

**FERRIS STATE UNIVERSITY
DEPARTMENT OF NURSING**

ASSOCIATE DEGREE NURSING PROGRAM

A.D.N. PROGRAM REVIEW REPORT

Submitted to

THE ACADEMIC PROGRAM REVIEW COUNCIL

September 2000

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INTRODUCTION

This report represents a comprehensive review of the Associate of Applied Science in Nursing (ADN) program within the College of Allied Health Sciences (CAHS). The review process was conducted according to the guidelines provided by the Academic Program Review Council (APRC). This report reflects the data analysis, conclusions and recommendations of the ADN Program Review Panel (PRP) and is submitted in compliance with APRC guidelines. The members of the PRP for the ADN program were:

Department Head:	Dr. Sally Johnson
Nursing Faculty Co-Chairs:	Cecile Slywka Marguerite Wolfram
Adjunct Faculty:	Karen Leiter, Nurse Educator, Spectrum Health – Reed City Campus
Nursing Alumnus:	Erin Griffes
Advisory Committee Member:	Nancy Schulte, Vice President of Nursing Spectrum Health – Reed City Campus
Faculty Member Outside Program:	Sandra Burns, Dental Hygiene Program
Faculty Member Outside College:	Douglas Fonner, Biology Department

SECTION 1

OVERVIEW OF THE PROGRAM

History of the ADN Program

The Department of Nursing at Ferris State University came into existence in 1969 with the introduction of a career ladder-nursing program. An associate degree program was developed, the first year of which incorporated a practical nurse (PN) curriculum, with the second year providing the education needed for the student to take the National Council Licensure Examination for Registered Nurses (NCLEX-RN). As well as accepting students for the two-year associate degree program, Ferris State University accepted licensed practical nurses into the second level of the program, where they would complete the requirements to become registered nurses in one calendar year.

With the strong departmental and university history of career mobility programming, it was logical for the faculty to identify and address the need for RN career mobility. In November 1978 the Nursing Study Committee recommended the development of the RN to BSN completion program. That program was implemented in Fall 1983 and coincided with the closure of the PN to ADN program option.

In 1993 Ferris State University made a transition from terms to semesters, and at that time the curricula were revised. The program included two semesters of general education courses followed by three semesters of nursing courses. The three semesters of nursing courses were designed to be

completed either on a full time or part time basis. The long waiting list, the opportunity to complete the program quickly and become employed, and the open progression policy of the program contributed to a much higher demand for the full time option than expected. The growing demand for nursing education and a lengthy waiting list to enter the program prompted an increase in annual enrollment from 40 to 60 students for four years. The last of those cohorts of 20 students completed the program in May 1999.

In Summer 1999 the CAHS administrative structure changed the responsibilities of the Department Head. She now has administrative responsibilities for the Dental Hygiene Program as well as the ADN and BSN programs of nursing.

In response to concerns expressed by students and faculty regarding the intense nature of the full time option and the number of students failing the NCLEX-RN, a major curriculum revision focusing on a revised format and enhanced clinical experience is being implemented in Fall 2000.

Nursing Programs Faculty

To meet the teaching needs of the program, the Department of Nursing & Dental Hygiene has nine full-time nursing faculty positions and several part time non-tenure track faculty positions. There is one full-time faculty member who is released from teaching 50% to serve as a coordinator for the two nursing programs. For the ADN program, she is advising all of the pre-nursing students, attending recruiting events, and guiding the curriculum evaluation process. The

number of part time faculty positions varies with the particular needs in a given semester. Please refer to Appendix A for the curriculum vitae for all current full time faculty. All of the full time faculty members teaching in the associate program hold Master's Degrees in Nursing, two hold Doctorate Degrees in Educational Leadership, and one is a Ph.D. Candidate in Psychology. Faculty have experience in their areas of teaching through academic preparation, clinical practice, and/or specialized interest. Please refer to individual faculty listings of continuing education and academic credits in personal vitae (Appendix A) indicating recent efforts to maintain nursing knowledge and clinical expertise.

Full time faculty numbers are not sufficient for clinical and classroom instruction, advisement of students and representation on Department, College and University committees. Part time faculty are employed for many clinical courses and occasionally for didactic courses as well though this will stop with ending of extra 20 cohorts and the revised curriculum. This has created a problem in maintaining program continuity and quality.

Part time faculty members should have appropriate clinical experience, and must submit a curriculum vita, official transcripts, three letters of recommendation, a copy of his/her current RN license, and an application to be considered as an instructor. Full time faculty have input concerning selection of part time faculty. Due to unavailability of qualified persons, it was not always possible to have part time faculty with a Master's degree in Nursing teaching in

the classroom or a Bachelor's in Nursing teaching in the clinical setting. Please see Faculty Profile Form in Appendix A for composite data about full time and part time faculty and their teaching responsibilities in 1998-99 and 1999-00.

Although part time faculty are employed to work under the direction of full time faculty to assure that the curriculum plan is implemented as designed, current faculty workloads and a minimal orientation plan prohibit adequate mentoring of part time faculty. In addition, current payment practices for part time faculty do not provide for adequate orientation of part time faculty. Part time faculty are paid an hourly wage based on student contact hours which does not provide for additional time for orientation and course meetings.

Administration of the ADN Program

The administrator of the nursing unit, Dr. Sally Johnson, holds a Diploma in Nursing from Blodgett Memorial Hospital School of Nursing, a Bachelor's Degree in Allied Health Teacher Education from Ferris State University, a Master's Degree in Nursing from Wichita State University, and a Doctorate in Educational Leadership from Western Michigan University.

Dr. Johnson has had experience in Associate Degree Nursing education as a faculty member for 3 years, and as a Director of the Associate Degree in Nursing program for 6 years. From 1987 on she has been in various roles at Ferris State University with the Nursing Department, serving as the Department Head of Nursing since 1991. In that role she is responsible for employing and assigning faculty, budget planning, serving as liaison between the Programs of

Nursing and local, state and national organizations. Her Curriculum Vitae is located in Appendix A.

Until Summer 1999, the workload of the nursing department administrator involved administration of the ADN and the RN to BSN programs with responsibility divided about equally between the two programs. In Summer 1999 her workload was expanded to include administrative responsibilities for the Dental Hygiene Program. This reduces the time she has for the ADN program by approximately 20%.

An area of administrative concern that has become more acute in the past two years is the absence of the RN to BSN coordinator role, which was eliminated five years ago. Although this was done as a cost cutting measure during the University fiscal restructuring process, it has become evident that this action has resulted in some potentially serious implications for the ADN program. Since the elimination of this position, the Department Head and faculty have attempted to maintain the ADN program coordination through a redistribution of responsibilities. The elimination of the BSN coordinator role has placed additional responsibilities on the Department Head. This has resulted in a very fragmented approach to coordinating a very large and complex department. Although we now have a faculty member who has 0.5% FTE release time for administrative duties (0.25 FTE for the ADN program and 0.25 FTE for the BSN program) her primary ADN responsibility is the advising of pre-nursing students and managing the wait list. As a result, many coordination

activities for the ADN Program are not attended to in a timely fashion. For example, many students (especially the part time students) convey that they feel that communication between administration and students is unsatisfactory.

These complaints, which have surfaced in the past few years, were not articulated by students historically. The loss of the RN to BSN coordinator once again became very evident during the writing of this report. In this case, ongoing evaluation and documentation of ADN data was often found to be less than adequate, as responsibility for this process had been diluted during the redistribution of responsibilities.

With the very high demands required for the administration of the ADN program, the intensity of the program and the use of many part time instructors for clinical and sometimes classroom instruction, there is a loss of continuity in the educational experience. The concerns raised by both students and faculty in regard to coordination of the ADN program attest to this loss of program coordination.

Student satisfaction with the ADN program is at its lowest level in the past 20 years and concern regarding the future implications for the ADN program without ongoing coordination are that this dissatisfaction with the program will continue to increase. It is anticipated that the curriculum revision, return to 40 students per year and improved orientation of part time faculty will improve program satisfaction.

Mission of the ADN Program

The philosophy of the Nursing Programs (Appendix B) addresses the faculty's belief about the individual and society, the human health experience, technical and professional nursing, teaching and learning. The philosophy provides a foundation for change in response to new directions within the profession of nursing. The mission statement (Appendix B) of the Nursing Programs is reflected in the philosophy. The philosophy of the Nursing Programs directs both the content of the Associate of Applied Science in Nursing curriculum and the instructional methodologies by which the content is presented. The faculty believes that learning is an internal, self directed, lifelong process that can occur in a variety of settings and that students share responsibility for their own learning. Teaching methodologies that utilize critical thinking, problem solving and active learning processes are applied to assist the nursing student to acquire these essential skills.

The purpose of the Associate of Applied Science in Nursing program is to prepare a technical nurse generalist to function as a practitioner in structured settings. The ADN nursing curriculum has the following terminal objectives:

- Applies knowledge from the biological, physical, and behavioral sciences into the practice of nursing
- Provides nursing care for clients in structured health care settings.
- Applies the nursing process to deliver safe, appropriate nursing care.
- Communicates appropriately as a provider and manager of nursing care.

- Demonstrates accountability in technical nursing practice.
- Demonstrates the ability to make appropriate clinical judgments.

Impact of the ADN Program on the University, State of Michigan and Nation

The Nursing Programs' Mission and Goals are consistent with the Mission and Goals of the University, the Academic Affairs Division, and the College of Allied Health Sciences, as reflected in the chart found in Appendix C which takes excerpts from each statement. As this chart demonstrates, the ADN program addresses each component of the University mission.

The ADN program provides a source of RNs for Western Michigan especially during this period of nursing shortages. Many of the May 2000 graduates had positions in nursing before they graduated. Of concern to the faculty is the hiring of ADN graduates into specialty units such as Emergency Rooms, Intensive Care Units, Home Care and other areas that demand strong clinical expertise.

Future of the ADN Program

The ADN program has functioned successfully as a lower division program for 30 years. In order to continue to compete on the cutting edge of nursing education, the Department of Nursing & Dental Hygiene is currently engaged in several activities that are intended to provide future direction for the ADN Nursing Program. The primary goal of employing a nurse education consultant in Fall 1999 was to seek means of improving our program and thus the ADN graduate's performance on the licensure examination. A number of

strategies were identified for assisting current and future students to gain quality clinical experiences and to enhance classroom learning. As recommended, the ADN Program purchased the computer program Computer Adaptive Testing from Educational Resources to assist students to prepare for the NCLEX-RN. The program provides feedback to the students and identifies areas of concern as well as areas of strength. Based on this feedback, several strategies were employed by faculty in the classroom to assist students with the areas of concern. In addition, there are plans for ongoing assessment to aid in future decision making regarding admission to and progression in the ADN program.

Administrative Program Review

Dr. Sally Johnson, Department Head, as requested by the APRC has completed the Administrative Program Review form, for the ADN program. This form is found on the following page.

ADMINISTRATIVE PROGRAM REVIEW

Program/Department: Associate of Applied Science in Nursing (ADN)

Date Submitted: September 5, 2000

Dean: Dr. Gregory H. Frazer

Please provide the following information:

	Fall 1995	Fall 1996	Fall 1997	Fall 1998	Fall 1999
Tenure Track FTE	9	9	9	9	9
Overload/Supplemental FTEF	3.3	2.3	2.7	4.1	3.3
Adjunct/Clinical FTEF (unpaid)	0	0	0	0	0
Enrollment on-campus total*	95	95	106	94	78
Freshman	65	50	62	38	40
Sophomore	30	45	44	56	38
Junior	--	--	--	--	--
Enrollment off-campus*	0	0	0	0	0

* Use official count (7-day count for semesters, 5-day count for quarters).

Financial

Expenditures*	FY 95	FY 96	FY 97	FY 98	FY 99
Supply & Expense	NA	NA	\$18,000	\$16,000	\$13,000
Equipment (included S&E)	same	same	Same	same	Same
Gifts & Grants	0	0	0	0	0

* Use end of fiscal year expenditures.

Other

	AY 95/96	AY 96/97	AY 97/98	AY 98/99	AY 99/00
Number of Graduates*:					
- Total	53	53	35	33	26
- On campus	53	53	35	33	26
-Off campus	0	0	0	0	0
Placement of Graduates	100%	100%	100%	100%	100%
Average Salary	NA	NA	\$27,500	NA	NA

	AY 95/96	AY 96/97	AY 97/98	AY 98/99	AY 99/00
Productivity - Academic Yr. Ave.**	SCH 4,294	SCH 4,295	SCH 3,185	SCH 3,551	SCH 3,354
- Summer	NA	NA	NA	NA	NA
Summer Enrollment	60	40	40	40	0

*Use total for academic year (F,W,S)

SCH = Student Credit Hour Generated

**ADN & RN to BSN combined

Areas of Strength

- Personalized advising and regular contact with students
- Teacher-student ratio
- Job placement for graduates

Areas of Concern:

- Reduced departmental administrative support
- Lack of resources to update lab equipment, supplies and teaching media/technology
- Part time faculty salaries
- Need for Program Coordinator
- Excessive workload for Department Head

Future Goals (please give time frame):

1. Enhance customer service
2001-02: Improve student graduate & employer surveys and the use of the feedback for program improvement
2. Improve outcome assessment
2001-02: Develop systematic evaluation plan for ADN Program
2002-03: Implement systematic evaluation plan for ADN Program
3. Seek additional position of program coordinator 2001-02
4. Seek resources for appropriate remuneration of part time faculty to include time for course meetings

5. Seek resources to enhance faculty development opportunities to assure currency (ongoing)
6. Seek alternative technologic advancements (ongoing)
7. Seek resources to enhance student achievement on NCLEX-RN 2000-01

Recommendations:

1. Establish the position of program coordinator.
2. Recruit faculty with medical-surgical experience to replace retiring faculty.
3. Develop a plan for evaluation of part-time faculty.
4. Provide release time for lead instructors to coordinate clinical courses in ADN program

SECTION 2

GRADUATE FOLLOW-UP SURVEY DATA

Purpose

The purpose of this activity is to learn from the graduates their perceptions and experiences regarding employment based on program outcomes. The goal is to assess the effectiveness of the program in terms of job placement and preparedness of the graduate for the marketplace.

Method of Data Collection

The Graduate Survey (Appendix D) is mailed to graduates of the ADN program approximately six months after graduation. The Graduate Survey requests data related to employment specific to status, setting (site), schedule format and specialty area of practice. The survey also asks graduates to assess their educational knowledge and skills in the identified areas during work experience at their agencies. The instrument provides the graduate with an opportunity for an objective self-assessment, according to specific criteria. In addition, other demographic data are requested to update graduate files.

The only difficulty encountered with this approach to data collection is in regard to the low response rate which is typical with such survey techniques that are conducted after graduation, as completion and return of the survey is voluntary. Often, the graduate does not inform the department of address changes and thus some surveys are returned, unopened. However, in spite of these obstacles, a sampling of graduates is always obtained with each cycle of

evaluation.

Findings

Table 2-A reflects graduate survey data regarding current employment status, settings, and schedule format and specialty areas of practice from ADN program alumni over a period from 1995 to 1999.

TABLE 2-A
Current Employment Settings and Positions Reported by Alumni 1995-1999

EMPLOYMENT VARIABLES	# of Respondents n=59	Percent of Sample
STATUS: Full Time	38	64
Part time	15	25
Not at all	05	09
Other/No response	01	02
SETTING: Acute Care	39	66
Community Agency	03	05
Extended Care	02	03
Other/No Response	15	26
SHIFT: Day	12	20
Night	26	44
Afternoon	14	24
Other/No Response	07	12
SCHEDULE: 8 hour shifts	28	48
10 hour shifts	03	05
12 hour shifts	16	27
Other/No response	12	20
SPECIALITY: Community Health	00	00
ICU / CCU	05	09
Geriatrics	05	09
Medical Surgical	26	44
Mental Health	02	03
OB / GYN	02	03
Pediatrics	02	03
Emergency / Trauma	02	03
Operating / Recovery	00	00
Education in a school	02	03
Home Health Care	01	02
Other / No Response	12	21

More than 60% of the respondents indicate that they are employed full time in nursing in the acute care setting. It is noted that 14% of respondents indicated that they were working in specialty areas that require strong clinical expertise. This is a faculty concern. Unfortunately, 12% of the respondents that indicated they were working either full or part time did not respond to the question regarding specialty so it is difficult to draw conclusions regarding the extent of graduates entering specialty areas beyond the scope of their educational preparation.

Graduates are also asked to do a self-evaluation of their knowledge and skill in clinical practice. The areas of questioning represent a wide variety of clinical practice competencies, communication skills and cognitive skills in the area of clinical decision-making. Table 2-B demonstrates these findings from a sample of 59 graduate surveys collected from 1995-1999.

TABLE 2-B
Reported Level of Program Satisfaction with Acquired Knowledge and Skills of Graduates (n=59) 1995-1999

FSU ADN's self-evaluation of their knowledge & skill	Inadequate n (%)	Adequate N (%)	Good n (%)	Excellent n (%)	No Response n (%)
Assess a client's needs	13 (22)	28 (47)	13 (22)	00	05 (08)
Plan for a client	07 (12)	28 (47)	19 (32)	00	05 (08)
Implement a plan of care	10 (17)	25 (42)	17 (29)	00	07 (12)
Evaluate a plan of care	06 (10)	31 (53)	16 (27)	00	06 (10)

FSU ADN's self-evaluation of their knowledge & skill	Inadequate n (%)	Adequate N (%)	Good n (%)	Excellent n (%)	No Response n (%)
Administration of oral, I.M., I.V. medication	16 (27)	24 (41)	09 (15)	03 (05)	07 (12)
Operating treatment equipment properly	11 (19)	28 (47)	13 (22)	03 (05)	04 (07)
Reporting changes in client's condition	15 (25)	21 (36)	17 (29)	00	06 (10)
Providing nursing care to persons having common problems	12 (20)	30 (51)	11 (19)	00	06 (10)
Responding properly in a medical emergency	04 (07)	24 (41)	22 (37)	03 (05)	06 (10)
Making decisions with the client.	06 (10)	31 (52)	14 (24)	01 (02)	07 (12)
Attending staff development programs	11 (18)	18 (31)	19 (32)	4 (07)	07 (12)
FSU ADN's self-evaluation of their knowledge & skill	Inadequate n (%)	Adequate N (%)	Good n (%)	Excellent n (%)	No Response n (%)
Following agency procedure and policy manual for nursing procedures	11 (18)	27 (46)	17 (29)	00	04 (07)
Collaborating with nurses and other health team members	18 (30)	20 (34)	14 (24)	2 (03)	05 (08)
Using opportunities to teach clients and families	13 (22)	22 (37)	15 (25)	4 (07)	05 (08)

When examining the data in Table 2-B, it should be noted that five of the respondents are not employed and one did not respond to the question of

employment status (see Table 2-A).

Although 69-80% of the respondents indicated their ability to use the nursing process (assess, plan, implement and evaluate a plan of care) was adequate to good, 10-22% reported their ability was inadequate. To address this need, the ADN Program has purchased the computer program, Diagnostic Reasoning in Nursing Practice, a Web-based critical thinking software for Nursing Education. The majority of respondents evaluated their clinical skills as adequate to excellent. However, there are some areas of concern. Specifically, 30% of respondents indicated their ability to collaborate with nurses and other health team members was inadequate, 27% indicated their ability to administer medications (oral, I.M. and I.V.) was inadequate, and 25% reported their ability to report changes in the client's condition was inadequate. These are skills that require clinical experience to acquire. It is anticipated that the new curriculum, which includes an additional semester of medical-surgical clinical experience will provide the students additional opportunities to acquire these skills.

