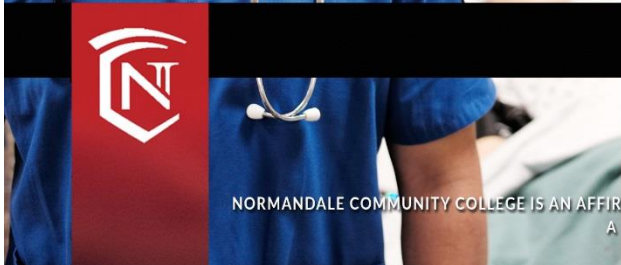
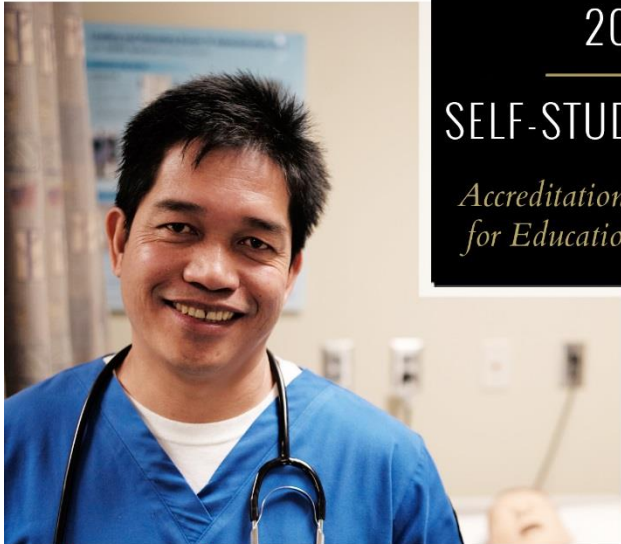


NORMANDEALE
COMMUNITY COLLEGE

**ASSOCIATE DEGREE
NURSING PROGRAM
2015**

SELF-STUDY REPORT

*Accreditation Commission
for Education in Nursing*



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SECTION ONE:

EXECUTIVE SUMMARY

EXECUTIVE SUMMARY

General Information

This report has been prepared for the Accreditation Commission for Education in Nursing (ACEN) continuing accreditation site visit for the Normandale Community College Associate Degree Nursing Program. This scheduled visit will take place October 6, 7 and 8, 2015. The Normandale Nursing Department's most recent accreditation site visit was conducted fall 2007 with full accreditation status through fall 2015, granted by the National League for Nursing Accrediting Commission (NLNAC) at its February 20-21st, 2008 meeting. This report has been prepared utilizing the 2013 ACEN standards and criteria.

1. The name of the governing organization

Normandale Community College (Normandale) is a member of the Minnesota State Colleges and Universities (MnSCU) system. Normandale's nursing program is housed in the division of Health Sciences.

Minnesota State Colleges and Universities
30 7th St. E Suite 350
St. Paul, MN 55101

Normandale Community College
9700 France Ave S.
Bloomington, MN 55431

2. Current teaching location for program and all program options

Normandale offers an associate of science in nursing. Normandale's nursing program is offered on campus at 9700 France Avenue South, Bloomington, MN 55431.

3. Name, credentials and title of chief executive officer of governing organization

Dr. Joyce Ester
President of Normandale Community College
BA, Northern Illinois University
MA, PhD, University of California, Santa Barbara

4. The name, credentials and contact information for the nurse administrator

Katherine Andersen, MS, RN
Director of Nursing
Phone: 952-358-8871
Fax: 952-358-8757
Email: Katherine.andersen@normandale.edu

5. Name of governing organization, accrediting body and accreditation status

Normandale Community College, a MnSCU institution
The Higher Learning Commission
A Commission of the North Central Association of Colleges and Schools

Date of most recent accreditation: December 19, 2012 Approved and Accredited
Reaffirmation of accreditation: 2019-2020.

6. Minnesota Board of Nursing approval

Approval received April 5, 2012 with subsequent consideration for approval to follow the fall 2015 ACEN accreditation visit (Appendix A).

Minnesota Board of Nursing
2829 University Ave SE #200
Minneapolis, MN 55414-3253
612-317-3000

Introduction

Founded in 1968 as a junior college, Normandale Community College (Normandale) is a public, nonprofit, nonresidential institution that grants associate degrees and certificates in the liberal arts and career programs. Situated in the highly populated southwest quadrant of the Minneapolis-Saint Paul metropolitan area, Normandale has an open admission policy and draws students from surrounding communities who come to the college because of its convenient location, affordable tuition, and rigorous programs that prepare them for successful completion of an award or transfer to a four-year institution. Through partnerships with four-year institutions, a limited number of bachelor's degrees are offered on the college campus. We also provide non-credit continuing education services and customized training for business and industry.

Normandale is part of the MnSCU system, a legislatively-mandated statewide system made up of 24 two-year colleges and seven state universities. Normandale is the fourth-largest institution in MnSCU and the largest two-year institution, based on enrollments. Normandale serves over 14,000 credit students each year and over 6,000 non-credit students. Normandale has over 650 employees, including 186 unlimited full time (permanent) instructors, 173 adjunct instructors, and 305 staff.

Category	2012	2013	2014
Full-time students	43%	43%	42%
Part-time students	57%	57%	58%
Full-time online students	9%	10%	12%
Female	54%	54%	54%
Male	45%	45%	45%
Students of color	34%	35%	36%
Under 25 years	65%	67%	68%
Post-Secondary Enrollment Option (PSEO) students	8%	8%	9%

The Normandale Nursing Program is housed within the Health Science division under the direction of Dean Colleen Brickle. The division is one of four academic divisions under the chief academic officer (CAO) reporting directly to the college president. The college offers a single, face-to-face nursing

program with students admitted both fall and spring semesters. The classroom, laboratory and simulation sections of our program are primarily offered during the day with many clinical experiences offered both day and evening hours. The program is offered at a single location.

Normandale Nursing Students

Normandale admits 40 students to its nursing program each fall and spring semester. Fall of 2015, we will have 155 enrolled nursing students.

Table 2: Nursing Student Demographics				
Category	Fall 2012		Fall 2014	
Age	<25	20%	<25	24%
	26-30	22%	26-30	35%
	31-40	35%	31-40	26%
	>40	23%	>40	15%
Ethnicity	25% students of color		22.7% students of color	
Gender	76% Female		82% Female	

Normandale Nursing Faculty

The Normandale Nursing Department is fortunate to have the majority of its faculty as unlimited full-time (permanent) positions, which adds stability and expertise to the program. The Nursing program administration, faculty and staff include the director of nursing, 12 unlimited (permanent) full-time (UFT) faculty, six part-time faculty and a clinical lab assistant. Additionally, we have a UFT faculty member on phased retirement and teaching part-time for the Nursing Department while teaching elsewhere in the Health Science division.

History of the Nursing Education Unit

Normandale has a long history of offering quality nursing education in the southwestern suburbs of Minneapolis. Initial approval for Normandale’s nursing program was granted by the Minnesota Board of Nursing (MNBN) on August 3, 1973 with full approval granted on August 8, 1975. The program has had continuous Board approval since that date with our most recent approval in 2012. Initial NLNAC accreditation was granted in 1976. Continuing accreditation was received in 1983, 1991, 1999, and 2008. The MNBN, through a change in Minnesota State statute, now bases nursing program approval upon evidence of accreditation from a nationally recognized accrediting agency (will be fully implemented in 2018).

Currently, our program is in the midst of a significant curriculum change transitioning to our new, faculty designed, Minnesota Alliance of Nursing Education (MANE) curriculum. A substantive change report for the new curriculum was submitted to ACEN spring of 2014 and formally accepted by ACEN on

October 15th, 2014 (Appendix B). The MANE curriculum was designed by faculty from seven MnSCU colleges and one MnSCU university along with a representative from practice (area hospital nurse educator) and regulation (MNBN). The concept-based, spiraled curriculum represents a fresh approach to educating professional nurses prepared to practice in a wide variety of complex settings. A key feature of the new curriculum is that community college nursing students are dually admitted to a partner university's baccalaureate of nursing program. Normandale nursing students earn an Associate of Science degree in five semesters with 75 credits (general education and nursing). The 75 credits are part of the 120 credit MANE Baccalaureate nursing curriculum (Appendix C).

The Normandale traditional nursing curriculum was a 64 credit curriculum that was taught in four semesters. Pre-requisite courses (represented in the 64 credits) required a minimum of one semester prior to entering the nursing program (Appendix D). The curriculum prepared graduates well and the program has a long history of strong employment and solid NCLEX results (see standard 6.4). This academic year we will graduate our final student group under the traditional curriculum.

The Normandale nursing faculty and administration considered a variety of factors in its decision to adopt curriculum revision through participation in the development of the MANE curriculum. Faculty and administrators reviewed current educational trends and selected a concept-based approach which will provide the framework for a comprehensive, contemporary nursing curriculum while removing barriers to achievement of a Baccalaureate of Science degree in Nursing (BSN). Factors supporting this change include the following:

- Minnesota is committed to increasing the number of baccalaureate-prepared nurses. Currently Minnesota has a wealth of nursing programs yet access to affordable baccalaureate nursing education in the area served by Normandale is limited.
- This innovative approach to nursing education begins with a base of general education that supports the students in meeting their program student learning outcomes (SLOs) during their associate and baccalaureate degrees in nursing.
- Adoption of the MANE curriculum is responsive to employer trends of preferred hiring of baccalaureate-prepared nursing graduates in the area served by Normandale. Earning a baccalaureate degree in nursing increases career options.
- MANE is supported through the Minnesota Center for Nursing and the Minnesota Action Coalition as a vehicle for meeting recommendation Number 4 of the Institute for Medicine (IOM) report. Recommendation Number 4 challenges nurse educators to work together to increase the proportion of nurses with a baccalaureate degree to 80 percent by 2020.

- With its focus on wellness and preventative care, spiraling concepts, and increased attention to care of the older adult, the MANE curriculum addresses our changing population demographics and healthcare environment.
- Curriculum revision presented opportunities for creative approaches to clinical education at a time clinical opportunities are becoming increasingly limited.

In December of 2015, our first cohort of students who have completed semester five of the MANE curriculum will be awarded their Associate Degrees. The nursing program has adopted a collaborative evaluation process for the MANE curriculum. We are monitoring student success and their transition to semester six as an individual college program as well as through aggregate data from all colleges offering the MANE curriculum.

Summary of Standards and Criteria

Standard 1: Mission and Administrative Capacity

1.1 The mission statements and philosophy statements of MnSCU and Normandale are congruent with the Nursing Department mission, philosophy, and program outcomes. A crosswalk has been developed which demonstrates this congruency.

1.2 Nursing program administrator, faculty, and students are involved in governance of the nursing department and college. Tables updated annually, note membership on college and department committees including students acting as class representatives and student participation on the Nursing Advisory board. The Nursing Department tracks and documents the participation of administrator and faculty membership on the MANE steering and curriculum development committees.

1.3 The Normandale Nursing Department has an active Nursing Advisory Board that meets twice annually and provides input into program processes and decision making.

1.4 The nursing program partners with clinical sites; nursing programs throughout Minnesota; area K-12 schools; community groups; and professional nursing organizations. These are long-standing components of our program.

1.5 Director of Nursing (DON), Katherine Andersen, holds an MS with a nursing major from the University of Minnesota, Twin Cities campus.

1.6 Katherine Andersen came to her position with both clinical and academic experience including past experience as the department chair. Katherine completed MNBON orientation for new directors the year she was hired. The position description for the director position ensures ongoing compliance with this criterion (Appendix E).

1.7 Judith Wattman, Nursing Chair, holds a MSN from Bethel University, St. Paul, MN.

1.8 The DON position is exclusively an administrative position allowing sufficient time to fulfill the responsibilities of the position. The nursing director position description outlines administrative authority for the nursing program.

1.9 The nursing non-personnel budget is prepared and managed by the DON with opportunities for faculty input to the process. The personnel budget is prepared collaboratively by the Dean of Health Science and DON. Staffing needs are discussed with faculty.

1.10 Nursing Department policies demonstrate consistency with Normandale policies. Differences, related primarily to clinical partner expectations, are clearly communicated in the nursing faculty handbook and justified by the goals and outcomes of the Nursing Department.

1.11 Not applicable, single face-to-face program offering.

Standard 2: Faculty and Staff

2.1 One hundred percent of full time faculty have a master's degree with a major in nursing. The DON met with human resources (HR) in June 2014 and verified that all current full-time faculty have an official transcript in their HR file specifying the required degree.

2.2 In the academic years 2012-2015, 100% of part-time faculty held a bachelor's degree in nursing and greater than 60% of part-time faculty held a graduate degree with a nursing major.

2.3 Since 2013, Normandale has been enrolled in automated licensure monitoring offered by MNBON. The DON is updated with licensure status changes. The status is updated each semester and with any off-cycle hiring. Additional MnSCU requirements are satisfied by the credentialing process, which is overseen by HR at the college.

2.4 Not applicable, preceptors not utilized.

2.5 Our department maintains the number of faculty in UFT positions (permanent) at 60% or greater to ensure stability. Contractual agreements are followed in regard to the group size for lab and clinical groups. Team teaching and the availability of lab and simulation faculty further assure the optimal number of faculty members are available for planned experiences.

2.6 Nursing faculty members maintain profiles, CVs and Professional Development Plans to document their expertise and ongoing development activities. Recently, we have added a Faculty Scholarship Annual Documentation tool to be completed and reviewed with the DON. Faculty development funds are available and the college has an active Center for Teaching and Learning.

2.7 The Nursing Department uses minimal non-nurse staff or faculty. Currently, NURS 2750, Nutrition for the Professional Nurse, is co-taught by nursing faculty and a registered dietitian credentialed by MnSCU to teach nutrition. The nursing lab Clinical Lab Assistant 1 (CLA1) position remains filled with an employee meeting preferred job qualifications.

2.8 New nursing faculty complete college, department and, if applicable, clinical site orientation. Mentoring for new faculty and faculty with new assignments occurs through partnering with experienced faculty.

2.9 Faculty assessment observations comply with college-wide faculty evaluation plans and include a review of student feedback. Qualitative analysis (comparison) of the Normandale Student Survey and the NLN Competencies for Nurse Educators demonstrates consistency. Nursing faculty communicate (primarily in person) with the director annually to discuss their professional development.

2.10 Reviewing faculty meeting minutes, CVs and faculty profiles provides documentation of faculty development. At the close of the 2014-2015 academic year, a new tool was deployed (ACEN Annual Evaluation Faculty Scholarship Documentation). This survey enhances our knowledge and documentation

of faculty development related to teaching and learning, including instructional and distance technologies and will be used to guide future planning.

Standard 3: Students

3.1 A table was prepared to reflect a congruency analysis of college and nursing student policies. Policies either demonstrated congruency or a rationale is provided when policies differ.

3.2 Nursing Program information is accessible via the college website and has accurate, clear, and consistent information. This information includes ACEN contact information and accreditation status of nursing program.

3.3 Prospective student information and processes for application are available to students on the Normandale Nursing Department webpage. Current students are introduced to department policies in their orientation session and provided access to the nursing student handbook on each nursing course's D2L BrightSpace (learning management system) site.

3.4 To ensure students are receiving the services they require, quantitative and qualitative nursing-student-specific and college-wide measures of student satisfaction are reviewed. Results of the Community College Survey of Student Engagement (CCSSE) and the Normandale Survey of Student Satisfaction along with a question added to nursing end-of-program surveys are reviewed.

3.5 The Nursing Department follows Normandale Policy 5.15 to ensure all student educational records comply with MnSCU, state and federal guidelines. The policy is available to the public on the Normandale website.

3.6 Annual communication with the director of financial aid in preparation of the ACEN annual report confirms continued compliance with this criterion.

3.6.1 Extensive student loan information is available on the college website including instructional videos. The financial aid department offers daily walk-in appointments to assist students with loan information. A Financial Aid Guide and Fact Sheet is available to students and is updated annually by Normandale staff.

3.6.2 The Financial Aid Guide and Fact Sheet outlines the counseling and promissory note requirements before Normandale will process the student's loan application. Additional information is provided related to determining amount to borrow and credit load required for a student to qualify for a loan. Both the financial aid guide and required exit education provide information related to ethical responsibilities.

3.6.3 Normandale financial aid department policy 1.5 addresses financial aid records management. The director of financial aid confirms annually that Normandale meets state and federal requirements.

3.7 Normandale maintains a centralized process for student complaints and grievances within a password-protected database. Students may access the form and an algorithm of the process on the Normandale

website. The nursing student handbook describes due process at the departmental level with every effort made to resolve student issues prior to a formal complaint or grievance.

3.8 Student technology orientation and support are accomplished through: new student advising and registration sessions; staffed IT support during business operation hours; 24 hour/7 day a week phone support; faculty support and information on the nursing course syllabi and orientation. The learning management system utilized, D2L BrightSpace, has specific on-campus and online support and training.

3.9 Not applicable, single face-to-face program offering.

Standard 4: Curriculum

4.1 Both the traditional and MANE nursing curriculums incorporate established professional standards, guidelines, and competencies. The traditional curriculum is primarily guided by the NLN Associate Degree Outcomes and Competencies, while the MANE curriculum draws heavily on the American Association of Colleges of Nursing (AACN) Essentials. Both curriculums incorporate Quality and Safety Education for Nurses (QSEN) competencies and ensure students meet the Normandale Core Learning Outcomes (CLO).

4.2 Student learning outcomes (SLOs), at the program and course level, organize the curriculum, guide the delivery of instruction, direct learning activities, and guide evaluation of student progress. In 2013-2014, the traditional curriculum was mapped and a crosswalk completed to ensure all SLOs were met. The MANE curriculum committee also developed alignment tables demonstrating the central role of the SLOs in curriculum design.

4.3 Through active curriculum committees, both at the departmental level and in collaboration with faculty from other programs offering the MANE curriculum, our faculty members designed our curriculum and established processes for ongoing review.

4.4 Our traditional and MANE curriculums include general education courses which support each curriculum's conceptual framework and ensure nursing students have a broad knowledge base upon which to build.

4.5 Diversity and culture are threaded throughout the curriculum as evidenced by the culture and diversity assessment report (traditional curriculum), the MANE Conceptual Model (Appendix F) and the MANE Concept Comparison Table (MANE curriculum).

4.6 Our nursing curriculum has been completely revised with the first semester launched fall of 2014. In the planning process, care was taken to incorporate recent, evidence-based research, educational theory, and current standards. Our faculty participated in numerous educational offerings, and read and discussed journal articles and books relevant to our transition.

4.7 The SLOs, competencies, and achievements are evaluated in multiple ways and reflect established professional and practice competencies as evidenced by Course Outcomes Maps.

4.8 Our traditional curriculum was 64 credits offered over four semesters with a minimum of one semester of general education prior to beginning the nursing courses. Our MANE curriculum is 75 credits over five semesters. Both curriculums fall within the national average reported in the 2013 ACEN Constituents Report and determined by faculty to be within the range of normal values which range from 54 to 87, with the mean being 70 credits for the reported 2012-2013 school year.

4.9 Our Nursing Program utilizes a variety of acute care, ambulatory care, long term/transitional care, and community settings for our experiential components. Clinical partners collaborate around optimal use of their setting to achieve desired outcomes. When surveyed, faculty members and students indicate that clinical sites support the accomplishment of course and program SLOs.

4.10 Our clinical partners are community leaders in their level of care and provide an opportunity for our students to participate in quality, evidence based, and patient centered care. All sites are accredited and/or appropriately licensed.

4.11 Our department maintains a grid demonstrating currency of all clinical partner memorandums of agreement.

4.12 Not applicable, single face-to-face program offering

Standard 5: Resources

5.1 The Nursing Department personnel and non-personnel budgets reflect the college's support of the nursing program and investment in the program's future.

5.2 Faculty and student feedback indicate classrooms, clinical laboratory, and simulation space, technology, and equipment are satisfactory.

5.3 Nursing faculty select textbooks and related instructional materials for the program. When surveyed, faculty members and students indicate that learning resources and technology meet their needs.

5.4 Not applicable to current curriculum; all courses are taught as traditional face-to-face courses or as a traditional face-to-face hybrid technologically enhanced.

Standard 6: Outcomes

6.1 The existing program committee structure is utilized for ongoing updating and review of our systematic evaluation plan (SEP). Our SEP directs the assessment, including data collection, review, and utilization related to program SLOs, POs (Program Outcomes), roles, specific competencies, and the ACEN standards. Three years of data are available.

6.2 Evaluation findings are trended by incoming cohort, graduating class, and LPN status. The data collected is utilized in program review and continuous improvement.

6.3 Evaluation findings are shared annually with the Nursing Advisory Board (report at meeting) and with the college community (quality dashboard).

6.4 See below:

6.4.1 Our program NCLEX pass rates have exceeded national standards for over three years. Mountain Measurement data is utilized for comparison.

6.4.2 The program completion rate goal set by faculty, 85% of students completing by 150% time, has been achieved by 4 of 5 past incoming cohorts for whom this data is available. **6.4.4** Employer input has been sought through surveys, site visits and most recently (fall 2014) a qualitative phone survey. Additionally, several Nursing Advisory Board members represent organizations that hire our graduates. Available data indicates satisfaction.

6.4.5 Employment data, collected via the graduate satisfaction survey, indicated greater than 85% employment at the time of the survey. Timeliness of data collection has been a challenge with recent improvements now being implemented.

Analysis and Summary of Strengths and Areas Needing Development

The Normandale nursing program boasts a rich history. Our current major curriculum revision is a stretching and rewarding challenge. Table 3 reviews our strengths and development needs analysis. Our future plans include the following highlights:

- Purposeful systematic evaluation and refinement of MANE curriculum within our program, and collaboratively with all colleges offering the MANE curriculum. All MANE courses will have been offered at least twice by spring of 2016. We have a goal to formalize an operational plan of review and analysis of the integrity of our implementation of the MANE curriculum at that time.
- Nurture the five clinical learning experiences of MANE Clinical Learning Model through cultivation of clinical partner relationships as we have broader (concept-based) scope of clinical partners and learning activities.
- Maintain pace with the complexity and ongoing changes associated with Informatics (e.g. Learning Resources, Health Information Management, and Simulation).

Table 3: Strengths and Areas Needing Development Analysis		
Standard #	Strengths	Areas Needing Development
Standard 1 Administration	<p>Top administration demonstrates consistent support for proposed nursing program innovations: Recent examples:</p> <ul style="list-style-type: none"> ✓ Every semester admission ✓ Adoption and implementation support of new MANE curriculum ✓ Hiring practices allotting a large percentage of Unlimited Full Time faculty (UFT) vs. Temporary Full Time faculty (TFT) <p>Full time Director of Nursing (DON) Part time Nursing Department Chair Full faculty consensus of strong support from Dean of Health Sciences and DON</p>	<p>Clarification of secretarial support for faculty. Faculty secretary now in area along with support from the DON/Dean’s assistant.</p>
Standard 2 Faculty	<p>All (12) full time faculty hold a master’s degree in nursing. Two full-time employees are Certified Nurse Educators (CNE) through the National League for Nursing (NLN). One full-time employee is currently enrolled in a Doctorate of Nursing Practice program. Variety of certifications in clinical nursing:</p> <ul style="list-style-type: none"> ✓ Certified Emergency Nurse ✓ Certified Lactation Educator ✓ Certified Diabetes Educator ✓ Certified Inpatient Obstetrics ✓ Certified APHON Nurse 	<p>Encouragement of larger percentage of faculty pursuing CNE</p> <p>Within the MANE curriculum, allow creative staffing of faculty to enable a content expert to facilitate learning activities.</p>

Standard #	Strengths	Areas Needing Development																								
	<p>Faculty represent a rich variety of professional nursing experiences:</p> <table border="0"> <tr> <td>✓ Cardiac</td> <td>✓ Management</td> <td>✓ Psychiatric</td> </tr> <tr> <td>✓ Critical Care</td> <td>✓ Medical-surgical</td> <td>✓ Public Health</td> </tr> <tr> <td>✓ Diabetes</td> <td>✓ Midwifery</td> <td>✓ School nursing</td> </tr> <tr> <td>✓ Emergency</td> <td>✓ Oncology</td> <td>✓ Staff development</td> </tr> <tr> <td>✓ Hematology</td> <td>✓ Orthopedics</td> <td>✓ Wound care</td> </tr> <tr> <td>✓ Homecare</td> <td>✓ Pediatric</td> <td></td> </tr> <tr> <td>✓ Hospice</td> <td>✓ Perinatal</td> <td></td> </tr> <tr> <td>✓ Long-term care</td> <td>✓ Perioperative</td> <td></td> </tr> </table> <p>Strong collaborative focus, nursing courses are team taught. Excellent blend of many veteran faculty along with fresh inquiring instructors.</p>	✓ Cardiac	✓ Management	✓ Psychiatric	✓ Critical Care	✓ Medical-surgical	✓ Public Health	✓ Diabetes	✓ Midwifery	✓ School nursing	✓ Emergency	✓ Oncology	✓ Staff development	✓ Hematology	✓ Orthopedics	✓ Wound care	✓ Homecare	✓ Pediatric		✓ Hospice	✓ Perinatal		✓ Long-term care	✓ Perioperative		
✓ Cardiac	✓ Management	✓ Psychiatric																								
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✓ Hospice	✓ Perinatal																									
✓ Long-term care	✓ Perioperative																									
<p>Standard 3 Students</p>	<p>Student participation in college-wide and nursing program representation. The MnSCU mission to “offer higher education that meets the goals of a wide range of individual learners” results in a rich diversity of ethnicity, age, gender, and socioeconomic status. Remodeling and support of new college-wide tutorial center.</p>	<p>Limited data on new curriculum, a plan has been created for data collection and analysis.</p> <p>Continue to promote student involvement in nursing department, college wide, and MANE committees.</p>																								
<p>Standard 4 Curriculum</p>	<p>Adoption of the new MANE curriculum offering a baccalaureate degree. This initiative was strategized prior to the changing metropolitan hiring practice. The large health care system’s minimum RN degree requirement is a baccalaureate. Purposeful emphasis of geriatric health and care needs to support this expanding population. Examples of existing programs utilized include:</p> <ul style="list-style-type: none"> ✓ Hospital Elder Life Program (HELP) ✓ NLN Advancing Care Excellence for Seniors (ACES) <p>Variety of community partners and membership in The Clinical Coordination Partnership (TCCP):</p> <ul style="list-style-type: none"> ✓ Acute ✓ Ambulatory ✓ Long-term care ✓ Public schools ✓ Private organizations e.g. Phillips Eye Institute, Everyday Miracles <p>A plan has been created for aggregate data collection and analysis by programs offering the MANE curriculum.</p>	<p>Prioritizing time for follow through of commitment to strategic collaborative evaluation and revisions of MANE curriculum.</p>																								

Standard #	Strengths	Areas Needing Development
Standard 5 Resources	<p>Use of educational Electronic Health Records (EHR). CLA1 hired to increase availability of nursing faculty in the nursing lab, newly made a permanent position. College commitment to 24 hour/7 day a week technology support. High-fidelity simulation purchases and maintenance, mindful of practice standards.</p>	<p>To support the five clinical learning experiences of MANE Clinical Learning Model, the lab/simulation resources need to be utilized efficiently and effectively e.g. open lab time. Ongoing staff development for thorough faculty integration and utilization of the new ATI online learning resource.</p>
Standard 6 Outcomes	<p>NCLEX pass rate: 3 year Normandale program average 91% 3 year national average 84.6% History of mid 90% NCLEX pass rates</p> <p>Collaborative data collection and analysis with Institutional Effectiveness (IE) college department. Newly implemented standardized testing plan increasing the number and type of predictive outcome benchmarks.</p>	<p>Continue to partner with Institutional Research to ensure that graduate and employer surveys are sent 6 to 12 months following graduation.</p> <p>Increase in employer and alumni response data. Continue to utilize innovative solutions. Recent examples include:</p> <ul style="list-style-type: none"> • Visits with nursing directors of clinical sites who commonly employ Normandale graduates. • Phone interviews of key employers conducted by a Normandale Institutional Research (IR) employee.
Other	<p>The Normandale nursing program has a longstanding excellent community reputation resulting in competitive admissions and a history of new graduate preferential community hiring. Minnesota is consistently ranked with high quality educational and medical systems resulting in a culture of:</p> <ul style="list-style-type: none"> ✓ Value, support, and attainment of education. E.g. MNBON new statute: All nursing programs in Minnesota must be nationally accredited for operation by 2018. ✓ High quality and accessibility of health promotion and care. <p>Recipient of a Robert Wood Foundation Grant in support of MANE curriculum.</p>	

SECTION TWO: STANDARDS 1-5

STANDARD 1

MISSION AND ADMINISTRATIVE CAPACITY

STANDARD 1: MISSION AND ADMINISTRATIVE CAPACITY

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

Criteria 1.1

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

To ensure and maintain congruency, the nursing faculty review and analyze the Nursing Program's mission, vision, and philosophy with significant changes, during their internal college program review and in preparation for accreditation. Our nursing program participated in internal program review in 2010-2011 and, as part of that process, developed a crosswalk demonstrating congruency between the nursing program mission and the mission/vision and institutional outcomes of the college and the MnSCU system.

In the spring of 2011, the Nursing Department adopted its current mission statement. Faculty participated in an online discussion board and email discussion prior to approving the new mission statement on May 6, 2011. The updated mission statement was reported in the fall 2011 NLNAC Annual Report and a substantive change report was submitted to NLNAC. The substantive change report includes a table demonstrating the alignment of the new mission with that of the Health Science Division and Normandale. Acceptance of the substantive change by NLNAC was communicated by letter (Appendix G) on December 28, 2011.

The crosswalk has been reviewed and updated twice since the substantive change report: reviewed in 2013 as a component of our curriculum revision work (June 14, 2013); and again in the 2014-2015 academic year as preparation for our self-study.

Currently, our program is transitioning its philosophy and will fully adopt the MANE curriculum philosophy with completion of our curriculum transition. Our nursing faculty approved this decision in the fall of 2014 following a determination by faculty that the two curriculum philosophies are congruent, with the MANE philosophy best reflecting our new curriculum. Faculty meeting minutes of August 21, 2014, reflect the discussion and decision to adopt the MANE philosophy.

The mission, philosophy, values, and program outcomes of the Normandale Nursing Program and the MANE curriculum-specific mission and philosophy remain congruent with college mission, institutional

outcomes, and core learning outcomes. We compared three major themes to demonstrate congruency as shown in Table 4. We identified the following areas to organize our comparative analysis:

- Cognitive/Intellectual
- Career/Workforce Development
- Personal/Community

See Appendix H for program, Normandale and MnSCU mission, outcomes (goals) and philosophy statements.

On August 18, 2015, our faculty will meet for a retreat day prior to the start of our academic year. A review of the crosswalk (Table 4) and a revisiting of our transitioning philosophy will be included on the agenda for the day.

Table 4: Congruency of Mission, Philosophy, Values, and Program outcomes

Area of congruency	MnSCU Mission	Normandale College Core Values, Mission/Goals	Nursing Program Mission/Philosophy	Program Outcomes
<p><u>Cognitive/Intellectual</u></p> <p>Comparison: Governing organizations stress intellectual development. Faculty promotes a dynamic learning environment to promote critical thinking, comprehension and application of theory in the classroom modules, skills laboratory, simulation, and clinical environments.</p>	<p>Higher education that meets personal goals</p>	<p>Think creatively and communicate effectively (core value)</p> <p>Advances individuals’ intellectual development through teaching (mission)</p> <p>Support individuals in developing and meeting their educational goals (outcomes)</p> <p>Prepare students for college-level coursework (outcomes)</p> <p>Prepare students to transfer successfully to four-year and other educational institutions (outcomes)</p> <p>Ensure students achieve the College's liberal education and student development outcomes (outcomes)</p>	<p>Educates students (mission)</p> <p>Students are active learners who collaborate in designing experiences to pursue their educational concerns in both structured and unstructured learning environments (philosophy)</p> <p>MANE: Promotes higher education through education strategies (mission)</p> <p>Use of integrative review in a spiraled, competency-based curriculum (philosophy)</p>	<p>Completion Rate, Graduate Satisfaction Surveys</p>
<p><u>Career/Workforce Development</u></p> <p>Comparison: Career development key. Graduates of the nursing program are prepared to take the NCLEX RN licensure examination. Nursing graduates are prepared with an Associate degree. Progression to BSN supported and encouraged with curriculum options; a five semester associate degree or</p>	<p>Higher education that meets career goals. Sustains vibrant economies throughout the state.</p>	<p>Develop life skills (core value)</p> <p>Advances: career development through teaching and support (mission)</p> <p>Prepare individuals to perform successfully in the workforce (outcomes)</p> <p>Identify and meet workforce training needs (outcomes)</p> <p>Support all learners in their pursuit of life-long career goals (outcomes)</p>	<p>Educate to become entry level professional nurses (mission)</p> <p>Provide educational experiences which assist students to understand and practice their role as nursing professionals in our diverse urban community (philosophy)</p> <p>MANE: Increase baccalaureate prepared nurses (mission) Prepare professional nurses in a partnered curriculum to practice</p>	<p>NCLEX Pass Rate, Employer Satisfaction Surveys, Job Placement</p>

Area of congruency	MnSCU Mission	Normandale College Core Values, Mission/Goals	Nursing Program Mission/Philosophy	Program Outcomes
seamless continuation as an eight semester baccalaureate degree or transfer.			successfully in today's complex health care environment, respond to future health care needs, and lead in the broader health care system (philosophy)	
<p><u>Personal and Community</u></p> <p>Comparison: The statements go beyond academic achievement acknowledging the need for a holistic approach. The nursing program supports the belief that nursing is a highly interpersonal process, and learners grow as persons. The impact of spirituality and culture on health and healthcare practices are included in coursework. Nursing students also complete Service-learning during program.</p>	Enhances the quality of life for all Minnesotans.	<p>Develop personal responsibility and demonstrate social responsibility (core value)</p> <p>Advances: personal development through teaching and support (mission)</p> <p>Support all types of learners in their pursuit of personal development goals (outcomes)</p>	<p>Prepare to become competent, caring members of the healthcare team (mission)</p> <p>The nursing program and its graduates have a civic, ethical, and professional responsibility to the community served (philosophy)</p> <p>MANE: Transformative education strategies (mission)</p> <p>A strong focus on health promotion supports nursing graduates to best serve diverse individuals, families, and communities locally, nationally, and globally (philosophy)</p>	Satisfaction Surveys

Criteria 1.2

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

Normandale's nursing director, faculty, and students are actively engaged at the department, division, and college levels.

