$ 34,000.00</u>	<u>\$ 34,000.00</u>	<u>\$ 0.00 \$ 0.00</u>	<u>\$ 19,134.21 \$ 14,865.79</u>
Totals outside Cost Center			<u>\$ 0.03 \$ 0.00</u>	<u>\$ 285,596.44</u>
Grand Totals			<u>\$ 0.03 \$ 0.00</u>	<u>\$ 304,730.65</u>

1830 - Refuse Removal	0.00	0.00	0.00	300.00		
1850 - Contracted Food Service	0.00	0.00	0.00	883.73		
1870 - Other Purchased Services	0.00	0.00	0.00	0.00		
1910 - Public Speakers & Entertainers	0.00	0.00	0.00	6,481.23		
2010 - Postal, Mailing, & Shipping	0.00	0.00	0.00	60.23		
2110 - Private Auto Mileage - In-State	0.00	0.00	0.00	2,135.25		
2120 - Travel Expense - In-State	0.00	0.00	0.00	-685.36		
2122 - Registration Fees - In-State	0.00	0.00	0.00	1,115.00		
2130 - Living Expense - In-State	0.00	0.00	0.00	1,411.48		
2162 - Serv Ctr - Motor Pool Rental	0.00	0.00	0.00	774.80		
2870 - Memberships	0.00	0.00	0.00	1,002.46		
2891 - Fees - Includes Permit and License Fees	0.00	0.00	0.00	300.00		
3000 - Supplies & Materials (Not for Resale)	0.00	0.00	0.00	5,202.51		
3002 - Equipment Purchased as Supplies	0.00	0.00	0.00	395.00		
3010 - Serv Ctr - Supplies	0.00	0.00	0.00	1,599.08		
Budget (0999 - Non Salary Budget)	\$ 38,000.00	\$ 38,000.00	\$ 0.00	\$ 0.00	\$ 25,455.27	\$ 12,544.73
Totals Within Cost Center	<u>\$ 38,000.00</u>	<u>\$ 38,000.00</u>	<u>\$ 0.00</u>	<u>\$ 0.00</u>	<u>\$ 25,455.27</u>	<u>\$ 12,544.73</u>
Totals outside Cost Center			<u>\$ 0.00</u>	<u>\$ 0.00</u>	<u>\$ 317,234.19</u>	
Grand Totals			<u>\$ 0.00</u>	<u>\$ 0.00</u>	<u>\$ 342,689.46</u>	

Cost Center: 112212 - Practical Nursing

General Ledger: 001000 - O & M **Fiscal Year:** 2015
Appropriation Group/ID: GEN / E260037 **MNSCU Fund:** 110 - General Fund
Budget Control Code: Budgeted **Resp Person:** Sorvig, Dorinda K (00300342)
 Stauss-Stassen, Jodi M (00358045)

Revenue (Not Collected):

Object Code	Original Budget	Current Budget	Encum Balance	MTD	YTD	Budget Balance
Budget (9001 - Accrued Revenue)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Totals Within Cost Center	<u>\$ 0.00</u>	<u>\$ 0.00</u>	<u>\$ 0.00</u>	<u>\$ 0.00</u>	<u>\$ 0.00</u>	<u>\$ 0.00</u>
Totals outside Cost Center			<u>\$ 0.00</u>	<u>\$ 0.00</u>	<u>\$ 0.00</u>	

Revenue (Collected):

Object Code	Original Budget	Current Budget	Encum Balance	MTD	YTD	Budget Balance
Budget (9190 - Miscellaneous Term Related Fees)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 1,700.00	\$ 1,700.00
Budget (9300 - Consulting Revenue)	\$ 95,000.00	\$ 95,000.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ -95,000.00
Totals Within Cost Center	<u>\$ 95,000.00</u>	<u>\$ 95,000.00</u>	<u>\$ 0.00</u>	<u>\$ 0.00</u>	<u>\$ 1,700.00</u>	<u>\$ -93,300.00</u>
Totals outside Cost Center			<u>\$ 0.00</u>	<u>\$ 0.00</u>	<u>\$ 0.00</u>	

Expenditures:

Object Code	Original Budget	Current Budget	Encum Balance	MTD	YTD	Budget Balance
- in CC#230450 Obj#0099 -	\$ 0.00	\$ 0.00				\$ 0.00
CC 112212 - 0100 - Unclassified Substitute Salary	\$ 0.00		\$ 0.00	\$ 0.00	\$ 7,442.85	
CC 112212 - 0110 - Unclassified Full-Time Salary	0.00		0.00	0.00	486,280.76	
CC 112212 - 0120 - Unclassified Part-time/Overload Salary	0.00		0.00	0.00	282,801.81	
CC 112212 - 0170 - Classified Part-Time Salary	0.00		0.00	0.00	17,905.80	
CC 112212 - 0202 - Unclassified Substitute Retirement	0.00		0.00	0.00	624.01	
CC 112212 - 0204 - Unclassified Substitute FICA	0.00		0.00	0.00	559.53	
CC 112212 - 0206 - Unclassified Substitute Insurance	0.00		0.00	0.00	17.59	
CC 112212 - 0212 - Unclassified Full-Time Retirement	0.00		0.00	0.00	42,513.84	
CC 112212 - 0214 - Unclassified Full-Time FICA	0.00		0.00	0.00	36,190.15	
CC 112212 - 0216 - Unclassified Full-Time Insurance	0.00		0.00	0.00	82,879.53	
CC 112212 - 0222 - Unclassified Part-Time/Overload Rtmnt	0.00		0.00	0.00	18,221.70	
CC 112212 - 0224 - Unclassified Part-Time/Overload FICA	0.00		0.00	0.00	21,539.55	
CC 112212 - 0226 - Unclassified Part-Time/Overload Ins	0.00		0.00	0.00	14,427.60	
CC 112212 - 0272 - Classified Part-Time Retirement	0.00		0.00	0.00	984.55	
CC 112212 - 0274 - Classified Part-Time FICA	0.00		0.00	0.00	1,272.65	
CC 112212 - 0276 - Classified Part-Time Insurance	0.00		0.00	0.00	8,734.44	
Budget (- in CC#230450 Obj#0099 -)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
0999 - Non Salary Budget	\$ 47,000.00	\$ 44,500.00				\$ 23,027.37
1260 - Maintenance Contracts	\$ 0.00		\$ 0.00	\$ 0.00	\$ 160.00	
1411 - Serv Ctr - Printing/Duplicating	0.00		0.00	0.00	3,655.65	
1412 - Service Center Charge-copy machine	0.00		0.00	0.00	1,688.60	
1538 - Law Enforcement & Security	0.00		0.00	0.00	660.00	

1570 - Other Professional/Technical Services	0.00	0.00	0.00	0.00	
1830 - Refuse Removal	0.00	0.00	0.00	175.99	
1850 - Contracted Food Service	0.00	0.00	0.00	861.50	
2010 - Postal, Mailing, & Shipping	0.00	0.00	0.00	14.50	
2110 - Private Auto Mileage - In-State	0.00	0.00	0.00	2,960.46	
2120 - Travel Expense - In-State	0.00	0.00	0.00	72.50	
2122 - Registration Fees - In-State	0.00	0.00	0.00	310.00	
2130 - Living Expense - In-State	0.00	0.00	0.00	344.11	
2162 - Serv Ctr - Motor Pool Rental	0.00	0.00	0.00	1,904.40	
2199 - FICA-In State Meals / Late Expense Reimb	0.00	0.00	0.00	66.26	
2220 - Travel Expense - Out-of-State	0.00	0.00	0.00	-867.07	
2222 - Registration Fee - Out-of-State	0.00	0.00	0.00	45.00	
2230 - Living Expense - Out-of-State	0.00	0.00	0.00	349.93	
2870 - Memberships	0.00	0.00	0.00	1,393.00	
3000 - Supplies & Materials (Not for Resale)	0.00	0.00	0.00	5,623.96	
3002 - Equipment Purchased as Supplies	0.00	0.00	0.00	1,618.83	
3010 - Serv Ctr - Supplies	0.00	0.00	0.00	435.01	
Budget (0999 - Non Salary Budget)	\$ 47,000.00	\$ 44,500.00	\$ 0.00	\$ 0.00	\$ 21,472.63 \$ 23,027.37
Totals Within Cost Center	\$ 47,000.00	\$ 44,500.00	\$ 0.00	\$ 0.00	\$ 21,472.63 \$ 23,027.37
Totals outside Cost Center			\$ 0.00	\$ 0.00	\$ 1,022,396.36
Grand Totals			\$ 0.00	\$ 0.00	\$ 1,043,868.99