Graduates are also surveyed to elicit their responses regarding their satisfaction level with program variables such as orientation, evaluation of credentials and counseling, policies as stated in the Nursing Student Handbook, teaching, general communication issues including advising, and availability of library, audiovisual and computer resources. Table 2-C reflects the findings related to these variables for 59 graduates from 1995-1999.

TABLE 2-C
Summary of Reported Level of Graduates' Satisfaction with
Advising, Counseling, Teaching and Communication (n=59) 1995-1999

Program Variables	Unsatisfactory n (%)	Below Average N (%)	Average N (%)	Above Average N (%)	Excellent n (%)
Orientation to nursing program	11 (18)	19 (32)	21 (36)	04 (07)	00
Evaluation of credentials and academic counseling prior to entry into program	06 (10)	26 (44)	18 (31)	04 (07)	00
The Nursing Student Handbook contains policies for admission, progression, retention, dismissal and graduation: These policies are:	13 (22)	20 (34)	17 (29)	05 (08)	00
• Clearly stated					
• Non-discriminatory	14 (24)	19 (32)	12 (21)	09 (15)	02 (03)
• Fairly and consistently implemented	08 (14)	15 (25)	22 (37)	10 (17)	01 (02)
• Student grievance procedure is available, clear and adequate	09 (15)	11 (19)	21 (35)	10 (17)	04 (07)
Teaching Practices:					
Nursing faculty presentation of theoretical content	10 (17)	20 (34)	22 (37)	06 (10)	00
• Nursing faculty clinical competency	20 (34)	20 (34)	12 (20)	04 (07)	01 (02)
• Adequacy of nursing faculty to answer questions related to course content	13 (22)	18 (31)	21 (36)	05 (08)	00
• Faculty sensitivity to individual learning needs/problems	05 (08)	20 (34)	20 (34)	10 (17)	01 (02)
Communication:					
• Between you and the nursing department	12 (20)	22 (37)	18 (31)	06 (10)	00
• Between you and your advisor	13 (22)	16 (27)	19 (32)	09 (15)	01 (02)

Program Variables	Unsatisfactory n (%)	Below Average N (%)	Average N (%)	Above Average N (%)	Excellent n (%)
Logistics:					
• Availability of journals, books in the libraries	09 (15)	16 (27)	23 (39)	07 (12)	01 (02)
• Availability of audio-visual material and equipment	08 (14)	15 (25)	27 (46)	05 (08)	01 (02)
• Accessibility and usefulness of computer lab	07 (12)	19 (32)	23 (39)	05 (09)	02 (03)

The majority of respondents indicated that orientation to the nursing program (50%) and evaluation of credentials and academic counseling prior to entry into the program (54%) were below average to unsatisfactory. The majority of respondents rated the program variables of the policies contained in the Nursing Student Handbook are fairly and consistently implemented (56%) and the student grievance procedure is available, clear and adequate (59%) as average to excellent. The variables that these policies are clearly stated and non-discriminatory were rated as below average to unsatisfactory by 56% of the respondents.

With the exception of faculty sensitivity, the majority of graduates who responded to the survey indicated that nursing faculty presentation of theoretical content (51%), nursing faculty clinical competence (68%) and adequacy of nursing faculty to answer questions related to course content (53%) as below average to inadequate. Faculty sensitivity to individual learning needs/problems, however, was rated as average to above average by 53% of the respondents.

Communications between students and the nursing department was rated as below average to unsatisfactory by 57% of the respondents. Communication between the student and the advisor was rated as below average to unsatisfactory by 49% of the respondents and average to excellent by 49% of the respondents.

The majority of respondents reported that the availability of library, audio-visual and computer resources was average to excellent. It would have been helpful to know how the students perceived the registration process and purchasing of textbooks but these variables were not included on the Graduate Survey form.

Conclusions

Unfortunately, as with most surveys, the limited responses do not reflect all graduates of the program. However, some interesting trends are evident when examining the data available. Although more graduates have been noted to be moving into specialty practice settings in recent years, the acute care medical-surgical setting is still the most common clinical practice setting for ADN graduates.

The results of the graduate surveys reflect that the ADN program at Ferris was perceived to be in need of revision in many areas.

Overall, the Ferris graduates report that they feel their nursing skills are at least as good or better than other ADN prepared nurses with whom they work. Areas of concern regarding use of the nursing process and the acquisition of

skills necessary for nursing practice are being addressed in the new curriculum.

A significant number of Ferris ADN graduates rate the mechanical processes of the program as being below average to unsatisfactory suggesting that the processes of orientation, counseling, teaching and communication are not facilitative to the student as he or she progresses through the program. In addition, graduates report concerns with the policies for admission, progression, retention, dismissal and graduation as stated in the Nursing Student Handbook. This feedback has provided significant reinforcement for the need to review current methods utilized to attain program goals.

In summary, graduate data has been highly valued for the insights gained about the program from the consumer viewpoint. However, the low return rate of these surveys has raised some concern for the quantity of data available to the faculty for program evaluation. As a result, the graduate survey tool needs to be revised with the specific purpose of shortening the response forms to provide more concise data, to eliminate data that has been found to be less useful and to add data that is determined to be useful. In addition, the number of responses with "no answer" has indicated that perhaps graduates are not clear about what some of the questions are asking in regard to graduate performance in the practice setting. It is anticipated that a more user-friendly form will increase the response rate in future evaluation cycles.

SECTION 3

EMPLOYER FOLLOW-UP SURVEY DATA

Purpose

This activity is intended to aid in assessing the employers' experiences with graduates and their perceptions of the program itself. The employers of graduates of the ADN program represent another constituent for whom satisfaction with program graduates is measured.

Method of Data Collection

Graduates at the time of their survey are asked permission to survey their employers. Surveys are only sent to employers if the graduate gives permission. If the graduate reports his or her place of employment and provides permission for the employer to be surveyed, The Employer Survey (Appendix E) is then sent which asks the same or similar questions of employers in regard to their comparisons between the new Ferris ADN graduates and other ADN graduates. This method, which depends on the number of graduate survey responses, often yields very small sample numbers for data analysis.

Findings

Table 3-A provides a summary of data collected from 9 employers from 1997 and 1998 in regard to employment variables of nine Ferris ADN graduates at the agency of employment.

TABLE 3-A
EMPLOYMENT VARIABLES

EMPLOYMENT VARIABLES	1997 GRADUATES N=5 (OF 35 GRADUATES)	1998 GRADUATES N=4 (OF 33 GRADUATES)
Salary: Hourly		
\$13.01-15	1	1
\$15.01-17	4	3
Salary: Annually		
\$20,820-24,960	2	1
\$29,121-33,280	2	2
No Response	1	1
Status		
Full-time	3	3
Part-time	2	1
Shift		
Day	3	2
Afternoon	1	1
Night	1	1
Schedule		
8 hour shift	1	1
12 hour shift	4	3
Orientation		
4-6 weeks	4	3
7+ weeks	1	1
Length of Employment		
Under 6 months	2	2
6-11 months	3	2

Table 3-B provides a summary of data collected from 9 employers from 1997 to 1998 in regard to their perceived level of satisfaction with acquired knowledge and skills of nine Ferris ADN graduates as compared with other ADN nurses at the agency of employment.

TABLE 3-B
Reported Level of Program Satisfaction with Acquired Knowledge and
Skills by Employers 1997-1998
N=9

FSU ADN's Employers' evaluation of their knowledge and skills as compared to other ADN graduates	Better	Same	Less	No Answer
Contributes to assessments of a client's needs	2	7	0	0
Records a plan of nursing care	0	9	0	0
Implements nursing care safely	2	4	0	3
Evaluates plan of care according to written criteria	2	7	0	0
Administers medications (oral, I.M., I.V.) according to agency policy	0	9	0	0
Utilizes patient care equipment safely and appropriately	0	9	0	0
Reports changes in client's condition appropriately	0	9	0	0
Provides comprehensive, direct nursing care of persons with well-defined health care problems	2	7	0	0
Responds appropriately in a medical emergency	0	9	0	0
Demonstrates warmth, empathy, and genuineness towards patients and their families	9	0	0	0
Problem solves nursing problems appropriately with the patient and other health team members	2	7	0	0
Attends staff development programs	4	1	2	0
Follows agency procedure and policy manuals for nursing procedures	0	9	0	0
Utilizes opportunities to teach patients and their families self-care concepts	0	9	0	0

Table 3-B reveals that 100% of employers responding reported that Ferris

ADN graduates were the same as or better than when compared to similar ADN graduates in their agency.

It is noteworthy that although 7-30% of the graduates responding to the graduate survey (see Table 2-B) rated themselves as inadequate in similar categories, no employers rated Ferris ADN graduates as lower than other ADN graduates. Employers were also asked to provide comments to questions regarding their perceptions of the graduate's ability. The following is a summary of their comments from the 1997 and 1998 surveys.

Overall, how would you rate this graduate in comparison with others you have known and/or supervised?

- Average = 1
- Very High = 3

Would you like this graduate to care for you or your family?

Yes = 4

Please explain the graduate's usual responsibilities:

- Community Mental Health Nursing works in a team with social workers and has primary responsibility for health assessments and psychotropic medical processes. Works with the clinic's doctors also.
- Caring for 5-6 patients with the help of a LPN or aide. She is responsible for care plan charting, IV medications (all meds with aide) and patient care.
- Cares for 5-8 patients per night. Monitors patient's cardiac monitor, member of code team and follow ups with care plans.
- Care of the ortho/neuro patient
- Care for team of 9 residents with aide of certified nursing assistant. Responsible for assessment, planning care-evaluating care. Delegating to aide. Teaching. Reporting to interdisciplinary team.
- Medical-surgical-pediatric staff nurse
- Total patient care on a cardiac progressive care unit, 1-4 patient ratio.

Please add anything you would like us to know about the educational preparation of FSU Nurses or the direction of health care in your facility that should/will impact nursing education.

- Having your students come to Reed City as part of their clinical experience aids in the preparation of working at this facility.
- Good clinical skills

In 1999, in an effort to increase the data obtained from employers, a telephone survey was conducted to elicit data regarding the performance of ADN graduates at their facility. The following seven agencies were contacted:

Metron, Spectrum, Reed City, Mecosta, St. Mary's, Mercy Cadillac, Altercare.

The following is a copy of the form used with a summary of the data collected.

**FERRIS STATE UNIVERSITY
DEPARTMENT of NURSING and DENTAL HYGIENE
ADN EMPLOYER TELEPHONE SURVEY**

Agency name _____ Date _____

Using a scale of 1 to 10, 1 being the lowest, 10 being the highest, rate the following questions on your employment of this graduate of FSU Nursing:

	Average Score
Overall, how would you rate FSU nursing graduates compared to other nurses?	8
Comparing this individual to other graduates of similar educational background:	
Nursing skills?	7
Problem solving ability?	7
Involvement in nursing unit activities?	7
Leadership skills?	6
Responsibility for own learning?	8
Evidence of critical thinking skills?	7
Would you hire this individual again?	Yes (all)
Would you hire a FSU graduate in the future?	Yes (all)

Conclusions

In summary, employer data has been highly valued for the insights gained about the program from the employment frame of reference. The data received from those employers of ADN graduates from 1997 to 1998 reflect favorable impressions of the outcomes of the program in terms of the overall ability of Ferris ADN graduates as compared to other ADN graduates with similar experience. However, the small number of responses is still a concern for this population data source. This low return rate of employer surveys raised some concern for the quantity of data available to the faculty for program evaluation. As a result, the employer telephone survey tool was implemented for the specific purpose of shortening the response forms to provide more concise data and to eliminate data that has been found to be less useful. It is anticipated this more user-friendly form will increase the response rate in future evaluation cycles.

SECTION 4

STUDENT EVALUATION OF ADN PROGRAM

Purpose

The purpose of this activity is to obtain information regarding quality of instruction, relevance of courses, satisfaction with program outcomes based on students' own expectations. The survey is also intended to seek student suggestions on ways to improve the effectiveness of the program and to enhance fulfillment of their expectations.

At the completion of each nursing course, student evaluations are solicited in regard to course organization, course instruction and clinical instruction. These evaluations are utilized by individual instructors as well as the departmental curriculum committee to monitor the program for logical organization and internal consistency. For the purpose of this report, however, the Program Review of Occupational Education (PROE) format was utilized to attain data from students currently enrolled in the ADN program. The PROE form addresses program evaluation criteria to include courses, objectives, teaching methods, related courses, clinical experiences, career planning, job success information, placement services, nursing instructors, instructional support services, instructional lectures and laboratory facilities, instructional equipment and materials. In addition, students are asked to respond to what they feel are the greatest strengths and weaknesses of the program.

Data Collection Method

The PROE format was modified to become The Student Perceptions of the ADN Program form (Appendix E). These surveys were distributed to students in all clinical sites where a nursing course was offered during the Winter 2000 semester. Nursing faculty distributed the survey forms and collected them on the same day. A total of twenty-four students in the various ADN clinical sites responded to the survey. The surveys were tallied and the results are summarized in this section of the report.

Findings

Of the twenty-four responses, 4 of the students indicated that they were attending the program on a part-time basis, while 19 indicated that they were completing on a full-time basis. One student did not identify any response.

The number of categorical responses to each survey item are found on the next pages. Following the survey form, the student's written comments are also presented as perceived strengths, weaknesses and program recommendations related to the general areas of curriculum, instruction, faculty, scheduling, structure of the program, location and other general program issues.

**Ferris State University
Academic Program Review –ADN
Student Perceptions of the ADN Program**

INSTRUCTIONS: Please rate each item using the following guide:

1 = POOR is seriously inadequate, bottom 5 to 10 %

2 = BELOW EXPECTATION is only fair, bottom one-third

3 = ACCEPTABLE is average, the middle-third

4 = GOOD is a strong rating, top one-third

5 = EXCELLENT means nearly ideal, top 5 to 10%

6 = DON'T KNOW means you lack sufficient knowledge to evaluate or does not apply to this program

CRITERIA TO BE EVALUATED FOR ADN	1	2	3	4	5	6
1. Courses in the ADN program are: * Available and conveniently located		2	8	12	2	
* Based on realistic prerequisites.	2	1	6	12	3	
* Available at moderate cost.		2	10	9	2	1
2. Written objectives for courses in the ADN Program: * Are available to students.			7	12	5	
* Describe what you will learn in the course.			9	12	3	
* Are used by the instructor to keep you aware of your progress.		1	9	10	4	
3. Teaching methods, procedures and course content: * Meet your technical nursing needs interests and objectives.		1	11	11	1	
* Provide supervised practice for developing job skills.	1	1	8	10	4	
4. Related courses (Such as English, Mathematics, Science) are: * Pertinent to technical nursing instruction.			11	11	2	
* Current and meaningful to you.		1	12	10	1	
5. Clinical experience in the ADN program is: * Readily available at convenient locations.	1	2	13	7	1	
* Coordinated with classroom instruction.	1	2	9	10	2	
* Coordinated with preceptor supervision.	1	1	7	12	3	
6. Career planning information: * Meets your needs and interests.	1	5	10	7	1	

CRITERIA TO BE EVALUATED FOR ADN	1	2	3	4	5	6
* Helps you plan your program.	1	3	12	7	1	
* Helps you make career decisions or choices.	1	3	12	6	2	
a * Helps you understand your rights and responsibilities as member of the profession of nursing.	1	1	9	12	1	
* Helps you evaluate your job opportunities in relation to salary, benefits and conditions of employment.	2	2	10	9		1
* Is provided by knowledgeable, interested staff.	1	1	8	11	3	
* Explains nontraditional discipline opportunities for both genders.	2	3	8	9	1	1
7. Job Success information on former students in the ADN program: * Is provided to help you make career decisions.	2	9	6	7		
* Indicates how many job opportunities there are in your discipline.	2	8	9	5		
* Identifies where these job opportunities are located.	2	8	9	5		
* Tells about job advancement opportunities.	3	8	8	4		
8. Placement services are available to: * Help you find employment opportunities.	5	5	9	2		3
* Prepare you to apply for a job.	1	3	12	2	3	3
9. Nursing Instructors: * Know the subject matter and professional nursing guidelines.	1	1	4	10	8	
* Are available to provide help when you need it.		1	6	9	8	
* Provide instruction so it is interesting and understandable.		1	8	11	4	
10. Instructional support services (such as Tutoring, lab assistance) are: * Available to meet your needs and interest.	1	2	7	7	3	4
* Provided by knowledgeable interested staff.		4	6	7	3	4
11. Instructional lectures and laboratory facilities: * Provide adequate lighting, ventilation, heating, power and other utilities.	5	4	7	6	2	
* Include enough work stations for the number of students enrolled.	6	7	7	3	1	

CRITERIA TO BE EVALUATED FOR ADN	1	2	3	4	5	6
* Are safe, functional and well maintained.	1	5	7	9	2	
* Are available on an equal basis for all students.	1	2	9	9	3	
12. Instructional equipment is:						
* Current and representative of the industry.	2	7	11	3		1
* In sufficient quantity to avoid long delays in use.	3	5	13	3		
* Safe and in good condition.	1	4	12	7		
13. Instructional materials (e.g.,textbooks, Reference books, supplies) are:						
* Available and conveniently located for use as needed.		1	8	13	2	
* Current and meaningful to the subject.		1	7	12	4	
* Not biased toward any traditional gender roles.		1	6	11	5	
* Available at reasonable cost.	1	5	14	4		

Please answer the following questions:

1. Are you a full-time or part-time ADN student?

FT = 19 PT = 4 1 not identified

2. What is your current program site?

GR/STM/Spectrum = 13 BR = 13 Cadillac = 5 Not Answered = 1

3. What do you feel are the greatest strengths of the FSU ADN program?

- The instructors show interest in the success of their student, and do more than they have to help.
- We have small class sizes so you pretty much get to know everybody.
- The staff is very knowledgeable. Most of the staff is very open and does not always treat the students as students. There were several instructors that made me feel like an equal, not a pee-on.
- The small class sizes – teachers are more able to give one-on-one help.
- Knowledgeable instructors
- The instructors have the knowledge, but lack adequate equipment.
- Clinical experience – I really liked how much time we spent doing hand-on patient care. I also thought that the different sites was nice.
- The Med-Surg instructors are excellent in lecture. Many of the clinical

instructors are very good.

- Most instructors are doing an excellent job of preparing us for the job; supporting us and assisting us in learning everything.
- Instructors and clinical sites (especially Grand Rapids).
- Some of the instructors are very student oriented. The one-year program is good if you can handle the full course load if you want to get done.
- Your instructors! When _____ and _____ leave, you'll find a challenge filling their shoes! They really know their stuff and while they are challenging, they are not unapproachable. I have found the majority of instructors to be knowledgeable and very helpful.
- Finishing in one year!
- I guess that FSU is heading in the right direction. I have learned a lot as a student. The program seems to be good at developing a baseline for a new nurse.
- Doing it in a year was great for me.
- Some instructors have a true interest in the progress and developing a knowledge base in the students.
- Closeness with instructors, ability to learn things and ask questions due to small class size and clinical groups.
- Professors are very helpful and educational!
- Greatest Strengths: Clinical instructors, (student listed 3 full time faculty and 3 part time faculty).
- Ability to complete in one year.
- (This student listed 3 full time and 2 part time faculty) Also having clinical at a Grand Rapids hospital.