Director of Nursing

The DON is a member of Normandale's administrative council. Administrative council membership includes the college president, vice-presidents, academic deans, and deans from student affairs. The council meets weekly to be updated by the president, discuss issues of current interest/concern to the college and participate in planning. The council provides a unique opportunity to collaborate with leaders from other academic and student affairs divisions.

The DON is active on college-wide committees and work groups including the membership on Academic Quality Improvement Process (AQIP) steering committee and representation of the administration on the Institutional Review Board (IRB). During the 2014-2015 academic year, the DON participated with a group preparing for the college's on site civil rights (OCR) review. The DON is a member of the MANE steering committee, working with leadership of the member programs developing and adopting the MANE curriculum. Health Science division meetings, held twice monthly during the academic year, are attended by the director and faculty chair of the Nursing Department. The DON engages with the department by: daily interaction with faculty; ad hoc membership on all department committees; and attendance at teaching team meetings. Table 5 shows DON committee membership. Normandale's organizational chart will be available for visitors to review.

Nursing Department Chair

The Nursing Department chair is a faculty member who receives release time for their chair duties. The role of nursing chair is currently held by Judith Wattman, who is new to the role this academic year. Department chairs meet as a college-wide group twice or more per semester and participate in projects that broadly impact the academic areas. For example, in 2014-2015 the chairs updated the college's Academic Master Plan, providing input and communicating between faculty and administration. Department chairs also attend twice monthly division meetings representing the faculty and receiving input to be communicated back to nursing faculty. The Nursing Department chair collaborates with the director in setting faculty meeting agendas and promoting the role of faculty participation in the accreditation process.

Nursing Faculty

Normandale nursing faculty have faculty-approved bylaws outlining department participation in full faculty and department committee meetings. The bylaws stipulate 100% participation for full-time faculty, which is the majority of the department. Nursing faculty members belong to department committees and participate in teaching team/level meetings and full faculty meetings regularly. The Health Science division meets as a group at the beginning of each semester. The division leadership meets with the faculty chair attending twice monthly. Nursing faculty attend the Nursing Advisory Board meetings with a minimum participation set at one faculty from each teaching team. Members of the Normandale nursing faculty have been extensively involved as MANE curriculum and faculty development committee members. The faculty has set a goal of having 40% of nursing faculty involved in a college-wide committee. This goal is reviewed each October and has been met the past three academic years. Nursing faculty college-wide committee membership varies with opportunity and personal interest. Examples of involvement include, but are not limited to: the IE committee; the Personnel committee; Facilities committee, and the Minnesota State College Faculty union. Additionally, nursing faculty engages with other campus faculty and staff, with examples including: co-presenting at a technology conference; designing course offerings in the Health Science division; and partnering on K-12 initiatives. Table 5 shows nursing faculty committee memberships.

Table 5: Director of Nursing and Faculty Committee Memberships			
Name	College Committees	MANE Committees	Nursing Department Committees
2012-2013			
Katherine Andersen, DON	Admin Council, AQIP, IRB	Steering Committee	Ad hoc to all
Kristine Carey			Learning Resources, Admissions and Progressions (spring)
Carrie Dickson			Curriculum
Sarah Engkjer (fall only)			Learning Resources
Mindy Fadell (Did not remain FT, partial year)			Admissions and Progression
Karen Ford			Curriculum ACEN Steering
Laurie Frahm	Union representative, Facilities		Learning Resources, Admissions and Progressions (fall)
Trish Gonzales	Institutional Effectiveness	Faculty Development	ACEN Steering
Jon Moe		Curriculum	Curriculum
Michelle Natrop			Admissions and Progression

Name	College Committees	MANE Committees	Nursing Department Committees
Mary Renquist	Institutional Effectiveness, Department Chair	Curriculum	ACEN Steering
Judy Wattman	IRB		ACEN Steering
2013-2014			
Kate Andersen, DON	Admin Council, AQIP, IRB	Steering Faculty development	Ad hoc to all
Kristine Carey	Assessment (Department lead)		Learning Resources
Carrie Dickson			Learning Resources Curriculum
Sarah Engkjer (fall only)			Learning Resources
Karen Ford			Curriculum ACEN Steering
Laurie Frahm	Union representative, Facilities		Curriculum
Trish Gonzales	Assessment (Division lead) Department Chair Committee	Faculty Development	ACEN Steering, Admissions and Progression
Jon Moe (sabbatical)		Curriculum	
Michelle Natrop			Admissions and Progression
Mary Renquist (sabbatical)		Curriculum	
Judy Wattman	IRB		ACEN Steering
2014-2015			
Kate Andersen, DON	Admin Council, AQIP, IRB	Steering Faculty development	Ad hoc to all
Kristine Carey	Assessment (Department lead)		Learning Resources (chair)
Carrie Dickson			Admissions and progression
Karen Ford	Student's Rights and Responsibilities Personnel		Curriculum, Nursing Program Quality
Laurie Frahm	Union representative, Facilities	Curriculum	Curriculum
Trish Gonzales	Assessment (Division lead)	Faculty Development	Nursing Program Quality
Jon Moe		Curriculum	Curriculum

Name	College Committees	MANE Committees	Nursing Department Committees
Michelle Natrop			Admissions Progression
Penny Peterson			Curriculum
Cindy Popp-Cronin			Learning Resources
Mary Renquist	Department Chair		Nursing Program Quality
Judy Wattman	IRB		Nursing Program Quality Committee
Anne Wilson			Curriculum

Students

Students at Normandale have an active student senate that meets regularly with college administration. Student senate members participate on college wide committees including hiring committees. In the 2014, hiring process for Normandale’s new college president, Dr. Ester, the hiring committee included a student member.

The nursing department provides opportunities for student participation in governance. Students are involved: as class representatives; and in semester teaching team meetings. Nursing students serving as class representatives attend teaching team meetings to communicate concerns and collaborate on improvements. Frequent themes include clarification of assignments, communication of student questions and concerns and calendar-related discussion. The Nursing Advisory Board now includes student and alumni membership, which provides a valued perspective to the discussion. Students attending the Nursing Advisory Board meetings provide the perspective of the current student while benefiting from group membership through exposure to nursing leaders from the community. A nursing club is open to all nursing students and hosts speakers, provides educational opportunities and organizes the nursing graduate pinning ceremony. Table 6 shows student governance involvement.

Table 6: Student Involvement in Governance			
Activity/Date/Students	2012-2013	2013-2014	2014-2015
Advisory Committee Fall			
Date	10/11/2012	10/10/2013	10/2/2014
Student Names	Michelle Bauer	Angela Geiger, Amy Westerlund	Katie Mitchell, Michelle Nettesheim
Advisory Committee Spring			
Date	4/4/2013	5/1/2014	4/16/2015
Student Names	Michelle Bauer, Amy Westerlund	Julie Rhein, Amy Westerlund	Angela Geiger, Amy Steege

Activity/Date/Students	2012-2013	2013-2014	2014-2015
Student Representatives Fall			
Student Names: NURS 1110	Attendance of student reps not noted in minutes	Elizabeth Salden, Lori Harper 10/1/13, 10/29/13, 11/19/13, 12/3/13	Course not offered
Student Names: NURS 1120	Angie Schaeffer, Liz Schufman, Michelle Bauer 10/1/12, 10/29/12, 11/26/12	Stephanie Berner, Kristin Resch, Peter Anderson, Laura Wolterstorff 9/17/13, 10/22/13, 11/26/13, 11/5/13	Samantha Horn, Bonni Boche, Heather Christopher 9/15/14, 10/14/14, 10/14/14
Student Names: NURS 2210	Lindsay Zimmerman 9/6/12 Lack of attendance and reminders to students noted in team meeting minutes	Amy Westerlund, Barbara Morgan, Fawzia Yerima 9/26/13, 10/31/13 11/14/13, 12/5/13	Beth Salden, Jacqui Johnson 9/18/14, 10/2/14, 11/6/14, 12/4/14,
Student Names: NURS 2220	Terry Carlson, Stephanie Huss 9/26/12, 10/24/12, 11/12/12	Kaitlyn Treangen, Cassandra Howard 9/18, 10/16/13, 11/13/13, 11/27/13, 12/11/13	David Jacobson, Angela Hanson, Stephanie Berner 9/25/14, 11/20/14
MANE Semester 3	Course not offered	Course not offered	Andrea Reinig, Pam Peterson, Daniel Renaud, Elizabeth Searcy, Brook Ott 9/26, 10/31/14, 10/23, 11/21/14
Student Representatives Spring	2012-2013	2013-2014	2014-2015
Student Names: NURS 1110	Rebecca Goering, Anna Karchevsky	Samantha Horn, Shannon Palma, Julie Rhein 2/18/14, 3/3/14	Course not offered

Activity/Date/Students	2012-2013	2013-2014	2014-2015
Student Representatives Spring (continued)			
Student Names: NURS 1120	Catherine Larson, Barbara Morgan, Amy Westerland 2/19/13, 3/19/13, 4/16/16	Sami Ghandour, Jacqueline Johnson, Ingrid Villareal Soderholm, Elizabeth Salden 2/4/14, 3/25/14, 4/22/14	Course not offered
Student Names: NURS 2210	Stephanie Huss, Terry Carlson., Kaitlyn Treangen 1/24/13, 2/21/13, 3/21/13, 4/25/13	Ericka Frederiksen Dull, Stephanie Berner, David Jacobson, Laura Wolterstorff 2/6/14, 3/6/14, 4/3/14, 5/1/14	Samantha Horn, Bonnie Boche 1/22/15, 2/5/15, 3/19/15, 4/2/15, 5/7/15,
Student Names: NURS 2220	Kathy Snell, Lindsay Zimmerman, Kelly Stamschror 2/14/13, 3/21/13, 4/4/13	Amy Westerlund , Ryan Burch, Barbara Morgan 2/5/14, 2/18/14, 3/5/14 4/2/14, 5/1/14	Angela Geiger, Elizabeth Salden 2/12/15, 3/19/15, 4/23/15,
MANE Semester 3	Course not offered	Course not offered	Carly McWilliams, Sheleah Ali, Megan Forslin, Megan Hofer, Kelly Johnson, Heidi Reiter 2/6/15, 3/6/15, 5/1/15
MANE Semester 4	Course not offered	Course not offered	Pam Peterson, Andrea Reining 2/23/15, 3/30/15, 4/6/15

Criteria 1.3

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

Normandale's Nursing Department seeks input from a wide variety of internal and external communities of interest to inform its decision making and ensure currency.

Program Advisory Board

The Nursing Department Advisory Board has been meeting twice annually since 2011 and is our primary source of community input and support. Table 7 shows Advisory Board members and their titles.

Table 7: 2014-2015 Advisory Board members		
Category	Member	email
Dean of Health Science	Colleen Brickle	Colleen.brickle@normandale.edu
First year faculty	Maureen McCullough	MaureenMccullough@normandale.edu
Second year faculty	Judy Wattman	Judith.wattman@normandale.edu
Student representatives	See Table 6	Normandale student emails
Graduate of program	Debra Condon	dlcondon@frontiernet.net
Administrator or employee in long term care (2)	Jodi Monitor	mailto:jmonito1@Fairview.org
Administrator or employee in acute care	Pat McPherson	Patricia.McPherson@childrensmn.org
Administrator or employee in acute care	Kim Wedin	Kim.Wedin@ParkNicollet.com
Administrator of employee in homecare/clinic	Janine Newberger	Janine.M.Newberger@HealthPartners.com
Nursing chair	Mary Renquist	Mary.renquist@normandale.edu
Director of Nursing	Kate Andersen	katherine.andersen@normandale.edu
Healthcare Administrator	Exhilda Siame	esiame@preshomes.org
Public member	Mark Thorson	mthorson@isgonline.com
Foundation Board Member	Debra Sidd	Debra.sidd@normandale.edu
Alumni/TCU	Amy Westerlund	westerlunda@my.normandale.edu
Alumni/TCU	Robert Wichmann	robwic2@yahoo.com
Alumni/ ambulatory care	Ivy Emery	ivy.emery@parknicollet.com
Alumni/ Home Care	Blessing Anyiwe	utmost.care@hotmail.com
Alumni/acute care	Kati Mitchell	kati.ann.mitchell@gmail.com

A qualitative analysis of Advisory Board meeting minutes provided examples of board input on a variety of topics and processes which informed and influenced department decisions. Examples include the following:

- Introduction and ongoing updates of MANE curriculum (October 11, 2012, April 4, 2013, October 10, 2013)
- Review of clinical attire requirements (April 4, 2013)
- Discussion of education's role in creating positive work environments in health care settings (April 4, 2013)
- Discussion of interprofessional practice opportunities (October 2, 2014)
- Discussion of program NCLEX scores, alumni input into test preparation and strategies for success (May 1, 2015)

In the spring of 2015, a survey was sent to board members who had attended a meeting during this academic year. In response to statements, 100% of those surveyed agreed or strongly agreed that their input was valued and that they had input into Nursing department processes and decisions. The survey will now be sent annually with results shared with faculty each September.

Nursing Students

Current nursing students and recent graduates are an essential community of interest for our program. As noted on Table 4 of this document, we have had students in attendance at all recent Advisory Board meetings. Our action plan for 2015-2016 is to increase the representation of current students by inviting a student from each of the three semester cohorts to join. Student participation is important both as an opportunity for the students to interact with area professionals and as another way to ensure we hear their voice as we strive to improve our program. Students also act as class representatives, attending teaching semester team meetings providing input and communicating questions and concerns from their peers.

Additional examples of student representation in governance is Normandale's Student Senate, Honor Society, and Phi Theta Kappa. We have a number of students who are honor society members.

Accrediting Bodies/National Organizations/Regulation

At the national level, the Normandale Nursing Department receives input from its accreditor, ACEN, and through membership in the NLN and the Organization for Associate Degree Nursing (OADN). Each year the Nursing Department completes an annual report for ACEN and communicates student data and program updates and changes. ACEN provides our program with an annual report which is a source of input for program decisions. We also share our information with and receive aggregate national data from the NLN Survey of Schools report.

A MNBON staff member participated as a representative of regulation on the MANE Steering and Curriculum committees, providing input and assisting the group to develop a deeper understanding of

state statutes as they apply to nursing. For example, reviewing requirements for nursing programs related to granting credit for past learning for Licensed Practical Nurses. The MNBON is also represented at the statewide Associate Degree/Practical Nursing (AD/PN) leadership meetings, which are held four times a year. Recent updates have included information around state requirements for clinical experiences and changes being considered secondary to new evidence of the effectiveness of simulation.

In addition to the previously mentioned communities of interest, we seek input from: clinical partners; MnSCU; college leadership; general education faculty; and college student affairs professionals.

Criteria 1.4

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

The Normandale Nursing Department recognizes ongoing partnerships as an essential component of excellence in nursing education. The Normandale Nursing Department seeks to initiate and maintain partnerships that benefit nursing students, education, the nursing profession, and the health of the community. Table 8 describes examples of state-wide partnerships.

Normandale Nursing Department leadership and faculty participate in professional groups. Katherine Andersen, DON, is currently the co-president of the Associate Degree/Practical Nursing Program Leaders. Nursing faculty CVs are available for review and demonstrate professional engagement. Normandale college leadership at the college, division, and department level, have partnered with other colleges to facilitate the nursing faculty development of the MANE curriculum.

BSN Programs

The Normandale Nursing Program strives to remove barriers and promote the attainment of a BSN for its graduates. In addition to our participation in MANE, we have articulation agreements with public and private colleges and universities. The Minnesota Statewide Nursing Program Transfer agreement (2014-2016) facilitates student progression to a higher degree for nursing programs within MnSCU. Articulations exist for both our traditional program and for students completing the MANE curriculum who elect to step out after the awarding of their associate degree. Students may access information about articulations on the [MnSCU website](#). Examples of traditional and MANE curriculum articulation agreements will be available for review on our accreditation D2L BrightSpace site.

Table 8 highlights key nursing department partnerships.

Table 8: Partnerships within the State		
Partnerships	Explain how this partnership promotes the profession, promotes excellence in nursing and/or serves the community.	Years of Involvement
AD/PN Program Leaders	<p>The AD/PN Leadership group general purpose statement is as follows:</p> <p>The purpose of the Association shall be to serve the public by furthering the growth, development and enhancement of associate degree professional and practical nursing in the state of Minnesota. The group strives to promote nursing education through multiple channels. Meeting quarterly, the group is updated by the MNBON on any recent changes or trends impacting nursing and nursing education. The group provides feedback to the MNBON and supports important legislative initiatives.</p> <p>Leadership education, development, and support is another key function of the group. Educational opportunities are available at the meetings and the group is currently working on a long-range education plan for leaders.</p> <p>The group host guests to present on topics relevant to nurse educators. For example, the group has recently hosted a speaker from the Minnesota Department of Human Services (MN DHS) to present on significant changes in the state background check process and the addition of photo and fingerprint requirements. MN DHS then surveyed the implementation suggestions.</p> <p>Students benefit from this group in that faculty and administrators stay apprised of changes that impact the student experience and this group promotion of consistent practices among Minnesota nursing programs.</p>	<p>Normandale DONs have been members and provided leadership for this group for over 20 years. Our current DON is currently acting as co-chair of the group having just completed the first year of a minimum two year term.</p>
HealthForce MN	<p>Normandale is a member of HealthForce MN and actively participates in group initiatives. Examples of current involvement includes the following:</p> <ul style="list-style-type: none"> • Normandale acted as the Educational partner for a grant awarded by HealthForce to the Minnesota Federally Qualified Community Health Clinic. • The college hosted a statewide group training for clinics seeking to integrate primary and behavioral health. • The DON was part of the planning committee and a department faculty member attended the two day event. <p>The DON and a nursing faculty member participated in a HealthForce led revision of the Health Care Core Curriculum (HCCC). Working together with representatives from the Minnesota Department of Education, community college educators and high school educators: updated the HCCC; and crosswalked the curriculum with National Healthcare Foundations Standards and Accountability Criteria and the Common Career Technical Core Health Science Career Cluster. Increasing student exposure to healthcare careers is the perceived student benefit. The benefit to the citizens of our state will be a well-trained healthcare work force with</p>	<p>Greater than 10 years.</p>

Partnerships	Explain how this partnership promotes the profession, promotes excellence in nursing and/or serves the community.	Years of Involvement
	sufficient numbers of potential employees to fill anticipated openings.	
Minnesota Alliance for Nursing Education	Removing barriers to progression of earning a BSN is a priority for the Normandale nursing faculty and leadership. Partnerships around development of the MANE curriculum is one way in which this priority is operationalized. Normandale faculty elected to be in the initial group of programs adopting the MANE curriculum and have therefore been key partners in the development of the curriculum. Our faculty and leadership participate on all MANE committees. The initial cohort of students entering under the new curriculum began fall of 2014.	Planning process began in 2010 with the initial cohort entering under the new curriculum in the fall of 2014.
The Clinical Coordination Partnership (TCCP)	Normandale nursing is a member of TCCP, a group seeking to optimize usage of acute care clinic opportunities and streamline the process for both clinical and educational partners. DON Katherine Andersen serves on the TCCP advisory board. TCCP membership is a way in which Normandale nursing seeks to be a strong clinical partner. In addition to streamlining the process of requesting and confirming clinical sites the effort has, per our clinical partners, increased capacity as it decreased clinical partner workload. Recent efforts are centered on addition of new partners and streamlining of the student clinical site readiness requirements.	Normandale participated in the pilot project beginning in 2010 and remains actively involved. DON is an advisory board member.

Service Learning Projects

The Normandale Nursing Department has a strong history of service learning. Nursing students have completed service hours related to course outcomes as a requirement of the nursing program for over 10 years. The service learning program at Normandale has been listed on the Presidents Higher Education Community Service Honor Roll annually since 2006. Community partners value the nursing students and what they bring to their organizations. Service learning is a component of the students' experiential education with hours served recognized towards experiential credit. Currently, nursing students participate in the Hospital Elder Life Program (HELP) through Methodist Hospital. Student HELP volunteers participate in evidence based interventions designed to prevent delirium and improve outcomes for hospitalized elders.

Criteria 1.5

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

Normandale's nursing program is administered by Katherine Andersen, MS, RN. Ms. Andersen was awarded a Master in Science (major nursing) from the University of Minnesota, Twin Cities campus, in 2006. Compliance with the minimum requirement of a Master's in Nursing is verified by the college and

Nursing Department during the hiring process. Official transcripts are available for review in HR at Normandale.

Additionally, the minimum qualifications of the role require a Master’s in Nursing. Refer to Appendix E for the Director of Nursing position description.

Criteria 1.6

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

The DON, Katherine Andersen, meets MnSCU and the MNBON qualification standards. Table 9 shows how the DON meets these requirements.

Table 9: Minnesota Board of Nursing Administrator Credentialing	
Minnesota Board of Nursing Nurse Administrator Credentialing Requirements	Meets Requirement by:
Nursing Education program must ensure the director: Is academically and experientially qualified to accomplish the mission, goals, and expected student and faculty outcomes.	During her clinical nursing career (1987 to 2006), Ms. Andersen held a number of educationally-focused positions integrated with her staff nursing role. Clinical nursing roles primarily included acute and community care of children and their families. Most significant was the Unit Educator Role (1992 to 1999) at Minneapolis Children’s Hospital Newborn Intensive Care Unit. Following completion of her MS, Nursing, in 2006 she was hired as a nursing faculty member at Normandale. From August 2006 to May 2011 she taught at a variety of levels and became active on both department and college committees. Significant committee work includes membership on the colleges Academic Quality Improvement Program (AQIP) steering committee which participates in maintaining the colleges Higher learning Commission (HLC) accreditation. Ms. Andersen served as the Nursing Department chair from fall of 2009 until May of 2011 which was beneficial in the transition to the director role.
Nursing Education program must ensure the director: Has a graduate degree in nursing from a regionally or nationally accredited college or university recognized by the United States Department of Education or by a comparable organization if the graduate degree is from an educational institution from a foreign country.	Katherine Andersen holds a Master of Science degree in Nursing, from the University of Minnesota, Twin Cities campus

Minnesota Board of Nursing Nurse Administrator Credentialing Requirements	Meets Requirement by:
Nursing Education program must ensure the director: Has a current unencumbered Minnesota registered nurse license and current registration.	Ms. Andersen has held an unrestricted nursing license in the state of Minnesota since 1987
Nursing Education program must ensure the director: Is oriented and mentored in the role of director.	Transition from faculty to administrative position was facilitated by a May start date and mentoring the summer of 2011 prior to the start of the 2011-2012 academic year. As a new director Ms. Andersen attended MNBON orientation for new directors (fall 2011), MnSCU orientation for new administrators (fall 2011), and an ACEN self-study forum (March 2012), which all provided information related to responsibilities and expectation of the director of nursing. Mentoring by the Dean of Health Sciences, Dr. Colleen Brickle, and previous interim director, Ms. Trish Gonzales, provided additional support. Ms. Andersen is well-connected with the Minnesota AD/PN Leaders Group, which provides information and support through quarterly formal meetings and ongoing communication around issues common to the group.

Criteria 1.7

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

The Normandale nursing director is assisted by a department chair. The Nursing Department chair is a full-time faculty member with a master's in nursing education. Chair for 2014-2015, Mary Renquist came to the position with a strong clinical and educational background. Ms. Renquist has been a nursing faculty member at Normandale since 2007 and is nationally certified as a diabetic educator. Beginning with the 2015-2016 academic year, Judith Wattman became the Nursing Department chair. Judith is a master's prepared nurse educator who began her career at Normandale in 2008. Additionally, Judith holds a national certification (RNC) as an inpatient obstetric RN. Both Judith and Mary are active members of the Nursing Program Quality Committee. The Nursing Department chair is a partial release position, with the chair continuing to function as a nursing faculty member.

Nursing Department chairs are oriented to their role by the college and meet as a chair group multiple times throughout the semester. The Nursing Department chair attends the division meeting every two weeks led by the dean of Health Science. Administrative updates are provided and issues and initiatives common to the Health Science departments are discussed. Representatives from throughout the college (advising, library and IT) also attend and collaborate with the group.

The DON and the department chair meet weekly to plan department meetings and oversee the function of the department. See Appendix I for the Nursing Department chair position description.

Criteria 1.8

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

The DON position is a full-time year-round administrative position with responsibility for the short-term and long-term operation and planning functions of the Nursing Department. The position complies with Minnesota Administrative Rule 6301.2330 Nursing Education Standards. The position description for the DON outlines key responsibilities in the areas of:

- Budget and facilities
- Communication/liaison
- Curriculum
- Advising
- Administrative leadership and supervision

The position reports to the dean of the Health Sciences Division who, in turn, reports directly to the academic vice president.

Criteria 1.9

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

The Nursing Department budget is prepared collaboratively by the DON and Dean of Health Science. The Dean of Health Science oversees all Health Science Division personnel budgets. The DON works collaboratively with the Dean of Health Science to identify positions needed for the nursing program. The DON is responsible for the non-personnel Nursing Department budget and Nursing Department cost center. Faculty meeting minutes reflect discussion of desired budget priorities along with approval of the budget prior to submission.

Nursing faculty members have an opportunity to provide input to the budgeting process through ongoing updates and communication with the DON. This past academic year, budget requests were initially elicited from faculty in September of 2014, and the budget was discussed at nursing full faculty meetings on November 11, 2014 and January 21, 2015. To gather further data on how faculty view their role in the budgeting process, faculty were asked, as a part of a survey sent by the Nursing Program Quality Committee spring 2015, if they have input into the department budget. With 100% of faculty responding, 90% agreed or strongly agreed.

Criteria 1.10

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

Policies for Normandale nursing faculty are consistent with those of MnSCU and the college. College policies and links to related MnSCU policies are publically available on the Normandale Community College website. Review of employee-related policies is part of new employee orientation. The policy differences that exist: pertain to professional and clinical partner expectations and requirements; are included in the Nursing Faculty Handbook; and are articulated in Table 10.

Table 10: Nursing Policy Requirements beyond Normandale Requirements	
RN License	Faculty will maintain a current Minnesota Nursing license. Licensure is continuously monitored by subscription service at the MNBON. Faculty members are required to track continuing education hours and maintain current curriculum vitae of activities.
CPR Requirement	Faculty will meet the Nursing Program requirement of current CPR for the Healthcare Providers or CPR for the Professional Rescuer throughout their tenure in the program. During the fall duty days each school year, an in-service training on CPR will be arranged for faculty.
Resume/Vitae	A current copy of faculty resume/vitae is on file in the Dean's office.
HIPAA	At the beginning of each school year, faculty will complete the Health Insurance Portability and Accountability Act (HIPAA) training.
Immunization Record	Faculty who provide direct contact services to patients and residents must meet the following requirements: <ul style="list-style-type: none"> • Faculty will be in compliance with clinical facility and CDC requirements. • Faculty will submit annual evidence of a negative Mantoux or TB Gold titer as required by facility. Faculty with a previously positive Mantoux result are required to submit documentation of a negative chest x-ray.

The Nursing Department currently has a Clinical Lab Assistant 1 (CLA1), who is an American Federation of State, County, and Municipal Employees (AFSME) member. The CLA1 position does not have requirements beyond the college policies.

Criteria 1.11

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

Normandale offers a single face-to-face nursing program.

STANDARD 2
FACULTY AND STAFF

STANDARD 2: FACULTY AND STAFF

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

Criteria 2.1

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

Normandale currently employs 12 full-time nursing faculty members all of whom hold a graduate degree with a major in nursing. Two full-time employees are Certified Nurse Educators (CNE) through NLN. One full-time employee is currently enrolled in a Doctorate of Nursing Practice (DNP) program. Full-time faculty members also hold a variety of certifications in clinical nursing (Refer to Table 3). Official transcripts are obtained during the hiring process and available in the college's Human Resource department. CVs for all faculty will be available for review at the time of our accreditation visit.

Criteria 2.2

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

In the academic years 2012-2015, 100% of part-time faculty held a bachelor's degree in nursing and greater than 60% of part-time faculty held a graduate degree with a nursing major. The remaining faculty hold a master's degree in a related field.

For this upcoming academic year, we will have five part-time faculty and one faculty member on phased retirement. In this group of six part time faculty, three hold a graduate degree with a masters in nursing and three have related master's degrees. The group includes a newly hired faculty member who is BSN prepared with a masters in adult learning. Our newly hired faculty member brings clinical and education experience in areas of program need and is currently enrolled in a graduate nursing program. Official transcripts are obtained during the hiring process and available in the college's HR department.

Criteria 2.3

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

All Normandale Nursing faculty meet the credentialing requirements of the state of Minnesota and the MnSCU system. Credentialing information is available at http://www.cfc.mnscu.edu/MnSCU_policy_3.32. College Faculty Credentialing and the related [MnSCU procedure 3.32.1](#) describe the purpose and

process of credentialing within the MnSCU system. The minimum qualifications for nursing faculty at the associate degree level are available on the MnSCU website and include the following:

- Master's degree with a major in nursing, nursing administration, nursing education, public health nursing or a nursing clinical specialty.
- Two full-time years (or equivalent) of verified related paid work experience as a registered nurse at the professional level.
- One year of this work experience shall be within the five years immediately preceding the date of application for the credential field. This recency requirement shall be waived if the individual has two years of successful full-time (or equivalent) postsecondary teaching experience in the credential field within the last five years.
- Current Minnesota Registered Nurse license.
- Teaching and Learning Competency Requirements (Prior course work or completion of coursework within the probationary period for all new faculty):
 - Course construction
 - Teaching/Instructional methods
 - Student Outcomes Assessment and Evaluation
 - Philosophy of Community and Technical College Education.

The MnSCU policy and procedures outline situations in which faculty, who do not meet minimum qualifications, may be hired. Exceptions include: determination on the part of the college that a faculty member possesses educational; and/or occupational experiences appropriate to the assignment.

Normandale currently has two (increasing to three in the fall of 2015) BSN-prepared part-time faculty members, with master's degrees in related areas, who meet this description.

[Minnesota Administrative Rule 6301.2340](#) states that professional nursing programs must ensure all nursing faculty members have a major in nursing at the baccalaureate or master's level and unencumbered licensure with current registration in Minnesota. Educational preparation and licensure are validated during the hiring process and licensure is monitored throughout employment. To monitor licensure the Normandale Nursing Department enrolled in the MNBON auto-verification system beginning the summer of 2013. The roster of faculty is updated at the start of each semester and the system monitors licensure notifying both the licensee and the DON if renewal is approaching and has not been completed. The MNBON requires 24 continuing education credits to maintain licensure. Nursing faculty members meet this requirement by attending both practice and nursing education related workshops and conferences.

A faculty profile is included in the Appendices of this document (Appendix N).