Appendix I: Faculty Profile Table

Northland Community & Technical College PN Program

Faculty Name	Title / Program	Highest Degree	Certifications	Teaching responsibility for FY19	FT (Full-time) or PT (Part-time)
Amundson, Mary	Faculty/PN	MSN – Health Administration Specialization	QM Master Reviewer	Didactic (campus and distance), skills lab. PNSG1254 Nursing Foundations, PNSG 1258 Psychosocial, PNSG1262 Nursing Concepts I, PNSG1266 Clinical Care I, PNSG1274 Maternal/Newborn.	FT
Anderson, Lisa	Faculty/PN	MS, Nursing Education	Nursing Assistant Competency Evaluator, Alzheimer’s Disease and Healing Touch – Level 1 BLS	Didactic (campus and distance), skills lab, clinical. PNSG1250 Intro to Practical Nursing, PNSG1254 Nursing Foundations, PNSG1262 Nursing Concepts I, PNSG1270 Transition to Practice, PNSG1278 Invasive Nursing Therapies, PNSG1282 Nursing Concepts II.	FT
Larson, Deloris	Faculty/PN and NA	MS, Nursing Education	Nursing Assistant Competency Evaluator	Didactic (campus), skills lab, clinical. PNSG1250 Intro to Practical Nursing, PNSG1254 Nursing Foundations, PNSG1258 Psychosocial, PNSG1266 Clinical Care I, PNSG1286 Clinical Care II, HLTH1110 Nursing Assistant.	FT
Lemonds, Lisa	Faculty/PN	MS, Nursing Education	BLS, ACLS	Didactic (campus and distance), skills lab, clinical. PNSG1262 Nursing Concepts I, PNSG1266 Clinical Care I, PNSG1274 Maternal/Newborn, PNSG1278 Invasive Nursing Therapies, PNSG1282 Nursing Concepts II, PNSG1286 Clinical Care II.	FT
Sorvig, Dorinda	Faculty/PN	MS, Nursing Education	QM Master Reviewer	Didactic (distance, campus), skills labs. PNSG1254 Nursing Foundations, PNSG1270 Transition to Practice.	FT
Znajda, Karen	Faculty/PN and ADRN	MS, Nursing Education	Nursing Assistant Competency Evaluator	Didactic (campus and distance), skills lab. PNSG1278 Invasive Nursing Therapies, PNSG1282 Nursing Concepts II, NURS2125 Clinical I.	FT