3. What do you feel are the major needs for improvement in the FSU ADN program, and what action is required to achieve these improvements.

- The equipment used to teach basic nursing skills needs updating. Real, working IV pumps would be an example.
- The waiting list needs to be shorter.
- I think that the lab equipment needs to be updated. The IV pumps did not work. The head of the department needs to talk straight, not just give the students the run around. If students insist on whining, then let them go some place else. It is too disrupting in class to listen to people cry over exam contents.
- The waiting list needs to be improved. I did not know I was getting into the Nursing Program until the last minute. I feel GPA should be a factor in consideration like Pharmacy and Optometry. Some go for many years without being on the list, so I feel students are turned away from FSU.
- Way too much information in too little of time. Also, some clinical sites don't give you that good of an experience (i.e., Peds at Mercy).

- New lab equipment! A functioning IV pole. Program head is not effective in managing clinical sites.
- New equipment and more of it!
- Lecture before clinical rotation. Students should have the same experiences in clinical. Many times, they have such different learning experiences.
- An advisor who cares a little more about us; communication; no more on-line classes. Some sort of prioritizing selecting clinical sites for students who commute. Class President/Vice President/Treasurer, etc. separate from FSNA.
- Shorter lecture times; more time with Pharm (big problem); Geri class was a waste! All we learned about was alternative medicine (why does this keep happening?)!
- The courses need to be re-evaluated on how they are taught. Pediatrics – I think that you should not have a four-hour lecture, and I think that tests should not be given on the same day as lecture over material that you are supposed to read because you may need to ask questions.
- More clinical and classroom time. Poor organization and communication. Get rid of the on-line lectures – we need to be in the classroom.
- Need better clinical site locations. Peds at Mecosta? Give me a break! I have 3 weeks left and have yet to see a client under 40! Psych – need lecture before clinical. How can you effectively interact with schizo/manic, etc. if you don't know anything about the condition. Pine Rest, Saturday 8:00 am- 8:00 pm in Mulder West was a nightmare!
- Better instructors (clinical) (Student indicated on full time faculty member as excellent.
- Better Peds, Psych and Geriatrics rotation.
- ADN PROGRAM SHOULD BE NLN ACCREDITED.
- Drop Anthropology and replace with Spanish class – more useful. More case studies...write down or address each other's case, i.e., condition, TX, what was done. Learn more at post conference.
- Better instructors; cover more important stuff on NCLEX like ventilators, traction.
- Most instructors were good, but several showed inconsistencies in grading techniques between classes and between different parts of the class which was very disappointing. Some instructors unfairly punished the whole class for the behavior or poor attendance of some students. Consistent, objective grading needs to be emphasized to the faculty.
- More questions based on NCLEX Exam; need to emphasize _____ (unable to read student's handwriting); rearranged test questions.
- I don't feel the beginning clinical experience prepared us enough for the real job. More clinical sites like St. Mary's and Spectrum would help students to learn more skills. I also feel we were rushed through the classes so I don't feel I remember anything. Maybe classes could be lengthened or possibly

better organized.

- To change some clinical instructors/teachers. Some are great – some are disappointing.
- We need to get away from the Big Rapids Hospital. There are not enough experiences there.
- Half of the faculty needs to be replaced – (the student identified 3 full time and one part time faculty) It is stupid for us to be expected to learn in clinical when our teachers are too busy talking to their friends to help us give a med. or do any other procedure.

5. Other comments

- Four-hour lectures are terrible when followed by a test!!
- Ferris program needs a lot of work!
- I would liked to have learned more about the history of nursing. A course specifically to learn about charting and documenting would also have been helpful.
- I had the chance to participate in on-line classes with _____ (student identified a full time faculty). I felt I didn't learn anything. I didn't pay for that class so I could play on the computer. She did not teach us anything worthwhile. I feel she used the computer as an excuse to do a half-assed job teaching the students.
- _____ (student identified a full time faculty) - she is the worst teacher I have ever had. She is so demeaning to her students; she tells us that we are stupid, have no idea what we are doing, yet she shows us that she doesn't know what she is doing. For our Peds clinical (actually med/surg), it took her ½ hours to figure out how to put an IV together. She doesn't know what certain meds do. We look them up and she questions us about them, and then says we are wrong, making us look dumb!

Thank you for your participation in this evaluation process.

When reviewing the tabulated responses to the survey items, it was noted that in each case the vast majority of the students rated each item at the acceptable to excellent range, suggesting a positive impression of the program overall. It is encouraging to see student satisfaction with the faculty (both nursing and general education faculty), teaching methodologies, curriculum and instructional processes. The areas of concern are also very important to

evaluate, for these reflect perceptions of the program that could be construed as a negative reflection on the program. The two areas that were rated lowest in the survey were the students' perception of the support services focusing on career planning, job success and placement assistance and the instructional facilities and equipment. It is interesting to see the students perception regarding the area of career planning, job success information and placement services. The availability of these services is presented in the Trends class, on-going bulletin board information is provided by faculty regarding job opportunities, and schedules are rearranged to facilitate attendance to the various job fairs. In their Transition course students utilize the career planning services in the writing of their resumes yet failed to see the relevance of this assistance. In the last few years, due to the nursing shortage, students were usually recruited and hired prior to graduation, frequently at one of their previous clinical rotation sites. Possibly little need or demand for these career services influenced their ratings. Too, approximately fifty percent of the class enrolls in the BSN completion program either as full-time or part-time students so again their immediate long range career planning is postponed. With the job market being what it is today students just have to choose where it is they want to work and the job is theirs. The concern regarding instructional facilities and instructional equipment is in keeping with faculty and advisory evaluation. Students expressed displeasure with the various classrooms utilized, issues pertaining to room size, heating, ventilation and maintenance. Classrooms to

accommodate 40 plus students without having to walk across campus aren't always easy to arrange. In smaller classrooms the close proximity of students makes security during testing a challenge. The faculty tries to facilitate this by requesting the presence of an additional faculty member to assist them during testing. Hopefully, the recent addition of the large classroom within the VFS Center will eliminate this classroom issue. The equipment and supplies are an on-going concern for both students and faculty. Current, safe and plentiful equipment is costly. A skeletal array of necessary equipment is contained within the department. However with each clinical affiliation students are exposed to slightly different equipment necessitating orientation to that technology. This is the norm for our times. Equipment in relation to interactive videos and software packages is definitely lacking. Refer to section 8 Physical Facilities for further discussion. The students also provided many useful comments that both praised the program and offered some useful feedback for areas they perceived could use improvement. Their concern regarding the concentration of the program was congruent with the faculty's. After much faculty discussion, the decision to hire a nursing consultant was acted upon. The consultant studied and assessed the old curriculum, brainstormed with faculty, then offered suggestions and strategies that other national programs were using. This hastened the revision and lengthening of the new curriculum to commence Fall of 2000. Most ADN programs are opting for a longer program offering. The high patient acuity, advanced technology and change in health

care structure are providing new challenges in the education of the graduate ADN nurse. The additional cohorts of 20 students and a national trend away from nursing has eliminated the long waiting list for student admission. The present projected admission list is sufficient to meet our next year enrollment quota. The other concern regarding clinical sites and instruction are discussed in the faculty section. It appears that a few students chose this forum to voice their personal concerns and displeasure with individual faculty.

Conclusions

Overall, it can be concluded that students view the ADN program favorably. Specifically, students indicated satisfaction with the curriculum content, instructional methodologies, and program faculty, both nursing and general education. The major concern associated with the concentrated curriculum will hopefully be resolved with the initiation of the revised curriculum. It is hoped this change will facilitate better learning, processing and retention of the necessary information. Future licensure scores will provide some data to evaluate this intervention. The double entry option has eliminated and resolved the long waiting lists for admission. Clinical concerns and coordination are areas that need attending. The competition for clinical placement is high and requires long range planning and implementation. The Department of Nursing and Dental Hygiene enhances departmental links with community agencies by serving on advisory committees. Responsibility for recruiting and orienting part-time clinical faculty, organizing clinical placement sites and assuring program

continuity would be better served through a half time program coordinator.

Instructional facilities and equipment are ongoing areas being addressed by the Department of Nursing and Dental Hygiene. Costly equipment is an economic issue. Budget constraints limit the amount of money provided for appropriate, modern equipment and necessary software.

SECTION 5

FACULTY PERCEPTIONS OF THE PROGRAM

Purpose

The purpose of this activity is to assess faculty perceptions regarding the following aspects of the program: curriculum, resources, admissions, standards, degree of commitment by administration, processes and procedures used and their overall feelings.

Faculty perceptions of the ADN program are not specifically obtained on a regular basis, as faculty are continuously involved with the ongoing evaluation of the program. However for the purpose of this report, the PROE format for Faculty Perceptions of the program was used to survey the nursing faculty to determine their perceptions about program goals and objectives, program processes, program resources, as well as strengths and weaknesses of the program.

Data Collection Method

The Faculty Perceptions of the ADN Program form (Appendix G) was distributed to the nursing faculty at a regular faculty meeting in April. Faculty completed the form and returned it to the Program Review Panel by the end of the Winter semester. The results were tallied and are reported in this section of the report.

Findings

All nine full time tenured faculty members completed the survey. The

survey form is summarized on the following pages, with each item tabulated according to the number of faculty responses in each category. Faculty comments regarding strengths and weaknesses are then listed.

When reviewing the survey items, it was noted that with the exception of the following three items: use of student follow-up information; student follow-up system; and provision for leadership and coordination; the nursing faculty considered each criteria to be met at an acceptable to excellent level. This would indicate that faculty generally view the program favorably in regard to goals and objectives, processes and resources.

The faculty identified perceived strengths of the program as: high demand and placement in jobs upon graduation; dedicated, truly caring faculty and opportunity to practice in a variety of clinical facilities. Identified weaknesses focused on curriculum concentration for full-time students, academic preparation of in-coming students, program coordination, over extension of faculty, excessive use of part-time clinical faculty and clinical placement issues. The curricular concentration issue has been attended to with the revision of the curriculum to begin fall of 2000. The revised curriculum is six semesters in length compared to five semesters in the previous curriculum. There is an increase in credits from seventy six to eighty five credits. In the proposed curriculum only one nursing course with a lecture and a clinical component will be offered each semester. Completing this curriculum in an accelerated format is no longer an option. It is believed that these changes will enable students to

learn, apply and retain material more effectively and lead to greater success rates on the licensure examination. Incoming students with low ACT scores will benefit from this less intense format as well. They will have more time to internalize the content by reducing the demands on their schedule (study and travel time), avoiding three clinical courses in one semester, and eliminating the half semester courses. The concern regarding the recruitment and admission of higher qualified students is presently being studied.

Maximizing learning opportunities in the clinical agencies is essential. The ADN program prepares entry-level nurses who are best prepared to work in medical and surgical areas of hospitals. In recent years, the in-patient census in numerous local agencies has dwindled making it necessary to travel to Grand Rapids where patient numbers are not a problem. Numerous Michigan programs are also competing for clinical placement thus making early and ongoing clinical coordination necessary. The utilization of Grand Rapid sites adds to the time demands of full-time faculty. Frequently local qualified part-time faculty are utilized. This places an added burden on the full-time faculty; that of curriculum and course orientation, policy briefing, and liaison duties. Having access to a constant pool of part-time faculty has not been realized so in order to have continuity in the program this faculty mentoring must be continued. However, it is reassuring to see that the faculty strengths noted far outweighed the perceived weaknesses of the program from the perspective of the faculty.

Ferris State University

Academic Program Review – ADN Faculty Perceptions of the ADN Program

KEY: 1 = POOR

2 = BELOW EXPECTATIONS

3 = ACCEPTABLE

4 = GOOD

5 = EXCELLENT

6 = DON'T NOW

COMMENTS: Please note explanatory remarks or needs for improvement.

CRITERIA TO BE EVALUATED FOR THE ADN PROGRAM	1	2	3	4	5	6
<p><i>GOALS AND OBJECTIVES</i></p> <p>1. Participation in Development of ADN Program Plan <i>Excellent</i> – Administration and/or other supervisory personnel involved in developing and revising the college plan for this program seek and respond to faculty, student and community input. <i>Poor</i> – Development of the plan for this program is basically the work of one or two persons in the college.</p>			1	1	7	
<p>2. Program Goals <i>Excellent</i> – Written goals for this program state realistic outcomes (such as planned enrollments, completions, placements) and are used as one measure of program effectiveness. <i>Poor</i> – No written goals exist for this program.</p>				2	7	
<p>3. Course Objectives <i>Excellent</i> – Written measurable objectives have been developed for all courses in this program and are used to plan and organize instruction. <i>Poor</i> – No written objectives have been developed for courses in this program.</p>					9	
<p>4. Competency Based Performance Objectives <i>Excellent</i> – Competency based performance objectives are on file in writing, consistent with employment standards and tell students what to expect and help faculty pace instruction. <i>Poor</i> – Competency based performance objectives have not been developed for courses in this program.</p>			1	3	5	
<p>5. Use of Competency Based Performance Objectives <i>Excellent</i> – Competency based performance objectives are distributed to students and used to assess student progress. <i>Poor</i> – Competency based performance objectives have not been developed for courses in this program.</p>				4	5	

CRITERIA TO BE EVALUATED FOR THE ADN PROGRAM	1	2	3	4	5	6
<p>6. Use of Information on Labor market Needs <i>Excellent</i> – Current data on labor market needs and emerging trends in job openings are systematically used in developing and evaluating this program. <i>Poor</i> – Labor market data is not used in planning or evaluation.</p>			3	3	3	
<p>7. Use of Information of Job Performance Requirements <i>Excellent</i> – Current data on job performance requirements and trends are systematically used in developing and evaluating this program and content of its courses. <i>Poor</i> – Job performance requirement information has not been collected for use in planning and evaluating.</p>			2	4	3	
<p>8. Use of Profession / Industry Standards <i>Excellent</i> – Profession / industry standards (such as licensing, certification, accreditation) are consistently used in planning and evaluating this program and content of its courses. <i>Poor</i> – Little or no recognition is given to specific profession/industry standards in planning and evaluating this program.</p>			1	1	7	
<p>9. Use of Student Follow-up Information <i>Excellent</i> – Current follow-up data on completers and leavers (students with marketable skills) are consistently and systematically used in this program. <i>Poor</i> – Student follow-up information has not been collected for use in evaluating this program.</p>		1	3	4	1	
<p>PROCESSES 10. Adaptation of Instruction <i>Excellent</i> – Instruction in all courses required in this program recognizes and responds to individual student interests, learning styles, skills and abilities through a variety of instructional methods (such as small group or individualized instruction, laboratory or "hands on" experiences, open entry/open exit, credit by examination). <i>Poor</i> – Instructional approaches in this program do not consider individual student differences.</p>			2	5	2	
<p>11. Relevance of Support Courses <i>Excellent</i> – Applicable supportive courses (such as sciences, communication, humanities, etc.) are closely coordinated with this program and are kept relevant to program goals and current to the needs of the students. <i>Poor</i> – Supportive course content reflects no planned approach to meeting needs of students in this program.</p>				6	3	

CRITERIA TO BE EVALUATED FOR THE ADN PROGRAM	1	2	3	4	5	6
<p>12. Coordination with Other Community Agencies and Educational Programs <i>Excellent</i> – Effective liaison is maintained with other programs and educational agencies and institutions (such community colleges , universities) to assure a coordinated approach and to avoid duplication of meeting educational needs in the area or community. <i>Poor</i> – College activities reflect a disinterest in coordination with other programs and agencies having impact on this program.</p>			3	4	2	
<p>13. Provision for Clinical Experience. <i>Excellent</i> – Ample opportunities are provided for related work experiences in the form of clinical experiences for students in this program. Student participation is well coordinated with classroom instruction and clinical supervision. <i>Poor</i> – Few opportunities are provided in this program for related work experiences in the form of clinical experiences where such participation is feasible.</p>			2	4	3	
<p>14. Program Availability and Accessibility <i>Excellent</i> – Students and potential students desiring enrollment in this program are identified through recruitment activities, treated equally in enrollment selection, and not discouraged by unrealistic prerequisites. The program is readily available and accessible at convenient times and locations. <i>Poor</i> – This program is not available or accessible to most students seeking enrollment. Discriminatory selection procedures are practiced.</p>				2	7	
<p>15. Provision for the Disadvantaged <i>Excellent</i> – Support services are provided for disadvantaged (such as socioeconomic, cultural, linguistic, academic) students enrolled in this program. Services are coordinated with program instruction and results are assessed continuously. <i>Poor</i> – No support services are provided for disadvantaged students enrolled in this program.</p>			3	1	5	
<p>16. Provision for the Handicapped <i>Excellent</i> – Support services are provided for handicapped (physical, mental, emotional, and other health impairing handicaps) students enrolled in this program. Facilities and equipment adaptations are made as needed. Services and facilities modifications are coordinated with instruction and results are assessed continuously. <i>Poor</i> – No support services or facilities and equipment modifications are available for handicapped students enrolled in this program.</p>			3	2	3	1

CRITERIA TO BE EVALUATED FOR THE ADN PROGRAM	1	2	3	4	5	6
<p>17. Efforts to Achieve Gender Equity <i>Excellent</i> – Emphasis is given to eliminating gender bias and gender stereotyping in this program: staffing, student recruitment, program advisement, and career counseling; access to and acceptance in programs; selection of curricular materials; instruction; job development and placement. <i>Poor</i> – Almost no attention is directed toward achieving gender equity in this program.</p>			2	2	5	
<p>18. Provision for Program Advisement <i>Excellent</i> – Instructors or other qualified personnel advise students (day, evening, weekend) on program and course selection. Registration procedures facilitate course selection and sequencing. <i>Poor</i> – Instructors make no provision for advising students on course and program selection.</p>				3	6	
<p>19. Provision for Career Planning and Guidance <i>Excellent</i> – Day, evening and weekend students in this program have ready access to career planning and guidance services. <i>Poor</i> – Little or no provision is made for career planning and guidance services for students enrolled in this program.</p>			1	1	7	
<p>20. Adequacy of Career Planning and Guidance <i>Excellent</i> – Instructors or other qualified personnel providing career planning and guidance services have current and relevant professional nursing knowledge and use a variety of resources (such as printed materials, audiovisuals, job observation) to meet individual student career objectives. <i>Poor</i> – Career planning and guidance services are ineffective and staffed with personnel who have little professional nursing knowledge.</p>			1	4	4	
<p>21. Provision for Employability Information <i>Excellent</i> – This program includes information, which is valuable to students as employees (on such topics as employment opportunities and future potential, starting salary, benefits, responsibilities and rights). <i>Poor</i> – Almost no emphasis is placed on providing information important to students as employees.</p>				7	2	
<p>22. Placement Effectiveness for Students in this Program <i>Excellent</i> – The College has an effectively functioning system for locating jobs and coordinating placement for students in this program. <i>Poor</i> – The College has no system or an ineffective system for locating jobs and coordinating placement for students enrolled in this program.</p>			4	2	3	