Criteria 2.4

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

The utilization of preceptors by the Normandale nursing program was discontinued after spring semester 2014. While utilized, students had an opportunity for a 48 hour preceptorship during the final semester of their program in NURS 2220. All preceptors were RNs selected by their facilities. Once identified, the preceptors received an introductory letter/email, and preceptor packet outlining the roles and responsibilities of the student, preceptor and course faculty. An on-site visit by Normandale faculty was made during the preceptorship. Both preceptors and students were aware that a faculty member was available during all hours the preceptorship experiences were scheduled. All student evaluations were completed by the course faculty with both students and preceptors having an opportunity to share observations and provide input. The decision to discontinue preceptorships was in response to several factors including:

- Choice of preceptors was determined by the clinical facilities, resulting in difficulty determining the academic and experiential qualifications of all preceptors.
- Maintaining sufficient placements was increasingly difficult, resulting in some students' needs being unmet (group clinical was utilized for students not in a preceptorship).
- Per student feedback, student experiences varied greatly in quality.
- Students increasingly preferred group assignment as their schedules had limited flexibility.

In the spring of 2014, the NURS 2220 faculty revised the clinical component of the course with a group synthesis experience for all students. Beginning fall 2014, all NURS 2220 students will complete the course with a faculty-led group clinical experience.

Criteria 2.5

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

Normandale primarily utilizes a team teaching approach to nursing education. The teaching teams are supported by nursing faculty in laboratory and simulation positions. The Minnesota State College Faculty (MSCF) contract states that faculty may be assigned either 30 credits per year or 40 contact hours (20 contact hours per week over 2 semesters), except lab/sim faculty, who may be assigned 35 hours/week of student contact. Normandale nursing faculty are assigned using contact hours. In addition to an average of 20 hours of student contact per week, faculty are available for five office hours and 15 hours of preparation, student evaluation, and service to the department and college.

A quantitative review of nursing faculty for the past three academic years demonstrates that 60% to 79% of nursing faculty were in UFT positions providing stability for the program. We have had one faculty member, Laurie Frahm, in overload for a single semester secondary to curriculum transition.

Table 11: Faculty-to-Student Ratios Fall 2015

Course Number and Name	Credit Load Theory/Lab/Clinical	Ratio of Faculty to Students
NURS 2700 Foundations of Nursing Health Promotion	9 credits (class 4, clinical 3, lab 2)	Theory 1:20 Lab 1:10 Clinical 1:8
NURS 2720 Transition to the Role of the Professional Nurse (LPN track) LPN students are a sub set of NURS 2700 cohort	4 credits (theory 3, clinical 1)	Theory 1:20 Clinical 1:8
NURS 2750 Nutrition and the Role of the Professional Nurse	2 theory credits	Theory 1:40
NURS 2800 Chronic and Palliative Care	7 credits (theory 3, clinical 3, lab 1)	Theory 1:20 Lab 1:10 Clinical 1:8
NURS 2820 Pharmacology and the Role of the Professional Nurse	3 theory credits	Theory 1:40
NURS 2850 Applied Pathophysiology for Nursing 1	2 theory credits	Theory 1:40
NURS 2910 Acute and complex Care Illness	7 credits (theory 3, clinical 3, lab 1)	Theory 1:20 Lab 1:10 Clinical 1:8
NURS 2920 Applied Pathophysiology for Nursing 2	2 theory credits	Theory 1:40
NURS 2950 Nursing Leadership 1	3 credits (theory 2, clinical 1)	Theory 1:40 Clinical experiences integrated with other program groups (<1:10 total per group including leadership students)
NURS 2220 (final offering of course from Normandale's traditional curriculum)	8 credits 4 theory/4 experiential	Theory 1:20 Clinical 1:8 Lab independent

Criteria 2.6

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

Nursing faculty members strongly support the use of evidence-based teaching and clinical practices. The nursing faculty reviewed and voted to use the American Association of Colleges of Nursing (AACN) definition of nursing scholarship. Faculty demonstrate their commitment to nursing scholarship through:

- Maintaining currency of knowledge and skills

- Dedication to curriculum revision
- Commitment to participate in the achievement of national goals related to nursing education
- Dissemination of knowledge beyond the college setting
- Service to college and community

Nursing faculty document participation in activities that serve to maintain their nursing expertise and implementation of evidence-based clinical practice and teaching in the following ways:

- Professional Development Plans: All nursing faculty maintain a professional development plan (all faculty due for update, September 2015) and review the plan with the DON.
- Portfolios: New UFT faculty complete a portfolio as part of their three-year probationary period. Currently the Normandale Nursing Department has three new UFT faculty in the probationary process. New UFT faculty have been mentored in the development of a portfolio.
- Faculty Profiles
- Curriculum Vitae
- Faculty Scholarship Annual Evaluation Tool: Deployed for the first time in the spring of 2015. This tool streamlines documentation and promotes awareness of evidence based teaching practices.

We are committed to maintaining our nursing expertise and evidence-based teaching and clinical practices. Review of the documentation tools from the 2014-2015 academic year produced the following examples.

Nursing expertise examples:

- Participation in the annual MN Health Educators conference (HEC). Since the late 1990's, the MnSCU community colleges have collaborated in planning and hosting an annual three day HEC. The college nursing directors take turns (by the six regions) coordinating this event featuring national plenary speakers, workshops and MNBON updates. Twelve faculty and the DON attended the April 29-May 1, 2015.
- Utilization of college faculty development funds. The MSCF contract stipulates that "each college will allocate faculty development funds at the rate of two hundred fifty dollars (\$250.00) per each full-time equivalent faculty position at the college during the preceding academic year" (2013-2015 Master Agreement, p.64). Carrie Dickson attended an Autism Society of MN annual conference April of 2015, and the Association of Women's Health, Obstetric and Neonatal Nurses June, 2015. Cindy Popp-Cronin attended a Certified Nurse Educator review. In March 2015, Karen Ford attended a food addiction, obesity, and diabetes seminar. Jon Moe attended multiple national conferences with a focus on simulation.

- Participation in sabbatical leaves. MSCF contract provides for and states; “The purpose of a sabbatical leave is to give faculty members the opportunity to secure additional education, training or experience which will make them better prepared for carrying out their college assignments, and will support the professional development of the faculty, the developments needs of academic departments, and the planned instructional priorities of the college/system mission” (2013-2015 Master Agreement, p.65). Jon Moe and Mary Renquist were on sabbatical leave 2013-2014; and Kris Carey has been awarded a sabbatical leave for spring semester 2016.
- Six faculty maintained employment as an RN during the 2014-2015 academic year.
- Current professional nursing journals are rotated among faculty, obtained from the Normandale library journal subscriptions: Journal of Nursing Education; Nursing; AJN; Nursing Research; and NLN Nursing Education Perspectives. Individual faculty also maintain journal subscriptions relevant to their interests/specialties or certifications.
- Six faculty attended the NCLEX Regional Workshop September, 2014.
- Mary Renquist was newly awarded Diabetes Educator Certification.

Evidence-based teaching and clinical practices examples:

- Reflective analysis assignments
- Case studies
- Simulation updates and modifications utilizing Simulation Standards of Practice 2013
- Simulation debriefing to reinforce principles
- Post-simulation assignments designed to synthesize experience into plans of actions
- Concept mapping
- Teaching with real stories of patients, sharing stories
- Assignments built for necessity to perform literature searches to support application of evidence-based research practice
- Experiential application concurrent with theory content
- Technology in the classroom e.g. clickers, Kahoot student polling interactive activities, online discussion board assignments
- Student-assigned teaching presentations
- Leveled and spiraled simulation experiences, incorporating the novice to expert model
- Collaborative testing
- Test item blueprinting, test analysis
- Skill lab and online interactive learning modalities

Normandale maintains a Center for Teaching and Learning (CTL) that offers faculty and staff a variety of learning opportunities. This resource enables faculty to maintain and enhance their expertise in teaching and learning. Normandale requires attendance at administrative ‘duty days’ designed for faculty development.

A blog (<https://chalkandpixels.wordpress.com/>) is available for continuing updates and learning suggestions. Additionally, Normandale supports faculty technology learning needs through the [Center for Professional Development](#), which gives faculty opportunities to learn new instructional technologies and software applications.

Criteria 2.7

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

The Normandale Nursing Department employs a part-time (50% time) clinical lab assistant 1 (Table 12). Currently the CLA1 position is temporary and partially Perkins-funded. A request to make the position permanent was granted in the FY16 Nursing Department budget. When surveyed, in the spring of 2015, 100% of nursing faculty agreed or strongly agreed that staff is sufficient to meet our program needs.

Table 12: Nursing Department Non-Faculty Staff			
Name	Credentials	Department/Title	Responsibilities
Joyce Baughman	BSN with over 30 years of clinical experience Past Normandale volunteer Strong desire to assist faculty to optimize student experiences	Nursing: CLA1 (AFSME position)	Please see Position Description for full description of duties. Sample of activities: <ul style="list-style-type: none"> • Assisting with setup and take down of lab experiences • Maintain functioning inventory • Purchasing • Overseeing student lab kit process

The non-nursing staff offer essential support for the Nursing Department by providing support to potential and current students and support for nursing leadership and faculty (See Table 13).

Table 13: Health Sciences Division Non-Nursing Staff			
Name	Credentials	Title/ Department	Responsibilities
Samantha Marshall	Demonstrates customer service	Dean’s Assistant	Administrative support for the Dean of Health Science Position

Name	Credentials	Title/ Department	Responsibilities
	<p>Past higher education experience</p> <p>Knowledge of MnSCU systems including MnSCU online system (student record review)</p> <p>Knowledge of multiple software applications</p> <p>Technical skills, technical ability</p>	<p>Division of Health Sciences</p>	<p>description includes support of the Director of Nursing position. Support to the DON and Nursing Department includes:</p> <ul style="list-style-type: none"> • Course scheduling • Maintenance of clinical partner Memorandums of Understanding • Processing of student petitions • Processing of purchasing requests
<p>Betty Blazer</p>	<p>Demonstrates customer service</p> <p>Health Science enrollment experience</p> <p>Past higher education experience</p> <p>Knowledge of MnSCU systems including MnSCU online system (student record review)</p> <p>Knowledge of multiple software applications</p> <p>Technical skills, technical ability</p>	<p>Health Science Enrollment Manager</p> <p>Division of Health Sciences</p>	<p>Oversees application processing for health science programs; maintains nursing student's records and monitors nonacademic requirements such as compliance with immunization requirements.</p>
<p>Jeremy McNamara</p>	<p>Bachelor's degree required with 2 to 3 years of higher education experience in related area.</p>	<p>Health Science Liaison</p> <p>Division of Health Sciences</p>	<p>Provides admissions support and program promotion for health science programs. Collaborates with the college admission and advising departments and their staff to facilitate the student application process.</p>

Criteria 2.8

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

Employees new to Normandale complete an online orientation introducing them to MnSCU and Normandale. The information includes key policies, required training, and benefit information. New employees are required to complete the training within 10 days of beginning their position.

Staff and faculty members attend an orientation session and have an opportunity to participate in a college-wide mentoring program. Faculty new to Normandale are invited to a new faculty orientation session held before the start of each semester.

Nursing faculty also complete an orientation to the Nursing Department and their position. The nursing orientation process was reviewed and updated in the spring of 2013. Orientation materials will be available in the document room. Faculty are assigned a mentor, who is often the lead of their teaching team. The formal orientation process continues for the first year with faculty receiving support and feedback from peers and department/division leadership.

Faculty who receive a new assignment are supported as they transition. For example, Michelle Natrop joined the nursing lab faculty team this year and was oriented and mentored by Joan Gonzalez, who is an experienced member of the lab team. When new clinical sites are assigned, faculty have an opportunity to spend time at the clinical site prior to bringing students to the site.

Part-time faculty are well-integrated into the department with opportunities to participate as full department members. Clinical faculty are integrated into teaching teams and meet via conference call to ensure continuity for faculty and students.

Our current focus includes ensuring readiness to teach in our new curriculum. All faculty have had opportunities to attend MANE Faculty Institutes, which have been provided one to two times annually for the past 2 years. The MANE Faculty Institutes are designed by the MANE Faculty Development committee to provide opportunities to learn more about the curriculum and network with faculty from other programs. The MANE faculty development committee is developing a handbook with helpful information related to teaching with the MANE curriculum. Fall of 2015, the committee is planning to make the handbook available. The college has purchased key printed resources related to concept-based curriculum (e.g. Giddens, Caputi, and Rodgers, [2015], *Mastering Concept-Based Teaching: A Guide for Nurse Educators*) and supported faculty participation in MANE committees. During the 2015-2016 academic year, we plan to revisit key journal articles related to a concept-based, spiraled curriculum for the purpose of group discussion and enhanced understanding.

Criteria 2.9

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

Faculty evaluation has been a focus at Normandale with a new faculty evaluation procedure approved by the college's Shared Governance committee (Appendix J). The procedure is consistent with [MnSCU Board Policy 4.9 Employee Evaluation](#). The procedure details pre- and post-probationary faculty evaluation and evaluation expectations for part-time and temporary full-time faculty. Faculty development plans are a component of the evaluation procedure and nursing faculty will be updating their plans September of 2015.

The nursing faculty is committed to excellence and seeks ongoing feedback from peers, students, and administrators to ensure continuous improvement. Systematic assessment of and feedback to nursing faculty meets and surpasses the college faculty evaluation procedure. Key elements of systematic evaluation of nursing faculty include:

- Probationary faculty are observed annually by the DON and/or Dean of Health Science
- Non-probationary faculty are observed minimally every other year varying classroom and clinical site visits
- Nursing faculty meet annually (minimally) with the DON for the purpose of discussing performance, student feedback, Faculty Development Plan/Critical Reflection, observations (as applicable), and faculty scholarship documentation
- Faculty are committed to promoting opportunities for student feedback. Tools utilized each semester include the Student Survey of Instruction and End of Course Surveys. (The Normandale Student Survey of Instruction has been cross walked with the NLN ADN Core Competencies for Nurse Educators and was found to be congruent). Completed student surveys are reviewed by the dean and director along with the faculty member. When trends emerge they are discussed and, if applicable, resources provided.

A strong, primarily UFT, faculty contribute to the attainment of our program outcomes and assists students in meeting their learning outcomes. The DON of nursing and nursing faculty members value an open, collaborative approach with the shared goals of meeting program and student learning outcomes. This next academic year, (2015-2016) the feedback provided by faculty on their Faculty Scholarship Annual Evaluation Tool will be reviewed and discussed with the DON as part of the annual feedback performance review.

Criteria 2.10

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

Normandale faculty and students are well supported in the area of technology. All Normandale courses, including nursing, utilize the online course management system Desire to Learn BrightSpace

(D2L). All faculty receive training in D2L and access to professional development in the area of technology.

Normandale offers many options for faculty growth and support. The Normandale Professional Development Center webpage describes a complete menu of available training. Table 14 highlights technology support.

Table 14: Technology Support			
Training	When offered	Intended audience	Provided by
D2L Basics	Multiple sessions each semester	Those new to D2L or desiring a refresher	Online learning staff
Individual D2L support	By appointment and walk in	Faculty	Online learning staff
Advance D2L component training	Individuals and departments may schedule training	Faculty	Online learning staff
Normandale online training videos	Ongoing	Faculty	Online learning staff
IT Help Desk	All campus hours including 24 hours a day, 7 days a week phone support	Faculty, students and staff	IT staff
MnSCU D2L faculty helpdesk	Ongoing online training and staff helpdesk functions (7 am to 6 pm)	Faculty and students	MnSCU IT staff
Quality Matters (QM) training	Multiple trainings per academic years; Normandale has hosted training and financial supports faculty training and course QM certification	Faculty	Staffed by QM certified instructors

Additionally, we have adopted a variety of instructional technologies for our program. A recent example may be found in the integration of Assessment Technologies Institute (ATI) products fall of 2014. Following faculty selection of ATI products, all faculty attended face-to-face training with an ATI staff member. We selected “ATI Champions” (Michelle Natrop and Laurie Frahm) to work towards being super users, able to support both faculty and students in using ATI products. All faculty received access to online ATI training tutorials. At the MANE spring 2015 faculty institute, all faculty received a Course Guide for ATI Resources & Assessments specifically developed for use with the MANE curriculum. The department anticipates continued engagement with ATI to optimize product use.

STANDARD 3
STUDENT SERVICES

STANDARD 3: STUDENT SERVICES

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

Criteria 3.1

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

Policies for Normandale nursing students are congruent with the MnSCU and Normandale student policies. College policies are available publicly on the college website and links to the related MnSCU policies are provided. The policy differences that exist pertain to professional and clinical partner expectations (see Table 15). Policies that differ from the college are discussed and approved by full faculty. For example, discussion regarding Student Readiness policy can be found in full faculty meeting minutes from December 7, 2012 with approval on December 20, 2012. The Nursing Student Clinical Readiness policy (included in the handbook) was developed to formalize department practices, maintain compliance with clinical site contracts, and promote student and patient safety, and student professional development.

Nursing program-specific information for prospective students is available on the Nursing Department webpage. Admission to Normandale is open to all regardless of ethnicity, gender, age, religious affiliation, or disability and in compliance with MnSCU Board policy 1B.1, nondiscrimination in employment and educational opportunity. The Normandale Nursing Program does have a selective application process beyond the general college application. An Office of Civil Rights (OCR) review which was conducted at Normandale on June 18-20, 2014, found the Nursing Program selective application process in compliance with applicable federal guidelines and laws. The final OCR report statement regarding selective admissions will be available in the documents room at the time of our self-study. The college and program value diversity and promote the program to a wide audience to encourage diverse applicants. Representatives from the college, division and department participate in promotional events such as high school visits and campus open houses providing application information to prospective students and their families. The nursing application, the application process, and criteria along with deadlines are available on the nursing program webpage. Non-academic program requirements are also available to the public on the Nursing Department webpage.

Policies for admitted nursing students are available in the nursing student handbook. Nursing student handbooks are available to students on each nursing course online content management system (D2L

BrightSpace) site. The nursing student handbook is annually updated to maintain currency. Students acknowledge their review of the student handbook by signing the Professional Performance Agreement annually. Newly admitted students receive a full explanation of expectations during their orientation session which occurs two to three months prior to the start of their program.

Table 15: Policies for Nursing Students That Differ from College Policies				
Policy	College Student Policies	Nursing Student handbook Traditional	Nursing Student handbook MANE	Rationale
HIPAA	Not required	Required: Pg. 30 of handbook in Nursing Student Clinical Readiness Policy	Required: Pg. 27 of handbook in Nursing Student Clinical Readiness Policy	Clinical partner requirement Professionalism
Department of Human Services Background study	Not required	Required: Pg. 30 of handbook in Nursing Student Clinical Readiness Policy	Required: Pg. 27 of handbook in Nursing Student Clinical Readiness Policy	Clinical partner requirement Patient safety
Immunizations	Not required	Required: Pg. 30 of handbook in Nursing Student Clinical Readiness Policy	Required: Pg. 27 of handbook in Nursing Student Clinical Readiness Policy	Clinical partner requirement Student safety Patient safety
Dress Code	None	Clinical attire: Pg. 32 of handbook in Nursing Student Clinical Readiness Policy	Clinical attire: Pg. 30 of handbook in Nursing Student Clinical Readiness Policy	Safety in clinical area including infection control Professionalism
Behavioral Expectation	Code of Conduct: College policy 2.6	Code of Conduct: The Nursing Student handbooks include standards of professional behavior. Additional expectations noted on pg. 37 of handbook. Mention of social media, pg. 21, in relation to confidentiality	Code of Conduct: The Nursing Student handbooks include standards of professional behavior. Additional expectation noted on pg. 35 of handbook. Social media language pg. 36	The nature and intensity of the nursing program requires a high level of student commitment and respect for the learning of others. The cohort nature of the program and the need to enforce HIPAA, make social media education necessary.

Criteria 3.2

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

We communicate information regarding our nursing program electronically and through college representatives. The Normandale Nursing Program webpage provides public accessibility to clear, accurate program information including ACEN accreditation and contact information. MNBON approval and contact information is also available on the department webpage. The Nursing Department admissions committee is charged with review of the nursing information available on the college website. This has been a priority during our curriculum transition as the website is a key communication tool for the department. Table 16 summarizes the review and revision history of the nursing program website information beginning fall 2013.

Table 16: Nursing Department Website Review and Revision History	
Date	Action
September 2013	Website reviewed by committee and referred updates to website to DON and department chair.
October 2013	Nursing Department website review of the faculty information is up to date and accurate. DON to meet with website administrator to update the Nursing Department information.
November 2013	Admission committee reviewed website and report Nursing Department website now contains the MNBON contact information and accreditation status.
May 2014	Normandale college website updated and reformatted. Requires review.
July 2014	DON, Health Science enrollment manager and the college web designer reviewed and updated Nursing Department webpage following major redesign of college site. Requires full faculty review.
November 2014	Faculty reviewed of college website, minor changes recommended and applied.

Student recruitment for the Nursing Department includes a variety of on and off campus events. During the 2014-2015 academic year Jeremy McNamara, our Health Science liaison, provided information about our program in the following ways:

- Two Health Science information sessions held monthly on campus
- Health Occupations Student Association (HOSA) Sponsor
- HOSA Conference Exhibitor (2 times a year, one in fall and one in spring)
- Nursing Information Session (one in fall and one in spring)
- Nursing Advising Session (one in fall and one in spring)
- Four Health Science Presentations in area high schools

We closely collaborate with our college advising staff and Health Science enrollment manager to ensure current and accurate program information is communicated.

Criteria 3.3

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

The Nursing Department utilizes two primary methods of policy communication. Prior to admission to the program, the nursing program website is a student's primary source of information. As previously stated, the program strives to review and update the site each semester to ensure currency of information.

Transition of our curriculum provides an example of policy and procedure changes which impacted prospective students. As part of our transition admission selection criteria, general education requirements and admission timelines changed. Prospective students began receiving information regarding the anticipated curriculum revision beginning in fall of 2012. The information was communicated by college advisors, at advertised information session and on the college and Nursing Department webpages. Information sessions for prospective students were held with representation from the nursing faculty, admissions, advising and, when possible, a representative from our university partner.

Policy information for admitted students is primarily communicated in the nursing student handbook. Currently, two versions of the handbook are utilized; the traditional curriculum and MANE curriculum. We felt it minimized student confusion to maintain separate handbooks during our transition. The handbooks are updated by the Learning Resources committee annually and approved by nursing faculty prior to the start of fall semester. Nursing student handbooks are available on all nursing course D2L sites. Ongoing program and course updates are posted on D2L course home pages and communicated in class by faculty members. Student representatives attend teaching team meetings providing an opportunity to address student questions or concerns regarding the course or program. In the fall of 2014, the Admissions committee completed an audit of D2L sites for the current semester to ensure the student handbook was available. The faculty committee members found all courses included the appropriate nursing student handbook.

To determine students' perceptions of their awareness of policy and procedure changes, the Nursing Admissions committee in the fall of 2013, submitted a proposal to add a section to the end of course survey related to students' awareness of changes. The proposal was brought to full faculty and approved October 4, 2013. Questions were added to end of course surveys.

Data from 2013 fall semester surveys reflected that 83% of students perceive they were informed about changes in policies, procedures, or program updates as evaluated and discussed in full faculty meeting (see minutes December 19, 2013). The criteria of 90% of students stating they agree or strongly agree that they are clearly informed about policies, procedures & program changes was not met and the clarity of the question was discussed by the full faculty. Spring semester surveys reviewed June 30, 2014 by faculty member Judith Wattman, reflect Expected Level of Achievement (ELA) criteria was met with

90% of student agreement. In 2014-2015, the appropriate question was not included on all end of course surveys. Review of items to include on end of course surveys is on the agenda for our fall accreditation retreat scheduled August 18, 2015.

Criteria 3.4

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

Normandale provides a variety of student services designed to support student success (See Table 17). The Nursing Program and the college utilize a variety of assessment tools to determine if students perceive their support needs are being met.

- As an institution regionally accredited by Higher Learning Commission North Central Association of Colleges and Schools, Normandale has elected to adopt the Academic Quality Improvement Program (AQIP) pathway for accreditation. Our college's 2015 AQIP Portfolio highlights the college's support of student learning with a category focusing on services and support for prospective and current students.
- A college-wide Student Satisfaction with Services survey is conducted every two years. The survey has students indicate how important a service is to them and how satisfied they are with the service. The data is then analyzed and used for planning purposes. While students responding to the 2013 survey overall rated services as a 3.5 and above on a five point Likert scale, the survey did identify specific services that students valued and rated at a 3.75 or below. The college has made investments to improve student satisfaction in key areas, with one example being increasing the available hours of student services, and another, instituting a college wide customer service training program. Results from the 2015 survey are pending.
- Normandale participates in the Community College Survey of Student Engagement (CCSSE). CCSSE results from 2012 and 2014 demonstrate student perceptions of the availability of services to students on the Normandale campus and their satisfaction, with the students identifying the importance of services to them and how satisfied they were. Normandale increased its mean student satisfaction with student services from 2012 to 2014.
- The Normandale Nursing Program end of program survey includes questions related to student services frequently used by nursing students. A quantitative review of responses from spring 2013 through spring 2015 show that 90% (or more) rate the services with a three or above on a five point scale.

Results of college-wide assessments are shared with faculty and staff on faculty/staff duty days, which open each semester. The Nursing Department End of Program survey data is reported and discussed at our end of semester faculty meeting.

Table 17: Student Services				
Service	Location	Staff	Credentials	Comments
Academic Advising	C1032	8 academic advisors	Required: Master's Degree	Work with currently enrolled and returning students in the areas of academic planning, career development, and transfer concerns. Appointments and walk-ins available every day.
Counseling	C1032	6 counselors	Required: Master's Degree	Work with students with academic, career and personal concerns. Appointments and walk-ins available every day.
Diversity Center	C1101	Student programming Diversity Coordinator: Currently working to fill position Student worker positions	Bachelor's Degree and relevant experience including significant background with diverse populations	Diversity Center: "To promote awareness, understanding and acceptance across all cultural lines and boundaries throughout the Normandale Community College campus and beyond." Open until 6 PM
English Proficiency Services	C2120	EAP Professional Tutor EAP faculty	Bachelors or Master's prepared in area	Mission statement focuses on students, in their support of becoming a successful college-level student.
Financial Aid	C1074	Director Susan Ant Multiple staff and student positions in a variety of job classifications	Masters prepared	Hours: M/W: 8:00am-6:00pm; T/TH/F: 8:00am-4:00pm
Library Services	L2701	7-Librarians 8-Support Staff 8 student workers (less in summer)	Required: Master's or PhD Degree Required: Associate Degree or previous experience in area	Research assistance and library support available for all students.
Office for Students with Disabilities	L2740	Director Debbie Tillman Priscilla Brinkmann Geri Wilson	Masters prepared Accommodations Specialist Interpreter and Specialist	Provide students with disabilities services that will allow them an equal opportunity to access and participate in school activities.
Proctoring Center	L2735	Sondra Woitock	Testing Coordinator	Testing is done on a walk-in basis during testing hours. No appointment necessary.

Service	Location	Staff	Credentials	Comments
Student Life	Kopp Student Center: "The Zone"	Amanda Lilgreen: Student Life Coordinator Aimee Broman-Recreational Services Coordinator	Required: Bachelor's Degree Required: Associate Degree, 2 yr. teaching or tutoring experience; CPR, AED, & First Aid Certified	Value: Student life will be recognized as a valued partner and integrated co-curricular component of academics.
Technical Support Services	C3022, L1701, P1806	26 staff 7 student workers	Minimum Qual: 1+ years of information technology experiences. Understanding of IT theories, principles and practices. (Qualification increase with levels of positions.)	24/7 IT services available at 952-358-8181
Textbook Depot	K1430-39 / Lower Level of the Kopp Center	Peggy Bacall Multiple staff and student positions, utilized temp workers at start of semester to ensure level of service is optimal	Master's Preferred Bachelors Required	Students may order text books online and arrange for pick up.
Tutoring Center	C2120	Beena Cook: Tutoring Center Coordinator (TCC); Adam Perry: Supplemental Instruction (SI) Coordinator	TCC: Required: Bachelor's Degree SI: Required: Associate Degree	70 + student workers to assist and tutor other students in the center.
Veterans Services	C1103	Kari Rusch-Curl: Associate Director of Advising and Counseling, Veteran Students	Master's Degree in College Student Personnel	Provide trained personnel in the Veterans Resource Center, many of whom are Veterans, to assist service members and their families.
Writing Center	C2120	Writing Center Director	Masters prepared faculty member	The English department offers this free service to students.

Criteria 3.5

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

Student records at Normandale, including Nursing Program submitted application materials and active nursing student records, are stored and shared in compliance with MnSCU, state and federal guidelines. [Normandale policy 5.15](#) is publically available and includes the following statement:

Data maintained by Normandale Community College is subject to applicable employee and student data practice laws, including the Minnesota Government Data Practices Act and the federal Family Educational Rights and Privacy Act. Users are responsible for handling government data to which they have access or control in accordance with applicable data practices laws.

Links to related MnSCU policies are included in policy 5.15.

The MnSCU website includes resources and links to guide institutions and their data privacy practices. The Federal Educational Rights and Privacy Act (FERPA) is the foundation upon which practices are founded. Specifics include the following:

- The college utilizes ImageNow to electronically store all student records. The ImageNow software product provides record organization and secure storage of records. Password protection and limiting of employees allowed access provide additional security.
- MoveItSecurely is a software application available to all MnSCU employees. MnSCU prefers this application to move files securely between organizations. Beginning fall 2014, student records for students in Normandale's nursing program, who are dual-admitted to Metropolitan State University, are shared using MoveItSecurely.
- The Nursing Department utilizes the SMART database for applicant and nursing student records. The database is password protected and limiting the number of employees with access further secures records.
- Physical files of current students are stored in a lock cabinet in a locked storage area of the nursing skills laboratory. Key access is controlled by security with the DON's signature required for an employee to obtain a key.

Criteria 3.6

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

The Financial Aid department at Normandale is staffed by an experienced director and support staff who regularly participate in professional education to ensure currency of their knowledge. Membership

in national (National Association of Student Financial Aid Administrators) and state (Minnesota Association of Financial Aid Administrators) professional groups provide frequent updates and is one avenue utilized to remain current.

Normandale's financial aid department meets all requirements of the Higher Education Reauthorization Act Title IV, including the monitoring of default rates and demonstration of compliance when audited. In a November 7, 2014 meeting, Normandale's director of financial aid reported default rates of 13% in 2009 and 2010 and 15.8% in 2011, with 2012 default rates due out in fall of 2015. Preliminary data shows a decrease in our default rate to 12.3%. Actions to address the 2011 default rate included contracting with a third party (SALT/American Student Assistance) to provide additional financial literacy information to current students and outreach to former students who were delinquent on their loans. The MnSCU system is audited as part of an audit of multiple state programs. All audit reports will be available for review in the documents room at the time of our ACEN visit.

Criteria 3.6.1

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

Normandale students seeking financial aid are supported and educated in this process. Students may receive information and support face-to-face, electronically, and through printed information.

- Information and support is available to students in the financial aid office (daily walk in appointments are available) and in group settings offered at all college prospective student open house events.
- The recently redesigned financial aid office is open to students Monday through Friday and does include evening hours. Students may select "paying for college" on the [Normandale College homepage](#) to receive detailed financial aid information and education which will guide them through the process. Links to specific loan options are one feature of this site.
- Students may submit inquiries regarding financial aid via the Normandale financial aid department webpage.
- Each academic year the department updates a Guide to Financial Aid at Normandale. The Normandale Financial Aid Guide will be available on our accreditation D2L BrightSpace site.
- All students applying for financial aid receive a financial aid fact sheet.

Criteria 3.6.2

Students are informed of their ethical responsibilities regarding financial assistance.

Normandale students receive the following information regarding their ethical responsibilities during the financial aid process:

- The annual financial guide includes a section titled “Your Rights and Responsibilities”.
- All federal student loan borrowers are required to complete the [Federal Department of Education entrance and exit loan counseling modules](#), aid is not disbursed until completion. The exit session includes information specific to repayment and the student’s loan balance. Students are notified by US mail of this requirement.

Criteria 3.6.3

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

Normandale maintains all records in compliance with the MnSCU security of privacy of information resources policy (MnSCU policy 5.3), and state and federal guidelines.

Normandale Financial Aid Office policies and procedures detail the processes employed to maintain compliance. The Normandale Financial Aid Office Policies and Procedures Manual will be available for review in the documents room at the time of our ACEN visit.