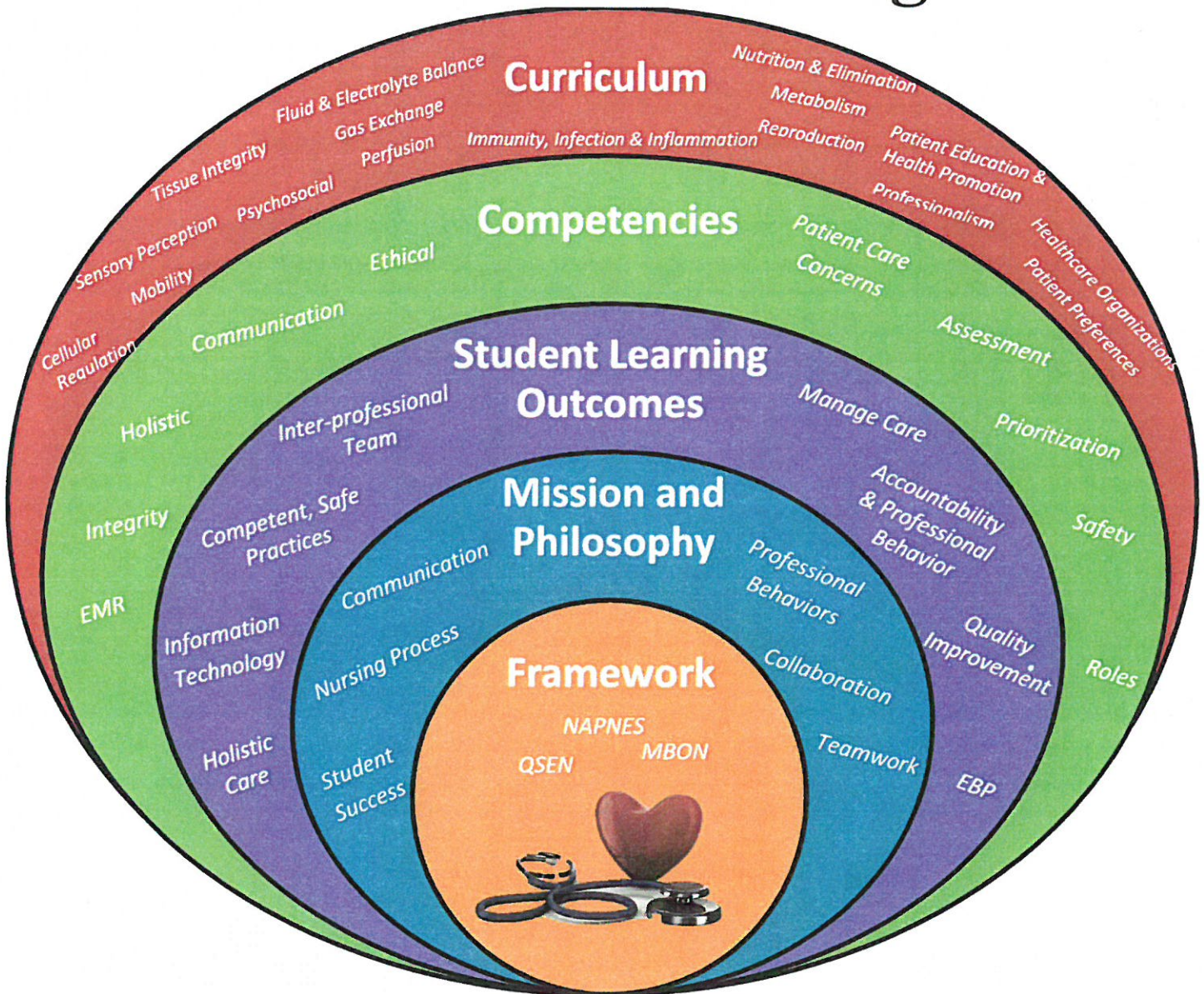
Byklum, Tami	Faculty/PN	BSN	CLC (Certified Lactation Consultant)	Clinical. PNSG1266 Clinical Care I, PNSG1286 Clinical Care II.	PT
Colenso, Margaret	Faculty/PN	BS, Nursing	Certified American Heart Association Instructor BLS, ACLS certificate	Clinical. PNSG1266 Clinical Care I, PNSG1286 Clinical Care II.	PT
Johnson, Jennifer	Faculty/PN and ADRN	BS, Nursing		Didactic, skills lab, clinical. PNSG1250 Intro to Practical Nursing, PNSG1262 Nursing Concepts I Lab, PNSG1274 Maternal/Newborn, PNSG1278 Invasive Nursing Therapies Lab, PNSG1266 Clinical Care I, NURS2125 Clinical I.	FT
Bailly, Bethany	Faculty/PN	BSN	BLS, PHN Certification	Clinical. PNSG1266 Clinical Care I.	PT
Larson, Frieda	Faculty/PN and ADRN	BSN	BLS, ACLS, NRP, CLC (Certified Lactation Consultant)	Clinical. PNSG1266 Clinical Care I.	PT
Iseminger, Christine	Faculty/PN	BSN	BLS, CLC (Certified Lactation Consultant), MC-OB (Registered Nurse Certified – inpatient obstetrics), CCPST (Certified Child Passenger Safety Technician), NRP (Neonatal Resuscitation Protocol).	Clinical. PNSG1266 Clinical Care I.	PT
Greek, Colette	Faculty/PN/NA and ADRN	MS, Nursing		Clinical, skills lab. PNSG1254 Nursing Foundations lab, PNSG1266 Clinical Care I, NURS2125 Clinical I, HLTH1110 Nursing Assistant.	FT
Marcott, Melissa	Faculty/PN	BSN		Didactic, skills lab, clinical.	FT

Beger, Colin	Faculty/PN	BS	ACLS	PNSG1254 Nursing Foundations, PNSG1258 Psychosocial, PNSG1262 Nursing Concepts I lab, PNSG1278 Invasive Nursing Therapies lab, PNSG1286 Clinical Care II. Clinical. PNSG1286 Clinical Care II	PT
---------------------	------------	----	------	---	----



NORTHLAND
COMMUNITY & TECHNICAL COLLEGE

Practical Nursing



Framework:

Combination of NAPNES, QSEN, MN Board of Nursing

QSEN Competencies	NAPNES –Standards of Practice
Patient centered care	Professional behaviors
Teamwork & collaboration	Communication
Evidence based practice	Assessment
Quality Improvement	Planning
Safety	Caring Interventions
Informatics	Managing

NCTC Practical Nursing Mission and Philosophy

The mission of Northland Community and Technical College's Nursing Program is to serve learners, society, and particularly the region through a collaborative approach in the educational preparation of nursing personnel.

Northland Community and Technical College's (NCTC) Nursing program functions in conjunction with the mission and vision of NCTC. NCTC's nursing program has multiple campuses and modes of delivery which are committed to inspire student success and cultivate a quality educational environment.