CRITERIA TO BE EVALUATED FOR THE ADN PROGRAM	1	2	3	4	5	6
<p>23. Student Follow-up System <i>Excellent</i> – Success and failure of program leavers and completers are assessed through periodic follow-up studies. Information learned is made available to instructors, students, advisory committee members and others concerned (such as counselors) and is used to modify this program. <i>Poor</i> – No effort is made to follow up former students of this program.</p>		1	4	2	2	
<p>24. Promotion of the ADN Program <i>Excellent</i> – An active and organized effort is made to inform the public and its representatives (such as news media, legislators, board, professional community) of the importance of providing effective and comprehensive professional education and specific training for this profession to gain community support.</p>			7	2		
<p>RESOURCES</p> <p>25. Provision for Leadership and Coordination <i>Excellent</i> – Responsibility, authority, and accountability for this program are clearly identified and assigned. Administrative effectiveness is achieved in planning, managing and evaluating this program. <i>Poor</i> – There is no clearly defined lines of responsibility, authority and accountability for this program.</p>		1	2	1	5	
<p>26. Qualifications of Administrators <i>Excellent</i> – All persons responsible for directing and coordinating this program demonstrate a high level of administrative ability. They are knowledgeable in and committed to nursing education. <i>Poor</i> – Persons responsible for directing and coordinating this program have little administrative training, education and experience.</p>			1	3	5	
<p>27. Instructional Staffing <i>Excellent</i> – Instructional staffing for this program is sufficient to permit optimum program effectiveness (such as through enabling instructors to meet individual student needs, providing liaison with advisory committees and assisting with placement and follow-up activities). <i>Poor</i> – Staffing is inadequate to meet the needs of this program effectively.</p>			6	3		
<p>28. Qualifications of Instructional Staff <i>Excellent</i> – Instructors in this program have two or more years in relevant employment experience, have kept current in their field, and have developed and maintained a high level of teaching competence. <i>Poor</i> – Few instructors in this program have relevant employment experience or current competencies in their field.</p>			3	3	3	

CRITERIA TO BE EVALUATED FOR THE ADN PROGRAM	1	2	3	4	5	6
<p>29. Professional Development Opportunities <i>Excellent</i> – The college encourages and supports the continuing professional development of faculty through such opportunities as conference attendance, curriculum development, work experience. <i>Poor</i> – The college does not encourage or support professional development of faculty.</p>			2	3	4	
<p>30. Use of Instructional Support Staff <i>Excellent</i> – Paraprofessionals (such as aides, laboratory assistants) are used when appropriate to provide classroom help to students and to ensure maximum effectiveness of instructors in the program. <i>Poor</i> – Little use is made of instructional support staff in this program.</p>			1		8	
<p>31. Use of Clerical Support Staff <i>Excellent</i> – Office and clerical assistance is available to instructors in this program and used to ensure maximum effectiveness of instructors. <i>Poor</i> – Little or no office and clerical assistance is available to instructors, ineffective use is made of clerical support staff.</p>			1	2	6	
<p>32. Adequacy and Availability of Instructional Equipment <i>Excellent</i> – Equipment used on or off campus for this program is current, representative of that used on jobs for which students are being trained, and in sufficient supply to meet the needs of students. <i>Poor</i> – Equipment for this program is outmoded and in insufficient quantity to support quality instruction.</p>			6	2	1	
<p>33. Maintenance and Safety of Instructional Equipment <i>Excellent</i> – Equipment used for this program is operational, safe, and well maintained. <i>Poor</i> – Equipment used for this program is often not operable and is unsafe.</p>			2	4	3	
<p>34. Adequacy of Instructional Facilities <i>Excellent</i> – Instructional facilities (excluding equipment) meet the program objectives and student needs, are functional and provide maximum flexibility and safe working conditions. <i>Poor</i> – Facilities for this program are generally restrictive, dysfunctional or overcrowded.</p>			2	5	2	
<p>35. Scheduling of Instructional Facilities <i>Excellent</i> – Scheduling of facilities and equipment for this program is planned to maximize use and be consistent with quality instruction. <i>Poor</i> – Facilities and equipment for this program are significantly under- or over-scheduled.</p>				7	2	

CRITERIA TO BE EVALUATED FOR THE ADN PROGRAM	1	2	3	4	5	6
<p>36. Adequacy and Availability of Instructional Materials and Supplies <i>Excellent</i> – Instructional materials and supplies are readily available and in sufficient quantity to support quality instruction. <i>Poor</i> – Materials and supplies in this program are limited in amount, generally outdated, and lack relevance to program and student needs.</p>			3	5	1	
<p>37. Adequacy and Availability of Learning Resources <i>Excellent</i> – Learning resources for this program are available and accessible to students, current and relevant to the occupation, and selected to avoid gender bias and stereotyping. <i>Poor</i> – Learning resources for this program are outdated, limited in quantity and lack relevance to the discipline.</p>			2	3	4	
<p>38. Use of Advisory Committees <i>Excellent</i> – The advisory committee for this program is active and representative of the discipline. <i>Poor</i> – The advisory committee for this program is not representative of the discipline and rarely meets.</p>				3	6	
<p>39. Provisions in Current Operating Budget <i>Excellent</i> – Adequate funds are allocated in the college-operating budget to support achievement of approved program objectives. Allocations are planned to consider instructor budget input. <i>Poor</i> – Funds provided are seriously inadequate in relation to approved objectives for this program.</p>			3	4	1	
<p>40. Provisions in Capital Outlay Budget for Equipment <i>Excellent</i> – Funds are allocated in a planned effort to provide for needed new equipment and for equipment replacement and repair, consistent with the objectives for this program and based on instructor input. <i>Poor</i> – Equipment needs in this program are almost totally unmet in the capital outlay budget.</p>			4	5		

Please answer the following: (Use back of page and extra sheets if necessary).

1. What are the chief educational strengths of your program?

- Dedicated faculty who look at students as individuals.
- Truly caring faculty
- Faculty who are always seeking to improve and maintain quality instruction.
- High demand by students and for graduates.

- Concerned lead faculty – maintain current information
- Varied clinical sites
- Options for completion
- Dedicated faculty
- Faculty
- Variety of clinical agencies for med-surg experiences
- Strong emphasis on critical thinking.
- Faculty are interested/available/experienced
- Opportunity for students to practice in clinical facilities.
- Graduate placement in jobs after graduation is high.

2. What are the major needs for improvement in your program and what action is required to achieve these improvements?

- Faculty could use release time to implement changes, develop new course offerings, etc.
- Cache of part-time consistent clinical faculty who can attend meetings throughout the semester.
- Adequate budget for up-to-date equipment, and teaching aids such as videos.
- More realistic assessment of students to provide a barrier to progression on the fast track.
- Higher academic requirements of students (ACT scores, etc.)
- Higher level student
- Recruitment
- More opportunities to practice critical thinking skills in clinical.
- Increased difficulty in obtaining clinical sites, especially for specialty areas.
- Full-time program too intense for many students – no mechanism in place to limit progression in the full-time program.
- Need higher academic requirements for students.
- Need better evaluation methods for progression in the program.
- Declining quality of students (academic achievement) – may need to consider elevating admission criteria.
- Declining in-patient clinical sites – how to improve that.
- Some learning agencies are weak (small population).
- Program coordination
- Improve media and AV resources

Conclusions

The nursing faculty's pride in the ADN program is evident from their responses regarding the quality of the curriculum and the attributes of the program. It is also evident from reading their comments on the survey that they

are consistent in their perceptions about both strengths and weaknesses. They repeatedly identify the job market, faculty, and variety of clinical opportunities as positive aspects of the program. The primary concerns noted: curricular concentration, student admission requirements, coordination of the ADN program, part-time clinical instructors, faculty over extension, and student follow-up seem to be the areas in need of work. As stated earlier the new curriculum will make the educational experience more manageable for students and faculty as it will occur over a longer span of time. Work is presently being done on revising the admission requirements into the program. Hopefully that will improve the quality of the students being accepted and eliminate a great deal of faculty concern. It is a recommendation of the nursing faculty to have release time to accommodate the coordination of the ADN program, work on developing new course offerings and implement the necessary changes. Compensating full-time faculty by allotting a couple hours release time to the lead instructor is a suggested equitable option. The inception of a new curriculum requires thought, planning and time. The faculty is currently initiating two new curriculums, BSN and ADN while phasing out the former programs. Release time to accomplish sound, well thought out programs utilizing the most innovative teaching strategies, such as online offerings can best be achieved through group planning and collaboration. The nursing faculty recommend release time as a consideration to accomplish this.

The issue of part-time faculty is an on going concern. Possibly

compensating the part-time clinical faculty by building in contact hours for preparation, paper work correction as well as attendance to meetings would be a more equitable option. Presently four hours of compensation is granted toward the orientation to the program, course, written and performance requirements. Daily patient assignment, paper correction, as well as student clinical performance evaluation is an ongoing expectation that is not compensated for. Many part-time faculty decide the monetary returns for the amount of time and energy invested is not profitable and prefer to work elsewhere thus necessitating the hiring of new staff semester after semester.

The student follow up system is another ongoing concern. Follow up options tried in the past, surveys, phone calls and letters, have provided little information because of their sparse returns. This is an area the departmental evaluation committee is presently problem solving in hopes of developing a meaningful plan to achieve gaining the needed information.

SECTION 6

ADVISORY COMMITTEE PERCEPTIONS OF THE PROGRAM

Purpose

The purpose of this activity is to obtain information from the members of the advisory committee regarding the curriculum, outcomes, facilities, equipment, graduates, micro and megatrends that might affect job placement (both positively and adversely), and other relevant information.

Recommendations for improvement are also sought from this group.

The Department of Nursing and Dental Hygiene has an active Nursing Advisory Committee that has been in existence since the beginning of the ADN program at Ferris State University. The Advisory Committee's membership is composed of nurses from a variety of contemporary practice settings, ranging from acute care to community-based, from within a 100 mile radius of campus. One of the members of the committee is a student in the Ferris RN to BSN Program while employed in Home Care & Hospice, while others may represent agencies where students are often placed for clinical experiences during the ADN program. A list of current Advisory committee membership can be found in Appendix H. The advisory committee is chaired by a member from outside the nursing department and the committee meets twice during the academic year, once in November and once in April.

The Nursing Advisory Committee has played an active and vital role in providing input from the frame of reference of professional and technical nursing

practice arenas. The points of view expressed by the committee members are valued by the nursing department faculty as representative of contemporary nursing practice concerns and issues. Once again, the PROE format was utilized to attain advisory committee perceptions of the ADN program for this report. This form requested advisory committee members to respond to criteria to include instructional program content and quality, instructional equipment, instructional facilities, job placement, and follow-up studies on students.

Data Collection Method

The Advisory Committee Perceptions of the ADN Program form (Appendix I) was distributed to members attending the advisory committee luncheon meeting in April. It was the intent to have the members complete the form before they took leave from the meeting. However, members requested to take the forms to their place of work and seek input from other staff members. Return addressed envelopes were provided to each of the eight attending advisors. Survey forms were mailed to members who were absent from the meeting, along with a return envelope. A total of four advisory committee members completed the survey, reflecting a 24% response rate. The one problem noted with this data collection method was that many advisory committee members had just recently joined the committee, replacing more experienced members. Their perception that they did not have enough information about the program to objectively evaluate it and their request to have staff input, made retrieval of the forms a difficulty. The summary of the findings of the advisory committee

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1
1
1

surveys are reported in this section.

Findings

Four members of the advisory committee completed the survey forms. Of these four members, one member is a student in the FSU RN to BSN Nursing Program. One member represented nursing practice in acute care settings, one in community settings and two in long term/nursing home settings. Those members completing the survey reported that they have served on the Nursing Advisory Committee within a range of 1 to 4 years. Three of the respondents indicated that they have had past opportunities to evaluate FSU nursing graduates as an employer.

A tally of the advisory committee responses to each criteria is provided on the next page of this report, with the number of responses in each category noted. When reviewing the responses, it became evident that most of the advisory committee members responding to the survey rated the ADN program favorably (average to strong rating) in all areas, with the exception of one who indicated that they perceived the program to be at below expectation in the area of practical job application and experience. The lowest ratings occurred in the instructional equipment area reinforcing the need for current, representative equipment to facilitate better preparation of the student. Placement ratings received strong to nearly ideal ratings supporting the marketability of the ADN students. The advisory committee members' comments regarding strengths and weaknesses of the program reveal some important insights about the program.

The strengths included diverse clinical settings, faculty willingness to act as strong facilitators and curriculum revision to keep current with the job market.

One area identified in need of improvement, the need for quality clinical instructors who could implement the didactic material, was consistent with those articulated by students and faculty.

**Ferris State University
Academic Program Review – ADN Program
Advisory Committee Perceptions of the ADN Program**

INSTRUCTIONS: Please rate each item using the following guide:

- 1 = POOR** is seriously inadequate, bottom 5 to 10%
- 2 = BELOW EXPECTATIONS** is only fair, bottom one-third
- 3 = ACCEPTABLE** is average, the middle-third
- 4 = GOOD** is a strong rating, top one-third
- 5 = EXCELLENT** means nearly ideal, top 5 to 10 %
- 6 = DON'T KNOW** means you lack sufficient knowledge to evaluate

COMMENTS: Please note explanatory remarks (such as examples, "Not Applicable" to this program, etc.) or needs for improvement.

CRITERIA TO BE EVALUATED FOR ADN	1	2	3	4	5	6
1. Instructional ADN program content and quality are: *Based on performance objectives that represent job skills and knowledge required for successful entry level employment.			1	3		
*Designed to provide students with practical job application and experience.		1		3		
*Responsive to upgrading and retraining needs of employed persons.				3		1
*Periodically reviewed and revised to keep current with changing job practices and technology.			1	3		
2. Instructional equipment is: *Well maintained.			1	2		1
*Current and representative of that used on the job.			3			1

CRITERIA TO BE EVALUATED FOR ADN		1	2	3	4	5	6
3. Instructional facilities:				2	1		1
	*Provide adequate lighting, ventilation, heating, power, and other utilities.						
	*Allocate sufficient space to support quality instruction.			1	2		1
	*Meet essential health and safety standards.			1	2		1
4. Placement:					3	1	
	*Services are available to students completing the program.						
	*Job opportunities exist for students completing the ADN program.				3	1	
5. Follow-up studies on ADN program completers :					3		1
	*Demonstrate that students are prepared for entry level employment.						
	*Collect information on job success and failure of former students.				2		2
	*Provide information used to review and where warranted, revise the program.					3	1

Please answer the following questions (continued on next page):

1. What is your professional role or perspective as a member of the Nursing Program's Advisory Committee at Ferris? Please circle all that apply.
 - A. FSU Nursing Program Alumnus. Specify: ADN, BSN or Both
 - B. Nursing Role in Acute Care. Specify: One
 - C. Nursing Role in Community Setting. Specify: One in Home Care and two in LYC/Nursing Home
 - D. Adjunct Faculty Member in (circle one) ADN or BSN Programs.
 - E. Current Nursing Student in either the ADN or (BSN) program (please circle one)
 - F. Other: _____

2. How many total years of service do you have in the discipline of nursing?

11, 31, 33, 14½

3. How long have you served on the Department of Nursing Advisory Committee at Ferris State University?

1 year, 2 years, 4 years, 3 years

4. Have you had the opportunity to evaluate graduates of the ADN program at Ferris? If so, in what capacity?

Yes, as employees (3)

5. What are the major strengths of the ADN program from your professional perspective?

- They have a broader perspective of all the different areas of nursing. Nursing has changed so much that new graduates need to know what nursing opportunities are available. I would have liked that opportunity when I was in school.
- More reality based
- Better assessment skills
- Location
- Willingness of faculty to work with facilities and organizations in the region.
- Ability to look and measure outcomes and change the program as needed to facilitate changes required by the community's ever-changing regulations.

6. What are the major needs for improvement in the ADN program from your professional perspective?

- Delegation and supervision dates
- Quality of clinical instructors and their ability to implement the didactic material.
- Involve more students in decision making/brainstorming meetings and committees. They are the ones that can help shed some real light on your programs as a "whole".

7. Do you have additional comments or suggestions for the ADN program or for utilization of the advisory committee?

- Sitting on this committee, I think it's really important to keep current and up-to-date with the community.

Conclusions

The ADN program appears to be viewed favorably by members of the

Nursing Programs Advisory Committee. It can also be concluded that the Advisory Committee is very supportive of the ADN program from all perspectives: historical, present and future initiatives. The implications of the concerns raised for program growth in the areas of instructional equipment are currently under consideration by the Nursing Programs. Opportunities are being explored regarding the possibility of renting the needed equipment versus actual purchase of same. This option would provide the latest, operational equipment and assist the students' transition into the work force. Since instructional facility space is sparse, an additional benefit for renting would be the elimination for storage space during the semesters when the equipment is not being used.

The use of well-oriented part-time faculty was discussed earlier. In order to attract and retain qualified clinical instructors competitive remuneration seems a valid option.

The role of the Nursing Advisory Committee has been perceived to be vital to the survival of the nursing program at Ferris. The insights these professionals provide for the Nursing Programs are invaluable in terms of program evaluation and future planning. If the ADN program wants to remain on the cutting edge of nursing education, advisement from professionals in the practice arena and related settings is vital.

SECTION 7

LABOR MARKET ANALYSIS

Purpose

This activity is designed to assess the marketability of future graduates. An analysis of the current labor market is critical for all educational programs undergoing periodic evaluation. The ADN program at Ferris is no exception. With the trends in health care moving from an acute care, disease treatment focus to a community based, health prevention and promotion focus, the role of nursing must be scrutinized to determine what the employment trends for new ADN graduates will be. This section of the report summarizes the current status of the associate in applied science prepared nurse within the context of contemporary health care.

Method of Data Collection

The primary data source for a current labor market analysis is the Occupational Outlook Handbook published by the U.S. Department of Labor, Bureau of Labor Statistics, updated July 14, 2000. The section of the Occupational Outlook Handbook that discusses Registered Nurses is found in Appendix J, but the highlights will be identified in this section of the report.

Another source of information is the Ferris State University 1998-99 Graduate Follow-up Study. Other important data sources, which have been previously discussed in this report are surveys completed by ADN graduates and their employers.

Findings

According to the Bureau of Labor Statistics, employment of registered nurses is expected to grow faster than the average for all occupations through 2008, and with nurses comprising 60% of health care workers, many new jobs will result. There will always be a need for traditional hospital nurses, but a large number of new nurses will be employed in home health, long-term, and ambulatory care.

Faster than average growth will be driven by technological advances in patient care, which permit a greater number of medical problems to be treated, and an increasing emphasis on primary care. In addition, the number of older people, who are much more likely than younger people to need health care, is projected to grow very rapidly. Many job openings also will result from the need to replace experienced nurses who leave the occupation, especially as the median age of the registered nurse population continues to rise.

The July/August 2000 issue of The American Nurse cites a study conducted at the Tennessee-based Vanderbilt University School of Nursing which investigated the employment trends of RNs. The researchers noted that "Within the next 10 years, the average age of RNs is forecast to be 45.4 years, an increase of 3.5 years over the current age, with more than 40 percent of the RN workforce expected to be older than 50 years. By the year 2020, the RN workforce is forecast to be roughly the same size as it is today, nearly 20 percent below projected workforce requirements." (Appendix J)

The Ferris State University Placement Profile for 1998-99 indicates that out of the 49 graduates who responded to the graduate survey, 25 were continuing their education at Ferris State University (Appendix J). In addition, the placement rate for this group of graduates was 98%. Only one graduate reported that she was unemployed but seeking employment. Two graduates reported that they were unemployed but were not seeking employment.