Criteria 3.7

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

Normandale takes students’ complaints and grievances seriously. College [policy 2.11 Student Complaints and Grievances](#) is in accordance with MnSCU policy 3.8. A college-wide, centralized process is in place for addressing student complaints and grievances. Students may access instructions and the [Complaint/Grievance form](#) on the Normandale website. Normandale, and our Nursing Department, strive to optimize communication with students and address problems early on to minimize situations reaching the level of a formal grievance/complaint. Information regarding due process within the Nursing Program is available to students in the nursing student handbook. The process includes an opportunity for student input and seeks resolution and successful progression whenever possible. The Nursing Program due process fulfills the first steps of the college process. If discussing the concern does not result in a resolution acceptable to the student, the student may submit a Student Complaint/Grievance form. The form is required prior to meeting with the division dean. The Student Complaint/Grievance form includes the process with a timeline. Forms are submitted to and tracked by college administration. All Student

Complaint/Grievance forms are entered into a database along with supporting documentation. The resolution is noted in the database. Records are securely retained by the executive assistant to the vice president of Academic Affairs. The nursing department has received four complaints in the past three years. The complaints did not reveal a trend and evidence of resolution is on file.

Criteria 3.8

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

Normandale provides support for students needing general technology support, support with using D2L and support specific to nursing resources. The technology requirements for nursing students are included in the nursing student handbook which, beginning fall of 2014, is shared at program orientation for the incoming cohort and available on all course D2L pages. Orientation to technology includes:

- Online D2L tutorials
- In-class introduction to nursing resources including Assessment Technology Institute (ATI) materials, electronic health records, and textbook online resources
- Course and lab faculty support e-resources

Ongoing support includes:

- D2L tutoring throughout the semester in the tutoring center
- Walk-in technology support available to student during the colleges open hours with extensive computer lab availability, hours include evenings and weekends
- Phone technology support available 24 hours a day, 7 days a week
- Online support via the [MnSCU D2L help desk](#)
- Faculty work closely with representatives from publishers and online resource providers to assist students in successfully accessing purchased online resources
- Nursing lab full-time faculty member acts as ATI champion to assist both faculty and students with ATI needs

In the fall of 2013, the faculty elected to add an end of course survey question related to student's perception of their technology orientation and support. Students in our traditional curriculum consistently report satisfaction, meeting the faculty set ELA for this criteria. Students in our MANE curriculum were less satisfied, with our fall 2014 incoming cohort reporting 77% satisfaction and the spring 2015 incoming cohort satisfaction increasing to 87%. The input from faculty indicated that this response may be related to the cost of the Assessment Technology Institute (ATI) products in comparison to course usage. Students in their first semester are unable to perceive the full benefit of the products they will receive as they progress (Full faculty meeting minutes 12/18/14). Our faculty is actively engaged in ATI

training with ATI super users. We are continuing to improve student orientation and support related to this criteria.

Criteria 3.9

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

Normandale offers a single face-to-face program option.

STANDARD 4
CURRICULUM

STANDARD 4: CURRICULUM

The curriculum supports the achievement of the identified student learner outcomes (SLO) and program outcomes (PO) of the nursing education unit consistent with safe practice in contemporary health care environments.

Criteria 4.1

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

Both our traditional and MANE curriculums meet this criteria with clearly stated student learning and program outcomes which are based on contemporary professional standards, guidelines and competencies. In the fall of 2015, we will be offering the final courses in our traditional curriculum while, for the first time, offering all MANE curriculum courses at the associate degree level.

Traditional Curriculum

The traditional nursing curriculum and SLOs were reviewed and updated in 2007 utilizing a conceptual framework of experiential, process and content threads (diagram included in the student handbook) incorporating: the 2000 NLN Educational Competencies for Graduates of Associate Degree Nursing (NLN ADN); the MNBON Nurse Practice Act; the Minnesota State Board of Nursing Rules; and the 2006 OADN position statement. See Appendix K for the traditional curriculum program SLOs and competency statements. In 2010, the NLN ADN Educational Competencies were updated and in spring 2012, the MNBON Board Abilities were eliminated. These changes necessitated a curricular review. Fall 2012, full faculty participated in a curricular concept and competency mapping, as well as a review of the new NLN ADN Competencies model. Table 18 demonstrates the congruency and alignment of the traditional curriculum program SLOs with the updated NLN ADN professional standards.

Table 18: SLO Alignment and Congruency to NLN ADN Competencies		
Traditional Curriculum SLOs	2000 NLN ADN Educational Outcomes/Competencies	2010 NLN ADN Educational Outcomes/Competencies
Provider of Care	<p>Assessment Assessment, assessment of community resources</p> <p>Clinical Decision making Nursing process including diagnosis, planning and evaluation, management,</p>	<p>NLN Human Flourishing Advocate for patients and families in ways that promote their self-determination, integrity, and ongoing growth as human beings.</p> <p>NLN Professional Identity Implement one's role as a nurse in ways that reflect integrity, responsibility, ethical practices, and an evolving identity as a nurse committed to evidence-based practice, caring,</p>

Traditional Curriculum SLOs	2000 NLN ADN Educational Outcomes/Competencies	2010 NLN ADN Educational Outcomes/Competencies
	<p>safe care, research, quality control and evidence-based practice</p> <p>Therapeutic Nursing Interventions Socio/cultural/religious aspects, caring, diverse settings, skills and safety</p>	<p>advocacy, and safe, quality care for diverse patients within a family and community context.</p> <p>NLN Spirit of Inquiry Examine the evidence that underlies clinical nursing practice to challenge the status quo, question underlying assumptions, and offer new insights to improve the quality of care for patients, families, and communities.</p> <p>NLN Nursing Judgment Make judgments in practice, substantiated with evidence, that integrate nursing science in the provision of safe, quality care and that promote the health of patients within a family and community context.</p>
Communicator	<p>Communication Therapeutic communication, reporting, documentation, and use of information technology</p>	<p>NLN Professional Identity Implement one's role as a nurse in ways that reflect integrity, responsibility, ethical practices, and an evolving identity as a nurse committed to evidence-based practice, caring, advocacy, and safe, quality care for diverse patients within a family and community context.</p>
Teacher	<p>Teaching and Learning Patient teaching and teaching of staff</p>	<p>NLN Human Flourishing Advocate for patients and families in ways that promote their self-determination, integrity, and ongoing growth as human beings.</p>
Manager of Care	<p>Collaboration Coordination of care</p> <p>Managing Care Prioritizing, continuity, delegation, cost containment, and current technology</p>	<p>NLN Nursing Judgment Make judgments in practice, substantiated with evidence, that integrate nursing science in the provision of safe, quality care and that promote the health of patients within a family and community context.</p>
Member of the Profession	<p>Professional Behaviors Legal/ethical issues, accountability, use of standards of care/practice, advocacy, professional boundaries, socio/economic factors in healthcare delivery and lifelong learning.</p>	<p>NLN Professional Identity Implement one's role as a nurse in ways that reflect integrity, responsibility, ethical practices, and an evolving identity as a nurse committed to evidence-based practice, caring, advocacy, and safe, quality care for diverse patients within a family and community context.</p> <p>NLN Human Flourishing Advocate for patients and families in ways that promote their self-determination, integrity, and ongoing growth as human beings.</p>

MANE Curriculum

The MANE curriculum was developed by faculty from eight colleges and universities. The MANE Curriculum Design Summary (Appendix L) is a document illustrating the MANE curriculum scheme articulating the following:

- Consensus
- Mission Statement
- Vision Statement
- Values Statement
- Philosophy Statement
- Curricular-Concepts
- Macro-Concepts
- Competence Statements
- Baccalaureate Program Student Learning Outcomes
- Associate Degree Program Student Learning Outcomes
- Guiding Standards

Care was taken to align the MANE program SLOs with; the AACN essentials (leveled to a semester five benchmark); the QSEN competencies; and the American Holistic Nurses Association core values. See Table 19 for the MANE curriculum program SLOs (Semester 5) alignment with the professional standards and guidelines.

Table 19: MANE SLOs and Professional Standards and Guidelines

Curricular Concepts	Semester 5 SLOs	AACN Essentials (selected competencies from Essentials)	QSEN	American Holistic Nurses Association
<ul style="list-style-type: none"> Professional Development and Identity Holism 	Demonstrate reflection, self-analysis, self-care, and lifelong learning into nursing practice	#1 Liberal Education for Baccalaureate Generalist Nursing Practice #8 Professionalism and Professional Values #9 Baccalaureate Generalist Nursing Practice	Teamwork and Collaboration	Core Value #1 – holistic philosophies, theories, and ethics Core Value #5 – holistic nurse self-care
<ul style="list-style-type: none"> Safety Collaborative Practice Evidence Based Practice & Quality 	Apply leadership skills to enhance quality nursing care and improve health outcomes	#1 Liberal Education for Baccalaureate Generalist Nursing Practice #2 Basic Organization and Systems Leadership for Quality care and Patient Safety #6 Interprofessional Communication and Collaboration for Improving Patient Health outcomes	Safety Quality Improvement Teamwork and collaboration	Core Value #1 – holistic philosophies, theories, and ethics Core Value #3 – holistic communication, therapeutic environment, and cultural diversity
<ul style="list-style-type: none"> Informatics Evidence Based Practice & Quality 	Utilize best available evidence and informatics to guide decision making	#1 Liberal Education for Baccalaureate Generalist Nursing Practice #2 Basic Organization and Systems Leadership for Quality care and Patient Safety #3 Scholarship for Evidence-Based Practice #4 Information management and Application of Patient Care Technology #7 Clinical prevention and Population Health	Informatics Evidence-based practice	Core Value #4 – holistic education and research
<ul style="list-style-type: none"> Collaborative Practice 	Collaborate with inter-professional teams to provide holistic nursing care.	#1 Liberal Education for Baccalaureate Generalist Nursing Practice #6 Interprofessional Communication and Collaboration for Improving Patient Health outcomes #7 Clinical prevention and Population Health #9 Baccalaureate Generalist Nursing Practice	Teamwork and Collaboration Quality Improvement	Core Value #3 – holistic communication, therapeutic environment, and cultural diversity. Holistic nurses recognize that each person’s environment includes everything that surrounds the individual both internal and external as well as patterns not yet understood.
<ul style="list-style-type: none"> Safety Diversity & Culture Collaborative Practice Informatics 	Adapt communication strategies to effectively respond to a variety of health care situations.	#1 Liberal Education for Baccalaureate Generalist Nursing Practice #4 Information management and Application of Patient Care Technology #6 Interprofessional Communication and Collaboration for Improving Patient Health Outcomes	Patient centered care Safety	Core Value #2 – holistic caring process
<ul style="list-style-type: none"> Evidenced-Based Practice & Quality Improvement 	Incorporate ethical practice and research within the nursing discipline and organizational environments.	#2 Basic Organization and Systems Leadership for Quality care and Patient Safety #5 Healthcare Policy, Finance and Regulatory Environments #8 Professionalism and Professional Values	Evidence-based practice Quality Improvement	Core Value #4 – holistic education and research
<ul style="list-style-type: none"> Diversity and Culture Holism 	Practice holistic, evidence-based nursing care including diverse and underserved individuals, families, and communities.	#7 Clinical prevention and Population Health #9 Baccalaureate Generalist Nursing Practice	Patient centered care Evidence-based practice	Core Value #2 – holistic caring process

The current QSEN quality and safety competencies have been incorporated in the traditional curriculum as components have been reviewed. The American Nurses Association's standards are also incorporated. All nursing courses have Course Outcome Map tables aligning the course SLOs with the following additional contemporary professional standards, guidelines and competencies:

- Healthy People 2010 and 2020
- ANA Code of Ethics
- ANA Standards of Practice
- ANA Standards of Professional Performance
- NCSBN White paper on Social Media and Patient Safety
- National Patient Safety Goals

The program outcomes (PO) of the Normandale Nursing Program are discussed in detail in Standard Six of this document. Tables 34 and 35 reflect our continuous monitoring and quality improvement activities related to program outcomes. We review our program outcomes in comparison with other programs locally and nationally, to better enable our understanding of our strengths and opportunities.

Criteria 4.2

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

The past three years have been a period of review and revision of our traditional curriculum along with a focus on the organization, leveling and development of the MANE curriculum.

Traditional curriculum

The MNBON Board Abilities were key in the organization of our traditional curriculum competencies. Due to the elimination of the Board Abilities spring of 2012, a full faculty curricular review of the traditional curriculum was completed fall semester of 2012 resulting in the completion of the Normandale ADN Conceptual Curriculum Map. The following list describes examples of actions taken related to review of this data:

- A sensory unit was moved from N1120 to N1110 secondary to the level of content.
- Leveled cardiac assessment content added to N1120 to prepare the students for N2220 expectations.
- A required assignment in N1130 was not mapped to an outcome or competency. As a result, the N1130 assignment was deemed unnecessary and removed.
- Our community focus pediatric rotation was verified as meeting the MN BON lifespan and wellness health continuum requirement.

In the spring of 2013, the program SLOs and individual course SLOs were aligned in a table to demonstrate leveling utilizing Bloom's taxonomy. Additionally, all course outcomes alignment maps were audited to ensure that all program competencies were addressed upon completion of the program. This data was documented on the same table. This table will be available for review at the time of our site visit.

To ensure ongoing monitoring of program organization, the ACEN steering committee proposed a Course Outcome Map template to facilitate demonstration how the program SLOs are used to organize learning activities, aligned with evaluation methods and ELA's to evaluate student progress. Late fall 2012, the Course Outcome Map template was voted upon and adopted for use by full faculty beginning spring semester of 2013. The template includes the following alignment categories:

- Program SLOs
- Normandale Core Learning Outcomes (CLOs)
- Course outcomes
- Learning activities to measure course outcomes
- Program competencies
- Evaluation methods with ELAs
- Established professional standards

The use of these course maps has promoted leveling and organization of our curriculum around the program SLOs. Course maps have consistently been 100% completed by faculty. The actual student level of achievement is documented, reviewed and analyzed at end of the semester by each faculty team. Revisions are made as needed. Upon audit of team meeting minutes, documentation of the faculty teams' review and recommendations were found to vary. To promote consistency of documentation, the faculty voted that beginning in fall of 2015, the maps will include a 'Revision' documentation section on the Course Outcome Map template.

MANE curriculum

Adoption of the MANE curriculum began a process of faculty driven curriculum development. Initially, Normandale was represented by two nursing faculty members on the statewide MANE curriculum committee, with a third faculty member joining fall 2013. The committee identified program SLOs and competences guided by current professional standards (Refer to Table 19). Once program SLOs were selected and vetted with all participating colleges, the SLOs were aligned and leveled with benchmark competencies for each semester. The next step in the process was the development of Semester Alignment Tables for each semester, aligning: program SLOs; course SLOs; evaluation methods (and suggested learning activities); and methods of achievement. MANE faculty workdays were

established to facilitate feedback for final revision. All nursing courses taught in a single semester are included in one table.

Our faculty utilized the MANE Semester Alignment Tables to develop our Course Outcomes Maps. These maps are used to organize course student learning outcomes with linked learning activities, measurement rubrics, and ELAs. The actual student level of achievement is documented, reviewed and analyzed at end of the semester by each faculty team, with revisions as needed.

All alignment tables will be available for review at the time of our site visit.

Criteria 4.3

The curriculum is developed by the faculty and regularly reviewed to ensure integrity, rigor, and currency.

Curriculum development and review is the role of Normandale nursing faculty members. This responsibility is operationalized through faculty participation in our department curriculum committee and the MANE curriculum committee (to review committee membership, see Table 5) and by full faculty engagement. Our current focus is on the performance of our new (MANE) curriculum, as our traditional curriculum will be no longer taught after the 2015-2016 academic year. A MANE curriculum evaluation plan was developed and approved in April of 2015. This formalized evaluation process is planned to occur annually in June, and has the advantage of using aggregate data from all participating colleges. The ability to review aggregate data will provide a large sample size and may reveal trends sooner than would be evident in the review of a single program. The initial MANE curricular review occurred June 15, 2015 with Normandale faculty participation. Laurie Frahm will provide a report to faculty, fall of 2015, to update the group on the curriculum evaluation process and results. The MANE Curriculum Evaluation Plan Review report will be available for review.

Rigor is promoted and monitored through ongoing review of board predictor scores, NCLEX pass rates, and utilization of test blue prints. The curriculum committee analyzes the HESI RN Exit Practice Exam results and Mountain Measurement reports annually and shares areas of concern with faculty. Topics that the students scored below national average in achievement are reviewed, analyzed, and trended for curriculum revision as needed. Although our NCLEX score are consistently above national average, our HESI predictor scores are generally slightly below (Table 20). Faculty have discussed possible nonacademic contributing factors such as technical issues, perceived low value by students and placement in the curriculum.

Table 20: Comparison of National and Normandale HESI Results		
Year/ Semester	National ADN HESI Mean	Normandale HESI Mean
Fall 2012 No cohort graduating	Not offered	Not offered
Spring 2013	847	843
Fall 2013	859	844
Spring 2014	859	851
Fall 2014	859	851
Spring 2015	858	794

Three academic concerns were noted from HESI data analysis of the 2012-2013 year. The following table provides a summary of the review and response.

Table 21: HESI Data Response Plan	
Topics below national average	Response/plan
Culture & Diversity	On January 6 th , 2012, faculty chose the following question: <i>How well do our students learn to value diverse patient populations and understand the implications of diversity on nursing practice</i> as part of the college wide Core Learning Outcomes assessment project. Data collection began spring 2012. The Assessment Leader (Kris Carey) collaborated with Normandale’s Institutional Research department to optimize data collection, analysis and utilization. A format was developed with their input, distributed to full faculty, approved on 8/23/12. Diversity data was collected and evaluated for from 2012-2014. (Summary reports will be available at site visit)
Abuse/ Interpersonal Violence	Faculty committed to review content related to Interpersonal Violence in courses with specific focus in perinatal, pediatric and mental health content.
Informatics	An academic electronic health record has been phased in for student use to support informatics though there is conflicting data with the NCLEX category “Management of Care” inclusive of “Information Technology” content which is above the national standards for same time frame.

Our current curriculum transition, along with our decision to adopt a different board predictor test, influences the impact of our HESI review. The faculty meeting on 1/30/15 included a full review of HESI results for the past three semesters. The focus of the report was broad, as fall of 2015 will be our final HESI offering. The discussion focused around better preparing our students for computerized testing and NCLEX style questions. In response to this discussion, the faculty have selected ATI resources for the MANE curriculum and will integrate ATI mastery tests into the curriculum. Spring 2015 HESI scores and student test experience were discussed at the May 2015 wrap up full faculty meeting. Computer technical challenges during testing were the primary concern. The curriculum committee will share their analysis of the spring 2015 HESI results in the fall of 2015.

An additional example of rigor within our nursing program has been our focus on testing. In the 2012-2013 academic year, the nursing faculty began blueprinting their course tests, adding one additional test per semester until all tests were blueprinting. In 2013-2014, a test blueprint analysis was performed (See Table 22).

Faculty meeting minutes of October 3, 2014 reflect a review and discussion of aggregated data and analysis of test blueprints, with the subsequent development of a program-wide test protocol draft. Our Written Test Protocol (Appendix M) was completed and approved by full faculty January of 2015. The testing protocol contributes to rigor by ensuring leveling and increasing difficulty improving assessment across the program.

Prior to our launch of the MANE curriculum, several strategies were deployed to demonstrate integrity of our traditional program. As previously noted, fall 2012, the curriculum was mapped for identification of gaps and overlap. Spring of 2013, all traditional curriculum SLOs and competencies were mapped demonstrating leveling with Blooms taxonomy; from understanding to synthesis. Curriculum maps were reviewed and a table developed demonstrating all competencies are addressed upon completion of program.

The MANE curriculum committee has provided a variety of curriculum alignment documents to ensure integrity and rigor. Each semester of the curriculum has a table demonstrating alignment of the program SLOs, course SLOs, evaluation/learning activities and method of documenting achievement. The alignment tables help maintain integrity and to reflect spiraling of the concepts as well as leveling from knowledge acquisition to knowledge integration.

Lastly, a commitment to ongoing curriculum review promotes currency of our program. Comprehensive program review is conducted by all academic areas at Normandale every four years. Our Nursing Department alternates our self-study with program review completing a review a minimum of every four years. The MANE curriculum committee reviewed the initial courses offered this past year in June of 2015 and has developed an ongoing system of aggregate data collection and analysis to help inform our decision making. Additionally, faculty have committed to maintaining current knowledge of the NCLEX test plan through faculty development opportunities and review of revised test plan when applicable. Six faculty members attended the NCLEX Regional Workshop for Educators on September 19, 2014.

Table 22: Test Blueprint Analysis					
Traditional Curriculum 2013-2014	Course N1110 Test #1 S13 60 items Test #2 S14 60 items Test #3 F13 60 items	Course N1120 Test #1 S14 60 items Test #2 F13 60 items Test #3 S14 60 items	Course N2210 Final- S14 90 items	Course N2210 Specialties OB, Peds, MH Each with 4 exams 45 items each	Course N2220 Test #1 S13 – 40 items Test #2 S14 - 39 items
Cognitive level					
Remembering/Understanding	38%	61%	29%	35%	38%
Applying/Analyzing	58%	38%	64%	63%	37%
Evaluating/Creating	3%	<1%	7%	2%	25%
Difficulty	Test 1/3				
.3-.5	<1%	2%	10%	6%	4%
.5-.8	25%/11%	28%	20%	20%	35%
.8-1.00	74%/88%	70%	70%	74%	61%
NCLEX Client Needs					
1A Management of Care 17-23 %	<1%	<1%	9%		15-20%
1B Safety/Infection Control 9-15 %	16%	<1%	3%		
2 Health Promotion/Maint 6-12%	12%	12%	34%		
3 Psychosocial Integrity 6-12%	<1%		32%		
4A Basic Care/Comfort 6-12%	19%	<1%	4%		
4B Pharm/Parental Therapy 12-18%	28%	26%	6%		12-13%
4C Reduction of Risk 9-15 %	<1%	16%	2%		12-23%
4D Physiological Adaptation 11-17%	<1%	35%	6%		45-60%
Nursing Process					
Assessment	37%	33%	39%	16%	26%
Diagnosis	1%	14%	13%	9%	9%
Planning or Analysis	22%	15%	16%	22%	43%
Implementation	39%	32%	24%	45%	11%
Evaluation	1%	6%	8%	8%	11%

Criteria 4.4

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

General education courses, for both our traditional and our new MANE curriculum, provide essential knowledge for nursing student professional success. Our traditional curriculum includes the general education courses reflecting; biological, social and behavioral sciences, humanities; and communication. They include; Human Anatomy, Human Physiology, Foundations of Organic and Biochemistry, General Psychology, Introduction to Sociology or Cultural Anthropology, Interpersonal Communication, and Freshman Composition. These courses support the conceptual framework and belief statements of the Normandale Nursing Program. General education courses enhance the *Content* and *Process* threads of communication and human needs as identified in the Nursing Program conceptual framework (Traditional Student handbook, p.15). The biological sciences provide the foundation needed for understanding physiological processes. The general education courses enhance and support the Normandale Nursing Program’s stated beliefs about persons and nursing, “Concerned with persons in their totality with bio-psycho-social needs common to humankind” (Traditional Student handbook, p.11).

MANE curriculum development provided an opportunity to revisit our general education requirements and, with dual admission of our students to our partner university, ensure we provided the foundation for a baccalaureate nursing education. The MANE curriculum committee outlined essential content they were seeking in general education courses resulting in the following table:

MANE General Education Courses	Essential Content
Anatomy & Physiology I	<ul style="list-style-type: none">• Lab component• All body systems• Emphasis on fluid & electrolytes/acid/base balance• Blood and body fluids
Writing I	<ul style="list-style-type: none">• APA formatting (not MLA or Chicago style)• Citations and references• Paraphrasing and quoting• Plagiarism• Grammar and spelling• Basic composition• Professional written communication
General Psych	<ul style="list-style-type: none">• Enforce APA format for written assignments• Behavioral change theories• Cognition/memory
Math	<ul style="list-style-type: none">• College algebra (dosage calculations)• Mathematic conversions (US and metric)• Calculations, fractions, decimals, proportions, ratios, and percentages

MANE General Education Courses	Essential Content
	<ul style="list-style-type: none"> • Dimensional analysis • Word problems (calculation of dosage based on body measurements)
Anatomy and Physiology II	<ul style="list-style-type: none"> • Lab component • Emphasis on fluid & electrolytes/acid/base balance • By end of A&P II, all body systems should be covered
Microbiology	<ul style="list-style-type: none"> • Lab component • Infectious disease • Germ theory
Developmental Psych	<ul style="list-style-type: none"> • Lifespan – birth to death • Normal growth and development • Emphasis on geriatric stages of change • Maslow/Piaget/Erikson theories • Enforce APA format for written assignments
Oral communication	<ul style="list-style-type: none"> • Oral presentations • Professional communication strategies • Recommend oral and written TOEFEL score
Sociology/Anthropology	<ul style="list-style-type: none"> • Establishment of social norms • Emphasis on culture • Enforce APA format for written assignments
Ethics	<ul style="list-style-type: none"> • Key ethical principles • Key ethical decision making frameworks • Defining ethical dilemmas (specific to healthcare) • Enforce APA format for written assignments
Statistics	<ul style="list-style-type: none"> • Through ANOVA
Writing II	<ul style="list-style-type: none"> • Writing a research paper • Professional written communication • Formulating an argument • Synthesizing information • Enforce APA format for written assignments

In the summer of 2012, the Dean of Health Sciences, DON and nursing faculty met with a variety of Normandale faculty and administrators to discuss the MANE curriculum. Agenda items included: anticipated changes; course content; and adequacy of general education course availability. As we graduate our initial cohort under the MANE curriculum, we will be surveying student perceptions of relevancy of general education courses. Our initial data from this question will be available December 2015.

To optimize general education course content, the nursing faculty have adopted as an action item their intention to review Common Course Outlines (CCO) of our required general education courses. The purpose of this review is to identify opportunities to build on previous knowledge, an important aspect of concept-based education.

Criteria 4.5

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

Educating nursing graduates to provide culturally competent care is a central value of the Normandale Nursing Department. Cultural, ethnic, and diverse concepts are integrated throughout both Normandale's traditional and MANE curriculums. Curriculum maps clearly identify content and learning experiences designed to promote student growth in this area.

Normandale's diverse student body allows for rich discussion of health and health related practices. Additionally, global service trips have been offered by the nursing department and designed and lead by nursing faculty. This course was offered summer semesters in 2011, 2012, and 2013. With each trip, approximately 20 students and two nursing faculty traveled to Belize for ten days, participating in health assessment and health education. Faculty and students shared their experiences with others providing a learning opportunity for all.

Traditional Curriculum

Program SLOs for the traditional nursing curriculum include assessment of social, cultural, developmental, environmental, and religious influences on individuals and families. In 2011, as part of an ongoing college-wide assessment initiative, the nursing faculty selected the following assessment question as their focus, "How well do our students learn to value diverse patient populations and understand the implications of diversity on nursing practice." A series of activities were designed to promote and assess student growth in this area. Students began with a cultural assessment of themselves and their community prior to exploring assessment of persons from other cultures and learning about transcultural nursing. Diversity, as it relates to ethnicity, gender, and age were included. The nursing faculty tracked student progress, providing the nursing assessment faculty leader with data to monitor student achievement on diversity related activities from 2012-2014. Students were successful in completing diversity-related activities and, in self-reflection, felt they were able to deliver culturally competent care. This assessment project also ensured that diversity related material, within the nursing curriculum, was leveled and promoted growth. Our course outcome maps demonstrate the relationship between theory and experiential activities designed to promote cultural competence and Normandale's program outcomes based on NLN ADN competencies. Data improved in this area; an increase in HESI diversity score on the Final Exit exam from a score of 545 (fall 2012), to a score of 765 (fall 2013). The Diversity Assessment Reports will be available at site visit.

MANE Curriculum

A commitment to educating culturally competent graduates is demonstrated multiple ways in the MANE curriculum. The MANE curriculum conceptual model (Refer to Appendix F) illustrates the

inclusion of diversity and culture as curricular concepts. The MANE Concept Table Comparison maps the concept of diversity and culture with each individual course student learning outcomes. The MANE curriculum philosophy statement (see Standard 1.1) notes a “strong focus on health promotion supports nursing graduates to best serve diverse individuals, families, and communities locally, nationally, and globally.” One of the seven MANE program SLO states that “The outcome of the AS degree of learning will be a graduate who is able to practice holistic, evidence-based nursing care including diverse and underserved individuals, families, and communities” (Refer to Appendix L).

Course outcome maps continue to demonstrate the relationship between theory and experiential activities designed to promote cultural competence and student learning outcomes.

Criteria 4.6

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

Educational theory, interprofessional collaboration, research, and current standards of practice guide our curriculum planning and instructional processes in both our traditional curriculum and our newly developed MANE curriculum. Our methods of monitoring these processes is changing from a retrospective process of documentation and analysis of past activities and experiences, to an increasingly reflective process of faculty highlighting and documenting examples from their practice that support their understanding and utilization of educational theory, interprofessional collaboration, research, and current standards of practice.

Educational theory

The traditional and MANE curriculum have clearly articulated beliefs statements regarding nursing education and learners primarily reflective of Knowle’s Adult Learning Theory and Bloom’s holistic learning domains. These belief statements, included in the student handbooks, express that: adult learners must be actively engaged in the learning process; responsibility for learning rests with the student; learning occurs when the activities of the learner are goal-directed, purposeful, participatory and meaningful; learning progresses from incorporating new knowledge and skills by building on previous learning and life experiences moving from simple to complex; and students are lifelong learners gaining insights through reflective nursing practice, self-analysis and self-care. The MANE curriculum is organized around micro and macro concepts to facilitate thought and pattern recognition in order to apply critical thinking to new situations. The MANE common course outlines describe concepts, with exemplars and expected outcomes using a spiraling framework to reinforce the concepts through program progression. The following table is a compilation of faculty responses from the 2014-2015 scholarship documentation form that exemplify utilization of educational theory.

Table 24: Adult Learning Theory and Curriculum/Instructional Processes	
Knowles Adult Learning Theory	Examples of Curriculum/Instructional Processes
Adults are internally motivated and self-directed	<ul style="list-style-type: none"> • Learning lab modules • Skill modules • Lab “prescriptions” • Feedback and grading rubrics • Course objectives • Self-reflection assignments e.g. end-of-life issues, breastfeeding perceptions, clinical performance
Adults bring life experiences and knowledge to learning	<ul style="list-style-type: none"> • Online discussions e.g. an ethical dilemma experienced • Richness of community college student demographic • Encouraged to share prior education and employment experiences • Conflict-management scenarios
Adults are goal oriented	<ul style="list-style-type: none"> • Development of health fair for a community elementary school • Development of educational material • AS/BS nursing degree awarded with eligibility to take RN licensure exam
Adults are relevancy oriented	<ul style="list-style-type: none"> • Implementation of a health fair • Case studies • Concurrent theory and related clinical content • Reflection of cultural practices and Healthy People 2020 goals Experienced guest speaker for Emergency/Disaster Preparedness utilizing her experiences and applying to a case study • Health system futurist guest speaker • Practice NCLEX style questions and computer testing • Pharmacology debate club assignment • Skill labs designed to reflect current workforce practice
Adults are practical	<ul style="list-style-type: none"> • Variety of guest speakers; Tai Chi instructor, Yoga instructor, Physician regarding geriatric care and palliative care • Concurrent theory content and related clinical experience • Exemplars utilized from student and faculty clinical experiences. • Simulation debriefing focusing on relating application to principles • Simulations
Adult learners like to be respected.	<ul style="list-style-type: none"> • Allowing a voice with encouragement of discussions (classroom and online) • Post-clinical conferences sharing of learning experiences • Small clinical groups of 6-10 students facilitate personal interactions

Knowles Adult Learning Theory	Examples of Curriculum/Instructional Processes
	<ul style="list-style-type: none"> • Utilization of online management system for schedules • Fulfillment of faculty obligations: timely feedback, maintain currency of online learning management system information, beginning and ending on time, maintaining office hours, timely response to emails • Student participation encouraged with course team meetings, Advisory Board meetings, nursing clubs, and student planning of Pinning ceremony • Creating safe environments' in simulation and skill labs

Interprofessional Collaboration

The traditional and MANE curriculum have program and course SLOs and related competencies that promote interprofessional communication and collaboration.

Clinical experiences, faculty role modeling and purposely designed assignments address the integral aspect of interprofessional collaboration. Students work with a variety of health professionals during clinical inpatient and outpatient settings. The list of student interprofessional interactions during the 2014-2015 academic year included: Medical Providers, Physical therapy, Occupational (Recreational) therapy, Speech therapy, Social Workers, Nursing Assistants, Dietary staff, Chaplin staff, Art therapy, Nurse Managers, Advance Practice Nurses, Doulas, and Massage therapy.

Recent examples of instructional processes reflecting interprofessional collaboration include:

- Pharmacology case study regarding healthcare team collaboration with a medical provider, pharmacist, nurse, patient, family, and social worker.
- Student participation in a supervision and delegation activity with Nursing Assistant students on campus
- Students participate in an ongoing inpatient hospital program, Hospital Elder Life Program, which include interprofessional collaboration with Elder Life Specialists, who have advanced degrees in psychology and social work.