The PN program develops the professional behaviors of the student practical nurse through utilization of the nursing process, with emphasis in the areas of communication, teamwork, and interprofessional collaboration.

Ongoing quality improvement activities are performed implementing established EBP, and current technology to deliver the quality safe patient centered care.

Student Learning Outcomes

Competencies

Program /Student Learning Outcome	Competencies for Each Outcome
<p>1. Participate as a member of the inter-professional team collaborating and communicating with other health care providers to promote safe, quality, patient centered care.</p>	<p>a. Display and value effective communication skills including the responsibility to report to appropriate health care personnel when working with members of the inter-professional teams.</p> <p>b. Function competently within own scope of practice as a member of the health care team. Assume role of team member or leader based on the situation.</p>
<p>2. Work within an established plan of care for an individual patient to organize or assign aspects of care under the direction of a RN or other HCP.</p>	<p>a. Identify and demonstrate ones role in managing care (planning and organizing) within a plan of care for the individual patient in providing quality nursing care under the direction of a RN or licensed HCP.</p> <p>b. Identify and monitor nursing tasks/activities which may be assigned and accept accountability for the PN scope of practice.</p>
<p>3. Apply best current evidence with clinical expertise and patient preferences for the delivery of optimal health care.</p>	<p>a. Identify and use evidence based care when conducting a focused assessment, choosing nursing interventions within a plan of care, monitoring and reporting changes in the individualized patient's condition across the lifespan.</p> <p>b. Demonstrate the ability to prioritize care in delivering quality, patient centered care across the lifespan.</p>
<p>4. Provide holistic and effective individualized nursing care to diverse patient populations.</p>	<p>a. Examine nursing roles in assuring coordination, integration and continuity of care.</p> <p>b. Identify holistic assessment data from multiple sources and communicate to appropriate health care providers.</p>
<p>5. Apply competent and safe practices to nursing care.</p>	<p>a. Delineate general categories of errors and hazards in care.</p> <p>b. Describe factors that create culture of safety.</p>

<p>6. Utilize information technology in the health care setting.</p>	<p>a. Navigate the EMR to obtain essential data necessary for the safe management of the client.</p> <p>b. Apply technology and information management tools to support safe care practices.</p>
<p>7. Demonstrate professional behaviors and accountability to legal and ethical nursing practice standards for a competent PN.</p>	<p>a. Explain and demonstrate nursing care within ethical, legal, regulatory frameworks and within the scope of practice for the LPN.</p> <p>b. Describe and demonstrate personal integrity, professional boundaries, professional behaviors and lifelong learning.</p>
<p>8. Participate in quality improvement activities and effectively use resources to achieve patient outcomes.</p>	<p>a. Describe strategies for learning about the outcomes of care in the setting in which one is engaged in clinical practice.</p> <p>b. Identify and report patient care concerns to improve customer service, patient satisfaction, and enhance effective and cost efficient health care services.</p>

Concepts r/t Framework and SLO

<p>Teamwork & Collaboration, Communication (r/t SLO #1)</p>
<p>Managing Care (r/t SLO #2)</p>
<p>Evidence Based Practice (r/t SLO #3)</p>
<p>Patient Centered Care (r/t SLO #4)</p>
<p>Safety (r/t SLO #5)</p>
<p>Informatics/Technology (r/t SLO #6)</p>
<p>Professional Behavior (r/t SLO #7)</p>
<p>Quality Improvement (r/t SLO #8)</p>

PN Curriculum: Program Concepts (r/t SLO), NCLEX-PN Test Plan Categories, Curriculum Concepts Categories, Curriculum Concepts
9.4.14