Job placement rates have traditionally been 98% to 100% in nursing for those seeking employment. However, anecdotal reports from graduates three and four years ago indicated that they were finding fewer opportunities in acute care settings and more in long term care. Some were accepting two part time positions to assure full time work and others were accepting positions requiring less than Registered Nursing licensure to secure a position and be in an agency so they could move into RN position vacancies. In the past two years, the employment market is more open, and full time positions have been easier for graduates to secure. Of concern to the faculty is the hiring of ADN graduates into specialty units such as Emergency Rooms, Intensive Care Units, Home Care and other areas demanding strong clinical expertise.

Employer feedback, while the rate of return is very low, has been positive about the graduates' ability to use the nursing process, work with others, and continue learning. The ADN program needs to develop a more "user friendly" form of the graduate and employer surveys in order to increase the return rate.

Table 7-A provides employment data for Ferris ADN graduates from 1998

and 1999 which is gathered approximately six months after graduation. Data is currently being received for the class that graduated in May 2000. Return rates are low despite a second reminder being sent (Appendix J).

TABLE 7-A

EMPLOYMENT STATUS

	1998 Graduates n=14 (of 35 graduates)	1999 Graduates n=13 (of 33 graduates)
Full time	10	7
Part time	3	4
Not at all	1	2
Acute Care	10	9
Long Term Care	0	1
Other	3	1
Day Shift	4	1
Night Shift	7	8
Afternoon Shift	1	2
8 Hour Shift	5	6
10 Hour Shift	1	1
12 Hour Shift	6	3
Other	1	0
ICU/CCU	2	1
Geriatrics	0	2
Medical-Surgical	5	6
Mental Health	0	1
OB/GYN	1	1
Pediatrics	0	1
Emergency/Trauma	0	2

Conclusions

The labor market analysis for ADN graduates reveals some very

important implications for the Ferris program. First, the role of the ADN is one that must be congruent with the changing practice arena for nurses as described by the current labor market analysis. Opportunities for nurses are growing in community settings such as home care, outpatient centers and neighborhood clinics. As a result of the nursing shortage, many ADN graduates are being hired into specialty units such as Emergency Rooms, Intensive Care Units, Home Care and other areas demanding strong clinical expertise.

The State Board of Nursing Educational program rules prescribe the educational experiences and topics which must be included in ADN programs prohibits inclusion of community health and home care practice. The dichotomy between employment opportunities and mandated program content creates a serious dilemma for education.

Second, the increasing opportunities for nurses with BSN and MSN degrees reinforce the necessity of encouraging ADN graduates to continue their education. The ADN program serves as a base for RN to BSN programs such as the one at Ferris. Many of our ADN graduates continue their education at Ferris. In 1998-99 over 50% of the ADN graduates were enrolled in the Ferris RN to BSN Program.

SECTION 8

EVALUATION OF FACILITIES AND EQUIPMENT

Purpose

The purpose of this activity is to provide an analysis of present facilities and equipment as compared to program needs. This analysis includes an assessment of the availability to the program of technologies used in the workplace as well as interactive software to facilitate decision making and critical thinking. Specifically, the question at issue is whether or not the program provides an instructional environment which is conducive to learning, with the use of equipment which is up to date and functional.

Data Collection Methods

Data relevant to the physical facilities and equipment were obtained from graduating student and faculty responses to surveys, which included questions about these issues. Please refer to sections 4 and 5 for specific data.

The Department of Nursing and Dental Hygiene is housed in the Victor F. Spathelf (VFS) Center for Allied Health building which houses the College of Allied Health Sciences. This four-story building is situated near the center of the Ferris State University campus and provides accessibility to the physically challenged.

Office Space and Office Equipment

There are adequate offices for administration, faculty and staff in the VFS Center. The Department Head is responsible for both nursing and dental health

programs. Her office is located on the fourth floor. The department secretary has an office next to the Department Head and provides the necessary liaison requirements involved with coordinating both programs. Private nursing faculty offices are located on the third floor of the VFS Center. These offices are equipped with voice mail telephone service, computers, printers, shelves, desks and file cabinets. This arrangement stimulates and facilitates direct collaboration, communication and planning among faculty members in nursing and other disciplines. Fax machines, network hookup and voice mail telephone technology makes communication with students and part time faculty convenient.

Classroom and Conference Rooms

Classrooms are available campus-wide. Classes are frequently scheduled in the VFS Center. These classrooms are equipped for A-V programming and there is equipment for power point presentations in the building that is available for faculty use on a sign-out basis. Class sizes vary from course to course creating problems for appropriate accommodations at times.

Nursing Laboratory

Some audio-visual and software options are available in the nursing laboratory. Current audio-visual and especially interactive software that would provide decision making opportunities relevant to patient care, ethical issues, diversity and numerous problems that would introduce and expose the student to these concerns in a non threatening environment and better prepare them for

the transition to the frightening clinical where they are faced with these challenges, is lacking. The recent relocation of nursing to the VFS Center is providing a challenge regarding teaching and storage space. The large laboratory room is used to simulate a four patient unit in which students practice the necessary technical skills. Another smaller room with two simulated examination tables is also available for practice space. Numerous models, supplies, equipment and audiovisuals are kept in the laboratory, thus making storage a real challenge. A RN Teaching Paraprofessional supports students and faculty as they use the skills laboratory for ADN courses as well as CCHS courses. She assists faculty in checking off students on skills, sets up the lab for various practice sessions and demonstrations, assists students with audiovisuals and orders supplies.

Instructional Media

Media Distribution provides several services to the University of which the classroom service function is the primary and most important. These services include supplying traditional audiovisual equipment such as videocassette equipment to the faculty in classrooms to support their instructional needs. If a faculty member needs a videotape not owned by Ferris, Media Productions rents it for use by the instructor. Development of other instructional materials such as slides, photographs and color transparencies is also available.

Computer Laboratory

A computer laboratory is located on the third floor of the VFS Center.

This laboratory provides the student with opportunities to become computer literate, complete assignments and experience the few software programs available.

Library Resources

The frequent turnover of the Health Sciences Librarian has been a hindrance to both nursing faculty and students. The opportunity to provide input regarding the acquisition of books, journals and other instructional media for the library has been interrupted.. Hopefully, the new FLITE facility will make this need a priority.

Structured Learning Assistance Program

The Structured Learning Assistance (SLA) program has been in place for three years at Ferris State University and has been used consistently by nursing in the Pharmacology courses and the first Medical-Surgical Nursing course for three years. The SLA program provides a nurse who serves as a tutor for the students. The tutor attends all classes with the students and then holds study sessions/workshops for the students on a regularly scheduled basis each week. Students are required to attend the workshops until they are earning at least a C in the course. If they are earning a C, they do not need to attend unless their grade drops below a C. Students have found this support to be helpful. Faculty work with the SLA tutors on a weekly basis to assure consistency of information, provide worksheets, or other teaching opportunities.

Another service on campus, the Academic Support Center, offers tutoring

in most subjects, study skills assistance as well as assistance in writing papers. Testing strategies is another offering utilized by students who are having difficulty with testing issues.

Clinical Facilities

There were three full semester clinical courses and four specialty half semester courses in the ADN curriculum. Clinical agencies are selected by administration with input from faculty, based on their availability and suitability to meet the needs of the students and to enable them to meet the course objectives. The frequent changes in agencies that reflect down sizing of their facilities and staff makes clinical selection and entry a challenge. Local hospitals have experienced a decrease in in-patient census thus requiring use of larger facilities. Use of the metropolitan hospitals in Grand Rapids has been implemented to provide students the necessary opportunities. The high acuity of patient needs and decrease in staff RNs have increased the potential for injury. The present student to faculty ratio is 10 to 1. Faculty has proposed a ratio of 8 to 1 to allow for closer supervision of students by faculty and insure the safety of patients. The time constraint involved with supervising these clinical experiences has necessitated use of numerous part time instructors. Nine full time faculty provide instruction for both the ADN and BSN programs. Use of part time faculty adds an extra burden on the full time faculty member to provide part time faculty orientation and coordination. Students report that didactic reinforcement and clinical learning are not always provided. With the minimal

time spent in the clinical settings it is imperative that maximum learning occur.

Conclusions

Based upon faculty and student evaluation data, it can be concluded that the physical facilities are lacking in some aspects. The primary facilities such as classrooms, computer accessibility and laboratory space are adequate. Storage management will need creative attention. Modern practice equipment and videos, interactive simulated patient care software and supervision in the clinical agencies by full time faculty, or well-oriented part-time faculty are areas for improvement. In addition, the high acuity of patients in the metropolitan hospitals requires closer supervision of students. Presently, the student faculty ratio is 10 to 1. A safer ratio proposed by faculty would be 8 to 1. Research studies list the following as challenges facing today's student: acquiring new knowledge and skills, caring for diverse patients and managing the demands of patient care giving. The teacher was identified as the primary facilitator of learning. Given this, Ferris must insure high caliber clinical instructors, simulated educational programs and current equipment to develop competent graduate nurses.

SECTION 9

CURRICULUM EVALUATION

Purpose

The purpose of this activity is to determine through a comprehensive review of the curriculum whether it meets the needs of the market.

Data Collection Methods

Components of the curriculum are evaluated on a regular basis. The mission, philosophy and curricular design of the program are evaluated every four years by the nursing faculty as a whole. The program objectives are reviewed annually by the faculty. Individual courses are evaluated each semester the course is offered through student evaluation forms and the instructor provides a summary of the student evaluation of course organization to the curriculum committee. In addition, for the purpose of this report the PROE framework for evaluation of programs elicited responses from both students and faculty in regard to the curriculum of the ADN program. Please refer to sections 4 and 5 for specific data from each of these constituents. In addition, the ADN Curriculum Evaluation Tools are located in Appendix K, the Curriculum Organizational Framework in Appendix L and the Summary of Course Evaluation data in Appendix M.

Based on student and faculty concerns supported by poor results on the licensure examination, the ADN program is implementing a revised curriculum Fall Semester 2000. The last of the students in the previous curriculum will

graduate May 2001. The curriculum evaluated for this report is the previous curriculum as no evaluation exists for the new program at this time.

Findings

- Description of the Evaluated Curriculum

The program consists of two semesters of general education courses followed by three semesters of nursing courses. Most of the general education courses are completed prior to enrolling in the nursing (NURS) courses. This curricular arrangement allows students to have the benefit of that course work as they move into the discipline of nursing. For example, as they begin in the basic nursing skill course they have the microbiology background to support the need for learning and practicing consistent handwashing. In the second semester students enroll in the Technical Nursing Assessment course and their background in Anatomy and Physiology supports their learning of patient assessment. The Ethics in Health Care course helps students be aware of the ethical dilemmas patients and health care workers encounter and provides a framework for decision making in this regard. Please see Appendix N for a listing of the courses in the previous and current ADN curriculum and course descriptions for the nursing courses.

Classroom content in the ADN program includes content relevant to patients in all settings but is focused on applying the nursing process in the inpatient setting. In the two nursing trend courses, there is a particular focus on the trends and changes in health care, the role of nurses and nursing, and the

history of nursing.

Clinical experiences are scheduled on weekdays, weekends, and evenings and clinical days range from six to twelve hours in length depending on the course and the clinical agency.

- Description of the Revised Curriculum

In response to concerns expressed by students and faculty regarding the intense nature of the full time option and the number of students failing the NCLEX-RN, a major curriculum revision focusing on a revised format and enhanced clinical experience is being implemented in Fall 2000. The revised curriculum is 6 semesters in length compared to the current curriculum, which is 5 semesters long (the two-year option). There is an increase in credits from 76 to 85 credits. The increase is due to the addition of diversity, wellness, and communication concepts as well as the core curriculum courses. It is expected that the less intense format will allow students more time to internalize the content by reducing the demands on their schedule, avoiding three clinical courses in one semester, and eliminating the ½ semester courses. See Appendix K for a list of courses and descriptions of the nursing courses.

In the revised curriculum, only one course with a lecture and clinical component will be offered each semester and it is believed that this change will enable students to learn, apply and retain the material more effectively and lead to greater success rates on the licensure examination. The additional courses each semester will be didactic in nature and will focus on specific populations of

patients.

- Logical Organization of the Curriculum

The philosophy of the Nursing Programs addresses the faculty's belief about the individual and society, human health experiences, professional nursing, teaching and learning (see Appendix B). The philosophy provides a foundation for change in response to new directions within the profession of nursing. The mission statement of the Nursing Programs is reflected in the philosophy. The philosophy of the Nursing Programs directs both the content of the Associate of Applied Science in Nursing curriculum and the instructional methodologies by which the content is presented. The faculty believes that learning is an internal, self directed, lifelong process that can occur in a variety of settings and that students have responsibility for their own learning. Teaching methodologies that utilize critical thinking, problem solving, and active learning processes are applied to assist the nursing student in acquiring these essential skills. The purpose of the ADN program is to prepare a technical nurse generalist to function in structured settings.

The ADN nursing curriculum has the following terminal objectives:

- Applies knowledge from the biological, physical, and behavioral sciences into the practice of nursing.
- Provides nursing care for clients in structured health care settings.
- Applies the nursing process to deliver safe, appropriate nursing care.
- Communicates appropriately as a provider and manager of nursing care.

- Demonstrates accountability in technical nursing practice.
- Demonstrates the ability to make appropriate clinical judgments.

The terminal objectives are consistent with the program as illustrated below:

<u>Terminal Objectives</u>	<u>Excerpt from Philosophy</u>
1. Applies knowledge from the biological, physical, and behavioral sciences into the practice of nursing	Technical nursing requires skill and knowledge in nursing along with biological, physical, and social sciences to prepare graduates to deliver care.
2. Provides nursing care for clients in structured health care settings.	Technical nursing requires skill and knowledge...to deliver care in settings providing defined policies, procedures, and protocols.
3. Applies the nursing process to deliver safe, appropriate nursing care.	...technical nurse...employs critical Thinking and the nursing process to guide provision of care for individuals.
4. Communicates appropriately as a provider and manager of nursing care.	...nursing is a unique, dynamic interpersonal endeavor. ...the technical nurse supervises other workers in technical aspects of nursing care and coordinates functions with other health services and personnel.

- | | |
|--|--|
| 5. Demonstrates accountability in technical nursing practice. | Practitioners [nurses] accept the legal, Ethical, and social standards of their profession and are accountable to the client, the nursing profession, and society. |
| 6. Demonstrates the ability to appropriate clinical judgments. | Practitioners [nurses] make judgments And use skills based on behavioral, scientific, and nursing theories. |

Appendix B contains the Nursing Program Philosophy statement. Each course syllabus includes the objectives as they relate to the terminal objectives and the evaluation process. See Appendix L for the Curriculum Organizational Framework, which demonstrates the relationship of level objectives to terminal objectives of the program. The clinical course syllabi also include the clinical evaluation criteria which is reviewed with the students at the beginning of the course. Syllabi and clinical evaluation tools are available for review by the committee if necessary.

Standards for Professional Nursing

The Nursing Programs have adopted the American Nurses Association Standards of Clinical Nursing Practice as the program professional standard. The professional standards are introduced in NURS 111: Trends in Nursing I and they are employed in all the nursing courses as a basis for maintaining the quality of care for the application of the nursing process.

General Education Requirements:

Prerequisite General Education Requirements:

The program plan or ADN Advising Worksheet (Appendix N) illustrates both the requirements of the program and the progression of the courses through the program levels. This is used by faculty as a checklist in advising students.

Student Comments or Recommendations RE: Areas in Need of Improvement,

Fall99 (see appendix M)

Course Materials:

Better organization of course materials (NURS 222)

Textbooks:

Never opened the book for this class; can't sell it back (NURS 214)

Credit Allocation:

Homework was unreasonable amount of work for points received (NURS 213)

Non-nursing or Nursing Courses Preceding this Course

Pathophysiology should be a required pre-requisite (NURS 112)

Course Content Consistency:

- Prefer to have a course taught by only one instructor (NURS 112, 222)
- SLA was helpful (NURS 112)
- This course should address issues (NURS 213)
- Would like to have more frequent testing over each unit (NURS 222)

Critical Thinking Skills:

- Case studies stimulate thinking (NURS 211, 213)
- Although it is uncomfortable, the active questioning does help to reason the content (NURS 211, 212)

Communication Skills:

- Small group learning activities are frustrating at times (NURS 213)

Faculty Analysis of Student Evaluation Data, Fall 99 (see Appendix M)Strengths:

- Exposure to broader non clinical aspects of nursing (N 110)
- SLA facilitation by a prior student (N 112)
- Strong emphasis on assessment and nursing process (N 112)
- Small agencies provide relatively safe environment for beginning students (N112)
- Active questioning format and use of case studies promotes application (N 211)
- Review of Anatomy and Physiology on a different [pediatric] client; growth and development, math review (N 212)
- Hospital experience in Grand Rapids, clinical facility (N 213)
- Group learning experience (N 213)
- Opportunity to reassess and improve attitude toward elderly; and to work with clients for 3-7 weeks to see progress, repeated practice of nursing skills (N 214)
- The opportunity to examine complex health states (N 222)
- The opportunity to develop organizational and clinical management of multiple patients as a transition to the clinical practice role. (N 222)
- Real preparation for transition to employed practicing nurse role (N 200)

Areas of Concern

- Students don't often see relevance of any non clinical information (N200)
- Student preparation in Anatomy and Physiology (N 112, 211, 212, 213)
- Carpenito Bifocal Model, nursing diagnosis vs. collaborative problems, measurement criteria and pharmacology is weak (N 112, 211, 212, 213)
- Content is excessive for 15 weeks (N 112)
- Stress level of students going full time is very high (N 112)
- There is a lack of communication between clinical instructors (N 112)
- Syllabus was minimal this semester and student comments were very negative than before when more handouts were included in syllabus (N 211)
- Student prefer to have the didactic instructor also teach a clinical section
- Not enough clinical experiences available in small hospitals (N 211, 212)
- Exams need to be updated; rebalance grading so tests count more, outline class content prior to group work (N 213)
- Metron is consistently rated low by students (N 214)

- Some students do not understand the goal of the course and often feel they are expected to become a Geri nurse.
- Content is very complex and difficulty for one faculty to teach (N 222)
- Students are mostly prepared to do the work, but developmentally not ready to begin to think about career planning until the 2nd half of the semester (N 200 is 1st half)

Faculty Recommendations for Improvement

NURS 110: NA – This course will be eliminated with the new curriculum

NURS 112: Reduce content, more in class group work, simplify SLA assignments to correlate with text, Get a better text book, reduce homework assignments, concentrate on “need to know”, develop power point presentation to enhance the nursing process application, help students to better study for exams.

NURS 211: Go back to a more extensive syllabus, continue active questioning, use more reinforcement of the nursing process; frame content with nursing diagnoses.

NURS 212: Continue to use active questioning and scenarios; prioritize content again, may be able to reduce.

NURS 213: Respond to student concerns; Exams will be revised, homework points to be discontinued, employ other strategies besides small group work, elevate standards and expectations.

NURS 214: Establish more clear guidelines in introducing course so students will have a clearer picture from the start. Continue to develop more power point presentations so course will have more consistent content. Some students tried sensory deprivation experiences and these provided new insights for students in how these losses affect others' lives.

NURS 200: Am in the process of implementing a web-based course, based on time slot of Friday afternoon for W((. Have added use of Care Services as a requirement. Hope to do a mix of web and face to face instruction if credit allotment is increased to 2 in the new curriculum. Will monitor the response to Web-enhanced approach W99.

NURS 222: Maintain consistency with course content and attempt to

coordinate the schedule outline better when two instructors share the didactic. The student presentations on selected content areas followed by quizzes seemed to work well and decreased student stress in terms of studying.