Research

Normandale nursing faculty have responded to contemporary research regarding nursing education. Research demonstrates the need for ongoing education reform due to increasing complexity of nursing, quality and safety concerns, newly published research of how people learn, changes in health care demographics and systems and the desire to increase the baccalaureate nurse workforce. MANE was formed for the purpose of designing and implementing a competency based curriculum with concepts spiraled throughout the program to address these concerns.

Table 25 lists examples of evidence based teaching practices and how they are incorporated into the instructional processes of the curriculum.

Table 25: Evidence-Based Teaching Strategies		
Evidence-Based Teaching and/or Clinical practice (Initiation Date)	Example how this is used in the program	Evidence-Based Research Reference
Collaborative testing (Fall 2010)	Students learn from each other, providing another way of looking at the situation. Increases critical thinking.	McKeachie W.J., and Svinicki, M. (2006). <i>Teaching tips: strategies, research, and theory for college and university teachers</i> . Houghton Mifflin Company, Boston, MA.
Evidence-based practice (Fall 2009)	Supports accountability of nursing practice with respect to professionalism via utilization and application of evidence-based practice. Scholarly paper assignment, crafting a practice question, literature review and writing an annotated bibliography.	Melnyk, B & Fineout-Overholt E. (2005). <i>Evidence-based practice in nursing & healthcare: A guide to best practice</i> . Philadelphia: Lippincott Williams & Wilkins. Newhouse, R., Dearholt, S., Poe, S., Puggy, L., & White, K. (2007). <i>Johns Hopkins nursing evidence-based practice: Model and guidelines</i> . Indianapolis: Sigma Theta Tau International.
Reflective thinking, self-reflection (Fall 2012)	Allow students to purposefully develop and recognize the process of analyzing and evaluating what has occurred as related to self and others.	Sherwook, G. & Horton-Deutsch, S. (2012). <i>Reflective practice: Transforming education and improving outcomes</i> . Indianapolis: Sigma Theta Tau International.
A culture of safety	Concept based ideas to promote care practice and systems within culture of safety.	Benner, P., Malloch, K., & Sheets, V. (Eds.). (2010). <i>Nursing pathways for patient safety</i> . St. Louis: Mosby Elsevier. QSEN competencies for pre licensure nursing programs
Test Analysis and Blueprinting (Fall 2014)	Tests are used as an evaluative method. Quality assessments facilitate reliable and valid measurement of achievement of the student learning outcomes.	McDonald, M. (2014). <i>The nurse educator's guide to assessing learning outcomes (3rd ed.)</i> . Burlington: Jones & Bartlett.
Simulation study (Fall 2014)	Simulation is utilized throughout the nursing program.	Hayden, J., Smiley, R., Alexander, M., Kardong-Edgren, S., & Jeffries, P. (2014). The NCSBN national simulation study: A longitudinal, randomized, controlled study replacing clinical hours with simulation in prelicensure nursing education. <i>Journal of Nursing Regulation</i> , 5(Suppl. 2), S1-S64.

Evidence-Based Teaching and/or Clinical practice (Initiation Date)	Example how this is used in the program	Evidence-Based Research Reference
Simulation (Fall 2006) Increased use of simulation experiences 2014-2015	Integration of Simulation in all nursing courses and an elective enrichment course. Development of formative and summative evaluation throughout the program.	Bradshaw, M. J., & Lowenstein, A. J. (2007). <i>Innovative teaching strategies in nursing and related health professions</i> . Sudbury, Mass.: Jones and Bartlett Publishers. International Nursing Association for Clinical Simulation and Learning, (2013), Standards of best practice: Simulation, Clinical simulation in nursing (9)65. Jeffries, P. R., & National League for Nursing. (2007). <i>Simulation in nursing education: from conceptualization to evaluation</i> . New York, NY: National League for Nursing. McDonnell, L.K., Jobe, K.K., & Dismukes, R., (1997) Facilitating LOS Debriefings: A <i>Training Manual</i> . National Aeronautics and space administration, NASA Technical Memorandum 112192, DOT/FAA/AR-97-6.
Experiential learning (Spring 2012)	Bringing a sense of salience to the nursing curriculum and bridging theory and clinical.	Benner, P., Sutphen, M., Leonard, V., Day, L. (2010). <i>Educating nurses: A call for radical transformation</i> . Stanford, CA: The Carnegie Foundation for the Advancement of Teaching.
Supplemental Instruction (Summer 2014)	Report of a study investigating the impact of supplemental instruction on nursing student success	Harding, M., (2012). Efficacy of supplemental instruction to enhance student success, <i>Teaching and Learning in Nursing</i> (7) 27-31.
Concept-Based Teaching	MANE curriculum implementation	Giddens, J. (2013). <i>Concepts for nursing practice</i> . St. Louis: Elsevier Mosby. Giddens, J., Caputi L., Rodgers, B. (2015). <i>Mastering concept-based teaching: A guide for nurse educators</i> . St. Louis: Elsevier Mosby.

Current Standards of Practice

As previously described in criteria 4.1, the curriculum reflects current standards of practice. Course maps clearly link instructional processes with the respective current standards of practice as well. Recent examples found on individual course maps include:

- QSEN video and discussion questions: “Lewis Blackman story”
- NCSBN TERCAP project and discussion of “Just Culture”
- National Patient Safety Goals as a basis related to medication administration
- Simulation updates and modifications utilizing Simulation Standards of Practice 2013

Criteria 4.7

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

As previously described, Course Outcome Maps are designed and utilized for each course, which link the evaluation methodologies to the expected student levels of achievement, learning outcomes, and professional and practice competencies. The following table is a compilation of faculty responses from the 2014-2015 scholarship documentation form that list examples of the varied established evaluation methodologies.

Table 26: Evaluation Methodologies	
Evaluative Methodology	Exemplar
Case Studies	Pediatric Gastrointestinal Case Study, Pediatric Asthma Case Study, ICP/Craniotomy & Seizure Reasoning Case study
Group Work	Pediatric Health Promotion Fair, Social Development activity for acute inpatient psychiatric clients
Collaborative Testing	Collaborative testing in 2800
Exams/Quizzes	Test blueprinting, test analysis, development of test protocol Tests utilizing information regarding NCLEX test questions protocols
Discussions	Online discussions: e.g. culture and ethics topics Pharmacology debate exercise
Standardized Tests	HESI, ATI Critical Thinking, ATI Fundamental Exam
Simulations	All courses participate in simulation
Test outs/Return Demonstrations	Clinical Reasoning Medication Administration Test Skills testing e.g. IM injections
Concept Maps	Pathophysiology concept mapping assignment
Clinical Evaluation	Clinical Evaluation tool organized around the SLOs: Provider of Care, Communicator, Teacher, Manager of Care, Professional MANE clinical evaluation
Assignments Written	Annotated Bibliography
Reflective Writing	Post clinical mental health journal reflections Service Learning Reflection Breastfeeding Reflection Tai Chi reflective practice journal
Learning Module	ATI: Health and Wellness, Stress, The Leader, Health Care Fraud, Information Management Systems Hearing and Visions screening learning modules utilizing the Minnesota Department of Health resource for practice guidelines
Other	Trial use of Lasater Clinical Judgement evaluation rubric.

Criteria 4.8

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

The nursing program at Normandale is transitioning from a traditional Associate of Science (AS) degree curriculum of 64 credits to our new MANE curriculum, which awards the AS degree following 75 credits at the end of the fifth semester. Under the MANE curriculum plan, the student is dually admitted to our partner university's nursing program (currently Metropolitan State University) and all 75 credits would apply to their 120-credit Baccalaureate of Science in Nursing (BSN) degree. The BSN is awarded at the completion of semester eight. Each curriculum allows adequate time for student achievement of their learning outcomes with the MANE curriculum fully providing a general education preparation adequate for the attainment of a BSN degree. Faculty have reviewed the curriculum and the 2013 ACEN Constituents Report and found the credit requirements and program length within the mean number of credits reported by ACEN accredited AS programs.

Although we have had an increase the number of AS required credits, ultimately, we feel we have designed a curriculum that addresses the following which served as barriers to obtaining a BSN:

- Students were taking five or more semesters to complete our existing curriculum.
- RN to BSN programs were requiring coursework for our students to begin their program, often raising the total credits to over 120.
- The tuition rate at our college is lower than at any state university, which provides the opportunity to complete 75 or 120 credits at community college rates a cost savings for students.

The increase in our credit amount was approved by MNSCU, October 2013, as documented in the previously submitted ACEN substantive change report.

Criteria 4.9

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

Our nursing program joins with a variety of clinical and community partners who are well respected throughout our area. Table 28 lists all current clinical partners. Course and program SLOs guide the selection of clinical partners. Common course outlines and course syllabi are shared with our clinical partners. We seek their input to identify learning opportunities available at the site, and strategize with them how to optimize student learning. Our current clinical partnerships fall within four broad categories: acute care, ambulatory care, long-term/transitional care, and community partnerships.

All acute care clinical sites are members of major health care systems in the Twin Cities, and JCAHO accredited (verified by the [Joint Commission's Quality Check website](#)). Patient satisfaction and safety initiatives are evident and communicated to students through the clinical readiness requirements and site orientation.

Beginning with the 2014-2015 academic year, a clinical experience included an ambulatory care facility within the Park Nicollet medical system. We were pleased with this new opportunity as we observed a trend indicating an increase in the number of program alumni employed in this care setting.

Normandale's long-term/transitional care partners include members of large organizations and independent facilities. Facilities are licensed and surveyed by the Minnesota Department of Health (MDH) with current licensure (verified July, 2015). Patient safety initiatives are communicated to students each semester at their on-site orientation.

Community partnerships include the Bloomington Public Schools and Everyday Miracles, which are respected community resources striving to optimize the health and well-being of their students/clients. We partner with the [Bloomington Public Schools](#) to provide hearing and vision screening and student wellness fairs for the elementary population. [Everyday Miracles](#) is a charitable, non-profit organization dedicated to reducing health disparities. Support for young families during pregnancy and birth, support of breastfeeding and parent education classes are offered at affordable sliding scale rates. Students observe and participate in parent education classes. The program also introduces the role of the doula and promotes discussion of complementary approaches to healthcare.

Everyday Miracles have reduced Cesarean birth rates and increased the length of breastfeeding when compared with the general population as studied and reported in partnership with the University of Minnesota School Of Public Health.

In the spring of 2015 100% of faculty surveyed agreed or strongly agreed that their clinical site is appropriate for learning and achievement of course and program SLO and program outcomes. Student's surveyed in both the traditional and MANE curriculum report over satisfaction with their clinical site (>80%) with the exception of <80% of students who rated their ambulatory OB experience as satisfactory. As previously reported, we are transitioning to community and ambulatory OB and student response may reflect this recent change.

Criteria 4.10

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

Student's clinical performance expectations are reflective of national patient health and safety goals. Our clinical evaluation tools reflect evaluation of professionalism and patient safety. Students are

expected to follow clinical site orientation requirements that include information about adherence to national patient health and safety goals. Course Outcome maps document adherence to nationally recognized standards and established patient health and safety goals.

Beginning spring of 2015, faculty are being asked to identify on a yearly survey at least three evidence-based practices and/or nationally established health and safety goals at the clinical site they utilize.

In the MANE program, students have a variety of clinical experiences that are evidence-based, and these experiences occur in a variety of settings where nurses commonly begin their careers. We currently use: acute, ambulatory, long term, transitional and assisted care units; community settings; and schools. Table 27 lists examples of student exposure to evidence-based and contemporary practice; and nationally established patient health and safety goals in the clinical sites.

Table 27: Clinical Professional Standards and Student Clinical Experience			
MANE SLOs	Traditional curriculum SLOs	Clinical experience	Professional Standards Evidence Based contemporary Practice
Patient Centered Care	Provider of Care Communicator	<ul style="list-style-type: none"> • Care conferences • Discharge planning • Bedside reporting • Fall reduction programs • HCMC Reducing Readmission Rates 	<ul style="list-style-type: none"> • QSEN competency: Patient centered care • Transforming Care at the Bedside national program (RWJF and IHI) • Core Values of Holistic Nursing
Evidence-Based Practice	Provider of Care	<ul style="list-style-type: none"> • HELP program • CenteringPregnancy® 	<ul style="list-style-type: none"> • QSEN competency: Evidence Based Practice • Healthy People 2020 • Core Values of Holistic Nursing (Standard 13)
Safety	Provider of Care	<ul style="list-style-type: none"> • Patient identification • Infection prevention/hand hygiene • Medication reconciliation improvement 	<ul style="list-style-type: none"> • QSEN competency: Safety • JCAHO Hospital Patient Safety Goals (2015) • 2015 Long Term Care Medicare/Medicaid Certification based National patient safety goals • Healthy People 2020
Informatics	Communicator	<ul style="list-style-type: none"> • Use of EMR • Fall prevention improvements utilizing EHR data (FVSD) 	<ul style="list-style-type: none"> • QSEN competency: Informatics
Teamwork and Collaboration	Manager of Care	<ul style="list-style-type: none"> • Care Conferences • Discharge planning • Interdisciplinary rounds 	<ul style="list-style-type: none"> • QSEN competency: Teamwork and Collaboration • Core Values of Holistic Nursing (Standard 11)

MANE SLOs	Traditional curriculum SLOs	Clinical experience	Professional Standards Evidence Based contemporary Practice
Quality Improvement	Member of the Profession	<ul style="list-style-type: none"> • Student participation in data collection (NURS 2950) Walker Methodist • Quality Dashboards (Methodist Hospital) 	<ul style="list-style-type: none"> • QSEN competency: Quality Improvement • Core Values of Holistic Nursing

Criteria 4.11

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

The Normandale nursing program strives to form partnerships with clinical practice agencies that result in outstanding opportunities for student learning. Written memorandums of understanding (MOUs), utilizing the MnSCU nursing clinical MOU template, are updated as needed by the DON and the Health Science administrative assistant to maintain currency.

Table 28: Memorandum of Agreements				
Facility	Address	Contact person	Contract expiration date	Nursing Course
Allina Health: Abbott Northwestern Hospital	800 E 28th St, Minneapolis, MN 55407 612-863-4000	Kate Herrick kate.herrick@allina.com	6/2020	N2220
Phillips Eye Institute	2215 Park Ave, Minneapolis, MN 55404 612-775-8800			N2700/20
Bloomington Schools District #271	1350 W 106 th St Bloomington, MN 55431 952-681 6400	Eileen Kern Ekern@bloomington.k12.mn.us	5/2020	N2210 N2700/20
Everyday Miracles	1211 Jackson St NE, Minneapolis, MN 55413 612-353-6293	Debby Prudhomme info@every-daymiracles.org	9/1/2019	N2700/20
Fairview Ridges Hospital	201 E Nicollet Blvd, Burnsville, MN 55337	Dena Torkelson DTorkell1@Fairview.org	5/2017	N2220
Fairview Southdale Hospital	6401 France Ave Edina, MN 55435 952-924-5000	Tanya Velishek Tvelish1@Fairview.org	5/2017	N2220

Facility	Address	Contact person	Contract expiration date	Nursing Course
Hennepin County Medical Center	701 Park Ave Minneapolis, MN55415 612-873-3000	Wahlberg, Rose Rose.Wahlberg@hcmcd.org	9/2019	N2210 N2800
Jones Harrison Care Center	3700 Cedar Lake Ave, Minneapolis, MN 55416 612-920-2030	DON Libby Lindberg Llindberg@jones-harrison.org	10/2017	N2800 NA/HHA
Martin Luther Care Center	1401 East 100th St Bloomington 55425 952-888-7751	Jodi Monitor Jmonito1@Fairview.org	5/2020	N2700
Park Nicollet Methodist Hospital	6500 Excelsior Blvd Minneapolis, MN 55426 952-993-3123	Kim Wedin Kim.Wedin@ParkNicollet.com Paula Duncan Paula.Duncan@ParkNicollet.com	12/2015	N1120 N2700
Walker Methodist Edina care suites Health Center	3737 Bryant Ave Minneapolis, MN 55409 612-827-5931	Beth Deneau bdeneau@walkermethodist.org	12/2017	N 2700/20

Criteria 4.12

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

Not applicable; Normandale offers a single program with a face-to-face format.

STANDARD 5
RESOURCES

STANDARD 5: RESOURCES

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

Criteria 5.1

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

The nursing faculty and leadership of Normandale’s Nursing Program strive to acquire and maintain learning resources that are current, comprehensive, and sufficient to meet the needs of today’s nursing student. Normandale is primarily a liberal arts transfer institution with a limited number of career track programs. Table 29 shows the operating budget of the nursing career track program.

Table 29: Nursing Department Budget				
Category	Fiscal year 2013 (FY13)	FY14	FY15	Projected FY16
AD personnel budget (salary and benefits)	1,167,065.51	1,028,191.72	1,309,452.33	1,256,509.89
Non-personnel budget Nursing Department	52,295.72	28,899.97	56,400.40	67,796.00

Table 30 demonstrates that the resources for the Nursing Program are comparable with the other career track programs within the Health Sciences division.

Table 30: Health Science Budget Comparison Table				
Fiscal Year 2013				
Program	Annual Budget (Personnel and Operating)	Students enrolled October FY 12	Faculty	Program credits
Nursing	1,219,361.23	190	Full-time: 11 Part-time: 7	32
Dietetic Technology	408,993.93	23	Fulltime: 3 (1 sabbatical) Part-time: 1	33
Dental Hygiene	789,323.13	40	Fulltime: 4 (1 sabbatical) Part-time: 4	50
Fiscal Year 2014				
Program	Annual Budget (Personnel and Operating)	Students enrolled October FY 13	Faculty	Program credits
Nursing	1,057,091.69	173	Fulltime: 12 (2sabbaticals) Part-time: 5	32
Dietetic Technology	280,701.80	23	Fulltime: 3 Part-time: 1	33
Dental Hygiene	725,761.04	40	Fulltime: 3	50

			Part-time: 5	
Fiscal Year 2015				
Program	Annual Budget (Personnel and Operating)	Students enrolled October of fiscal year 14	Faculty	Program credits
Nursing	1,365,852.73	173	Fulltime: 11 Part-time: 5	Traditional: 32 MANE: 35
Dietetic Technology	330,164.83	19	Fulltime: 3 Part-time: 1	33
Dental Hygiene	713,997.96	40	Fulltime: 5 (1 sabbatical) Part-time: 4	50

The Dean of Health Science is responsible for administration of the nursing personnel budget. The Dean collaborates with the DON to determine the need for additional faculty and staff positions within the Nursing Department.

To fund initiatives and resources, the college uses a new funding request (NFR) process. The NFR process provides a larger pool of possible fiscal support for expensive items. Through careful planning, faculty collaboration and college support of the Nursing Program, the department has sufficient learning technology, laboratory supplies and equipment to meet and support student learning and attainment of student learning outcomes. The DON is accountable for the Nursing Department non-personnel budget. The faculty are encouraged to discuss and prioritize department needs and have an opportunity to provide input prior to annual budget submission. Selection of resources is a part of our annual budget and department work plan cycle. Each fall we begin by reviewing the college strategic plan and our current department work plan. We then review of our Resource Replacement table to determine replacement resource needs. Faculty have the opportunity to request resources that will be needed for their courses. As the final step, the DON and faculty prioritize needs.

Fiscal support for the Nursing Department includes funding from the following:

- State allocation
- Tuition
- Carl D. Perkins funding
- Grant funding

Examples of multi-source funding to ensure sustainable sufficient fiscal resources are as follows:

- Faculty participating in MANE curriculum development in the summer of 2013 were funded by a HealthForce MN grant.

- Faculty participating in MANE curriculum development in the summer of 2014 were funded by a Robert Wood Johnson foundation (RWJF) Minnesota grant.
- Carl D. Perkins funding supported 50% of our CLA 1 position beginning in 2013-2014.
- Carl D. Perkins funding supported our fee for the Clinical Coordination Project in 2013-2014 and 2014-2015.
- The college foundation has funded our purchase of a Laerdal SimJunior along with a mini grants for pediatric optical screening equipment.

Examples of ongoing college funded support include:

- Normandale faculty attend four paid development days annually.
- Normandale nursing faculty are eligible for faculty development funds and stipends.
- The campus Center for Teaching and Learning (CTL) offers numerous sessions at no cost to employees.
- The college instructional designer and Professional Development Center staff are available to the faculty and department.

Differential tuition is charged for the Health Science division credits at Normandale to facilitate adequate program funding (Table 31). The justification for differential tuition includes: an increased faculty-to-student ratio in the laboratory, simulation, and clinical settings; along with the ongoing need for clinical laboratory and simulation lab equipment and supplies. When surveyed >90% of the nursing faculty agreed or strongly agreed that fiscal resources were sufficient to achieve program goals and outcomes.

Tuition and Fees	Cost per credit 2012-2013	Cost per credit 2013-2014	Cost per credit 2014-2015
General Education	190.30	190.30	190.30
Health Science	222.60	222.60	222.60

Criteria 5.2

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

Faculty and student feedback indicate classrooms, clinical laboratory, and simulation space, technology, and equipment are adequate. Survey results from 2014-2015 indicate that >75% of students report neutral or positive responses to survey questions regarding physical facilities. Nursing faculty were surveyed in the spring of 2015 with 87% agreeing or strongly agreeing that computer lab, office space and private areas were adequate to achieve program goals and outcomes.

The increase in active learning integrated in all nursing courses has put a strain on available lab space. Student end of course surveys have reflected a desire for increased open lab. To optimize lab use, nursing lab faculty post open lab hours on nursing course website and outside of the nursing lab (S2368) two weeks in advance to facilitate student planning. In addition to early posting of lab hours we will be adding open lab time during early evening hours. This effort will be carefully matched with the times courses are teaching key skills and we can anticipate high demand. Student lab usage is tracked electronically using a Lab Tracker card system. We will monitor early evening usage to determine the effectiveness of this intervention. Table 32 details the physical resources.

Table 32: Nursing Program Designated Classroom/Laboratories/Meeting Areas	
Physical resource	Description
Nursing Classrooms	Nursing theory courses are scheduled in the campus Activities building which was completely renovated in 2009. The classroom space is appropriate for class size (seating 45 with the capacity to combine some rooms) and each room is equipped with technology including an instructor work station inclusive of computer, document camera, and the capacity to project to a classroom screen. All rooms have internet access.
S2368 Nursing Skills Lab: This space is dedicated to the Associate Degree Nursing program	S2368: Nursing laboratory content is primarily scheduled in the main nursing skills lab S2368. The space was new in 2003 and has been updated to support the increase need for lab space due to the five clinical learning experiences of MANE Clinical Learning Model. Computer technology, a document camera, and the ability to project to a screen are available in this space. S2368 includes eight bed spaces equipped with electric beds, bedside computers, a bedside stand/over the bed table. The space is designed to provide a realistic setting in which to practice nursing skills. The space is well supplied with key equipment listed in Table 33. In the fall of 2009, a tracking system was added allowing the trending of nursing lab usage data. This data supported our request to add S2362 as additional dedicated nursing space in 2013.
S2362: Additional space acquired in fall of 2013	Previously used as a conference room, S2362 became a dedicated nursing space in the fall of 2013. The space communicates with S2368 and also has hallway access. The addition of this new space has allowed module learning to be available to students when other nursing groups occupy the nursing lab (S2368). The space is flexible and allows for small groups to view a video or work together on a project while other students practice skills.
S2333: Nursing skills lab shared with the nursing assistant/home health aide certificate program	S2333 is a large open lab with eight bed spaces, one with a bedside computer. This is a shared space with our associate degree program and our nursing assistant/home health aide certificate program. Computer technology, a document camera and the ability to project are available in this space. The Nursing Department utilizes S2333 for pediatric simulation experiences and a variety of lab experiences for NURS 2700 (Foundations)
S2332: Simulation Lab	New in Spring of 2011, the simulation laboratory was created by remodeling an existing space primarily utilizing government stimulation funding. The lab has two bays, each with an electric patient bed, full headboard with compressed air and suction, a bedside table, and over-the-bed table. A control room provides the opportunity to program the manikin and speak for the manikin, creating a realistic acute care environment. A medication administration unit, Learn to Dose (L2D) is available in this space.

Physical resource	Description
	In the simulation lab, faculty have created a small living room area for home visit simulations. Recent graduate surveys note increasing employment in community settings. This provided the incentive to integrate community and homecare nursing into our curriculum including simulation.
Meeting Rooms	Normandale faculty may review available space and reserve rooms on line. Recurring meetings may be scheduled for the semester. Meeting space has been available without difficulty.
Faculty Offices	Full-time faculty have private offices with a computer and phone. Office space is adequate to meet with individual students. Part time faculty have shared office space.
Computer rooms	Computer rooms may be reserved for nursing course and testing needs. Additionally, student computer labs are available with day, evening and Saturday hours.
Other	The Normandale campus offers a number of opportunities for faculty, staff and students including a variety of food serves options, a gym and fitness room and a day care center

Criteria 5.3

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

The Nursing Department learning resources committee oversees faculty requests for equipment and resources. Together, with department and college administration, the committee coordinates planning and ensures resource selection meets departmental needs. The department has developed a long-term equipment replacement plan which has served as a model for others in the college. Nursing lab faculty and staff have expertise in maintenance of equipment prolonging its usefulness and protecting our investment. When surveyed in the spring of 2015, >90% of the nursing faculty agreed or strongly agreed that learning resources and technology are comprehensive, current and accessible and that they are able to participate in selection of resources. Table 33 lists lab and simulation resources.

Table 33: Core resources for lab and simulation		
Equipment Name	Item Location	Description and Uses
Manikins: SimMan Essential, geriatric, adult, OB (birthing), pediatric, newborn	S2368, S2333, S2332	1 Sim Essential 2 Sim Juniors 1 Noelle 4 basic adult manikins 3 nursing baby 6 newborns Used in simulation and lab
Sim pads for Laerdal manikins	S2368, S2332	6 Laerdal sim pads which and used in lab classes and independent student practice sessions. Students may vary settings for practice sessions with peers.

Equipment Name	Item Location	Description and Uses
IV Pumps (variety)	S2368	6 Baxter Sigma Pumps with 2 additional pumps on order used in simulation and lab practice, similar to IV pumps at acute care clinical settings.
Feeding Pumps	S2368	2 Kangaroo Pumps and related supplies
Vital Sign equipment: Stethoscopes (single & teaching style), thermometers (oral, tympanic, temporal), blood pressure cuffs (manual & automatic), Doppler's, pulse oximeters	S2368, S2333, S2332	2 Portable units able to measure BP, SpO2 and temp Multiple thermometers, manual BP cuffs, handheld SaO2 monitors
Blood Glucose monitoring	S2368, S2332	Multiple examples with the related supplies for student practice
Respiratory equipment: chest tubes, drainage devices, ambu bags, trach set-ups, suctioning equipment	S2368, S2332	Multiple set ups and examples for demonstration and student practice
Wall unit: suction and compressed air	S2368, S2332	Supports respiratory and GI learning events
Ophthalmoscopes, Oscopes, Audiometer	S2368	Audiometer to prepare students for school based screening
Models: IV insertion practice pads, adult IV trainer arms, wounds (wide variety), catheter torsos (male & female), central line chest, injectable pads	S2368	Multiple urinary catheter and IV models Wound care models
Infant radiant warmer, bassinet & crib	S2368	Supportive equipment for newborn infants and pediatric patients
Gurney & wheelchairs	S2368, S2333	WC -Share with NS/HHA 6 plus 1 gurney
Beds	S2368, S2333, S2332	Includes all linens to support hospital or home environments.
Bedside tables & nightstands	S2368, S2333, S2333	Multiple to create realistic care environments
Supplies: medical and nonmedical	S2368, S2333, S2332	Wide variety of supplies to support the diversified items on this list
Computers, Chromebooks, Medication Dispensing Tablets (L2D)	S2368, S2333, S2332	32 Chrome Books 2 iPads
Carts: Chromebooks, Peds sim, L2D dispensing	S2368, S2332	32 chrome books dedicated to nursing are in a cart to make it possible to take to class 4 medication dispensing systems with iPads and software support Peds Sim Cart to allow flexible scheduling of pediatric simulation
Washers & Dryers	S2368, S2333	2 Washers 2 Dryers
Resources: Books, CDs, computer-based programs	Reserve shelves in library;	A wide variety of reference books, texts, CDs, and on-line training are available to students.

Equipment Name	Item Location	Description and Uses
	Open shelves in nursing lab S2368	All current nursing texts are on reserve in the library.
Audio-Visual	Classrooms, library	Students may reserve rooms for group viewing of DVDs, computer labs available for groups and individuals

The [Normandale library](#) provides comprehensive learning resources and is open to students, staff, and faculty (hours include evenings and Saturdays). Librarians are available to assist; in person, via e-mail, instant messaging, and by phone. Our Nursing Department collaborates with the library faculty to provide our students with integrated library instruction in support of evidence based assignments. Extensive databases and inter-library loans enhance our student access to learning resources.

[Technology services](#) are available to students, faculty, and staff. In addition to extensive online information, a help line is staffed during the college open hours (including evening hours) or a ticket may be submitted for e-mail response. Two campus computer centers offer assistance with onboarding and technical challenges. Wi-Fi is widely available on campus.

Criteria 5.4

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

Not applicable; Normandale has a single nursing program and location, which offers face-to-face courses.

SECTION THREE:

STANDARD 6

OUTCOMES

STANDARD 6: OUTCOMES

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

Criteria 6.1

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

The ACEN Standards

The Normandale Nursing Department's systematic evaluation plan (SEP) is up to date and contains data for a minimum of three years. We are currently in the process of transitioning our curriculum and the SEP reflects this change where applicable. Our process includes the following components:

- Identification of faculty champions
- Faculty development related to accreditation
- Creation of our departmental support structures to facilitate ongoing review of the SEP and accreditation process

In 2012, the Normandale nursing faculty, together with the DON, embarked on a project to update their approach and enhance their knowledge of accreditation. The department applied for, and was awarded, a grant to support the DON and three faculty members to attend the National League for Nursing Accreditation Commission (NLNAC) March 2012 self-study forum in Atlanta, Georgia. Upon return, the group reviewed and updated the department's Systematic Evaluation Plan (SEP). Faculty and leadership development has also been facilitated by the utilization of consultants and resources (e.g. HealthForce MN). Faculty have attended both on- and off-campus faculty development sessions related to accreditation. Faculty, new to the department fall 2014, were oriented to ACEN and the process of ongoing program review by the Nursing Department chair.

An ad hoc faculty accreditation committee was formed in 2012 and formally incorporated into the department committee structure and bylaws in the fall of 2014. The committee, titled the Nursing Program Quality Committee, provides oversight of program quality initiatives including ongoing review of our SEP. This committee is made up of three nursing faculty members and the DON as an ex officio member.

The goal of the Nursing Program Quality Committee is to ensure the Nursing Department meets and exceeds college, accrediting agency and the MNBON requirements.

The defined Nursing Program Quality Committee objectives as stated in the nursing bylaws are to:

- Orient and educate faculty about ACEN accreditation processes

- Oversee the Systematic Evaluation Plan (SEP)
- Maintain current tracking of ACEN criteria using the SEP tracking tool
- Provide leadership during the college program review process
- Provide leadership during ACEN accreditation related activities such as the self-study

The nursing faculty elected to utilize its existing department committee structure in our approach to building a continuous quality improvement process of assessment, evaluation, and planning. Each nursing department standing committee is assigned specific standards and is responsible for maintenance of data collection, evaluation and documentation on the SEP templates. A SEP tracking tool facilitates ongoing assessment. The tool keeps track of each standard and criteria, along with the assessment frequency, responsible committee (or person), the date of the last review and the next update required.

Student learning outcomes and role specific graduate competencies

To better inform our teaching, course faculty utilize course outcome maps to track achievement of student learning outcomes and role-specific graduate competencies in each course. The course outcome maps include the nursing programs SLOs, college core learning outcomes, course student learning outcomes, learning activities, competencies, evaluation methods, expected levels of achievement for assignments, actual obtained level of achievement for assignments, and professional standards related to the SLO. The maps ensure achievement of student learning outcomes and competencies at the program and course level. The initial course maps from spring 2013 were audited to ensure that all graduate competencies were mapped throughout the program. This table will be available for review at site visit.

The course map, course SLOs and role specific competencies (RSCs), are reviewed and analyzed at end of the semester by each faculty team. The actual student level of achievement is documented. For ELAs that are not met, the faculty evaluate and make changes to the courses as needed. In the spring of 2015, the faculty approved a change in the map template, and going forward, it will include an area for documentation of the review and any resulting changes. Course Outcome maps will be available on our accreditation website.