Program Concepts r/t SLO's	1. Teamwork & Collaboration	2. Management Skills	3. Evidence Based Care	4. Patient Centered Care	5. Safety	6. Information Technology (IT)	7. Professional Behavior	8. Quality Improvement (QI)
NCLEX-PN Test Plan Categories	<p>1 a Safe & Effective Care – Coordinated Care</p> <p>2 Health Promotion & Maintenance</p>	<p>1 a Safe & Effective Care – Coordinated Care</p> <p>1 b Safe & Effective Care – Safety & Inf Control</p> <p>2 Health Promotion & Maintenance</p> <p>3 Psychosocial Integrity</p> <p>4 a Physiological Integrity – Basic Care & Comfort</p> <p>4 b Physiological Integrity – Pharmacological Therapies</p> <p>4 c Physiological Integrity – Reduction of Risk Potential</p> <p>4 d Physiological Integrity – Physiological Adaptation</p>	<p>1 a Safe & Effective Care – Coordinated Care</p> <p>1 b Safe & Effective Care – Safety & Inf Control</p> <p>2 Health Promotion & Maintenance</p> <p>3 Psychosocial Integrity</p> <p>4 a Physiological Integrity – Basic Care & Comfort</p> <p>4 b Physiological Integrity – Pharmacological Therapies</p> <p>4 c Physiological Integrity – Reduction of Risk Potential</p> <p>4 d Physiological Integrity – Physiological Adaptation</p>	<p>1 a Safe & Effective Care – Coordinated Care</p> <p>2 Health Promotion & Maintenance</p> <p>3 Psychosocial Integrity</p> <p>4 a Physiological Integrity – Basic Care & Comfort</p> <p>4 b Physiological Integrity – Pharmacological Therapies</p> <p>4 c Physiological Integrity – Reduction of Risk Potential</p> <p>4 d Physiological Integrity – Physiological Adaptation</p>	<p>1 a Safe & Effective Care – Coordinated Care</p> <p>1 b Safe & Effective Care – Safety & Inf Control</p> <p>3 Psychosocial Integrity</p> <p>4 a Physiological Integrity – Basic Care & Comfort</p> <p>4 b Physiological Integrity – Pharmacological Therapies</p> <p>4 c Physiological Integrity – Reduction of Risk Potential</p> <p>4 d Physiological Integrity – Physiological Adaptation</p>	<p>1 a Safe & Effective Care – Coordinated Care</p> <p>2 Health Promotion & Maintenance</p> <p>4 b Physiological Integrity – Pharmacological Therapies</p> <p>4 c Physiological Integrity – Reduction of Risk Potential</p> <p>4 d Physiological Integrity – Physiological Adaptation</p>	<p>1 a Safe & Effective Care – Coordinated Care</p> <p>2 Health Promotion & Maintenance</p> <p>3 Psychosocial Integrity</p> <p>4 b Physiological Integrity – Pharmacological Therapies</p> <p>4 c Physiological Integrity – Reduction of Risk Potential</p>	<p>1 a Safe & Effective Care – Coordinated Care</p> <p>2 Health Promotion & Maintenance</p> <p>3 Psychosocial Integrity</p> <p>4 b Physiological Integrity – Pharmacological Therapies</p> <p>4 c Physiological Integrity – Reduction of Risk Potential</p>
Curriculum Concept Categories:	Concepts	Concepts	Concepts	Concepts	Concepts	Concepts	Concepts	Concepts

<p>1. Health & Illness</p>	<p>Fluid & Electrolyte Balance</p> <p>Gas Exchange</p> <p>Perfusion</p> <p>Immunity, Infection & Inflammation</p> <p>Tissue integrity</p> <p>Sensory Perception</p> <p>Nutrition & Elimination</p> <p>Mobility</p> <p>Metabolism</p> <p>Reproduction</p> <p>Psychosocial</p> <p>Cellular Regulation</p> <p>Patient Education & Health Promotion</p>	<p>Fluid & Electrolyte Balance</p> <p>Gas Exchange</p> <p>Perfusion</p> <p>Immunity, Infection & Inflammation</p> <p>Tissue integrity</p> <p>Sensory Perception</p> <p>Nutrition & Elimination</p> <p>Mobility</p> <p>Metabolism</p> <p>Reproduction</p> <p>Psychosocial</p> <p>Cellular Regulation</p> <p>Patient Education & Health Promotion</p>	<p>Fluid & Electrolyte Balance</p> <p>Gas Exchange</p> <p>Perfusion</p> <p>Immunity, Infection & Inflammation</p> <p>Tissue integrity</p> <p>Sensory Perception</p> <p>Nutrition & Elimination</p> <p>Mobility</p> <p>Metabolism</p> <p>Reproduction</p> <p>Psychosocial</p> <p>Cellular Regulation</p> <p>Patient Education & Health Promotion</p>	<p>Fluid & Electrolyte Balance</p> <p>Gas Exchange</p> <p>Perfusion</p> <p>Immunity, Infection & Inflammation</p> <p>Tissue integrity</p> <p>Sensory Perception</p> <p>Nutrition & Elimination</p> <p>Mobility</p> <p>Metabolism</p> <p>Reproduction</p> <p>Psychosocial</p> <p>Cellular Regulation</p> <p>Patient Education & Health Promotion</p>	<p>Fluid & Electrolyte Balance</p> <p>Gas Exchange</p> <p>Perfusion</p> <p>Immunity, Infection & Inflammation</p> <p>Tissue integrity</p> <p>Sensory Perception</p> <p>Nutrition & Elimination</p> <p>Mobility</p> <p>Metabolism</p> <p>Reproduction</p> <p>Psychosocial</p> <p>Cellular Regulation</p> <p>Patient Education & Health Promotion</p>	<p>Fluid & Electrolyte Balance</p> <p>Gas Exchange</p> <p>Perfusion</p> <p>Immunity, Infection & Inflammation</p> <p>Tissue integrity</p> <p>Sensory Perception</p> <p>Nutrition & Elimination</p> <p>Mobility</p> <p>Metabolism</p> <p>Reproduction</p> <p>Psychosocial</p> <p>Cellular Regulation</p> <p>Patient Education & Health Promotion</p>	<p>2. Professionalism</p> <p>Professionalism</p> <p>Healthcare Organizations</p>
<p>3. Healthcare Recipient</p>	<p>Patient Education & Health Promotion</p> <p>Professionalism</p> <p>Healthcare Organizations</p>	<p>Patient Education & Health Promotion</p> <p>Professionalism</p> <p>Healthcare Organizations</p>	<p>Patient Education & Health Promotion</p> <p>Professionalism</p> <p>Healthcare Organizations</p>	<p>Patient Education & Health Promotion</p> <p>Professionalism</p> <p>Healthcare Organizations</p>	<p>Patient Education & Health Promotion</p> <p>Professionalism</p> <p>Healthcare Organizations</p>	<p>Patient Education & Health Promotion</p> <p>Professionalism</p> <p>Healthcare Organizations</p>	<p>3. Healthcare Recipient</p>