Conclusions

The ADN curriculum data that has been described in this section is the result of cumulative ongoing program evaluation. In addition, data was collected from students, faculty and advisory committee members related to curriculum evaluation. This evaluative data has been used in the major curriculum revision.

Strengths of the Program: Review of the data leads to the conclusion that the ADN curriculum is indeed logically organized and internally consistent with respect to the mission and goals of the Department, the College of Allied Health Sciences and the University. This curricular framework (see Appendix L) is organized from simple to complex within two levels, leading to the culmination of the terminal program objectives. The curriculum is also reflective of professional standards as evidenced by the adoption of subsequent and integration of the ANA Standards of Clinical Nursing Practice into the curriculum.

Concerns of the Program:

A summary of course evaluations is for Fall 99 is located in Appendix M. The issue of multiple instructors seemed to be a dominant theme. From the student' perspective, this was mostly focused on the didactic component. They were less distressed with the NURS 112 than with NURS 222. NURS 112 was taught by two full time faculty, but NURS 222 was taught by one full time faculty

and one part time faculty. This combination seems to be problematic. It is recommended that the Department Head try to assign only full time faculty to each didactic course.

From the faculty member's perspective, there was also a problem regarding clinical coordination when multiple faculty are used, many of whom are adjunct faculty. It has been recommended previously in this report that part time faculty have additional hours included in their work load for attendance at course meetings. It was also recommended that a lead teacher be identified and that release time be provided to coordinate the clinical experiences for the course.

There seems to be a concern regarding adequacy of clinical sites in terms of patient census that is not high enough to provide students with the opportunity to learn patient management skills. This seems to be most prevalent in the specialty courses (Obstetrics and Pediatrics) at the smaller hospitals currently being used: Mecosta County General Hospital (pediatrics, obstetrics), Reed City Hospital (NURS 112), and even Cadillac Mercy at times (obstetrics, NURS 222). With the new curriculum it is recommended that the faculty consider going to Grand Rapids after the first semester for clinical sites for clinical Nursing 2, 3, 4 if at all possible. It is also recommended that meetings be held with clinical agencies to explain the new curriculum and the expectations of students within that site.

There seems to be consistent concern regarding how to better prepare students in the application of the nursing process and how to foster critical

thinking skills. The new critical thinking software is intended to address these issues, but the coordination of the materials and the "big picture" has not yet been addressed. The faculty is scheduled for the training session for the Diagnostic Reasoning CD program on November 6, 2000. It is recommended that faculty address the coordination of this program in the curriculum once this training is completed

It can be concluded that evaluation is essential for the development, maintenance and revision of the ADN program and should continue to be an ongoing process for the Nursing Programs. Although the ADN program evaluates many components of the program, a systematic plan for evaluation should be developed to ensure that all components of the ADN program are evaluated on a regular basis.

SECTION 10

ENROLLMENT TRENDS

Purpose

The purpose of examining enrollment trends of the ADN program is to determine the potential of the program to maintain enrollment in the future. The ADN program at Ferris is an associate degree program that admits students who meet the admission criteria. A 3.0 or higher grade point average (GPA) in high school is required in algebra, biology, and chemistry with an overall high school GPA of 3.0 or a GPA of 2.0 in college level algebra, biology, and chemistry with an overall college GPA of 2.5 is required for admission. A proposal was submitted September 2000 to raise the college level admission requirements as underpreparedness of students is considered to be part of the problem with NCLEX-RN success rates.

Method of Data Collection

Data to examine enrollment trends of the ADN Program were collected by examining enrollment, attrition and graduation rates from 1995 to 2000.

Performance of graduates on the NCLEX-RN examination was examined as it reflects on the effectiveness of the program and influences the decisions of prospective students to enroll in the ADN program.

Potential students must complete required prerequisite course work prior to official admission to the program (Appendix M). Enrollment in the program is determined to be when the student enrolls in NURS 111, which is the point in the

program where students are assigned an advisor.

Attrition rates are defined as those students who leave the program after beginning the first clinical course – NURS 111 Technical Nursing Skills – due to grades or personal choice. Students complete all the science and most of the general education requirements before they begin the nursing clinical courses. Attrition is not tracked in that group of students as many are not enrolled as “nursing students” at that point. Therefore, accurate attrition data is not available.

The nursing clinical courses have been offered in 3 semesters after students completed the general education course requirements. The 3 semester (1 calendar year) sequence was very intense and students who needed to work or had many family commitments were urged to enroll part time and complete the sequence in 5 semesters (1 calendar year plus 2 semesters).

Graduation occurs when the student completes all program requirements. Uninterrupted progression in the program requires the student to maintain a 2.0 GPA overall and at least a 2.0 GPA in all science and NURS prefix courses. Students may repeat a NURS course once but a second failure causes the student to be denied progression in the program. Graduation requirements include completion of all the courses in the curriculum with a 2.0 GPA in each science, math, and NURS prefix course, demonstrating computer competency, completing 3 community service projects, and earning an overall GPA of 2.0.

Findings

Tablet 10-A reflects the enrollment, attrition and graduation rates of our students in the full time and part time options from 1995 to 2000.

TABLE 10-A
Enrollment, Attrition and Graduation Rates
for Students in ADN Program 1995-2000

<u>Start yr/sem</u>	<u>Number</u>	<u>Attrition</u>	<u>Full time</u>	<u>Part time</u>	<u>Graduated</u>
95 Sum	57	4	36	17	53 May 96
96 Sum	41	8	22	11	33 May 97
96 Fall	21	1	11	9	20 Dec 97
97 Sum	38	3	21	15	35 May 98
98 Sum	40	6	25	8	33 May 99
99 Sum*	40	4	26	10	26 May 00
00 Fall**	39	--	38	1	-----

*Part time students starting in this class still enrolled.

**Students starting in this class still enrolled.

The program has consistently met its admission quota each year with a 2-3 year waiting list. Currently the program continues to meet its yearly enrollment quota and the waiting list has been reduced to one and one half years.

When compiling data it was noted that a total of 237 students enrolled in

the first nursing course (NURS 111) from 1995 to 1999. Of those 237 students, 200 students completed the graduation requirements resulting in an overall graduation rate of 84%.

The NCLEX-RN results for the Ferris State University nursing students are compared to the pass rates of graduates taking the NCLEX-RN in Michigan in Table 10-B.

TABLE 10-B

NCLEX-RN Performance

<u>Year</u>	<u>No. Cand.</u>	<u>No. Pass</u>	<u>No. Fail</u>	<u>% Pass</u>	<u>% MI Pass</u>
1995	46	37	9	80.43	91.78
1996	50	37	13	74.00	88.54
1997	37	31	6	83.78	90.44
1998	50	39	11	78.0	86.81
1999	46	28	18	60.9	87.33
2000*	14	13	1	92.9	86.51

* First 6 months – Through 6/30/00

The level of performance by Ferris ADN graduates on the licensure examination is of great concern to the faculty and administration. A number of corrective strategies have been implemented but without appreciable positive effect. The Structured Learning Assistance (SLA) program has been in place for 4 years at Ferris State University and has been used consistently in nursing in

the Pharmacology courses and the first Medical-Surgical Nursing course for three years. First year students are strongly urged to enroll in University courses which are designed to facilitate adaptation to the university culture, to provide assistance in reading, math, and basic writing skills. A vigorous advising strategy was implemented to identify students at risk of failing and to advise these students to take the part time program. The employment of an outside consultant and revision of the curriculum added to the above strategies is expected to markedly improve pass rates.

Conclusions

Enrollment rates have remained fairly consistent in the ADN program. The usual pattern of enrollment was in the intense, full time program option rather than the part time offering which contributed to the dissatisfaction of students and the declining success of graduates on the licensure examination.

The consistent enrollment and graduation rates the ADN program has enjoyed serve as testimony to the continued demand for the program by students desiring to enter the nursing profession. With the revised curriculum, it is anticipated that enrollments will stabilize and the waiting list will decrease. Conversely, increases are expected in the areas of student satisfaction, graduation rates and licensure success rates.

SECTION 11

PROGRAM PRODUCTIVITY & COST

Purpose

The purpose of examining the fiscal resources of the program is to determine if they are adequate to support the nursing program in accomplishing its goals. Budgetary allocations for personnel and Supply and Expense (S&E) for the ADN program for fiscal years 1998-99, 1999-2000 and projected for 2000-01 are included in this report. It should be noted that the Nursing S&E budget for the Department of Nursing and Dental Hygiene is divided between the ADN and BSN programs.

Findings

Approximately 55% of the administrative costs are allocated to administrative costs for the ADN program. The ADN administrative costs include 1/3 of the salary and benefits of the program administrator, the department secretary, and 10% of the cost of the word processing staff. Table 11-A demonstrates budgetary allocations for academic years 1998-99, 1999-2000 and projected for 2000-01. The table projects a 3% increase in salaries each year and a 12% increase in the operating budget for 2000-01.

Over the last five years, nursing faculty have been adequately represented among the CAHS faculty members receiving promotions. Over the past five years, 2 members received merit raises, one was promoted from assistant professor to associate professor and two were promoted to full professor.

**Table 11-A
ADN Program Budget**

Category	1998-99	1999-2000	2000-01*
Personnel			
salaries (CAHS)	\$365,000	\$321,650**	\$331,300
benefits (CAHS)	65,500	98,000	100,950
Administration***			
salary (CAHS)	39,700	41,000	42,230
benefits (CAHS)	13,300	13,700	14,100
S&E (Operations)			
CAHS	<u>20,000</u>	<u>25,000</u>	<u>28,150</u>
Total Costs	503,500	499,350	516,730
*Requested			
**Reflects reduced need for part time faculty			
***Program administrator and support staff – ADN proportion			

The issue of productivity has been addressed on an ongoing basis within the Nursing Programs. The State Board of Nursing (SBON) guidelines stipulate that the faculty to student ratio must not exceed one to ten in the clinical instruction setting which results in low productivity figures as the program includes approximately 900 hours of clinical experience. The SCH/FTEF ratio for the Nursing Programs in 1995-96 was 280.56 and in 1999-2000 it was 254.21. This data reflects the ratio for both ADN and BSN programs since data is not available for only the ADN program

Conclusions

The ADN Program is a low productivity, high cost program related to the

SBON guidelines that the faculty to student ratio must not exceed one to ten in the clinical setting. However, as indicated in Section 7, the FSU nursing program is a major supplier of ADN nurses for local West Michigan health care facilities and future students for the RN to BSN program at Ferris State University. With the current and projected nurse shortages the College of Allied Health Sciences should be doing everything possible to graduate students capable of passing the NCLEX-RN and filling these vacant positions in West Michigan.

SECTION 12

CONCLUSIONS

Centrality to FSU Mission

The Nursing Programs' Mission and Goals are consistent with the Mission and Goals of the University, the Academic Affairs Division, and the College of Allied Health Sciences. The alignment of these goals has been clearly demonstrated in the chart found in Appendix C.

Uniqueness and visibility

Ferris is the only academic facility in Michigan in which students can complete the ADN program and immediately qualify for and can commence taking classes in the BSN completion program.

Another unique aspect of the ADN program is the importance placed on technical skill attainment. In their initial nursing course, the students are introduced and practice all the necessary technical skills a nurse must possess. In each subsequent course as opportunities arise, students have the chance to perfect their skills. These opportunities build self-confidence and make the transition into the work force much easier. Other programs usually present only the basic skills in the first clinical nursing course and thread the remaining skills throughout the curriculum thus restricting the amount of practice opportunities. Employer Follow-up Surveys stated the Ferris ADN graduates have good clinical skills.

Service to State and Nation

The program has served as a successful base for continued educational study as evidenced by the large number of ADN graduates who continue their education by entering BSN completion programs, at Ferris or other institutions. Probably the most important service is the provision of technical graduate nurses who are able to practice in a variety of health care settings. The present state and national nurse shortage makes this service a very valuable one.

Demand by Students

The consistently high enrollment numbers for the ADN program indicate that the program continues to be in demand by students. The historically long waiting list for admission to the program also supports this student demand.

Quality of Instruction

Student and graduate surveys indicate that the nursing faculty are one of the strengths of the program. The faculty are diverse in their approaches to instruction, with great effort made within the Department to elevate the quality of instruction on a regular basis. Critical thinking has motivated the faculty of the Programs of Nursing to excel in this area of instruction. All of the faculty have attended critical thinking workshops to gain a greater understanding of the concept of critical thinking and to enhance their own instructional methodologies to more consistently cultivate critical thinking in students. This emphasis has been appreciated by students who have articulated the impact it has made upon their personal and professional lives. This is just one example of instructional

excellence within the Department of Nursing and Dental Hygiene.

Demand for Graduates

The demand for graduates of the ADN program continues to be very high. Results from the Employer Follow-up Surveys unanimously stated they would hire Ferris ADN graduates at their institution. These surveys also reported that Ferris ADN graduates were the same as or better when compared to similar ADN graduates in their agency.

Placement rate and average Salary of Graduates

The placement rate for ADN graduates is determined to be 83%, based on the Ferris State University Placement Profile 1999. The average beginning annual full-time salary for ADN prepared graduates is \$28,667 quoted by the above same source.

Service to non-majors

The curriculum focuses on the discipline of nursing and is supported by cognates in the arts, sciences and humanities. The ADN program includes carefully selected general education courses that have been included in the curriculum to complement the nursing course work and fulfill the general education requirements of the University. The general education courses are included as both prerequisites and co-requisites to the program courses. A total of 30 credits of the 72 required for the ADN degree are specified general education credits (Appendix N).

Facilities and Equipment

The physical facilities and professional equipment are marginally adequate for the ADN Program to accomplish its goals. The physical facilities include classrooms for didactic courses, clinical practice laboratory, computer laboratory, office space and numerous clinical sites for clinical course experiences. There seems to be concern regarding adequacy of clinical sites in terms of patient census in the smaller local agencies. Use of the metropolitan hospitals in Grand Rapids has been a strategy initiated. These agencies provide the students with challenging patients, diverse populations and sufficient census. Equipment for the program is minimal and out dated, modernization would be a great asset. The cost and possibility of renting the most current equipment is presently being investigated as an option to rectify this concern. The need for interactive software and computer programs to provide alternative learning opportunities is another concern facing the Programs of Nursing.

Library Information Resources

Comprehensive and current library resources and other learning resources are adequate to meet the goals of the ADN program. The Health Sciences Library has served as the primary coordination of library services for the ADN program. Clinical agency libraries permit students to sign out reference materials which supplements their education greatly. It is anticipated with the completion of the FLITE complex that information and materials will be plentiful, current and accessible.

Cost

The fiscal resources of the University are adequate to support the nursing program in accomplishing its goals. Overall, the budget base provides adequately for the Department of Nursing. Budgetary allocations for personnel and S&E for the ADN program for three consecutive fiscal years were included in this report. The resources allocated to the ADN program are commensurate with the resources of the university. To date, the Programs of Nursing have received budget allocations as requested and have been able to succeed in their mission. The tuition costs are comparative to those at other Universities.

Faculty: Professional and Scholarly Activities

As the curriculum vitae of the faculty (Appendix A) will verify, nursing faculty engage in regular professional development endeavors in the form of continuing education, presentations at local, state, national conferences and doctoral studies. In addition, they also have engaged in many scholarly activities to include educational research and publications. All of these accomplishments are evident in the quality of instruction enjoyed by students in the Ferris ADN program.

Administration Effectiveness

According to faculty surveys, Dr. Johnson is regarded as an effective administrator who provides leadership that can be described as having both a high task and high relationship focus. She fosters a climate of creativity and collegiality among the faculty, providing administrative support for innovative

teaching strategies and faculty involvement in service to the community and the University.

Since September of 1999, the Department Head has taken over the administrative responsibilities for Nursing and the Dental Hygiene programs. The workload of the Department Head involves administration of both the ADN and BSN programs as well as Dental Hygiene. Responsibilities are divided equally between the three programs. This merger has placed role overload on the Department Head position.

The ADN Program enrolls 40 students per year with all the courses offered at the main campus. Clinical arrangement, hiring of adjunct clinical faculty and student placement are additional aspects that need to be provided for. The faculty has attempted to assume some of the clinical coordination responsibilities in regard to their individual courses. However this strategy has netted a fragmented result with disgruntled students when schedules and agency selection are changed. The orientation of new clinical faculty places an added burden on the faculty.

It is evident that Dr. Johnson has carried out her administrative responsibilities effectively and efficiently during her tenure as Department Head. However, the combined administrative responsibilities of both the ADN and BSN programs as well as the administration of the Dental Hygiene program is an excessive load for one administrator. If this administrative structure is maintained, all three programs could be jeopardized.

SECTION 13

RECOMMENDATIONS

The results of the Program Review Panel Evaluation have been compiled according to APRC guidelines. This form is found at the end of this section. The preparation of this report was facilitated by information contained in the latest report to the State Board of Nursing (SBON). It is the general consensus of the PRP that the ADN program is a quality technical nursing program with some specific curricular and administrative needs. The ADN program continues to meet the needs of students who desire an associate of science in nursing degree. The program strengths, areas of concern and recommendations for the future of the ADN program are described in this section.

Program Strengths

The ADN program at Ferris has been determined to be a quality technical nursing program that is consistent with the FSU mission. Demand for the program has been consistently high throughout the state. Enrollment trends indicate that students continue to need a program such as the Ferris ADN program to meet their educational goals. In addition, current national labor market analysis has revealed that the ADN graduates enjoy one of the highest employment rates of all associate degree programs. FSU surveys of ADN graduates and employers of ADN graduates, with a few exceptions, reflect satisfaction regarding the skills and abilities of FSU graduates of the ADN program.

From a University perspective, the ADN program provides adequate service to non-majors, by providing cognates in the sciences and liberal arts. The library information resources are adequate to support students and faculty in the attainment of instructional goals for each course in the ADN program. Finally, the fiscal resources are adequate to support the goals of the ADN program and are commensurate with resources of the University. The Department of Nursing and Dental Hygiene has demonstrated a commitment to faculty productivity in an effort to implement the ADN program in the most cost-effective manner.

With few exceptions, the faculty is considered to be a major program strength, offering a great deal of diversity and longevity in regard to nursing education experience. Faculty have demonstrated exceptional commitment to professional and scholarly activities. In addition, they demonstrate outstanding levels of service to their communities and to the University. Student evaluations reflect very positive perceptions of the faculty and the quality of instruction of nursing courses.

The Department Head is highly qualified to manage the fiscal resources of the Department, as well as to serve as an instructional leader for the faculty. She has coordinated and implemented several innovations for the Department during her tenure as Department Head. She carries out her administrative duties consistently and efficiently within the parameters of the position. The recent expansion of her administrative duties is interfering with her ability to address the many demands involved with the administration of the ADN

program.

Areas of Concern for the Program

There were several concerns that became evident during the processes of the academic program review. The major concern is the intensity of the curriculum that contributed to lack of retention and decreased scores on the licensure examination. The revised curriculum was designed to address this concern.

There seems to be consistent concern regarding how to better prepare students in the application of the nursing process and how to foster critical thinking skills. A new diagnostic reasoning CD program has been purchased to facilitate attainment of these skills. In the revised curriculum the increased clinical hours will provide more opportunities for application of the nursing process.

The facilities and equipment are marginally adequate to support the ADN program in accomplishing its goals. The Department is exploring the option of renting equipment to provide current equipment to reduce costs and eliminate the need for storage.