Program Outcomes

Program outcomes are monitored and trended by incoming cohort. Data collection, trending, analysis has informed program changes (see Criteria 6.4).

Criteria 6.2

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

At Normandale we offer an on-campus, face-to-face nursing program. Outcomes are tracked by incoming cohort, course groups, and graduating class. Prior to 2014, we did have a mobility track for Licensed Practical Nurses and we currently have an LPN advance placement in our MANE curriculum. Data for our students who enter the program as Licensed Practical Nurses are monitored separately. The faculty have identified the following as key indicators of student learning:

- Dosage Calculation exam results
- Clinical Reasoning Test performance
- End of Course surveys
- End of program surveys
- New for 2015-2016: Percent of change on ATI critical thinking test

We have been tracking results of the key indicators and data collect has become more systematic. Faculty members have discussed the results in team and full faculty meetings. While faculty have discussed the data and results, we do see an opportunity to become more systematic in our trending and use of data especially with a spiraling concept-based new curriculum. Table 34 demonstrates that we have responded to student data and have made changes in an effort to improve our outcomes. Table 35 reviews the key indicators listed above, the identified expected level of achievement (ELA) and whether or not the ELA was met.

Table 34: Program Changes Made Based on Aggregated Evaluation Findings					
Activity/Change	Date	Data Analysis and Discussion	Program Change/Action Plan	Rationale	Location of Data
Changes made to support of LPN students	January 2013	LPN program completion and first time NCLEX pass rates are below that of traditional students and below ELA for criteria	Consistent faculty advisor assigned to LPN students Pilot of CLA1 position to allow lab faculty increased time with students	To increase faculty support of LPN students to increase student success in program.	FY14 work plan (D2L site) Success data included in criteria 6.4.1
Every semester admission	January 2012	Students were admitted only fall semester. If they failed a course, the student had to sit out for 1 year to retake the course that was failed. This affected our completion rates as some students did not want to wait to complete the program a year later.	Changed to accepting cohorts every semester.	To provide students the opportunity to repeat a failed course the following semester and not wait for an entire year to complete program.	2012-2013 annual work plan submitted 2/1/12
Curriculum mapping project	October 2012	MNBON eliminated the required Board Abilities for student graduation of nursing programs. Need for a curriculum review and realignment.	Traditional curriculum was reviewed and mapped to program and course SLOs and competencies, learning activities, and measurement tools.	To conform to the national standards for accreditation and assure all SLOs and Role Specific Competencies were met.	Full faculty meeting minutes 12/20/12 Program SLO and Course SLO leveling and competency audit, Spring 2013 2012- 2013 Curriculum Committee Review Summary (D2L site)
Course maps	Spring 2013	MNBON Board Abilities required documentation of achievement of each of the abilities of the graduates. The faculty wanted to adopt a means to assure measurability of each of the program and course SLOs and competencies that were mapped in the curriculum mapping project.	Faculty adopted a template for course maps which included ELAs for each of the SLOs and competencies throughout the program. Faculty teaching teams encouraged to use an end of semester checklist to ensure completion of course outcome data collection documentation of revisions	Promote the collection, analysis and synthesis of student outcomes data related to SLOs	Faculty meeting minutes 12/7/12

Activity/Change	Date	Data Analysis and Discussion	Program Change/Action Plan	Rationale	Location of Data
Test blue print plan adopted	2012-2013	We had a decrease in NCLEX pass rates, still above national level but low for our program. Faculty felt that the students were not getting enough exposure to NCLEX style questions and computer testing experience.	Faculty began effort to blueprint each exam. The blueprints included course objective, NCLEX category, the nursing process category, and Blooms taxonomy level. The difficulty and biserial statistics were used to evaluation test questions for rigor and validity.	To insure leveling and rigor of the faculty tests.	Faculty meeting minutes 12/7/12
Test blue print data analysis and adoption of a Written Test Protocol	Spring 2015	Completed the blue printing of all the faculty tests in fall 2014. Analyzed the results of the faculty tests across the curriculum. Faculty discussed the length of time for test questions, progressive level of Bloom's cognitive, NCLEX, and nursing process across the curriculum. Assured that all faculty were completing test analysis.	Adopted test protocol which intentionally levels questions with increasing complexity as students' progress	To guide progression of difficulty and assist students to improve results when testing at higher levels of complexity	Faculty meeting minutes 5/15/15
Admission criteria revised	February 2014	The seven community colleges planning to offer the MANE curriculum had different admission criteria. Faculty determined a need for consistent MANE curriculum admission criteria	The Normandale nursing admission criteria was changed to assure alignment with other programs offering the MANE curriculum.	The MANE curriculum Steering committee developed admission criteria based on evidence-based criteria.	MANE Steering committee minutes 2012-2013
MANE Curriculum adopted	December 2012 with launch fall 2014	Within MN, the hospitals were hiring primarily BSN graduates; the IOM report identified the need for progression of AD graduates to BSN education. Evidence-based research identified improved patient outcomes with BSN staff. The graduates were being hired outside of acute care. Curriculum needed to meet the changing needs of the demographics.	Faculty adopted the MANE curriculum to launch in the fall of 2014.	To remove barriers to students progressing to a BSN (Students are dually admitted in a BSN and AD program) MANE curriculum prepares students to provide care to patients across the lifespan throughout the continuum of care.	Annual work plans FY14 and FY15 Full faculty meeting minutes

Table 35: Program Changes Based on ELAs of Faculty Determined Key Indicators

Key Indicator	Date	Expected Level of Achievement	Data Analysis and Discussion	Program Change/ Action Plan	Rationale
Dosage Calculation Tests	2012-2013	<p>Dosage Calculation exam results: 80% of students will pass the dosage calculation test on the first attempt.</p> <p>High stakes exam students must pass in three attempts to remain in the program.</p>	<p>Below is the first time pass rate indicating if the student group was prepared to meet the expected level of achievement:</p> <p>Fall 2012 NURS 1110 (N=38) 86.8 % NURS 1120 (N=38) 95% NURS 2210 (N=54) 85% NURS 2220 (N = 42) 76%</p> <p>Spring 2013 NURS 1110 (N=38) 92.1% NURS 1120 (N=35) 100% NURS 2210 (N=46) 83% NURS 2220 (N=86) 62%</p> <p>ELA not met for NURS 2220 in the fall or spring. Math tests are leveled each semester and get more difficult by the end of the program e.g. advanced adult IV calculations – IV dosages and flow rates using clinical protocols. No overall change in pass rates within three attempts</p>	Continue to trend data	We need trended data in order to make educated decisions on program changes.
Dosage Calculation Tests	2013-2014		<p>Fall 2013 NURS 1110 (N=37) 89.1% NURS 1120 (N=40) 86% NURS 2210 (N=51) 78% NURS 2220 (N= 44) 52%</p> <p>Spring 2014 NURS 1110 (N=40) 87.5% NURS 1120 (N=37) 100% NURS 2210 (N= 39) 74% NURS 2220 (N= 47) 68%</p>	<ol style="list-style-type: none"> 1. Include dosage calculations on course theory tests throughout the semester 2. Review the placement of the math exam in the semester 3. Textbook change to a book used previously that included a greater 	<ol style="list-style-type: none"> 1. To improve and strengthen retention in the program. 2. To allow adequate time for remediation between attempts 3. To facilitate practice for the students in math practice questions.

Key Indicator	Date	Expected Level of Achievement	Data Analysis and Discussion	Program Change/ Action Plan	Rationale
			<p>ELA not met for NURS 2210 and 2220 for both fall 2013-2014</p> <p>Faculty meeting minutes from 1/31/2014 include a discussion of dosage calculation results and related issues. The faculty discussed topics that student struggled with and developed an action plan for improvement.</p>	<p>number of practice questions.</p>	
Dosage Calculation Tests	2014-2015		<p>Fall 2014</p> <p>Traditional Curriculum NURS 1120 (N=39) 97% NURS 2210 ((N=32) 69% NURS 2220 (N=40) 60%</p> <p>MANE Curriculum NURS 2700 (N=38) 92% NURS 2720 (N=2) 100%</p> <p>Spring 2015</p> <p>Traditional Curriculum NURS 2210 (n=40) 78% NURS 2220 (N=31) 71%</p> <p>MANE Curriculum NURS 2700 (N=38) 81% NURS 2720 (N=2) 100%</p> <p>ELA not met for NURS 2210, NURS 2220 in the fall, and 2210, and 2220 for the spring of 2015 for the traditional curriculum. The MANE Curriculum demonstrates achievement for all courses.</p> <p>Discussion: Dosage calculations in course theory tests were included throughout the program. The placement of the math exams in the semester were reviewed and not changed due to the placement of clinical and the need for safety in dosage administration. The textbook</p>	<p>No changes made to the MANE curriculum as the ELA is met at this time. Continue to track data.</p>	

Key Indicator	Date	Expected Level of Achievement	Data Analysis and Discussion	Program Change/ Action Plan	Rationale
			<p>was changed to assure access to practice questions which was implemented for the MANE students.</p> <p>In the fall of 2014 supplemental instruction was provided by a student employee with special training in math (peer tutoring). Peer tutors were not available to provide SI in the spring but students with dosage calculation background were available in the tutoring center.</p> <p>The traditional curriculum will be phased out fall 2015, and the transition to the MANE curriculum will be complete.</p>		
Clinical reasoning tests	2012-2013	<p>95% of students will pass their final CRT in NURS 2210</p> <p>High stakes exam students must pass in three attempts to remain in the program.</p>	<p>ELA met.</p> <p>Percentage noted is the total % of students passing their final CRT:</p> <p>Fall 2012 NURS 2210 – 98% pass rate</p> <p>Spring 2013 NURS 2210 – 99% pass rate</p>	Continue to monitor and trend data	
	2013-2014		<p>ELA met.</p> <p>Fall 2013 NURS 2210 – 100%</p> <p>Spring 2014: NURS 2210 – 100%</p>	Continue to monitor and trend data	
	2014-2015		<p>ELA met.</p> <p>Fall 2014 NURS 2210 – 97%</p> <p>Spring 2015 NURS 2210 – 98%</p>	Review possible changes to ELA with the MANE curriculum transition	
Course Surveys	2012-2013	Each course team will review their course surveys and items that are < 80% of students	<p>ELA met.</p> <p>All courses were reviewed by the course teams and changes made to the courses as indicated.</p> <p>Example from NURS 2210:</p>	<p>NURS 2210</p> <p>1. Review student time management</p> <p>2. Course Orientation will include a course</p>	<p>1. To improve student organization for course and time management</p> <p>2. Student survey results indicated that students</p>

Key Indicator	Date	Expected Level of Achievement	Data Analysis and Discussion	Program Change/ Action Plan	Rationale
		<p>agree or strongly agree will be reviewed for course improvement.</p> <p>Qualitative data is reviewed, trended, and analyzed for course improvement.</p>	<p>Fall 2012. <80% agreement regarding OB/Peds textbook – Students did not like Ricci textbook. They found amount of content overwhelming and errors in text. Discussion: There is a second edition of Ricci book we will use in the spring. The textbook is easy to read. As we teach in the spring, we should evaluate if there is content that may be omitted.</p> <p>Spring 2013 Follow up on 2nd edition of OB textbook >85% students agree/strongly agree. A couple of student commented on errors in text (first edition) and size of book. Two versions were available. Encourage use of 2nd edition. Overall percentages >86 % agree/strongly agree in all categories of evaluation. Pediatric theory <80%. Discussion: Pediatrics will not be a shared part-time position in the fall 2013 as it was in this spring; alleviating some issues with two different people teaming one content area.</p> <p>84% completion rate for course survey for NURS 2210 in fall 2012 89% completion rate for course survey for NURS 2210 in spring 2013</p>	<p>survival topic starting in spring 201 3. Review course team meetings from each semester for each course offered.</p>	<p>had difficulty managing their time and expectations of the course.</p>
Course Surveys	2013-2014		<p>ELA met. All courses were reviewed by course teams and changes made to the courses as needed.</p> <p>Example from NURS 2210 Fall 2013 Regarding lab activities: Overall total scores: positive feedback >70-90% agree/strongly agree. No recurrent themes or patterns of specific concern other than making sure lab supplies are out and available during lab. Discussion for clear communication regarding lab module open and close dates, supplies and where students may access with more open lab time. . Use the</p>	<p>Faculty to send list to lab to assure lab supplies are available for students for specific lab modules.</p>	<p>To assure students have the supplies needed for practice.</p>

Key Indicator	Date	Expected Level of Achievement	Data Analysis and Discussion	Program Change/ Action Plan	Rationale
			<p>new lab space (S2362). This space allows module learning to be available to students when other nursing groups occupy the nursing lab</p> <p>Spring 2014 Clinical evaluation: Greater than 94% agree or strongly agree in all categories of the evaluation. OB simulation positive comments in all categories. Mental health 100% strongly agrees in all categories of the evaluation. (HCMC) Pediatrics 81% to 90% neutral to strongly agree comments. High 90% comments for pediatric simulation Lab survey did not get posted on D2L</p> <p>94% completion rate for course survey for NURS 2210 in fall 2013. 92% completion rate for course survey for NURS 2210 in spring 2014.</p>		
Course Surveys	2014-2015		<p>ELA met. All courses were reviewed by course teams and changes made to the courses as needed.</p> <p>Example from 2210 Fall 2014 Clinical site for OB did not meet ELA. 50% agreed or strongly agreed that the clinical site meets the learning objectives. This was the first group that students did not have a hospital OB experience. OB was changed to an ambulatory setting for this semester with additional OB simulation with inpatient focus.</p> <p>Spring 2015 Clinical site for OB did no change from. 50% agreed. Simulation was greater than 90% the students agreed or strongly agreed with positive comments from the qualitative sections. The simulation feedback is encouraging in view of the NCSBN simulation study as</p>	Fall 2014 Strengthened the OB simulation	Unable to do clinical in hospital OB any longer and students require exposure to OB experiences.

Key Indicator	Date	Expected Level of Achievement	Data Analysis and Discussion	Program Change/ Action Plan	Rationale
			<p>well as contract site limiting availability. Students express they want hospital experience vs outpatient.</p> <p>92% completion rate for course survey for NURS 2210 in fall 2014.</p> <p>92% completion rate for course survey for NURS 2210 in spring 2015</p>		
End of Program Exit Surveys	Spring 2013	80% of students will average a 3 on a 1 to 5 Likert scale on their ability to perform their Program SLOs and related Role Specific Competencies.	<p>N = 18/75 students.</p> <p>Poor response makes analysis difficult. 5/16/2013 faculty wrap up meeting minutes noted the poor response to survey and our brainstorming of ideas for improvement.</p> <p>ELA met. Of surveys completed > 80% of students indicated satisfaction that they had met program SLOs. No trends noted in qualitative review of comments. (See Table 36 for comments)</p>	End of program surveys – survey will be given before the HESI next year to increase the participation	
End of Program Exit Surveys	2013-2014	Qualitative data is reviewed, trended, and analyzed for program improvement.	<p>Fall 2013 N = 42/43 or 98% students completed survey ELA met. > 80% of students indicated satisfaction that they had met program SLOs.</p> <p>Spring 2014 N = 46/48 or 96% of students completed survey ELA met. > 80% of students indicated satisfaction that they had met program SLOs. See Table 36 for review of comments below</p>	Continue to monitor and trend data	
End of Program Exit Surveys	2014-2015		<p>Fall 2014 100% of students completed survey ELA met. Student’s surveys overwhelmingly agree or strongly agree that they have met their student learning outcomes. Trends noted in qualitative review of comments were that faculty supported their learning and they continue to desire more clinical time. (See Table 36)</p> <p>Spring 2015 90% of students completed the survey.</p>	Continue to monitor and trend data	

Key Indicator	Date	Expected Level of Achievement	Data Analysis and Discussion	Program Change/ Action Plan	Rationale
			ELA met. > 80% of students averaged a 3 on a 1 to 5 Likert scale.		

Table 36: End-of-Program Exit Surveys				
Completion date	Student # completing program	Student # completing exit survey	Quantitative review of Likert Scale survey questions	Qualitative review of comments
Spring 2013	75	18	Students indicate they are meeting their student learning outcomes and have adequate student services.	Liked best: Clinical experiences Faculty support Suggestions for improvement: A desire for increased hands on experience Challenging summer LPN course content
Fall 2013	43	42	Same as above	Liked best: Clinical experiences Simulations Preceptorships Peer support Suggestions for improvement: Not enough hands on or not enough clinical Did not get a preceptorship,
Spring 2014	48	46	Same as above	Liked best: Instructors Clinical experiences Preceptorships Suggestions for improvement: More clinical desired and open lab hours Too much content
Fall 2014	36	37	Same as above	Liked best: Faculty support Clinical experiences Suggestions for improvement: Offer preceptorships More clinical including pediatrics and OB
Spring 2015	30	27	Same as above	Liked best: Dedicated faculty Clinical variety Lab practice Suggestions for improvement: Desire for preceptorships More clinical and lab time

Criteria 6.3

Evaluation findings are shared with communities of interest.

At Normandale we share our evaluation outcomes with communities of interest in several ways.

- Success data is shared with college administration through program review and our department annual work plan.

- MNBON Annual Survey for Evidence of Compliance is submitted each fall.
- A quality dashboard with trended program outcome data is shared with our college community by being posted in a busy public corridor of the college science building. Through this posting we are primarily seeking to reach current and prospective students and non-nursing faculty and college staff.
- Evaluation findings are shared annually with our Nursing Program Advisory Board, which meets each October and April.
- Aggregate data for students in the MANE curriculum is shared with the MANE Research Evaluation and Assessment (REA) committee for the purposes of curriculum assessment and improvement.

Criteria 6.4

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

Table 37: Program Outcomes Summary Table 2012-2015				
Required Program Outcomes	Expected Level of Achievement	Actual Level of Achievement	Action(s)	Implementation Time Frame
Performance on NCLEX (average over 3 years)	Equal or above national pass rate	3 year program average – 91% 3 year national average 84.6%	Faculty implemented test blue printing and adopted a program testing protocol to ensure leveling of test questions and appropriate rigor. Monitor and maintain.	On-going
Program Completion Rate	85% of Normandale nursing students will successfully complete the nursing program within 150% time	Achieved by 4 of 5 past incoming cohorts for whom this data is available.	We began every semester admission in 2012 to decrease wait time for students needing to repeat a course. Monitor and maintain.	On-going
Job Placement Rate	85% are employed 12 months following graduation	Achieved by 3 of 5 past graduating cohorts. The spring of 2014 preliminary data indicates 83.3% of the cohort is employed in nursing. Graduates are contacted within 12 months post-graduation.	As more students continue their education completing a BSN without seeking employment we may find this ELA is not reflective of our current students. Will continue to monitor for now.	On-going
Continuation of Nursing Education	25% of students will indicate they are pursuing a BSN following graduation	Achieved by 5 of 5 past incoming cohorts for whom this data is available.	Monitor impact of new dual admission curriculum with December 2015 graduates.	On-going
Graduate Satisfaction Survey (6 to 12)	85% of Normandale Community College graduates who respond	Return rate varies from 40 to 57% with those responding indicating satisfaction with	DON met with graduating students to stress the importance of their feedback. Utilized alumni to encourage survey	On-going

Required Program Outcomes	Expected Level of Achievement	Actual Level of Achievement	Action(s)	Implementation Time Frame
months post-graduation)	to the exit and 6 to 12 month graduate survey will report 4 or 5 on a 1 to 5 Likert Scale with the preparation for nursing practice provided by the program and achievement of the program SLO.	their education (87 to 100%) and achievement of program SLOs (82 to 95%)	participation. Update survey to reflect new curriculum prior to administering to MANE curriculum graduates.	
Employer Satisfaction (6 to 12 months post-graduation)	85% of employers of graduates will report satisfaction (4 or above mean rating on a 1 to 5 Likert Scale) with the competency of graduates from Normandale Community College as defined by the student learning outcomes and graduate competencies and ability of the graduate to orient to their position in the time typical for a new graduate.	The surveys returned consistently meet the ELA for satisfaction Site visits by the DON with clinical employers, phone surveys from IR, and feedback from advisory board input consistently provide feedback of program satisfaction.	Multiple approaches to obtaining qualitative feedback were utilized: <ul style="list-style-type: none"> • Site visits to clinical sites who employ our graduates • Collaborated with college institutional research department for a phone survey of sites who had hired multiple graduates • Advisory board input • Met with soon to graduate students encouraging them to provide permission for us to contact their employers 	Phone survey implemented fall 2014 with next scheduled survey fall 2017 Continue to seek creative opportunity for employer feedback

Criteria 6.4.1

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

Table 38: NCLEX First-time Pass Rates				
Year	Yearly National Pass Rates for Program	Program Average for past 3 years	Yearly National Pass Rates	National Average for past 3 years
4/2012 to 3/2013	96%	91%	90%	84.6%
4/2013 to 3/2014	85%		82%	
4/2014 to 3/2015	92%		82%	

Data source: Mountain Measurement reports, data from April 1 to March 31

In December 2013, we graduated our first cohort of students who had entered in spring of 2012 when we began our every semester admissions. The majority of these student tested in the first quarter of 2014. Tracking quarterly pass rates allows for a better picture of how individual cohorts perform on the NCLEX and to note the potential impact of program changes.

Table 39: NCLEX Pass Rates by Quarter						
Quarter	1st Qtr 2014	2nd Qtr 2014	3rd Qtr 2014	4th Qtr 2014	1st Qtr 2015	2nd Qtr 2015
Normandale Pass Rate	87.18%	97.3%	75%	Not reported secondary to low N	94%	85.7%
Normandale Year to Date	87.18%	92.11%	89.77%	88.8%	94%	90.9%

LPN results

Normandale admitted a LPN cohort the summers of 2012 and 2013. Secondary to transitioning our curriculum, LPN students are now integrated into each semester of the nursing program and therefore a LPN cohort was not admitted in the summer of 2014. Reporting an NCLEX failure is voluntary but pass rates may be estimated based on the relationship between graduation date and pass date. The time needed for posting of the degrees and releasing names from the MNBON website is generally 10 days to two weeks. Students needing to reschedule their exam following a failure must have 45 days between exam dates (confirmed on NCSBN website). Therefore students passing their NCLEX RN within 55 days of graduation are presumed to have passed their first time.

Table 40: Estimated First-time Pass Rates of LPN Cohort		
Cohort year and beginning LPN enrollment	Students completing program	First time NCLEX pass rates (estimated)
2012 cohort (19 students)	16	46.6%
2013 cohort (16 students)	13	100%

To better facilitate our ability to review data by cohort we have begun utilizing a spreadsheet to track the progression and NCLEX success by incoming cohort. We have updated our process as follows: As previously stated, in Minnesota, students may opt not to have their program informed if they fail their NCLEX, therefore, tracking is approximate. We now track the date of graduation and the date of licensure with all dates 45 day apart or closer presumed to be a first time pass. An additional consideration for our faculty as we transitioned to every semester admission was that our cohort size significantly decreased. Therefore the impact of a single student being unsuccessful increased. For that reason, along with our ability to capture those graduate who test outside of Minnesota, we continue to use our Mountain Measurement data as our primary source.

For the purpose of curriculum review and improvement, aggregate NCLEX pass rate data will be shared with our MANE university partner, Metropolitan State University beginning with our first MANE curriculum graduates this coming December.

Criteria 6.4.2

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

The faculty have set a program outcome that 85% of students will successfully complete the program in 150% time. This outcome has been met by four of the past five cohorts for which complete data was available. When contrasted with data reported in the 2013 ACEN report to constituents, the 150% completion rate of our Normandale nursing graduates was consistently higher.

The nursing faculty also elected to monitor LPN completion rates and 100% completion rates to learn more about student success and identify opportunities for improvement. In the department 2011-2012 work plan, completion was addressed and every semester admission implemented. Every semester admission ensures students will have access to course offering needed for graduation should they required an off cycle course for academic or personal reasons.

Improving our 100% completion was selected as a program institutional work goal for our FY 2014 budget, with a goal of increasing our 100% from a three-year average of 79% to 82%. The spring 2013 cohort did meet this ELA and the department continues to monitor 100% completion.

Actions to improve:

- CLA1 hired to increase availability of nursing faculty in the nursing lab
- Planning study skills and testing skills session for first year students in fall of 2013
- LPN students advised by consistent nursing faculty member throughout their program
- Progression of all NURS 1130 students in summer 2013 cohort to NURS 2210 (providing a consistent experience)

The process for data collection and analysis was improved fall of 2014 with the adoption of a tracking template by which multiple data points are tracked for individual students and cohort groups. Incoming cohorts beginning in fall of 2010 were retroactively analyzed to ensure accuracy of data. This process resulted in minor changes to completion data and faculty, the quality dash board, and the advisory board were updated in January of 2015.

Table 41: Completion Data by Incoming Cohorts of Traditional Students							
Completion rates	Fall 2010 cohort projected grad 5/2012	Fall 2011 cohort projected grad 5/2013	Spring 2012 cohort projected grad 12/2013	Fall 2012 cohort projected grad 5/2014	Spring 2013 cohort projected grad 12/2014	Fall 2013 cohort projected grad 5/2015	Spring 2014 cohort projected grad 12/2015
150% completion rate	94.9%	89.7%	89.7%	81.6%	92.5%	Available 5/2016	Available 12/2016
100% completion rate	86.1%	77.5%	76.9%	73.3%	82.5%	67%	Available 12/2015
Beginning cohort N	79	80	39	38	40	37	39

The LPN cohorts have not met the 85% ELA for 150% completion. The completion rate of the LPN cohorts was separated and monitored and reviewed for opportunities for improvement. The faculty elected to implement the following changes to improve LPN success rates: a consistent faculty advisor throughout their nursing program, increased intentional integration of the LPN cohort with the traditional students, and curriculum revision with adoption of the MANE curriculum. The success of LPN track students within MANE will continue to be monitored on a program-specific basis and also using an aggregate of all MANE programs to increase the N and therefore increase our ability to analyze the data.

Table 42: LPN-specific Completion Data			
Cohort year and beginning LPN enrollment	Students completing program	150% completion	100% completion
2012 cohort (N=19)	16	84.2%	57.9%
2013 cohort (N=16)	13	81.3%	75%

No LPN cohort was admitted summer 2014 as we anticipated transition to the MANE curriculum, which has a LPN track. The fall 2014 MANE cohort includes two LPN students.

For the purpose of curriculum review and improvement, aggregate progression and completion data will be shared with our MANE university partner, Metropolitan State University beginning with our first MANE curriculum graduates this coming December.

Criteria 6.4.3

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

The satisfaction of nursing graduates is assessed within 12 months following graduation.

Graduate perception of preparation: ELA of 85% of Normandale graduates on the six- to twelve-month graduate survey will agree or strongly agree with the preparation for nursing practice provided by the program.

Graduate perception of achievement of program student learning outcomes: 85% of Normandale graduates will report an average of a three or above on a one to five Likert Scale in their ability to perform the student learning outcomes of the program.

Graduate satisfaction surveys are administered in cooperation with our college Institutional Research department. Plans are in place to address timeliness of survey administration and response rates which are areas of improvement for our department. We are currently surveying graduates from this past December 2014. Table 43 provides an overview of graduate responses:

Table 43: Graduate 6-12 Months Post-graduation Follow-up					
Results obtained 6 to 12 months post-graduation.	Graduation date	Number of graduates	Number of graduate surveys returned/ % of surveys returned	Graduate perception of preparation	Graduate perception of attainment of program SLO
Results in 2013	Spring of 2012	74	35/57.3%	100% of students agreed or strongly agreed they were prepared to begin their career	90 to 95% of graduates agreed or strongly agreed that they had achieved their program SLOs
Results in 2014	Spring of 2013	75	40/53.3%	95% of students agreed or strongly agreed they were prepared to begin their career	90 to 95% of graduates agreed or strongly agreed that they had achieved their program SLOs
Results in 2014	Fall of 2013	42	17/40.5%	87% of students agreed or strongly agreed they were prepared to begin their career	82 to 90% agreed or strongly agreed with 10 to 19% neutral in their responses

Results obtained 6 to 12 months post-graduation.	Graduation date	Number of graduates	Number of graduate surveys returned/ % of surveys returned	Graduate perception of preparation	Graduate perception of attainment of program SLO
Results in 2015	Spring of 2014	48	26/54.2%	92% of students agreed or strongly agreed they were prepared to begin their career	90 to 95% of graduates agreed or strongly agreed that they had achieved their program SLOs

Qualitative Comments

Qualitative feedback received from graduates is reviewed for trends and utilized in future planning. Themes which emerge include challenges around prioritization and organization. Graduates responded that confidence as a new RN is a challenge. This feedback, along with trends around employment have been utilized in our planning. In the past three to five years graduates have increasingly reported employment in homecare and ambulatory care settings. In planning the MANE curriculum faculty increased the variety of clinical settings moving beyond long term care and acute care to the community. Additionally, the concept based curriculum promotes application of knowledge in a variety of contexts. Our new curriculum also includes a leadership course with a clinical component. Plans are in place to continue to monitor graduate feedback as a program and to share aggregate data with our MANE university partner, Metropolitan State University beginning with our first MANE curriculum graduates this coming December.

Criteria 6.4.4

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

Employer feedback is an essential, yet challenging, component of program outcome data. To ensure adequate input from employers the Normandale Nursing Department has deployed a variety of efforts including:

- Employer surveys sent with graduate permission
- Visits with nursing directors of clinical sites who commonly employ Normandale graduates
- Advisory Board feedback

- Phone interviews of key employers conducted by a Normandale Institutional research staff member

The most effective means of employer feedback has been face to face discussions with advisory board members and employers of the graduates.

Employers of Graduates 2012-2013

During the summers of 2012 and 2013 Katherine Andersen, DON, visited clinical sites that traditionally have employed Normandale nursing graduates. In addition to discussing clinical group needs and performance, the employment trends and performance of Normandale graduates as employees was discussed. Several trends were noted in these discussions including the following:

- Several sites state that they preferentially employ BSN graduates
- Non-acute care employers are seeking leadership qualities in their RN new graduates hires
- Long-Term Care and Transitional Care Unit (TCU) employers are seeking nurses with a strong interest in care of the older adult to promote stability of staff
- Long-Term Care and TCU employers are seeking nurses who would like to build their careers in the non-acute care setting

Advisory Board feedback 2013-2014

The nursing program advisory board includes representatives from various institutions that employ nurses including Normandale graduates. Although the group does not provide feedback on specific new hires meeting minutes reflect numerous discussions of traits desired in new nursing hires, hiring trends, and current challenges in nursing education and clinical nursing. The group noted communication skills, ability to participate on a team, and leadership as desired traits in new hires. The advisory board also discussed in depth the creation of positive work environments (May 1, 2014) and interprofessional care (October 2, 2014). These discussions yielded valuable feedback which was applicable to the preparation of graduates for the work place.

Phone interviews 2014-2015

In the fall of 2014 the director of Nursing met with the Institutional Research office at Normandale seeking suggestions for obtaining additional employer feedback. The decision was made to contact a small number of employers who had employed multiple Normandale graduates over the past three years. The DON made an initial contact explaining that a Normandale representative would contact the employer with the purpose of obtaining feedback on their experiences employing Normandale nursing graduates. Normandale's Institutional Research staff conducted in-depth phone interviews with five employers. In the area of general satisfaction all responses were agree (20%) or strongly agree (80%). Normandale graduates also rated well on the questions related to accomplishment of program SLOs with

strongly agree (24%), agree (68%), and neutral (8%). The results of the phone survey were shared with faculty and the Nursing Advisory Board (spring 2015).

Employer surveys

Employer surveys are sent out on a yearly basis with fluctuating return rates. Because of the low return rate of employer surveys, the previously stated methods of obtaining employer feedback have been used. Site visits, advisory board feedback and phone surveys have been extremely effective in gathering data to make informed changes to the program. The employer surveys that have been returned are most useful for qualitative analysis of the employer comments. Efforts have been made to increase the number of students who grant permission to send the survey to their employers. This included speaking with graduating students regarding the importance of the employer survey and explaining the data would be used only in aggregate and their privacy would be protected. The department continues to explore opportunities to increase the response rate for this important survey. In the spring of 2015, the faculty selected new ELAs with a focus on the responses provided rather than response rate. We are aware that we need to continue to strive to improve return but do not see the return rate alone as meeting our needs for an ELA.

Table 44: Employer Satisfaction Surveys					
Year of data returns	Graduation Semester/Year	Number of employer surveys sent (student permission received)	Number of employer surveys returned	Percent (%) of surveys returned	Percent (%) satisfaction with students
Spring 2013	Spring of 2012	14	4	29%	>85%
Spring 2014	Spring 2013	13	9	69.2%	>85%
Summer 2015	Spring of 2014 (includes 2 employers from Fall 2013)	15	Anticipated return 8/15/15	pending	pending

In summary, evidence supports a positive impression of Normandale graduates by the nursing community. Despite challenges, the use of multiple approaches has yielded usable and valuable feedback about current graduates employed in the community and what the nursing community desires in its new graduate workforce.