NCLEX-PN TEST Plan Categories—updated 8/1/17 to the 2017 test plan

1. Safe & Effective Care Environment
 - a. Coordinated Care 18-24%
 - b. Safety and Infection Control 10-16%
2. Health Promotion and Maintenance 6-12%
3. Psychosocial Integrity 9-15%
4. Physiological Integrity
 - a. Basic Care and Comfort 7-13%
 - b. Pharmacological Therapies 10-16%
 - c. Reduction of Risk Potential 9-15%
 - d. Physiological Adaptation 7-13%

Approved 44 credit PN Curriculum 10.7.15 and rev 6/2016 and approved by AASC 6/2016

Semester One	Semester Two	Semester Three
HLTH 1110 Nursing Assistant (3 cr)	PNSG1250 Introduction to Practical Nursing: 1 credit 1/0/0	PNSG1270 Transition to Practice: 1 credit 1/0/0
BIOL 2252 Anatomy & Physiology I (3 cr)	PNSG1254 Nursing Foundations: 4 credits 3/1/0	PNSG1274 Maternal/Newborn: 1 credit 1/0/0
BIOL 2254 Anatomy & Physiology II (3 cr)	PNSG1258 Psychosocial: 2 credits 2/0/0	PNSG1278 Invasive Nursing Therapies: 2 credits 1/1/0
ENGL 1111 Composition I (3 cr)	PNSG1262 Nursing Concepts I: 5 credits 3/2/0	PNSG1282 Nursing Concepts II: 6 credits 5/1/0
HLTH 1106 Medical Terminology (2 cr)	PNSG1266 Clinical Care I: 1 credit 0/1/0	PNSG1286 Clinical Care II: 5 credits 0/5/0
MATH 1003 Math Applications for Nurses (2cr)		
Total Credits: 16 Credits	Total Credits: 13 Credits	Total Credits: 15 Credits

PN Course	Health/Illness Concepts and Exemplars
Semester I	
Introduction to Practical Nursing (1 credit) 1/0/0	<ul style="list-style-type: none"> Nutrition 1. I & O 2. Calorie Count 3. Diets 4. Normal Growth and Development (including death, grief & loss). Introduction to NCLEX Test Plan, Test taking strategies, Intro to ATI.
Nursing Foundations (4 credits) 3/1/0	<ul style="list-style-type: none"> Professionalism: PN Program Concepts (QSEN, NAPNES, MN BON SOP) Nursing Process Cultural Care Health & Wellness: physical assessment, vital signs (O2 sats included) Infection: isolation/PPE
Nursing Concepts I (5 credits) 3/2/0	<ul style="list-style-type: none"> Fluid and Electrolytes/Acid Base Balance: 1. Alterations in Electrolytes: Calcium, Potassium, Magnesium, Sodium, 2. Dehydration/Edema/Fluid Volume Excess Gas Exchange: 1. Infectious and inflammatory disorders (pneumonia, influenza, TB) 2. Cystic Fibrosis 3. SIDS Perfusion: 1. Hypertension 2. Peripheral Vascular Disease- include circulatory checks (5 P's) 3. lab-lymphedema wrap video/hot and cold packs Immunity/Inflammation/Infection: 1. Rheumatoid Arthritis 2. Gout