The faculty expressed concerns regarding clinical coordination when multiple adjunct faculty are used. It is recommended that part time faculty have additional hours included in their workload for attendance at course meetings. It is also recommended that a lead teacher be identified and that release time be provided to coordinate the clinical experiences for the course.

A final concern is the excessive workload of the Department Head. Students and faculty have articulated the perception that the program is not being coordinated effectively since the loss of the BSN Outreach Coordinator position and the merger of nursing and dental hygiene programs. It is recommended that a full time program coordinator be hired or that faculty are released to provide course coordination.

Recommendations

- Evaluate revised curriculum.
- Incorporate and evaluate the new diagnostic reasoning program.
- Explore option of renting equipment and possible donations from industry.
- Request funding for updating instructional materials and software programs
- Request remuneration for additional hours for part time faculty.
- Request release time for lead faculty for coordination of clinical courses
- Reinstate full time program coordinator.

Program Review Panel Evaluation

The PRP Evaluation of the ADN program has been tabulated and the results appear on the following pages. It is evident when reviewing the perceptions of the members of the program review panel that the program is viewed in a favorable light overall. Each criterion was given an average rating that was above average. The criteria that were scored the lowest were in regard equipment and instructional materials, instructional staffing, use of student follow

up information and facilities. These findings are consistent with other sources of feedback data for the ADN program and support the perceived need for a program coordinator to enhance communication with students, facilitate evaluation and manage overall program functions.

PROGRAM REVIEW PANEL EVALUATION

Program: Associate of Applied Science in Nursing (ADN) Program

Instructions: Circle the number which most closely describes the program you are evaluating.

Key: 5 being excellent and 1 being poor

1. Student Perception of the Program				Average Score <u>3.8</u>
<u>5</u>	<u>4</u>	<u>3</u>	<u>2</u>	<u>1</u>
Currently enrolled students rate instructional effectiveness as extremely high.				Currently enrolled students rate the instructional effectiveness as below average
2. Student Satisfaction with Program				Average Score <u>3.8</u>
<u>5</u>	<u>4</u>	<u>3</u>	<u>2</u>	<u>1</u>
Currently enrolled students are very satisfied with the program faculty, equipment, facilities, and curriculum.				Currently enrolled students are not satisfied with program faculty, equipment, facilities and curriculum.
3. Advisory Committee Perceptions of Program				Average Score <u>4</u>
<u>5</u>	<u>4</u>	<u>3</u>	<u>2</u>	<u>1</u>
Advisory committee members perceive the program curriculum, facilities, and equipment to be of the highest quality.				Advisory committee members perceive the program curriculum, facilities, and equipment needs improvement.
4. Demand for Graduates				Average Score <u>5</u>
<u>5</u>	<u>4</u>	<u>3</u>	<u>2</u>	<u>1</u>
Graduates easily find employment in the field.				Graduates are sometimes forced to find positions out of their field.
5. Use of Information on Labor Market				Average Score <u>4.4</u>
<u>5</u>	<u>4</u>	<u>3</u>	<u>2</u>	<u>1</u>
The faculty and administrators use current data on labor market needs emerging trends in job openings systematically develop and evaluate the program.				The faculty and administrators do not use labor market data in and planning or evaluating the program.

6. Use of Profession / Industry Standards					Average Score	5
5	4	3	2	1		
Profession/Industry standards (such as licensing, certification, accreditation) are consistently used in planning and evaluating this program and content if its courses.					Little or no recognition is given to specific profession/industry standards in planning and evaluating this program.	
7. Use of Student Follow-up Information					Average Score	3.4
5	4	3	2	1		
Current follow-up data on completers and leavers are consistently and systematically used in evaluating this program.					Student follow-up information has not been collected for use in evaluating this program.	
8. Relevance of Supportive Courses					Average Score	5
5	4	3	2	1		
Applicable supportive courses are closely coordinated with this program and are kept relevant to program goals and current to the needs of students.					Supportive course content reflects no planned approach to meeting needs of students in this program.	
9. Qualifications of Administrators and Supervisors					Average Score	4.4
5	4	3	2	1		
All persons responsible for directing and coordinating this program demonstrate a high level of administrative ability.					Persons responsible for directing and coordinating this program have little administrative training and experience.	
10. Instructional Staffing					Average Score	3.2
5	4	3	2	1		
Instructional staffing for this program is sufficient to permit optimum program effectiveness.					Staffing is inadequate to meet the needs of this program effectively.	
11. Facilities					Average Score	3.4
5	4	3	2	1		
Present facilities are sufficient to support a high quality program.					Present facilities are a major problem for program quality.	

12. Scheduling of Instructional FacilitiesAverage Score 4.8

5	4	3	2	1
Scheduling of facilities and equipment for this program is planned to maximize use and be consistent with quality instruction.				Facilities and equipment for this are significantly under-or-over scheduled.

13. EquipmentAverage Score 3

5	4	3	2	1
Present equipment is sufficient to support a high quality program.				Present equipment is not adequate and represents a threat to program quality.

14. Adaptation of InstructionAverage Score 4.2

5	4	3	2	1
Instruction in all courses required for this program recognizes and responds to individual student interests, learning styles, skills, and abilities through a variety of instructional methods (such as small group or individualized instruction, laboratory or "hands on" experiences, credit by examination).				Instructional approaches in this program do not consider individual student differences.

15. Adequate and Availability of Instructional MaterialsAverage Score 3

5	4	3	2	1
Faculty rate that the instructional materials and supplies as being readily available and in sufficient quantity to support quality instruction.				Faculty rate that the instructional materials are limited in amount, Generally outdated, and lack relevance to program and student needs.

APPENDIX A

Profile of Department of Nursing Faculty

Faculty Activities to Maintain Expertise

Faculty Vitae

Department Head Vitae

**FERRIS STATE UNIVERSITY
FACULTY PROFILE FORM**

Full-Time Fall 1999 and Winter 2000

Faculty	Date of Initial Appt.	Rank/ Tenure(T)	Degree	Institution Granting Degree	Major	Course & Area of Responsibility
G. Burkholder	9-72 Retired 5/00	Associate Professor (T)	BSN	Wayne State University	Nursing	N213 Psychiatric & Mental Health Nursing
			MSN	Wayne State University	Adult Psych. Mental Health Nursing	
M. Cairy	6-79	Professor (T)	BSN	Michigan State University	Nursing	N212 Pediatric Nursing N222 Advanced Technical Nursing
			MSN	Wayne State University	Adult Nursing	
			EdD.	Western Michigan University	Educational Leadership	
J. Coon	9-84	Professor (T)	BSN	Grand Valley State College	Nursing	N111 Technical Nursing Skills N211 Reproductive Health Nursing
			MSN	Wayne State University	Health Care of Woman	
			EdD.	Western Michigan University	Educational Leadership	
S. Fogarty	9-87	Associate Professor (T)	BSN	Mercy College of Detroit	Nursing	N110 Nursing Trends 1 N200 Nursing Trends 2
			Cert. in Primary Care	Case Western Reserve	ANCC Certified Family Nurse Practitioner	
			MSN	Wayne State University	Community Nursing	

Faculty	Date of Initial Appt.	Rank/ Tenure(T)	Degree	Institution Granting Degree	Major	Course & Area of Responsibility
S. Johnson	1-87	Professor	BS	Ferris State University	Allied Health Teacher Education	Administration of Department of Nursing and Dental Hygiene
			MN	Wichita State University	Advanced Medical Surgical Nsg.	
			Ed.D.	Western Michigan University	Educational Leadership	
L. Lewis	9-78	Associate Professor (T)	BSN	Ohio State University	Nursing	N214 Gerontological Nursing
				University of Colorado	Gerontological Nursing	
			MPHN	University of Michigan	Public Health Nursing	
M. Roehrig (1998-99 Academic Year Sabbatical)	9-85	Associate Professor (T)	BS	University of Detroit	Human Services	213 Psychiatric & Mental Health Nursing
			MSN	Wayne State University	Adult Psych. Mental Hlth Nsg.	
			MA	University of Michigan	Education	
			PhD Cand.	Andrews University	Psychology Guidance & Counseling	
C. Slywka	9-81	Associate Professor (T)	BSN	University of Michigan	Nursing	N112 Technical Nsg. Assessment N222 Advanced Tech. Nsg.
			MSN	Wayne State University	Advanced Medical Surgical Nursing	
J. Wheeler-Stroud	1-73	Associate Professor (T)	BS	Ferris State University	AH Teacher Education	N212 Pediatric Nursing N 213 Psychiatric & Mental Health Nursing
			MSN	Wayne State University	Adult Psyc. Mental Health Nursing	
M. Wolfram	9-77 (1st)	Associate Professor (T)	BS	Ferris State University	AH Teacher Education	N112 Technical Nsg. Assessment N222 Advanced Technical Nursing
	9-81 (2 nd)		MSN	Wayne State University	Advanced Medical Surgical Nursing	

FERRIS STATE UNIVERSITY
FACULTY PROFILE FORM

Part-Time – Fall 1998 & Winter 1999

Faculty	Date of Initial Appt.	Rank/Tenure (T)	Degree	Institution Granting Degree	Major	Course & Area of Responsibility
Jo An Beckman	8/98	Instructor	BSN	University of Michigan	Nursing	N222 Advanced Technical Nursing (Clinical)
Therese Harper	8/98	Instructor	BSN	University of Michigan	Nursing	N213 Psychiatric & Mental Health Nsg. (Clinical) N222 Advanced Technical Nursing (Classroom)
Suzanne Hosking	8/95	Instructor	BSN	Michigan State University	Nursing	N112 Technical Nursing Assessment (Clinical) N214 Gerontological Nursing (Clinical)
Michelle Hubert	1/95	Instructor	BSN	Grand Valley State University	Nursing	N222 Advanced Technical Nursing (Clinical)
Sharon Klouda	1/97	Instructor	BSN	San Jose State University	Nursing	N211 Reproductive Health Nursing (Clinical)
Celeste Kreger	1/99 Instructor	Instructor	BSN	Ferris State University	Nursing	N222 Advanced Technical Nursing (Clinical)
Ruth Laing	1/99	Instructor	BSN	Mercy College of Detroit	Nursing	N212 Pediatric Nursing (Clinical)
Karen Leiter	8/98	Instructor	BSN	Ferris State University	Nursing	N214 Gerontological Nursing (Clinical) N212 Pediatric Nursing (Clinical)

Faculty	Date of Initial Appt.	Rank/Tenure (T)	Degree	Institution Granting Degree	Major	Course & Area of Responsibility
Kathryn Magers	1/99	Instructor	BSN	Ferris State University	Nursing	N222 Advanced Technical Nursing (Clinical)
Brenda Marble	8/98	Instructor	BSN	St. Joseph's College	Nursing	N213 Psychiatric & Mental Health Nursing (Clinical)
Carole Mrozinski	8/97	Instructor	BSN	Northwestern Hospital	Nursing	N213 Psychiatric & Mental Health Nsg. (Clinical)
Beatrice Smith	8/93	Instructor	MSN	Wayne State University	Womens Health, Nursing	N211 Reproductive Health Nursing (Clinical) N214 Gerontological Nursing (Clinical)

**FERRIS STATE UNIVERSITY
FACULTY PROFILE FORM**

Part-Time – Fall 1999 & Winter 2000

Faculty	Date of Initial Appt.	Rank/Tenure (T)	Degree	Institution Granting Degree	Major	Course & Area of Responsibility
Fran Chaltry	8/99	Instructor	BSN	Northern Michigan University	Nursing	N213 Psychiatric & Mental Health Nursing (Clinical)
Suzanne Hosking	8/95	Instructor	BSN	Michigan State University	Nursing	N112 Technical Nursing Assessment (Clinical) N214 Gerontological Nursing (Clinical)
Sharon Klouda	1/97	Instructor	BSN	San Jose State University	Nursing	N211 Reproductive Health Nursing (Clinical)
Kathy Lauback	1/99	Instructor	ADN	Hurley Medical Center	Nursing	N211 Reproductive Nursing (Clinical) N112 Technical Nursing Assessment (Clinical)
Mary Juriga	8/99	Instructor	BSN	University of Michigan	Nursing	N213 Psychiatric and Mental Health Nursing (Clinical)
Dana Lehman	1/00	Instructor	BSN	Northern Michigan University	Nursing	N222 Advanced Technical Nursing (Clinical)
Karen Leiter	8/98	Instructor	BSN	Ferris State University	Nursing	N214 Gerontological Nursing (Clinical) N212 Pediatric Nursing (Clinical) N112 Technical Nursing Assessment (Classroom)
Carole Mrozinski	8/97	Instructor	BSN	Northwestern Hospital	Nursing	N213 Psychiatric & Mental Health Nsg. (Clinical)
Jill Raymer	8/97	Instructor	BSN	University of Michigan	Nursing	N222 Advanced Technical Nursing (Clinical)

Rachel Rebain	5/98	Instructor	BSN	University of Windsor	Nursing	N212 Pediatric Nursing (Clinical) N112 Technical Nursing Assessment (Clinical) N214 Gerontological Nursing (Clinical) N151&152 Pharmacology for Nurses I&II (Classroom)
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Faculty profile #3

SAMPLES OF FACULTY ACTIVITIES TO MAINTAIN AND ENHANCE EXPERTISE

<u>NAME</u>	<u>PRIMARY FOCUS OF TEACHING</u>	<u>SAMPLE ACTIVITIES</u>
G. Burkholder	NURS 213 Psychiatric & Mental Health Nursing	<ul style="list-style-type: none"> - Conducted stress management programs - Winner of National CoAlliance for Teaching Excellence award in mental health instruction - Managing Challenging Behaviors Workshop - Crisis Prevention & Intervention Workshop - Emotional Intelligence, Health & Relationships Workshop
M. Cairy	NURS 212 Pediatric Nursing NURS 222 Advanced Medical Surgical Nursing	<ul style="list-style-type: none"> - Doctoral Dissertation on the Effects of Cooperative Learning Environment on Attitudes, Social Skills and Processing of Baccalaureate Nursing Students - Presenter – “Learning Styles” - Presenter – “Community/School Collaboration Perspectives in Pediatrics Workshop - What Works with Adolescents Workshop - What’s New in Diabetes Screening & Prevention Workshop
J. Coon	NURS 111 Technical Nursing Skills NURS 212 Reproductive Health Nursing	<ul style="list-style-type: none"> - Doctoral Dissertation on Critical Thinking Skills of Nursing Faculty and Students. - Member – Association for Women’s Health and Obstetric and Neonatal Nursing (AWHONN) - Inducted into Phi Kappa Phi - Who’s Who Among American Women - GVSU Distinguished Alumni Award - Michigan Professor of the Year - Reviewer: <u>Essentials of Maternity Nursing</u>, Martin & Reeder - Presenter – Multiple Critical Thinking Workshops for hospitals

<u>NAME</u>	<u>PRIMARY FOCUS OF TEACHING</u>	<u>SAMPLE ACTIVITIES</u>
S. Fogarty	NURS 110 Nursing Trends 1 NURS 200 Nursing Trends 2	<ul style="list-style-type: none"> - Nurse Practitioner part-time in prenatal clinical & cancer screening clinic - Timme Grant recipient to develop videotapes on health assessment - MAGB Distinguished Faculty Award - Who's Who Among American Teachers - Mecosta County American Heart Association Board Member - Alcohol and Substance Abuse Treatment Board Member and Officer
L. Lewis	NURS 214 Gerontological Nursing	<ul style="list-style-type: none"> - Signa Theta Tau Membership - ADN Graduation Guest Speaker - Presented Workshops on Death & Dying - Project to enhance the inclusion of Gerontological Nursing in ADN curricula lead by Triton Community College
M. Roehrig	NURS 213 Psychiatric & Mental Health Nursing	<ul style="list-style-type: none"> - Ph.D. work in Psychology - Published – Disorders of children and adolescents. In K. Fontaine & Fletcher (Eds.), Essentials of Mental Health Nursing (4th ed.)
C. Slywka	NURS 112 Technical Nursing Assessment NURS 222 Advanced Medical Surgical Nursing	<ul style="list-style-type: none"> - Recent work experience in Medical-Surgical nursing - Two workshop presentations on the Nursing Process and Physical Assessment - Nightingale Award for Nursing Education by Oakland University - HOSA Judge - Cancer Nursing Workshop

NAME**PRIMARY FOCUS OF TEACHING****SAMPLE ACTIVITIES**

J. Wheeler-Stroud

NURS 212 Pediatric Nursing

NURS 213 Psychiatric and Mental Health Nursing

- Presenter – Health Assessment Seminar
- Migrant Camp Nurse for 2 summers
- Recent work experience in Medical-Surgical and Pediatric Nursing
- Diversity conference
- The Immune System, Mind Matters Seminar
- The Aging of the Brain, The Aging of the Mind Seminar

M. Wolfram

NURS 112 Technical Nursing Assessment

NURS 222 Advanced Technical Nursing

- New Trends in Diabetes Treatment Seminar
- Skin & Wound Care Seminar
- Pulmonary & Neurovascular Assessment & Wound Care Seminar
- Problem Based Learning Seminar
- Michigan Nursing Diagnosis Association Member
- Member Hospital Standards Committee
- HOSA Conference Judge

Biographical Sketch

Name: Cairy, Mary J., EdD, RN
Title: Professor, Ferris State University
Birth Date: 23 October 45
Education:

Michigan State University, E. Lansing, MI	BSN	1967
Wayne State University, Detroit, MI	MSN	1981
Western Michigan University, Kalamazoo, MI	EdD	1997

Employment:

1967-1969	Staff Nurse, Peds, OR, St. Lawrence Hospital, Lansing MI
1969-1970	Staff Nurse, ICU, Sinai Hospital, Detroit, MI
1971-1976	Clinical Supervisor, Peds, CCU, OR, ER, St. Lukes Hospital, Saginaw MI
1976-1979	Inservice Coordinator, Mercy Hospital, Cadillac MI
1979-	
present	Faculty, Ferris State University, Big Rapids, MI
1991-1995	Mayor, Lake City MI
1991-1999	Officer, United States Army Nurse Corp.

Research:

"The Timing of Cognitive Teaching as it Affects the Performance of Psychomotor Skills", 1981.
"The Timing of Cognitive Teaching as it Affects the performance of Psychomotor Skills", 1992.
"The Timing of Cognitive Teaching as it Affects the Performance of Psychomotor Skills at the Articulation Level", 1993.
"The Effects of a Cooperative Learning Environment on Attitudes, Social Skills and Processing of Baccalaureate Nursing Students", 1997.
"Application of the Transtheoretical Model to Exercise Behavior Among Army Reservists", current.

Presentations: (limited to the last 6 years)

1994 Presenter - Fourteenth Annual International Conference on Critical Thinking and Educational Reform, Sanoma, CA "The Use of Problem-Based Learning Groups to Foster Critical Thinking Skills in Associate Degree Nursing Students"
1994 Presenter - Hampton University, School of Nursing, Hampton VA. "Learning Styles"
1994 Presenter - Lake City Middle School, "Cooperative Learning Groups Using

Problem Based Learning”
1996 Presenter - Hampton University, School of Nursing, Hampton VA.
“Cooperative Learning: Application in Post-Secondary Settings.