Criteria 6.4.5

Job placement rates: Expected levels of achievement are determined by the faculty and are addressed.

Table 45: Job Placement Rates							
Year	Graduation date and N of graduating cohort	Number of surveys received	Graduates Employed in Nursing¹			Percent of graduates available for work that are employed in Nursing	Graduates indicating they are continuing their education
			Full-time	Part-time	Unknown FT/PT		
2012	Spring of 2011 (N= 83)	73 (88%)	30 (36%)	20 (24%)	3 (4%)	83.9%	31 (37%)
2013	Spring of 2012 (N= 74)	59 (80%)	18 (24%)	14 (19%)	6 (8%)	90.7%	26 (35%)
2014	Spring of 2013 (N= 75)	66 (88%)	22 (29%)	17 (23%)	2 (3%)	92.0%	30 (40%)
2014	Fall of 2013 (N= 42)	37 (88%)	15 (36%)	9 (21%)	4 (10%)	100%	20 (48%)
2015	Spring of 2014 (N=48)	42 (88%)	13 (27%)	8 (17%)	0	83.3%	25 (52%)

Each year Normandale’s office of Research and Planning, conducts a MnSCU graduate follow-up survey which includes employment data. Previously, the MnSCU survey required students to select related employment or continued education but not both. The survey has been updated and now allows students to indicate if they have related employment and are continuing their education.

Survey results indicate that for the past five graduating cohorts surveyed, we have achieved our ELA of 85% employment three times. Additionally, we have achieved our ELA of 25% of students continuing their nursing education for all five surveys. We continue to monitor our results as employment in our area is improving. Our monitoring of seamless continuation of nursing education within the MANE program is in place for students completing semester five of our MANE curriculum this December.

APPENDICES

SECTION FOUR:

APPENDIX

Appendix A: Minnesota Board of Nursing 2012 Approval Letter



2829 University Avenue SE, Minneapolis, MN 55414-3253

Email: nursing.board@state.mn.us

Website: www.nursingboard.state.mn.us

April 9, 2012

Katherine Andersen
Normandale Community College
Nursing Program
9700 France Avenue S
Bloomington, MN 55431-4399

Dear Director Andersen,

Re: Notice of continuing approval for nursing programs with current national nursing accreditation

On April 5, 2012, the Minnesota Board of Nursing granted continuing approval to the professional nursing program at Normandale Community College in accordance with Minnesota Rule 6301.2360 subparts 2 and 3.

Subsequent Board consideration for continuing approval shall be when the program has completed the Fall 2015 reaccreditation visit. After the decision of the national nursing accrediting body, the program will be reviewed by the Board for continuing approval.

Sincerely,

A handwritten signature in black ink, appearing to read "Ann M. Jones".

Ann M. Jones, PhD, RN
Director of Education and Credentialing
Minnesota Board of Nursing
612-617-2294
ann.m.jones@state.mn.us

A handwritten signature in black ink, appearing to read "Mary M. Hoepfner".

Mary M. Hoepfner, EdD, RN
Nursing Education Specialist
Minnesota Board of Nursing
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Appendix B: ACEN 2014 Substantive Change Acceptance Letter



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Philadelphia, Pennsylvania

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The University of Mississippi Medical Center
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Harris Beach, PLLC
Buffalo, New York

October 15, 2014

Katherine Andersen, MS, RN
Director, Nursing Program
Normandale Community College
9700 France Avenue South
Bloomington, MN 55431-4399

Dear Ms. Anderson:

This letter is formal notification of the action taken by the Accreditation Commission for Education in Nursing (ACEN) Board of Commissioners Subcommittee on Substantive Changes at its meeting on September 25, 2014. The Subcommittee reviewed the substantive change report for the associate nursing program at Normandale Community College related to the implementation of a revised curriculum.

The Subcommittee thoroughly reviewed the substantive change report, and the report has been accepted. The substantive change report and all related documentation will be added to the program's record. The Subcommittee also affirmed the program's next onsite accreditation review for the Fall 2015 Cycle.

Please contact me if you have any questions or if we can be of assistance at any time.

Sincerely,

A handwritten signature in blue ink that reads "Sharon Tanner".

Sharon J. Tanner, EdD, MSN, RN
Chief Executive Officer

Appendix C: MANE Curriculum Plan

NORMANDEALE MANE CURRICULUM PLAN

Year 1			
Semester 1 (15 credits)		Semester 2 (15 credits)	
ENGC 1101 Freshman Composition	4	PSYC 1110 Introduction to Psychology	4
CHEM 1050 (or CHEM 1061) Organic & Biochemistry	3	BIOL 2042 Physiology	4
BIOL 2041 Anatomy	4	BIOL 2204 Microbiology	4
Elective credits MNTC Goal 4, 6, 7, 8, 9, or 10	4	COMM 1111 Interpersonal Communication	3
Year 2			
Semester 3 (15 credits or for LPNs, 10)		Semester 4 (15 credits)	
Foundations of Nursing NURS 2700	9	Pharmacology & Nurse Role NURS 2820	3
Nutrition & the Role of the Prof. Nurse NURS 2750	2	Applied Pathophysiology for Nursing I NURS 2850	2
PSYC 2210 Developmental psychology	4	Chronic & Palliative Care NURS 2800	7
*LPN only - Transition course (4 credits) in place of the 9 credit Foundations of Nursing NURS 2720	*(4)	SOC 1104 or ANTH 1127	3
Year 3			
Semester 5 (15 credits)		Semester 6 – Upper Division Begins (15 credits)	
Acute & Complex Care NURS 2910	7	Nursing Care of the Family	4
Applied Pathophysiology for Nursing II NURS 2920	2	Epidemiology for Nursing	3
Nursing Leadership I NURS 2950	3	General Education – <i>Statistics (Math 1080 or Completing both Normandale’s Statway Statistics 1 & 2 MATH 0990 & MATH 1090 will fulfill this requirement 8 cr)</i>	4
PHIL 1103 (Ethics) or PHIL 1180 (Bioethics) Eligible for Associates degree & NCLEX RN licensure	3	General Education – <i>Writing in your Major</i>	4
Year 4			
Semester 7 – Upper Division (16 credits)		Semester 8 – Upper Division (14 credits)	
Population Based Care	7	Integrative Seminar & Practicum	7
Nursing Leadership II	4	Global Health Perspectives for Nursing	3
Nursing Informatics	2	General Education – <i>elective</i>	4
General Education - <i>elective</i>	3	Total Program Credits: 65 nursing; 55 pre-requisites/general education = 120 total	
<p>Co-requisite courses are Bold</p> <p>All nursing courses in each semester must be successfully completed to progress to the next semester.</p> <p>General education courses can be taken earlier but not later than the identified semester.</p>		<p>Credits in AS Degree: 35 nursing; 40 pre-reqs/general ed = 75 total. Credits after licensure eligibility: 30 nursing; 15 upper division general education (10 general education credits must be upper division; 5 credits may be taken at lower division level and transferred).</p>	

Appendix D: Traditional Curriculum Plan

Nursing Traditional Curriculum Plan

Required Nursing Courses (32 credits)

NURS 1110	Nursing 1 (8 credits)
NURS 1120	Nursing 2 (8 credits)
NURS 2210	Nursing 3 (8 credits)
NURS 2220	Nursing 4 (8 credits)

General Education Requirements (32 credits)

*ENCG 1101	Freshman Composition (4 credits)
*BIOL 1141	Human Anatomy (4 credits)
*CHEM 1050	Foundations of Organic and Biochemistry (3 credits)

Asterisk courses are application requirements

COMM 1111	Interpersonal Communication (3 credits)
BIOL 1142	Human Physiology (4 credits)
MATH 1010	Medical Dosages Calculations (1 credit)
PSYC 1110	General Psychology (4 credits)
SOC 1104	Intro to Sociology (3 credits) OR ANTH 1127 Cultural Anthropology (3 credits)
Complete two elective courses in two different MnTC Goals 4, 6, 7, 8, 9, or 10 (6 credits)	

Sequence of Four Semesters

First Semester (16 credits)

NURS 1110	Nursing 1 (8 credits)
BIOL 1142	Human Physiology (4 credits)
COMM 1111	Interpersonal Communication (3 credits)
MATH 1010	Medical Dosage Calculations (1 credit)

Second Semester (12 credits)

NURS 1120	Nursing 2 (8 credits)
PSYC 1110	General Psychology (4 credits)

Third Semester (14 credits)

NURS 2210	Nursing 3 (8 credits)
SOC 1104 OR ANTH 1127	(3 credits)
	Elective 1 (3 credits)

Fourth Semester (11 credits)

NURS 2220	Nursing 4 (8 credits)
	Elective 2 (3 credits)

Appendix E: Director of Nursing Position Description

MN STATE COLLEGES AND UNIVERSITIES ADMINISTRATOR POSITION DESCRIPTION

Employee Name:

College/University: Normandale Community College

Administrative Unit:

Department and Program: Nursing

Position Title: Director of Nursing

Supervisor's Title: Dean of Health Sciences

Employee's Signature: _____ **Date:** _____

Supervisors Signature: _____ **Date:** _____

REQUISITE QUALIFICATIONS:

Education: Master's degree with a major in Nursing, Nursing Administration, Nursing Education, Public Health Nursing, or a nursing clinical specialty

Professional Licensure/Certification: Registered Nurse in the State of Minnesota

Number of years of experience: 3 – 5 years

Type of experience: Experience as a nursing instructor in an academic setting required

Other special requirements: None

QUALIFICATIONS FOR APPOINTMENT:

A. Knowledge, skills and abilities required to perform duties and responsibilities:

- Demonstrated skill in curriculum development
- Demonstrated success in fostering collaborative working relationship; ability to communicate and work with faculty from a variety of nursing backgrounds is essential.
- Knowledge and skill in nursing education.
- Evidence of professional leadership.
- Evidence of highly developed interpersonal, communication, organizational and facilitation skills.
- Evidence of experience with information technology.
- Demonstrated commitment to fostering diversity.
- Ability to work in a collective bargaining environment.

B. Physical requirements:

- Physical and psychological endurance

DIMENSIONS:

Budget: Salary: Non-personnel: \$

Direct Supervision:

#FTE Employees: 15+ (faculty both UFT and TPT)

#FTE Students: none

Supervisory Accountability:

#FTE Employees:

#FTE Students: none

POSITION SUMMARY:

This position exists to provide administrative management and leadership for the College's Associate Degree Registered Nurse Program. The Director of Nursing will provide leadership and direction to the nursing and health career programs and faculty/staff; will serve as the Director of the Associate Degree Nursing Programs; work in a collaborative manner with the dean departmental faculty in the areas of leadership, communication, scheduling/catalog, budget, hiring, and facilities/equipment; will ensure that programs maintain their accreditation; and will lead collaborative planning with K-12, higher education and health care agency partners.

Position Assigned to Work (indicate number of months per year and check whether full or part time):

___12___ months/year; ___X___ full time; ___ part time

DUTIES AND DELEGATED RESPONSIBILITIES

Percentage of Time

External Responsibilities:

20%

- Assist in coordination of instructional functions of the Nursing Programs on the state and national level with the Minnesota Board of Nursing, Minnesota Department of Health, National League for Nursing, as well as with MnSCU Board and staff
- Ensure compliance with program approval rules for nursing programs as required by the Minnesota Board of Nursing (MBN)
- Develop and coordinate instructional plans and articulated programs related to nursing with post-secondary institutions including other community colleges, technical colleges, 4-year MnSCU universities, private colleges and universities, and the University of Minnesota
- Maintain current clinical site contracts and provide input to clinical facilities for yearly clinical schedule requirements
- Seek additional clinical sites as deemed necessary
- Maintain current educational articulation agreements for nursing programs
- Complete continuing education requirements for Registered Nurses to maintain active registration to practice nursing in Minnesota (required by MBN of directors/faculty)
- Coordinate the membership and meetings for the advisory boards for nursing programs
- Collaborate with partner K-12 school districts on innovative nursing programs in the high schools
- Represent Normandale Community College on appropriate nursing and other educational groups ranging from K-12 to upper division and graduate nursing institutions
- Represent Normandale Community College on state-wide committee discussions related to nursing, nursing education, and health care programs
- Maintain agency and individual membership positions in professional organizations
- Establish and maintain on-going collaborative relationships with health care agencies, directors of health care programs, and administration
- Hear and act on student requests and concerns related to academic areas of the division
- Represent Normandale Community College in the HealthForce Minnesota Center for Excellence
- Participate on other committees, task forces, etc., as necessary

Internal Responsibilities

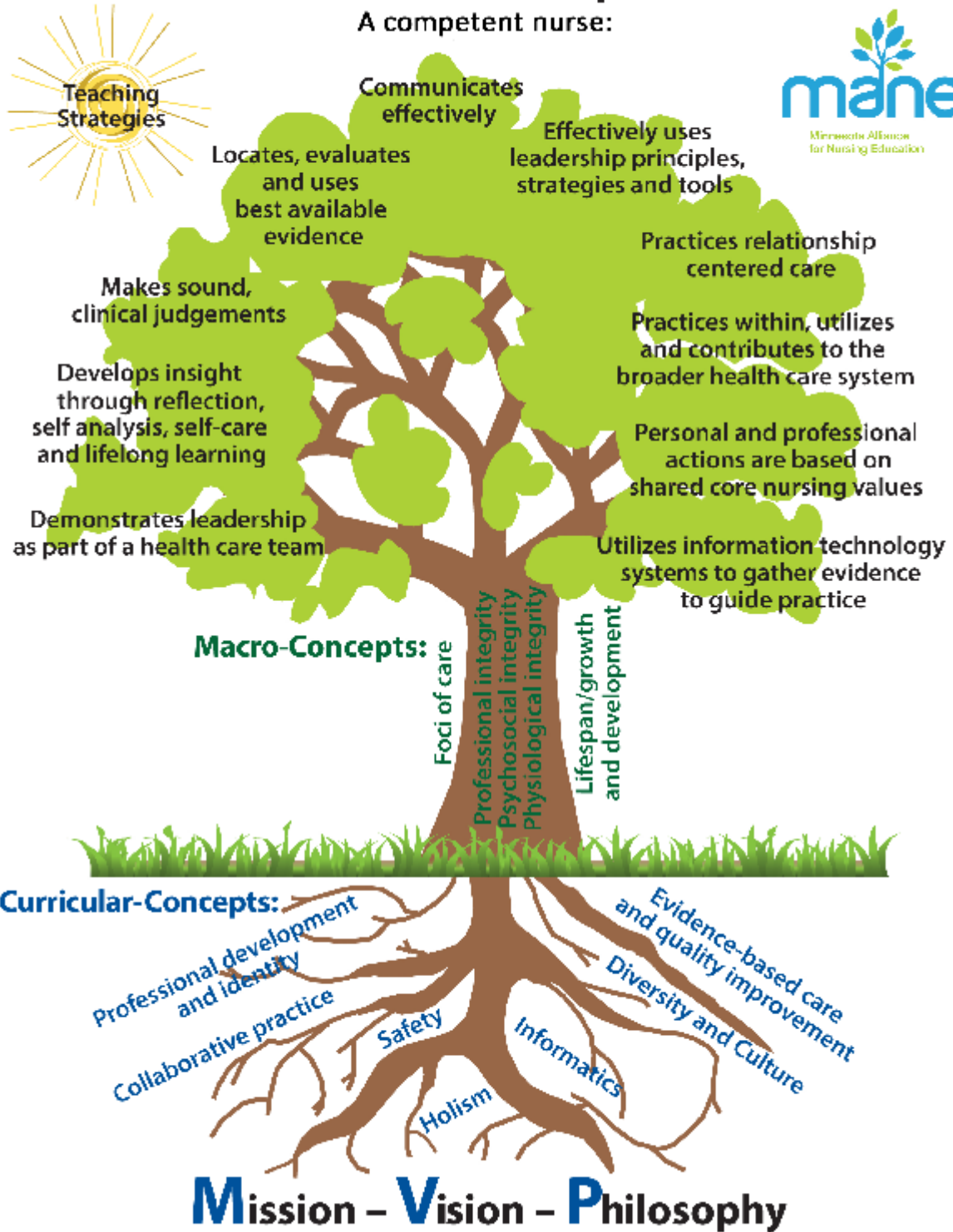
- A. Budget and Facilities 10%
- Assist the Dean in the development of the departmental personnel profile and non-personnel budget request in accordance with the deadlines of the annual planning schedule
 - Manage the non-personnel budget and prepare annual budget requests for nursing areas; approve and/or prepare purchase orders, requisitions, and equipment repair requests as needed
 - Manage instructional budget for nursing programs within budget goals
 - Manage and make relevant recommendations concerning physical facilities
- B. Communications/Liaison 15%
- Assist in the development of college documents such as college catalog, HLC documents, and nursing department informational materials
 - Attend all Nursing Department meetings; meet regularly with other internal nursing committees; represent the Nursing department on other committees as needed or assigned
 - Work collaboratively with other divisions, departments and programs regarding class schedules and facilities usage
 - Provides updates to the Office of Admissions, Academic Counseling and Call Center Staff concerning course and program content, prerequisites, and other related information
 - Oversees the coverage of departmental programs and speaker events
 - Promotes the events within the college and into the community with the assistance of the marketing department
 - Assist division faculty and staff with curricular and college policy concerns
- C. Curriculum 20%
- Supervise, guide and evaluate the nursing division curriculum in collaboration with nursing faculty, updating and revising as needed
 - Encourages department to participate in relevant academic, co-curricular, and service learning activities
 - Provides leadership to establish and access department goals and departmental effectiveness in achieving stated goals (Both).
 - Maintain a review process for changes in the programs' curriculum
 - Lead the division in regular assessment of program and course learning outcomes
 - Coordinate the scheduling of all credit classes in nursing
 - Oversee the accreditation process for the nursing programs, completing reports and preparing for on-site visits
 - Schedule all credit classes offered in nursing and coordinate class schedules with other departments
 - Assist faculty in developing alternative educational experiences (simulations) in lieu of decreasing availability of clinical sites
- D. Advising 15%
- Work with nursing faculty to set policy for selection and progression of students in the nursing program
 - Work with the office of the Vice President of Student Affairs, the office of the Vice President of Academic Affairs, and MnSCU staff on the development of policies for nursing students
 - Work with admissions staff to recruit, advise, and admit students to the nursing programs
 - Direct admission processing for nursing students
 - Review and respond to student requests for nursing course transfers and special requests for advanced standing
 - Recommends actions on academic petitions related to a specific departmental course or program requirement (Both)
 - Monitor progression of students enrolled in the nursing programs
 - Respond to student concerns and problems that are communicated

- E. Administrative Leadership and Supervision 20%
- Facilitates and advocates for the development of the academic programs of the department in accordance with the mission and strategic plan of the College
 - Provides leadership in department efforts to implement the Academic Program Development Process
 - Provide departmental leadership in annual, semester, and summer session scheduling and assist the Dean with classroom and office assignments in accordance with deadlines of the annual planning schedule
 - Maintain clinical contracts for each agency and review annually
 - Coordinate meetings with hospital, long-term care, and clinic nursing service personnel to discuss professional issues, to review program goals, and to schedule clinical learning sites
 - Monitor students entering and progressing through the program to ensure that they meet Minnesota Department of Health, clinical agency and college requirements
 - Make recommendations for the recruitment, selection and hiring of AD nursing faculty and staff, and other nursing faculty positions as needed
 - Orient and mentor new nursing faculty and staff
 - Administer collective bargaining unit agreements
 - Provide liaison relationship with accrediting board and other external agencies
 - Work with the Dean of Health Sciences on projects to improve opportunities for students in nursing
- F. Relationship
- Utilize a variety of written and oral communication methods to carry out the responsibilities of this position
 - Update faculty members, supervisor, other college departments, clinical facilities, and community partners as indicated as to policy changes through communications via e-mail, voice-mail, and/or written notice
 - Inform students of policies via the Nursing Student Handbook
 - Intra-departmental and inter-agency communication is handled in person, by mail, e-mail, or voice-mail
 - Maintain effective communication and public relationships with students, faculty, staff, administration, and clinical and community partners
 - Demonstrate flexibility and ability to work under pressure
- G. Problem Solving and Creativity
- Resolve problems in a timely manner
 - Exhibit creative approach and resourceful manner in resolving unusual circumstances encountered in the position
 - In the case of extraordinary problem, work with the Dean of Health Sciences to reach problem resolution
- H. Freedom to Act
- Able to implement and enforce the policies and procedures as outlined in this position description
 - Update Dean of Health Sciences regarding issues within the Nursing Department on a regular basis
 - Immediately report unusual incidents within the Nursing Department to the Dean of Health Sciences
 - Controls that limit freedom to act are the policies and regulations set by Normandale Community College, MnSCU Office, and the State of Minnesota

Appendix F: MANE Conceptual Model

MANE Curriculum Conceptual Model

A competent nurse:



Appendix G: NLNAC 2011 Substantive Change Acknowledgement

NLNAC

National League for Nursing Accrediting Commission, Inc.

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Retired Attorney
Dublin, Ohio

December 28, 2011

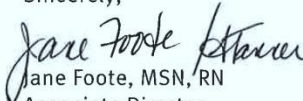
Katherine Anderson, MS, RN
Director of Nursing
Normandale Community College
9700 France Avenue South
Bloomington, MN 55431

Dear Ms. Anderson:

Thank you for submitting a substantive change report for the associate nursing program at Normandale Community College. This letter acknowledges NLNAC review of the reported revision of the program's mission statement and the supporting documentation. We will place the reported change in the program's file.

Please feel free to contact me if you have any questions. Thank you for your commitment to quality nursing education through participation in the NLNAC accreditation process.

Sincerely,


Jane Foote, MSN, RN
Associate Director

Mission, Outcomes, and Philosophy Statements

Nursing Program and the Governing Organization Mission Statements

The mission statement of **Normandale Nursing Program** is:

The Normandale Nursing Department educates students to become entry level professional nurses, prepared to begin their careers as competent, caring members of today's healthcare team.

The mission statement of **Normandale Nursing Program Minnesota Alliance for Nursing Education (MANE)** curriculum is:

The mission of the MANE curriculum is to increase baccalaureate prepared nurses in Minnesota through transformative educational strategies.

The mission statement of **Normandale Community College** is:

Normandale Community College advances individuals' intellectual, career, and personal development by providing outstanding teaching and support.

The mission statement of **Minnesota State College & University** system is:

The Minnesota State Colleges and Universities 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.

Mission, Outcomes, and Philosophy Statements

Nursing Program Philosophy Statements

Traditional Nursing Curriculum Philosophy Statement

The Normandale Nursing Program prepares graduates for full participation as members of the health care team. Through alliances with health care facilities and community organizations, we provide educational experiences which assist students to understand and practice their role as nursing professionals in our diverse urban community. Students are active learners who collaborate in designing experiences to pursue their educational concerns in both structured and unstructured learning environments. The nursing program and its graduates have a civic, ethical, and professional responsibility to the community served. Community service fosters a nursing practice incorporating these responsibilities. Our philosophy and theoretical framework is woven from Maslow's Hierarchy of Needs and incorporates the related elements of professional nursing as evidenced through the experiential, process, and content threads of the program.

MANE Curriculum Philosophy Statement

We believe the purpose of nursing education is to prepare professional nurses in a partnered curriculum to practice successfully in today's complex health care environment, respond to future health care needs, and lead in the broader health care system. A commitment to excellence in professional nursing practice, based on a set of shared core nursing values and innovation, is reflected in the use of integrative review in a spiraled, competency-based curriculum. We believe in a transformative curriculum that moves away from independent silos of education to a combined effort between universities, community colleges, and practice with the goal of increasing numbers of baccalaureate-prepared nurses in Minnesota. This shared curriculum fosters a seamless transition from associate to baccalaureate nursing education. We believe baccalaureate nursing education enhances a comprehensive understanding of healthcare policy, research, systems leadership, and community health nursing. MANE nursing graduates are educated to use the best available evidence in making sound clinical judgments during provision of safe, high quality, holistic nursing care across the lifespan and the health continuum. We believe with the use of informational technology, a nurse is prepared to provide health care in a variety of environments. We believe nurses act as transformational leaders as vital members of a health care team. A strong focus on health promotion supports nursing graduates to best serve diverse individuals, families, and communities locally, nationally, and globally. We believe adult learners must be actively engaged in the learning process. We value lifelong learning, reflective nursing practice, and insights gained through self-analysis and self-care. Faculty members teaching in the MANE curriculum model professionalism, scholarship, inclusiveness, beneficence, and collegiality. This transformative approach to nursing education encourages deep understanding of key nursing concepts while addressing the changing healthcare environment.

Mission, Outcomes, and Philosophy Statements

Nursing Program and the Governing Organization Outcomes

Normandale Institutional Outcomes

To accomplish our mission, we will:

- Prepare students to transfer successfully to four-year and other educational institutions
- Prepare individuals to perform successfully in the workforce
- Support individuals in developing and meeting their educational goals
- Ensure students achieve the College's liberal education and student development outcomes
- Support all types of learners in their pursuit of life-long career and personal development goals
- Prepare students for college-level coursework
- Prepare individuals to participate in diverse local and global communities
- Identify and meet workforce training need

Normandale Core Learning Outcomes

Our students will:

- Think critically and creatively
- Communicate effectively
- Develop personal responsibility and life skills
- Demonstrate social responsibility

Normandale Nursing Program Outcomes

- NCLEX exam scores at or above the national average
- 85% of our students will complete the nursing program within 150%
- Graduate satisfaction
- Employer satisfaction
- Job placement rates
- Advancing nursing education

Appendix I: Nursing Department Chair Position Description

NORMANDEALE COMMUNITY COLLEGE DEPARTMENT CHAIR – POSITION DESCRIPTION Nursing Department

PURPOSE OF THE POSITION

- To provide nonsupervisory faculty leadership to the academic department and its academic programs.
- To provide and focus nursing faculty representation in matters of curriculum, academic policy, course scheduling, budget, academic program development, faculty hiring, and advocacy of the academic discipline(s) represented.

KNOWLEDGE, SKILLS AND ATTRIBUTES

The Department Chair shall possess effective organizational and communication skills, the ability to manage change and disagreement, and effectiveness in coordinating, directing, and leading the work and activities of the department. Time commitment is the academic year including summer months as necessary.

REPORTING RELATIONSHIP

The Department Chair reports to the Director of Nursing

RESPONSIBILITIES

The Department Chair will work in a collaborative manner with departmental faculty in the areas of leadership, communication/liaison, scheduling/catalog, budget, hiring, and facilities/equipment.

LEADERSHIP

- Facilitates and advocates for the development of the academic programs of the department in accordance with the mission and strategic plan of the College.
- Provides leadership in departmental efforts to implement the Academic Program Development Process.
- Provides leadership in departmental efforts to establish and assess departmental goals, assess learning outcomes, and departmental effectiveness in achieving stated established goals. Coordinates departmental common course outlines/outcomes for their inclusion in multiple section syllabi.
- Encourages department to participate in relevant academic, co-curricular, and service learning activities.
- Assists with the accreditation processes and/or program review.

COMMUNICATION/LIAISON

- Holds meetings of the departmental faculty for collegial discussion of disciplinary and departmental interests, academic policy and curricular proposals of the department and those of other departments or divisions or the college, budget development, equipment and technology requests, assessment of learning outcomes and departmental success, and the Academic Program Development Process as schedule.
- Represents the nursing faculty perspective to the academic division and the college community including students in matters of academic policy and curricular development.
- Attends division meetings as departmental faculty representative.
- Responds to student concerns and problems that are communicated.
- Recommends actions on academic petitions related to a specific departmental course or program requirement.

SCHEDULING/CATALOG

Assists in annual, semester, and summer session course scheduling

BUDGET

Presents recommendations to the Director of Nursing for non-personnel budget requests

HIRING

- Assists in the recruitment and selection of new faculty, staff, and student workers
- Provides mentoring assistance to new faculty.

FACILITIES AND EQUIPMENT

Responds to housekeeping, maintenance and general facility needs.

Appendix J: Normandale Faculty Evaluation Procedure



Faculty Evaluation Procedure

Page 1 of 3

Policy Number: Faculty Evaluation Process **Related MnSCU Board Policy: 4.9 Employee Evaluation**

Part 1: Responsibility

Each Minnesota State Colleges & Universities institution and the Office of the Chancellor shall have in place a procedure for evaluating employees, including faculty and administrators, on an annual basis. Supervisors have the responsibility and authority for evaluation of employees under their supervision unless the college or university procedure provides for another process. This is consistent with requirements in Minnesota Statutes, Chapter 43A.20.

Part 2: Process

Evaluations are to be completed in a manner consistent with any requirements found in Minnesota Statutes and the applicable collective bargaining agreements or personnel plan. A procedure may provide for evaluations of a limited scope in certain years if that is consistent with the language of a collective bargaining agreement.

Purpose:

It is assumed by all parties that faculty:

- are highly qualified in their respective fields
- desire to perform at a high level
- consider successful student learning a priority
- acknowledge that student feedback provides them with insights on how students perceive the course and how they are learning
- value the opportunity for self-reflection and self-directed professional growth
- are most qualified to develop their own goals for improvement and identify methods to achieve those goals

“We, as a college, are committed to promoting and supporting the learning and development of all members of Normandale. We will ensure that all employees learn what is expected of them as employees and members of the Normandale community. We will also ensure that all employees have access to development opportunities that support the college's strategic plan and our on-going commitment to community building, customer service, intercultural competency, leadership development, and management and supervision.”

-Normandale Community College's Employee Development Philosophy

All Normandale Community College faculty members (TPT, TFT, UFT, probationary, and post-probationary) will give the college student evaluation every semester to every class.

Part One:

TPT and TFT Faculty

TPT and TFT faculty members will be evaluated on a case-by-case basis. They are encouraged to begin a teaching portfolio, conduct peer reviews, and submit critical self-reflections to the dean of the division.

Part Two:

Probationary UFT Faculty

Faculty hired as probationary UFT will be evaluated as follows:

- 1st year of probation: Class observation by dean of division. Teaching portfolio submitted prior to the end of the second semester of the first year of the probationary appointment. A conference will occur between the faculty member and the dean to provide feedback on teaching and other college involvement.
- 2nd year of probation: Updated teaching portfolio given to dean of division prior to the end of the second semester of the second year of the probationary appointment. The dean or the faculty member may request an observation. A conference will occur between the faculty member and the dean to provide feedback on teaching and other college involvement.
- 3rd year of probation: Class observation by dean of division in the fall semester. The final teaching portfolio will be submitted to the dean prior to the end of the second semester of the third year of probation. A conference will occur between the faculty member and the dean. Following this conference, the dean will recommend to the Vice President for Academic Affairs either an unlimited appointment or non-renewal of the appointment. As required by the MSCF contract, if the decision is non-renewal of the appointment, the faculty member must be notified of the non-renewal by certified mail no later than one month prior to the end of the sixth probationary semester.

Faculty hired as UFT who have already served as a UFT at other campuses in MnSCU or as TFT at Normandale may not be subject to all three years of probation. Once granted post-probationary status, faculty will follow the process for UFT faculty.

Part Three:

Post-Probationary UFT Faculty

Once every five years, every Normandale UFT faculty member will have an evaluation followed by a conference with the dean of the division. This evaluation will consist of one of the following, will be chosen by the faculty member and will become part of the faculty member's official Human Resources personnel file:

- **A class observation done by the dean**
- **Written peer observation**
- **An updated teaching portfolio, including a critical self-reflection**

During each of the four intervening years, UFT faculty will submit one of the following to the dean by the end of spring semester:

- **Written peer observation**
- **A critical self-reflection**

The dean of the division may request an observation at any time. Faculty members are encouraged to ask for a peer observation in addition to an observation by the dean.

The evaluation method(s) used in the four intervening years will be discussed during the fifth-year conference.

Completion of a peer observation or critical self-reflection occurring in the four intervening years will be recorded in each faculty member's official Human Resources personnel file.

The schedule of evaluation will be determined and monitored by the dean of the division.

Date of Adoption:

Date of Implementation:

Appendix K: Traditional Program Student Learning Outcomes

Normandale Community College
Full Faculty Reviewed 11/30/12, 9/20/13

Page 1 of 2

Traditional Nursing Program Program Student Learning Outcomes (SLO) & Competencies

I. Provider of Care

Beliefs, Values and Attitudes: Recognize and articulate the value assumptions and beliefs which underlie and affect decisions, interpretations, analyses, and evaluations made by ourselves and others related to health and health care.

Basis for Nursing Practice: Provide effective nursing care through integration of a) knowledge from the arts and sciences, b) critical thinking, and c) structured and unstructured learning experiences.