	<p>3. Allergies: Anaphylaxis</p> <ul style="list-style-type: none"> • Tissue Integrity: 1. MRSA 2. Cellulitis 3. Pressure Ulcer 4. Lice 5. Impetigo 6. Dermatitis 7. Lab specimen collection, wound care and/or drsg change • Sensory Perception: 1. Vision and hearing disorders. • Elimination: 1. Infectious/Inflammatory disorders: IBS/Crohns/Colitis 2. Impaired Urinary Functioning 3. Impaired bowel functioning 4. Lab-specimen collection, insert/maintain/remove urinary catheter, ostomies, set up sterile field, irrigation of cath • Mobility: 1. Degenerative Disorders: osteoporosis, osteoarthritis, <i>intro</i> to joint replacements. • Metabolism/hormone regulation: 1. Endocrine: Diabetes 2. Lab- glucose monitoring • Safety: med administration
<p>Psychosocial (2 credits) 2/0/0</p>	<ul style="list-style-type: none"> • Sensory Perception/Cognition: 1. Dementia 2. Alzheimer's • Metabolism: 1. Eating Disorders • Behavior & Mood Disorders: 1. Disorders in Children 2. Mood disorders 3. Psych disorders 4. Chemical/Substance abuse • Patient Education and Health Promotion: 1. Stress/coping 2. Communication
<p>Clinical Care I (1 credit) 0/1/0</p>	<ul style="list-style-type: none"> • Patient Education • Health Promotion • Professionalism • Pt Preference
<p>Semester II</p>	
<p>Transition To Practice (1 credit) 1/0/0</p>	<ul style="list-style-type: none"> • Professionalism • Health Care Organizations • Leadership • NCLEX • Resume
<p>Nursing Concepts II (6 credits) 5/1/0</p>	<ul style="list-style-type: none"> • Fluid and Electrolytes/Acid Base Balance: Alterations in Acid Base/Ketoacidosis • Gas Exchange: 1. Obstructive disorders (emphysema, bronchitis, COPD, asthma, trauma: pneumothorax). 2. Lab-chest tube drainage, care of client with trach • Perfusion: 1. Heart Failure 2. Myocardial Infarction 3. Arrhythmias 4. Clotting Disorders (sickle cell, DIC, Hemophilia) • Immunity/Inflammation/Infection: 1. Immunization 2. Lupus 3. AIDS 4. Septicemia • Tissue Integrity: 1. Burns 2. Surgical Wounds 2. Lab-wound drainage, removal of wound sutures/staples/drainage devices

	<ul style="list-style-type: none"> • Sensory Perception/Intracranial Pressure: 1. Seizures 2. Neurological disorders (i.e. ICP, Meningitis, Seizures) 3. Lab-neuro checks • Elimination: 1. Renal Impairment and hepatic impairment (bilirubin, jaundice, etc.) • Mobility: 1. Trauma Ischemic Disorders: amputation, PAD, joint replacements. • Metabolism/Hormone regulation: 1. Endocrine: Thyroid/Adrenal disorders/hepatic (infectious hepatitis) • Reproductive: • Cellular Regulation: 1. Abnormal Cell Proliferation
Maternal/Newborn (1 credit) 1/0/0	<ul style="list-style-type: none"> • Fluid and Electrolytes: 1. Dehydration/Edema/Fluid Volume Excess • Gas Exchange: 1. Fetal Oxygenation • Perfusion: • Immunity/Inflammation/Infection: 1. Septicemia • Tissue Integrity: • Reproductive: 1. Anti/Intra/post-partum • Newborn Transition (includes jaundice)
Invasive Nursing Therapies (2 credits) 1/1/0	<ul style="list-style-type: none"> • Fluid and Electrolytes: 1. Fluid Volume Excess/Dehydration/Fluid Specific 2. Lab-IV skills • Nutrition: 1. Lab-NG, feeding and enteral tubes • Patient Education • Health Promotion • Professionalism • Pt Preference
Clinical Care II (5 credits) 0/5/0	

Sources:

NCLEX-PN Test Plan 2017- reviewed curriculum Dec. 1, 2017

Center for Disease Control (CDC)

Jean Giddens (JG)

Healthy People 2020 (HP)

Top DRGs: <http://www.pepperresources.org/Data.aspx>

Minor revisions to exemplars 5.9.17