Nursing Process: Apply the nursing process to patient care in a manner that is clear, relevant, and effective across the continuum of care.

Psychomotor Nursing Skills: Integrate the safe performance of nursing skills that require cognitive, psychomotor, and affective capabilities into delivery of comprehensive patient care.

- A. Assesses the individual/client/family health status, interaction patterns, strengths, and resources.
- B. Assesses individual/client/family response to actual/potential problems/interventions.
- C. Assesses the impact of social, cultural, developmental, environmental, and religious influence on the individuals and families.
- D. Utilizes the nursing process.
- E. Utilizes critical thinking to make clinical judgments and management decisions to ensure accurate and safe care.
- F. Utilizes evidence-based information as the foundation for clinical decision making.
- G. Modifies plan of care based on evaluation of progress toward achievement of identified client outcomes.
- H. Provides a safe physical and psychological environment for client care in diverse settings.
- I. Demonstrates empathetic, non-judgmental, and caring attitude in providing client care.
- J. Assists the client to achieve optimum comfort and functioning throughout the life span.

II. Communicator

Relate effectively to patients, colleagues, and groups through utilization of communication skills with emphasis on listening, critical and reflective thinking, and responding.

- A. Demonstrates effective therapeutic communication in client interactions.
- B. Communicates relevant, accurate information in concise, clear manner.
- C. Reports and documents utilizing the nursing process.
- D. Utilizes information technology to support the planning and provision of nursing care.
- E. Utilizes appropriate channels of communication.

Traditional Nursing Program Program Student Learning Outcomes (SLO) & Competencies

III. Teacher

Develop, implement and evaluate principle-based teaching plans to meet the learning needs of patients and peers.

- A. Develops an individualized teaching plan based on assessed needs. Teaches the client and support person(s) the information and skill needed to achieve desired outcomes.
- B. Modifies teaching plan based on evaluation of progress toward achievement of client identified learning needs

IV. Manager of Care

Manage delivery of nursing care in a manner that is timely, organized, safe, and consistent with professional standards.

- A. Coordinates decision making with client, significant other, and health team.
- B. Participates as a professional health team member.
- C. Collaborates to bring about fair solutions that balance differing needs, values, and motivations for the purpose of achieving positive client outcomes.
- D. Actively participates in group discussions.
- E. Determines priorities in client care.
- F. Coordinates the implementation of an individualized plan of care in a variety of settings.
- G. Delegates aspects of client care to qualified personnel.
- H. Implements nursing strategies and current technologies to provide cost effective care in diverse healthcare settings

V. Member of the Profession

Intentionally begin the development of a nursing practice that incorporates civic, ethical, and professional responsibility and integrity.

- A. Practices within the ethical, legal and regulatory framework of nursing and standards of professional nursing practice.
- B. Demonstrates accountability for nursing care.
- C. Advocates for clients.
- D. Maintains confidentiality.
- E. Develops and implements a plan to meet self-learning needs.
- F. Maintains appropriate professional boundaries.
- G. Projects a positive personal and professional image of nursing

Appendix L: MANE Curriculum Design Summary

MANE CURRICULUM DESIGN SUMMARY

Overall Consensus
<i>Competency Based</i> curriculum framed by the <i>Baccalaureate Essentials</i> . Leveled for AS AD Benchmark.
Concepts <i>Spiraled</i> throughout curriculum.
<i>Integrative</i> review and <i>active engagement</i> are key components of learning
Content reduction, faculty commit to engaging students in new ways.
Faculty development – Critical for Success. This is <i>transformative</i> .
Per MBN rule, must plan for LPN to transition into curriculum and receive advanced standing credits.
Students at Metropolitan State University will experience same curriculum without the AS AD Benchmark
Students will be able to exit after AS AD benchmark and re-enter up to 3 years at time of exit
Mission Statement
<i>The mission of the Minnesota Alliance for Nursing Education (MANE) is to increase baccalaureate prepared nurses through collaborative, transformative educational strategies.</i>
Vision Statement
<i>Through increased access to baccalaureate nursing education MANE will prepare professional nurses to promote health and meet the evolving and complex healthcare needs of an increasingly diverse population in Minnesota.</i>

Values Statement

MANE is dedicated to achieving our mission and vision in a manner consistent with our values of:

- *Innovation and the Pursuit of Excellence*
- *Collaboration and Partnership*
- *Integrity and Accountability*
- *Mutual Respect and Collegiality*
- *Diversity and Inclusiveness*
- *Responsiveness to local and Global Healthcare Needs*

Philosophy Statement

We believe the purpose of nursing education is to prepare professional nurses to practice successfully in today's complex health care environment, respond to future health care needs, and lead in the broader health care system. A commitment to excellence in professional nursing practice, based on a set of collaborative core nursing values and innovation, is reflected in the use of integrative review in a spiraled, competency-based curriculum. We believe in a transformative curriculum that moves away from independent silos of education to a collaborative effort between universities, community colleges, and practice with the goal of increasing numbers of baccalaureate prepared nurses in Minnesota. This collaborative curriculum fosters a seamless transition from associate to baccalaureate nursing education. We believe baccalaureate nursing education enhances a comprehensive understanding of healthcare policy, research, systems leadership, and community health nursing.

MANE nursing graduates are educated to use the best available evidence in making sound clinical judgments during provision of safe, high quality, holistic nursing care across the lifespan and the health continuum. We believe with the use of informational technology, a nurse is prepared to provide health care in a variety of environments. We believe nurses act as transformational leaders and vital members of an interdisciplinary team. A strong focus on health promotion supports nursing graduates to best serve diverse individuals, families, and communities locally, nationally, and globally.

We believe adult learners must be actively engaged in the learning process. We value lifelong learning, reflective nursing practice, and insights gained through self-analysis and self-care. Faculty members teaching in the MANE curriculum model professionalism, scholarship, inclusiveness, beneficence, and collegiality. This transformative approach to nursing education encourages deep understanding of key nursing concepts while addressing the changing healthcare environment.

Curricular-Concepts**(Threaded Throughout Curriculum) (Definitions in Glossary)**

Professional development and identity

Collaborative practice

Safety

Holism

Informatics	
Evidenced-Based Practice & Quality Improvement	
Diversity and Culture	
Macro-Concepts	(Definitions in Glossary)
Foci of Care	
<ul style="list-style-type: none"> • Health promotion • Chronic care • Acute care • End-of-life/palliative care 	
Lifespan/growth and development	
Physiological Integrity	
<ul style="list-style-type: none"> • Mobility • Tissue integrity • Oxygenation and perfusion • Metabolism • Neuro-cognition • Regulatory • Comfort/pain 	
Professional Integrity	
<ul style="list-style-type: none"> • Clinical decision making • Ethics and legalities • Leadership • Advocacy • Communication 	
Psychosocial Integrity	
<ul style="list-style-type: none"> • Family dynamics • Social support • Grief and loss • Spirituality 	
MANE Competence Statements	
A competent nurse develops insight through reflection, self-analysis, self-care and lifelong learning.	
A competent nurse demonstrates leadership as part of a health care team.	
A competent nurse effectively uses leadership principles, strategies and tools	

A competent nurse locates, evaluates, and uses the best available evidence.
A competent nurse utilizes information technology systems including decision support systems to gather evidence to guide practice.
A competent nurse practices within, utilizes and contributes to the broader health care system.
A competent nurse practices relationship centered care.
A competent nurse communicates effectively.
A competent nurse's personal and professional actions are based on a set of shared core nursing values.
A competent nurse makes sound clinical judgments.
Baccalaureate Program Student Learning Outcomes: The outcomes of this BS degree of learning will be a graduate who is able to:
1. Integrate reflection, self-analysis, self-care, and lifelong learning into nursing practice.
2. Demonstrate leadership skills to enhance quality nursing care and improve health outcomes.
3. Evaluate best available evidence utilizing informatics to guide decision making.
4. Collaborate with inter-professional teams to provide services within the broader health care system.
5. Adapt communication strategies to effectively respond to complex situations.
6. Promote ethical practice and research within the nursing discipline and organizational and political environments.
7. Practice holistic, evidence-based nursing care including diverse and underserved individuals, families, communities, and populations.
Associate Degree Student Learning Outcomes: The outcomes of the AS degree of learning will be a graduate who is able to:
1. Demonstrate reflection, self-analysis, self-care, and lifelong learning into nursing practice.
2. Apply leadership skills to enhance quality nursing care and improve health outcomes.
3. Utilize best available evidence and informatics to guide decision making.
4. Collaborate with inter-professional teams to provide holistic nursing care.
5. Adapt communication strategies to effectively respond to a variety of health care situations.
6. Incorporate ethical practice and research within the nursing discipline and organizational environments.
7. Practice holistic, evidence-based nursing care including diverse and underserved individuals, families, and communities.

Guiding Standards

Program Student Learning Outcomes are framed around the:

- **Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 2008)**
 1. Liberal Education for Baccalaureate Generalist Nursing Practice
 2. Basic Organization and Systems Leadership for Quality care and Patient Safety
 3. Scholarship for Evidence-Based Practice
 4. Information management and Application of Patient Care Technology
 5. Healthcare Policy, Finance and Regulatory Environments
 6. Inter-professional Communication and Collaboration for Improving Patient Health outcomes
 7. Clinical prevention and Population Health
 8. Professionalism and Professional Values
 9. Baccalaureate Generalist Nursing Practice

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

References

American Association of Colleges of Nursing (AACN). *The essentials of baccalaureate education for professional nursing practice* (October 20, 2008). Retrieved from <http://www.aacn.nche.edu/education-resources/baccessentials08.pdf> Retrieved 11/19/2012

QSEN Group (2010). Quality and Safety Education for Nurses. Retrieved from www.QSEN.org/comptencics/php Retrieved 12/9/112

NCC WRITTEN TEST PROTOCOL

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

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

Established professional competencies and practice competencies: Test blueprinting, item development (NCLEX style: multiple choice, multiple response, ordered response, exhibit, graphics, hot spot, fill in blank calculation, audio), item analysis.

Overall Planning:

1. Determine number of tests: Summative evaluation assessing representative sample of instruction objectives of units and an end of course final.
2. Length of test: Speed influences reliability and should not be a factor. For a well-constructed four-option multiple-choice question; allow 1 minute 15 sec. (McDonald, 2014).
 - One minute for multiple choice remembering/understanding.
 - One minute 30 sec. for multiple choice applying/analyzing.
 - One Minute 45 sec.-Three minutes for alternate format questions.(Multiple response/ordered response/evaluating/creating/short answer/dosage calculation.)
3. Track these category percent's:
 - a. Blooms Cognitive levels: Remembering/Understanding (1)
Applying/Analyzing (2)
Evaluating/Creating (3)
 - b. NCLEX category (www.ncsbn.org/1287.htm) Detailed test plan
 - c. Nursing Process:
 - Assessment
 - Diagnosis
 - Planning/Analysis
 - Implementation
 - Evaluation

It is per faculty's discretion as to the number of questions per NCLEX/process category on each individual test.

NCC WRITTEN TEST PROTOCOL

Target Goals: Blooms Domains and Levels

Page 2 of 2

Remembering & Understanding / Applying & Analyzing / Evaluating & Creating

Traditional			MANE		
	2210	2220	2700/2720	2800	2900
Blooms Level 1/2/3	Last offering	Last offering	40-60/40-60/0	30/60/10	10/60/30
			NCLEX test plan	NCLEX test plan	NCLEX test plan

1. Difficulty: Determine mastery content (e.g. demonstration of safe application of content as an entry level nurse). Expected level of achievement; attempt 100% on mastery content. Other content range between .3 and .9 increase reliability of test.

2. Item development: Standard multiple choice 80-90%
Alternate format 10-20%
 - a. Consistent format: Use ‘the client’, ‘the nurse’ ‘medication’, generic names of medications.
 - b. Perform test analysis and review difficulty
Consider revising $>.9$ or $<.3$ (for non-mastery items)
Consider revising $.3-.5$ with negative item discrimination

3. Determine what action can be taken if the stats are unacceptable:
 - a. Give credit for more than one choice. (this is the preferred action)
 - b. Nullify the test item by giving credit for all choices.
 - c. Delete the test item from the exam and recalculate with one less total items.

4. Test administration and review: Follow test taking information and protocol in NCC Student Handbook and course syllabi.

Reference:

McDonald, M. (2014). The nurse educator’s guide to assessing learning outcomes (3rd ed.). Burlington: Jones & Bartlett.

Revised: 1/23/2015

Appendix N: Faculty Profile

Faculty Name	FT/PT	Date of Initial apt.	Rank	Baccalaureate Degree And Granting Institution	Master's Degree and Granting Institution	Doctorate Degree and Granting Institution	Areas of clinical expertise and professional experiences	Academic Teaching and Other Areas of Responsibility (college committees, community and or workforce partnerships)	Publication, professional presentations and awards
Kristine Carey	FT	August 2009	Faculty	BSN University of Wisconsin – Eau Claire	MSN University of Minnesota	NA	<p>Adult med-surg, Oncology, ICU, Neuro</p> <p>Item writer National Council of State Boards of Nursing 2002 - present</p> <p>Member of: Minnesota Nurses Association & American Nurses Association 1981 – present National League of Nurses 2009 - present</p> <p>Elected to Minnesota Nurses Association – Commission on Education 1997 – 2002 Co-chair of the commission: 2000-2002</p> <p>Co-chair Minnesota Nurses Association Task Force: Position Paper on the American's with</p>	<p>Teaching: Second year: acute and advanced med surg/neuro-endocrine and professional issues didactic and clinical</p> <p>Community Contributions: Data Cube Assessment Project 2014 Course Coordinator Nur 2220 2012-present Nursing Department Assessment Leader: 2011-present Nursing Success Day Coordinator: 2011 – present Nursing Success Day co-coordinator: 2010-2011 Quality Matters Program Participant 10/12/2012 Learning Detective School Participant: 4/1/2011</p> <p>Committee Work: Chair - Learning Resource Committee 2014 - present Nursing Faculty Hiring Committee 2014 Scantron committee 2013 Nursing Faculty Hiring Committee: 2013</p>	<p>Textbook Reviewer: <i>Textbook Reviewer: 2013: 13th edition, Study Guide for Brunner & Suddarth's Textbook of Medical Surgical Nursing , 2014, Unit 16</i></p> <p>2012: 2nd edition , Brunner & Suddarth's Handbook of Laboratory and Diagnostic Tests, Wolters Kluwer/Lippincott, 2014</p> <p>2011: 1st edition of Pellico, Focus on Adult Health Nursing, Wolters Kluwer/Lippincott, Williams & Wilkins, 2013, Chapters 21-25</p> <p>Professional presentation: "Unlocking the Doors: Nursing Education and the Americans with Disabilities Act", presented on November 22, 2002 at the <u>Partnerships for the Future</u> National Conference on Professional Nursing</p>

Faculty Name	FT/PT	Date of Initial apt.	Rank	Baccalaureate Degree And Granting Institution	Master's Degree and Granting Institution	Doctorate Degree and Granting Institution	Areas of clinical expertise and professional experiences	Academic Teaching and Other Areas of Responsibility (college committees, community and or workforce partnerships)	Publication, professional presentations and awards
							Disabilities Act - 1999 - 2000	Admissions Committee: 2010-2013 Learning Resources Committee: 2012-present Director of Nursing Hiring Committee: 2010-2011 Nursing Department Curriculum Committee: 2009-2010	<u>Education and Development</u> in Chicago, ILL Publication: Carey, Kristine and Wessman, Joanne, <u>MNA Position Statement: Nursing Education and the American with Disabilities Act.</u> Minnesota Nurses Associations. 2000.
Carrie Dickson	FT	August 2011	Faculty	BSN- University of Michigan	MS: Parent/Child Nursing, University of Michigan		Women's/ Reproductive Health, Simulation	Teaching: Clinical simulation in med/surg and OB, PN transition, Nursing Case Studies in Simulation Committee work: Curriculum, Learning Resources Community: MN Simulation Conference Planning Committee Member: STT, AWHONN, AHNA	Certifications: Nurse-Midwife, Nurse Educator NLN Health Information Technology Scholar, 2012 Presentation: Simulated Home Telehealth Visit, Health Educator's Conference poster, 2013; Simulated Home Telehealth Visit, NLN Technology conference session and poster, 2013
Karen Ford	FT	August 2009	Faculty	BS South Dakota State University	MA Bethel University Nursing Education	NA	Pediatric and Adult Medical/Surgical Nursing, Pediatric and Adult Perianesthesia Nursing, Interventional Radiology Nursing, Conscious Sedation, Organ Transplant Nursing	<i>Teaching:</i> Currently teaching Medical Surgical Nursing, Past courses: Lab, Simulation, LPN Transitions course and Advanced Med-Surg Clinical Instructor <i>Committee Work:</i> Member of ACEN/ Program Quality Committee, Curriculum Committee member. Campus-wide Personnel Committee	Recipient of Phi Theta Kappa Golden Apple Award 2013 Awarded Fellowship in the Edmond J. Safra Visiting Nurse Faculty Program Spring 2013 Certified Perianesthesia Nurse

Faculty Name	FT/PT	Date of Initial apt.	Rank	Baccalaureate Degree And Granting Institution	Master's Degree and Granting Institution	Doctorate Degree and Granting Institution	Areas of clinical expertise and professional experiences	Academic Teaching and Other Areas of Responsibility (college committees, community and or workforce partnerships)	Publication, professional presentations and awards
								member and Student Rights and Responsibilities committee member. <i>Memberships:</i> Sigma Theta Tau International, Minnesota State College Faculty	
Laurie Frahm	FT	Aug. 2009		BSN Mankato State University	MSN with a focus in adult health and nursing education Winona State University	NA	Adult Med/Surg/ICU Acute & Tertiary Nursing Case Management Home Care Chemical Dependency & Mental Health	<i>Teaching:</i> Mental Health Nursing Theory & Clinical. 2210 Core & Professional concepts. Coordinate Service Learning NS projects. Curriculum Committee Chairperson. <i>Member of:</i> Nursing. Faculty rep. at MSCAF, Member of Facilities College Committee. MANE Curriculum Committee. MN State College Faculty, MN Nursing Association, National League of Nurses, Sigma Theta Tau, National Alliance for Mental Illness. <i>Clinical:</i> Nursing staff position at Hennepin County Medical Center, Inpatient Behavioral Health Services. <i>Community Involvement:</i> NCC Gala Volunteer, Gethsemane Lutheran Church, Hopkins High School Choir supporter & volunteer	Cesta, T.G. (2002). <u>Survival Strategies for Nursing in Managed Care.</u> Chapter 18, A Systems Approach to Hospital Based Nursing Case Management. St. Louis: Mosby. Cohen, DeBack (1999). <u>The Outcomes Mandate Case Management in Health Care Today.</u> Chapter 27, Computers Across the Continuum. St. Louis: Mosby. “Professional Self Concept Among Registered Nursing in MN” Graduate Thesis, Feb. 1995, Winona State University. Awarded MNA Research Scholarship

Faculty Name	FT/PT	Date of Initial apt.	Rank	Baccalaureate Degree And Granting Institution	Master's Degree and Granting Institution	Doctorate Degree and Granting Institution	Areas of clinical expertise and professional experiences	Academic Teaching and Other Areas of Responsibility (college committees, community and or workforce partnerships)	Publication, professional presentations and awards
Patricia Gonzales	PT	August 1998	Faculty	BSN University of Maryland	MS Johns' Hopkins University focus on education and nursing Graduate studies from the University of Maryland in Nursing and Augsburg College in Transcultural Nursing	NA	Medical Surgical Nursing Gerontology Taught in NA, Continuing Education, Staff Development , AD, diploma, and BSN programs	Teaching: Currently teaching with the CECT department for the MnHIT grant to develop and deliver an on-line program of study to educate IT or clinical professionals to meet the workforce needs for EHR implementation. At present, hold an administrative role in the nursing department. Past teaching roles at NCC, first level teaching team, nursing lab faculty, simulation lab faculty, second level preceptor faculty, nursing department chair. Past roles at other colleges, first level teaching team, nursing lab and simulation in AD programs; M/S instructor and lab and health assessment instructor for a BSN program (class and clinical); first and third level instructor and lab faculty for a diploma school. NA instructor Other: Member of Minnesota AD Directors Association; IRB committee; Institutional Effectiveness Committee; Pandemic Flu Planning	NISOD Presented to the Nursing Summit meeting of the MNA regarding "Cultural Competence in Nursing" 2005.

Faculty Name	FT/PT	Date of Initial apt.	Rank	Baccalaureate Degree And Granting Institution	Master's Degree and Granting Institution	Doctorate Degree and Granting Institution	Areas of clinical expertise and professional experiences	Academic Teaching and Other Areas of Responsibility (college committees, community and or workforce partnerships)	Publication, professional presentations and awards
Joan Gonzalez	PT	Aug 2008	Faculty TPT	BSN University of North Dakota	MPA Golden Gate University San Francisco, CA	N/A	Pediatrics NICU/PICU Med/Surg Cardio/thoracic OB/GYN Same Day Surg Outpatient Care Military Med Nurse Executive	Teaching: Lab Faculty, leadership course, pediatric simulation Other: ACES representative	Publication: <i>Managing the New Generation</i> . Dunn-Cane, K., Gonzalez, J., Stewart, H. <u>AORN Journal</u> , 69(5), 930-940, May 1999. Certified as Nurse Executive, American Nurses Credentialing Center
Maureen McCullough	FT	8/2010	Instructor	BSN, College of St. Catherine, St. Paul, MN	MS, Nursing Administration, University of Minnesota, Minneapolis, MN	No	Training NA's; Evaluation; Health/patient education; Leadership; Staff Development; Apheresis; Dialysis; ICU. (Camp and school nursing)	Teaching: Nursing Assistant lecture, lab, clinical. Other: Am. Red Cross Nursing Assistant Trainer	<u>Psoriasis Treatment: Evaluation of a Home Treatment Program</u> , graduate thesis, 1986. "Change your habits to change your weight" chapter in <u>Medical Management of Weight Reduction</u> , Mary Jane Madden, editor, 1980.
Jon Moe	FT	8/2007	Faculty	BA , Mary College, ND	MS, Nursing Education, University of MN	DNP – Educational Leadership (in-progress), American Sentinel University	Cardiac and critical care Simulation Certified Nurse Educator	<i>Teaching:</i> Simulation in support of all courses in the program. Previous, second year: acute and advanced med surg/card-pulmonary lecture and clinical, Health Assessment, Global Health Perspectives <i>Other:</i> Learning Resources, all teaching teams. <i>Partnership Activities:</i> MANE Curriculum Committee.	NLN Health Information Technology Scholar 2012 <i>Presentations:</i> D2L Fusion 2012: Developing Critical Thinking through Branching Logic Activities. San Diego, CA, July 2012 D2L Ignite MN 2013: Developing Critical Thinking through Branching Logic Activities.

Faculty Name	FT/PT	Date of Initial apt.	Rank	Baccalaureate Degree And Granting Institution	Master's Degree and Granting Institution	Doctorate Degree and Granting Institution	Areas of clinical expertise and professional experiences	Academic Teaching and Other Areas of Responsibility (college committees, community and or workforce partnerships)	Publication, professional presentations and awards
								<p><i>Community Involvement:</i> Global Health Ministries: teaching Community Health Promoter/First Aid and CPR initial training in El Salvador, 2011 – 2013.</p>	<p>Bloomington, MN, April, 2013.</p> <p>D2L Fusion 2013: Programed Instruction; Keeping Students on Track. Boston, MA, July 2013.</p> <p>D2L Ignite MN 2014: Programed Instruction, Keeping Students on Track. Bloomington, MN. April, 2014</p> <p>D2L Fusion 2014: Enhancing Your On-line Content with Interactive Learning Tools. Nashville, TN. July, 2014</p> <p>Professional Nurse Educators Group Conference: The Minnesota Alliance for Nursing Education (MANE): A Joint Effort for a New Nursing Curriculum in Minnesota. Rochester, MN. October, 2014.</p>

Faculty Name	FT/PT	Date of Initial apt.	Rank	Baccalaureate Degree And Granting Institution	Master's Degree and Granting Institution	Doctorate Degree and Granting Institution	Areas of clinical expertise and professional experiences	Academic Teaching and Other Areas of Responsibility (college committees, community and or workforce partnerships)	Publication, professional presentations and awards
Michelle Natrop	FT		Faculty	BAN, College of St. Catherine	MSN, Nursing Education, University of Phoenix	N/A	Obstetrics, Public Health , Lactation, School Nurse	<i>Teaching:</i> Fundamentals of Nursing (N1110 and N1120). Nursing 2210: Pediatric content and core content Lab Faculty in Nursing Lab <i>Other:</i> First year team: Team Leader, Nursing Club Advisor, member of Admissions Committee, member of NCC Nursing Advisory Board and admissions committee. Parish Nurse for home church.	Recipient of Phi Theta Kappa Golden Apple Award 2008 Book Reviewer for Nursing Textbooks: Taylor's Handbook of Clinical Nursing Skills, 2 nd edition by Pamela Lynn
Penny Peterson	FT	1/2013	Faculty	BSN, Crown College	MSN, Nursing Education, Walden University	N/A	Pediatrics, Hematology/Oncology, APHON certified, Medical/surgical, Cardiac, Adult Medical/surgical, orthopedics	<i>Teaching: Second year acute medical/surgical clinicals, Nurs 2220: Acute and advanced Med-surg topics</i>	Children's Hospital 2014 Nurses week Leadership Award winner Mpls St. Paul Magazine 2014 Outstanding Nurses-finalist Nurse Educator category 2014 Daisy Award nominee
Cindy Popp-Cronin	FT	8/20/14	Faculty	BSN College of St Benedict, St. Joseph MN	MSN, Nurse Educator, University of St. Catherine	N/A	General Medical Oncology/Hematology Homecare and Home Intravenous Therapy Adult and Pediatrics Wound Care	<i>Clinically based: Preceptor for new employees Conducted classes for regional agencies for Home IV therapy. Teaching assistant for first year nursing students at University of St. Catherine</i>	Certified Registered Nurse Intravenous (CRNI) since 1995. Educational conference attendance every 3 years for CRNI.
Jan Preuss	TPT	First nursing course 8/2015	Faculty	AD Nursing Inver Hills Community College Inver	MSBM Cardinal University Milwaukee, WI 2000 MA in Nursing	N/A	Perioperative, Intraoperative, and Postoperative Surgical Services	<i>Teaching:</i> Nursing Assistant Lecture, Lab and clinical <i>Other:</i> Previously taught in Practical Nursing Programs,	Phi Theta Kappa Golden Apple Award – 2008, 2010. Sigma Theta Tau Honor Society Induction 8-2010.

Faculty Name	FT/PT	Date of Initial apt.	Rank	Baccalaureate Degree And Granting Institution	Master's Degree and Granting Institution	Doctorate Degree and Granting Institution	Areas of clinical expertise and professional experiences	Academic Teaching and Other Areas of Responsibility (college committees, community and or workforce partnerships)	Publication, professional presentations and awards
				Grove Heights, MN 1984. BS Health Art University of Saint Francis Joliet, IL 1989. BSN Bethel College 2012 Bridege with MSN Program to complete 2015	Bethel University, St. Paul MN Pending summer 2015		Leadership, Education, Staff Development and Management. Medical/Surgical Staff nurse and Management Nursing Assistant Instructor and program Coordinator for Nursing Assistant Program in a MNSCU College.	doing lecture/lab/clinical. Have set up many different programs throughout the MNSCU system related to Health Careers, worked independently with organizations as a consultant doing in-services and orientation. Implemented a Perioperative Nursing Course for a MNSCU Continuing Education Dept. Mentor and Preceptor for nursing students and Surgery Technician students. Served on many quality Improvement projects at Community Hospitals.	
Mary Renquist	FT	August 27 2007	Faculty	BS in Nursing College of St. Teresa, Winona, MN	Master of Science in Nursing Education, Duke University, Durham, NC		Medical Surgical/ Diabetes Certified Diabetes Educator- renewed- 2014- valid til 2019	<i>Teaching:</i> MANE NURS 2750 Nutrition role of Professional nurse; Student support for Methodist Hospital HELP program for MANE NURS 2700; Chairperson for department 2014-2015 ;Course development and coordinator for NURS 2800 for spring 2015. Will teach Introduction to Global Health NURS 1900 spring 2015. <i>Previous:</i> Inpatients education all aspects of Diabetes self management. 2003-2007 Fundamentals in Nursing AND program 2007-2010 Lab lead, Simulation Instructor	Golden Apple Award – 2009, 2010 Research poster presentation – Phi Beta Kappa – Study on Insulin pen use in hospital setting. 2006

Faculty Name	FT/PT	Date of Initial apt.	Rank	Baccalaureate Degree And Granting Institution	Master's Degree and Granting Institution	Doctorate Degree and Granting Institution	Areas of clinical expertise and professional experiences	Academic Teaching and Other Areas of Responsibility (college committees, community and or workforce partnerships)	Publication, professional presentations and awards
								<p>2010-2013 NCC curriculum committee member. Developed Global Health Perspectives 3 credit course with international service learning component– instructor 2010-present. Department Chairperson 2012-2013. Member of MANE curriculum committee 2011 to present; Institutional Effectiveness 2011-2013; NLNAC steering committee member 2012-2013, NCC Advisory Board member 2011-present <i>Other:</i> Community volunteer:</p> <ul style="list-style-type: none"> • Volunteer St. Olaf Church – Homeless shelter/ meal program Exodus house - Minneapolis • International volunteer: Guatemala; Diabetes Program development; clinic work • St. Mary's Clinics – RN. Shakopee, MN 	
Antoinette Somerville	PT	12/2003	Lab Faculty	BSN, Marquette University	MSN, Nursing and Adult Education, University of Minnesota	NA	Medical Surgical nursing, Medical ICU, Hospital Education Dept.	Teaching: First Year Faculty, Normandale Community 6 years; Lab Faculty 2 years.	

Faculty Name	FT/PT	Date of Initial apt.	Rank	Baccalaureate Degree And Granting Institution	Master's Degree and Granting Institution	Doctorate Degree and Granting Institution	Areas of clinical expertise and professional experiences	Academic Teaching and Other Areas of Responsibility (college committees, community and or workforce partnerships)	Publication, professional presentations and awards
Deborah St. Anthony	PT	8/2015	Faculty	BSN University of MN Twin Cities	Master in Education University of MN Currently enrolled: MN State University at Moorhead Masters in Nursing Education		Medical Surgical Nursing, cardiovascular	Teaching experience at the associate degree level beginning in 1992	
Judy Wattman	FT	8/2008	Faculty	BSN, University of Minnesota	MA, Nursing Education, Bethel University, MN	N/A	Perinatal Certification Inpatient Obstetrics Women's Health, Staff nurse HealthPartners clinic Nursing Education, Perinatal Nurse Educator, Lactation Educator Certification,	<i>Teaching:</i> Semester 3 Childbearing, /OB specialty, content and clinical, Professionalism, Pediatrics <i>Other:</i> Semester 3 Team leader Committees: Admissions Committee, Nursing program, 2008-09, 2009-10. Curriculum committee 2010-11; ACEN accreditation readiness steering committee 2012-13; 2013-14, 2014-2015 Chair ACEN accreditation steering committee Institutional Review Board committee member 2010-2015 Developed (2009), and lead (2010)dental/nursing student group to Belize- Global Health Perspectives 3 credit course	Publication: Wattman, J., et al. (2009). Community partner perceptions about community engagement experiences for nursing students. <i>Journal of Community Engagement and Higher Education</i> , 1 (1).

Faculty Name	FT/PT	Date of Initial apt.	Rank	Baccalaureate Degree And Granting Institution	Master's Degree and Granting Institution	Doctorate Degree and Granting Institution	Areas of clinical expertise and professional experiences	Academic Teaching and Other Areas of Responsibility (college committees, community and or workforce partnerships)	Publication, professional presentations and awards
Laura Willaert	PT	1/2014	Faculty	Minnesota State University Mankato	Minnesota State University Mankato, MS in Health Education; Winona State University MS in Nursing Education	NA	Emergency Nursing Nursing Leadership ICU Nursing Nursing Education :	5 years prior experience teaching in a MNSCU AND program teaching didactic and clinical. Teach Nursing 2200 cardiovascular and clinical.	
Anne Wilson	FT	8/2014	Faculty	MN State University-Mankato And Regis University-Colorado	Masters in Nursing Regis University-Colorado	N/A	Cardiac and Medical/Surgical Critical Care Nursing-ICU End-of-Life Care in Critical Care Setting	Clinically Based: ~ ICU Clinical Preceptor for MN State University-Mankato students at Methodist Hospital. ~ ICU Clinical Resource Mentor for all newly hired RNs at Methodist Hospital.	