Consulting:

1994 Lake City Middle School - Cooperative Learning
1994 Lake City Adult and Alternative Education - Learning Styles

Current Memberships:

American Nurses Association
Michigan Nurses Association
Sigma Theta Tau (Nursing Honor Society)
Phi Kappa Phi (Education Honor Society)

Continuing Education (limited to last 6 years)

1994 Evaluation of Performance, Hampton University, VA, 2.4 contact hours
1994 Clinical Practice Guidelines: Pressure Ulcers, Hampton University, VA, 2 contact hours.
1994 Use of Hypnosis in Nursing, Hampton University, VA, 2.4 contact hours.
1994 Stress/Burnout, Hampton University, VA, 2.4 contact hours.
1994 The 14th International Conference on Critical Thinking and Educational Reform, Center for Critical Thinking and Moral Critique, Sonoma State University, CA, 21 contact hours.
1994 The Use of Cooperative Learning Teams in Postsecondary Education, FSU.
1995 Officer Advanced Course, US Army, San Antonio TX, 96 contact hours
1995 Perspectives in Pediatrics, 1995, Children's Hospital at Bronson, Kalamazoo, MI, 6.6 contact hours.
1996 An Approach to Interdisciplinary Education, FSU
1996 The HIV Picture--1996, Hampton University, VA, 2 contact hours.
1996 Menopause and Its Management, Hampton University, VA 1.2 contact hours.
1996 Challenges on a Subacute Care Unit in a LTC Facility, Hampton University, 2 contact hours.
1996 Strategies for Success: Teaching the Non Traditional Student, Hampton University, 1.2 contact hours.
1996 Perspectives in Pediatrics--1996, Children's Hospital at Bronson, Kalamazoo, MI, 6.6 contact hours.
1997 Medicine for Fun NOT Funds, FSU
1997 What's New in Diabetes Screening and Prevention, Michigan Diabetes Outreach Network, Cadillac, MI, 1.5 contact hours.
1997 Pharmacological Basis of Nicotine Addiction, Delaware Nurses Association, 1.2 contact hours.

- 1997 Teaching Critical Thinking in the Clinical Setting, Hampton University, VA, 2 contact hours.
- 1997 Integration of Complementary Medicine into Perioperative Nursing, Hampton University, VA. 2 contact hours.
- 1997 Health Professions Education Futures Conference, FSU, College of Allied Health.
- 1997 Critical Thinking Seminar, Foundation of Critical Thinking, Chicago, IL, 12 contact hours
- 1998 What Works with Adolescents. University of Michigan, Ann Arbor, MI 5.2 contact hours.
- 1998 Uniting Nurses: One Strong Voice. ANA national convention, San Diego, CA, 20.1 contact hours.
- 1999 Michigan Nurses Association, 1999 Convention. Kalamazoo, MI 12.3 contact hours.
- 1999 Exploring the Face of Nursing. St. Mary's Hospital, Grand Rapids, MI 3 contact hours.
- 2000 Nurses — Keeping the Care in Health Care. ANA National Convention, Indianapolis, IN. 28.8 contact hours.

Community Service (limited to last 6 years)

- 1992-1995 Mayor, Lake City MI
- 1992-1995 Lake City Planning Commission
- 1992-1995 Lake City Downtown Development
- 1991-1999 Captain, US Army Nurse Corp - Reserves
- 1993-1996 Long Range Planning Committee, Lake City Schools
- 1985-present Red Cross Nurse
- 1985-present Athletic physical exams for all Lake City Middle and High School athletes
- 1994 Administered Hep-B immunizations for Lake City School Faculty and Staff
- 1994 Commencement Address, Lake City Adult Education
- 1998-2001 Vestry, St. Mary's Episcopal Church (3 year term)
- 1998 Pediatric Section Committee, Mercy Hospital (ongoing)

University Service

All University Committees

- Athletic Advisory Committee-3 yrs
- Semester Study Committee-3 yrs

School Committees

- Long Range Planning-2 yrs
- Promotions-5 yrs
- Curriculum-3 yrs
- Tenure-3 yrs
- Library-3 yrs
- Faculty Affairs-3 yr

Department Committees

- Curriculum-9 yrs
- Evaluation-current (4 yrs)
- Policy/Procedure-6 yrs
- Faculty Development-3 yrs

Julie A. Coon, RN, MSN, Ed.D

CURRICULUM VITAE

OFFICE ADDRESS

Department of Nursing & Dental Hygiene
VFS 314
200 State Street
Ferris State University
Big Rapids, MI 49307

PHONE: 231-591-2290
E-Mail: coonj@ferris.edu
FAX: 231-591-2325

HOME ADDRESS

240 W. Logan Street
P.O. Box 91
Lake City, MI 49651

PHONE: 231-839-4838
E-Mail: rjcoon@i2k.com

EDUCATION

1971 - 1972	Central Michigan University
1972 - 1975	Grand Valley State Colleges Bachelor of Science in Nursing (BSN) June, 1975
1980 - 1982	Wayne State University Master of Science in Nursing (MSN) May, 1982 Clinical Specialty: Women's Health Minor: Educational Electives
1992 - 1997	Western Michigan University Educational Doctorate (Ed.D) December 1997

COMMITTEE INVOLVEMENT AT FERRIS STATE UNIVERSITY

DEPARTMENT OF NURSING COMMITTEES

Curriculum Committee:	Member	1984 - present
	Chair	1985 - 1987
		1988 - 2000
Policy & Procedure Committee:	Member	1985 - 1987
Student Affairs Committee:	Member	1984 - 1985
Research Committee:	Member	1986 - 1988
By-Laws Committee, Ad Hoc:	Chair	1987 - 1988
Nursing Process Committee, Ad Hoc:	Member	1986 - 1988
Development of Generic BSN Program Steering Committee, Ad Hoc:	Chair	1985 - 1986
NLN Self Study Report Committee:	Curriculum Section Writer	1986 - 1988
	Outcome Criteria Section Writer	1995 - 1996
Semester Transition for ADN Program Committee, Ad Hoc:	Chair	1993 - 1994
Academic Program Review for the BSN Program	Chair	1996 - 1997

COLLEGE OF ALLIED HEALTH SCIENCES COMMITTEES

Curriculum Committee:	Member	1985 - 1987
Academic Honors Committee:	Member	1985 - 1986
Faculty / Staff Development:	Member	1987 - 1989
Faculty Enrichment Committee:	Member	1988 - 1990

Faculty Development Committee:	Chair	1991 - 1992
Tenure Committee:	Member	1991 - 1994
Promotions Committee:	Member	1992 - 1995
Critical Thinking Steering Committee:	Member	1992 - 1994
CAHS / College of Education Reorganization , Ad Hoc.	Member	1994 - 1995
Planning Committee	Member	1995 – 1997
Curriculum, Assessment & Planning	Member	1996 - present
CAHS Reorganization, Ad Hoc.	Member	1998 – 1999
Dean Search Committee	Member	1999 - 2000

UNIVERSITY COMMITTEES

Institutional Review Committee:	Member	1986 - 1988
Educational Planning Committee:	Member	1986 - 1987
Academic Review Committee:	Member	1986 - 1987
Academic Senate:	Member	1986 - 1989
Subcommittees of Senate:		
* Election Committee:	Member	1986 - 1989
* Senate Appointments:	Member	1987 - 1989
* Academic Calendar, Ad Hoc:	Member	1987 - 1988
FSU Distinguished Teacher:	Member	1992 - 1994
Academic Program Review Committee:	Member	1995 – 1996
Outcomes Assessment	Member	1998 - present
President's Partnership for Career Decision-Making In Technologies & Health Sciences	Member	2000 - present

SELECTED SCHOLARSHIP

PROFESSIONAL HONORS

- 1998 Inducted into Phi Kappa Phi, National Honor Society
Western Michigan University chapter
- 1998 Who's Who Among American Women
- 1995 Grand Valley State University Distinguished Alumni Award
- 1995 Who's Who in American Nursing
- 1994 Michigan Professor of the Year
Presented by the Carnegie Foundation and the
Council for Advancement and Support of Education
- 1992 Recognition Award by Ferris State University for
Participation in the First FSU Compressed Video Distance
Learning Class Session for NUR 347 Big Rapids to Traverse City
- 1988 Recognized as an "Enrolled Red Cross Nurse" through presentation of
badge number: 357258
- 1982 Inducted into Sigma Theta Tau, National Honor Society for Nursing
- 1978 Award for "Innovative Ideas in a Rural Health Care Setting" (co-
recipient), Michigan Association of Rural Health Care

BOOK REVIEWS

April, 1992 Essentials of Maternity Nursing by Leonide L. Martin and Sharon J.
Reeder. J.B. Lippincott, Publisher

July, 1999 Maternal-Infant Nursing by Laedwig, London & Olds.
Addison-Wesley, Publisher

Served as a reviewer for these textbooks: selection based upon
clinical expertise in maternity nursing and experience in nursing
education.

RESEARCH

- December 1997 **Critical Thinking Attributes of Undergraduate Nursing Faculty**

Dissertation submitted to meet degree requirements for Educational Doctorate at Western Michigan University
- March 1993 **The Relationship Between Critical Thinking Ability and Selected Academic and Demographic Characteristics in ADN Students**

Unpublished study completed to meet EDLD 646 Research Design and Data Analysis II course requirements, Western Michigan University
- December 1992 **Differences in Critical Thinking Ability in Two Levels of Associate Degree Nursing Students**

Unpublished study completed to meet EDLD 654 Research Design and Data Analysis I course requirements, Western Michigan University
- May, 1982 **Relationship of Self-Care Characteristics, Demographic Variables and Neonatal Outcome to Childbirth Setting**

Research Field Study completed as graduate program requirement for MSN, Wayne State University. Invited to present study at 1982 Annual Research Day, Wayne State University (unpublished)

PROFESSIONAL PRESENTATIONS

- March 2000 ***Critical Thinking for Health Professionals!***
6 hr. Workshop for Grand Rapids Area Nurses & Health Care Personnel
Grand Rapids Nursing Staff Development Committee
Grand Rapids, MI
- November 1999 ***Critical Thinking for Nurses...For Life!***
4 hr Workshop for Nurses
Mid Michigan Community College Continuing Credit
Mt Pleasant, MI
- October 1999 ***Critical Thinking for Allied Health Educators***
2.5 hr. Overview Presentation
1999 Trends In Occupational Studies Conference
Lansing, MI

- March 1999 ***Critical Thinking for Nurses...For Life!***
6 hr workshop for Nurses for C.E.U. credit
Ferris State University, Department of Nursing &
Extended Learning
Grand Rapids, MI
- September 1998 ***Critical Thinking Attributes of Undergraduate
Nursing Faculty***
Paper Presentation at the NLN 1998 Educational Summit
National League for Nursing
Chicago, IL
- June 1998 ***Critical Thinking Workshop for Nurses***
6 hr Workshop for Nurse Managers
Mercy Services on Aging
Lansing, MI
- April-May 1998 ***Critical Thinking Workshop for Nurses***
10, 4 hr Workshops presented for nurses and other hospital
personnel at Gratiot Community Hospital
Alma, MI
- March & May 1998 ***Critical Thinking Workshop for Nurses***
8 4 hr workshops for RNs at Mercy Hospital
Cadillac, Mi
- February 1998 ***Critical Thinking: A Workshop for Health Care Managers***
Workshop presented for Head Nurses, Administrators
Alpena General Hospital
Alpena, MI
- December 1997 ***Critical Thinking: A Workshop for Nurses***
Workshop presented for Nurse Managers
Mercy Hospital, Cadillac, MI
- November 1997 ***Dr. Livinston, I Presume?***
Keynote address for AClinical Issues >97: The Nurse as Detective≡
Bostford General Hospital, Farmington Hills, MI
- October 1997 ***Critical Thinking: The Next Level***
Workshop presented for Mercy Health Partners RN Staff.
Muskegon Mercy-General Hospital
Muskegon, MI
- May 1997 ***The Assessment of Critical Thinking: Issues in the Clinical
Setting***
Presentation for the Michigan Organization of Nurse Executives
Lansing, MI

- April 1995 ***The Current Status of Critical Thinking in Nursing Education***
Guest Speaker, Alumni Scholarship Luncheon
23rd Annual Research Day College of Nursing
Wayne State University, Detroit, MI
- February 1995 ***The Use of Problem-Based Learning Groups to Foster Critical Thinking Skills in Nursing Students***
Presented at the Great Lakes Regional Conference on "Critical Thinking: Strategies for the Nursing Classroom".
Michigan Council of Nursing Administrators (MCNEA)
Lansing, MI
- September 1994 ***The Use of Cooperative Learning Groups in Nursing Education***
Participated in a panel discussion at Ferris State University during faculty orientation week which was presented as a professional development offering for faculty. Presented innovations utilized in the Department of Nursing with cooperative learning to promote critical thinking.
- August 1994 ***The Use of Problem-Based Learning Groups to Foster Critical Thinking Skills in ADN Students***
Co-presenter at the 14th Annual International Conference on Critical Thinking and Educational Reform at Sonoma State University, Santa Rosa, California.
- April 1992 ***The Use of "Nursing in Space" as a Teaching Framework for Baccalaureate Nursing Students***
Nursing and Space Life Sciences Conference
Houston, Texas

PROFESSIONAL DEVELOPMENT

PROFESSIONAL MEMBERSHIPS

American Nurses Association (ANA)

Michigan Nurses Association (MNA)

Association of Women's Health Obstetric and Neonatal Nursing (AWHONN)

Sigma Theta Tau, Lambda Chapter, Wayne State University

National Council for Excellence in Critical Thinking (NCECT)

Phi Kappa Phi

SELECTED CONTINUING EDUCATION

- June 2000 ***"Keeping the Care in Health Care"***
American Nurses Association Biennial Convention
Indianapolis, IN
26.4 Contact hours
- May 2000 ***Politically Active RN: Making Health Care Changes***
Judy Pendergast, Presenter
Michigan Nurses Association
Gaylord, MI
3.0 Contact hours
- April 2000 ***Recognition and update for MNA Legislative Liason:
Taking Risk for Political Advocacy***
Victoria Boyce, Presenter
Michigan Nurses Association
Lansing, MI
1.2 Contact hours
- April 2000 ***Nurses Impact 2000***
Michigan Nurses Association
Lansing, MI
5.1 Contact hours
- October 1999 ***Michigan Nurses Association Annual Convention***
Michigan Nurses Association
Kalamazoo, MI
6.3 Contact hours
- March 1999 ***ISYS 280 Power Point***
Ferris State University, Big Rapids, MI
1 academic credit
- April 1999 ***Nurses Impact '99***
Michigan Nurses Association (MNA) Legislative Initiative
Lansing, MI
5.1 Contact Hours
- Sept. 1998 ***1998 NLN Educational Summit***
National League for Nurses
Chicago, IL
10.5 Contact Hours
- June 1998 ***Uniting Nurses: One Strong Voice***
American Nurses Association Biennial Convention
San Diego, CA
22.5 Contact Hours

- March 1997 ***Health Professions Education Futures Conference***
Ferris State University
6 contact hours
- March 1997 ***Critical Thinking and the Process of Assessment***
Richard Paul, Presenter, Center for Critical Thinking
Chicago, IL
10 contact hours
- April 1996 ***Peer Review and Professional Portfolio Development***
Ferris State University
6 Contact hours
- January, 1996 ***AAHE Annual Conference: Faculty Roles and Rewards***
American Association of Higher Education Annual Conference
Represented Ferris State University as part of leadership team
Atlanta, GA
- October, 1995 ***Midlife is Only Halfway There...***
Ruth Jacobowitz
Memorial Medical Center
Ludington, MI
2 contact Hours
- August, 1995 ***Coaching and Teambuilding Skills for Managers and Supervisors***
CAHS Faculty Development offering
Ferris State University
Big Rapids, MI
6 Contact Hours
- June, 1995 ***Community Based Health Care: New Opportunities for Student Experiences***
Michigan Council of Nurse Education Administrators (MCNEA)
Ferris State University
Big Rapids, MI
5 contact Hours
- March, 1995 ***Critical Thinking Through Socratic Questioning***
Richard Paul & Linda Elder, Presenters
Center for Critical Thinking
Chicago, IL
10 Contact Hours
- February 1995 ***Critical Thinking: Strategies for the Nursing Classroom***
Michigan Council of Nurse Education Administrators (MCNEA)
Lansing, Michigan
5 Contact Hours

August 1994 **14th International Conference on Critical Thinking and Educational Reform**
Center for Critical Thinking
Sonoma State University
Santa Rosa, California
24 Contact Hours

September 1994 **The Use of Problem-Based Learning to Facilitate Critical Thinking Skills in Allied Health Students**
Workshop presented by College of Allied Health Sciences for Faculty Orientation/Development Week.

March 1993 **Critical Thinking and The Redesign of Instruction**
Workshop for Higher Education presented by The Foundation for Critical Thinking
Chicago, IL
10 Contact Hours

April 1992 **Nursing and Space Life Sciences**
Houston, Texas
Third National Space Nursing Conference
University of Alabama Huntsville
University of Texas Health Sciences Center
School of Nursing Houston & NASA
18 Contact Hours

November 1991 **Management of Premature Rupture of Membranes)**
Mercy Hospital
Cadillac, MI
4 Contact Hours

October 1991 **The Community College - Nursing Home Partnership**
Triton College Continuing Education Center for Health Professionals & FSU Department of Nursing
Ferris State University
Big Rapids, MI
5 Contact Hours

April 1990 **Nursing in Space**
Huntsville, Alabama
Second National Space Nursing Conference, presented by: University of Alabama, Huntsville
18 contact hrs; 1.8 CEU's

June 1989 **Annual Nursing Research Conference**
Wayne State University
Detroit Michigan
12 C.E.U.'s

- September 1988 ***Accreditation: The Process, The Outcome***
National League For Nursing
St. Louis, MO
6.0 Contact Hours
- August 1988 ***From Theory to Practice***
The Second Nursing Theory Congress
Ryerson School of Nursing
Toronto, Canada
13.5 Contact Hours
- May 1988 ***Perinatal AIDS***
Nursing Transitions Conference
Las Vegas, NV
15.1 Contact Hours
- October 1987 ***Empowering Families to Take Charge of Their Health***
Fourth Annual Nursing Research Day
Shapiro Institute for Nursing Excellence &
Research, Sinai Hospital of Detroit
Southfield, MI
6.6 Contact Hours
- May 1987 ***Clinical Practice Model Workshop***
Speaker: Bonnie Wesoriak
Butterworth Hospital
Grand Rapids, MI
8 Contact Hours
- August 1986 ***Theoretical Pluralism: Direction for a Practice Discipline***
Nursing Theory Congress
Ryerson School of Nursing
Toronto, Canada
24 Contact Hours
- May 1986 ***Rehabilitation Nursing***
Speaker: Helen Millen, Kenny Rehab. Foundation
Gerholtz Institute for Lifelong Learning
Traverse City, MI
7 Contact Hours
- February 1986 ***Critical Thinking and Learning Styles***
Speaker: Kitty Manley
Department of Nursing
Ferris State University
Big Rapids, MI
- April 1985 ***Nursing Knowledge: Improving Education Through Theory***
Sigma Theta Tau
Cleveland, OH
8.4 Contact Hours

September 1985 ***Transcultural Nursing***
Speaker: Madeline Leninger, RN, PhD, FAAN
Ferris State University
Big Rapids, MI
5 Contact Hours

August 1985 ***Infant Mental Health Certification Course***
Center for the Study of Infants and Their Families
Alma, MI
24 Contact Hours

COMMUNITY SERVICE

PROFESSIONAL SERVICE ACTIVITIES

INVOLVEMENT IN PROFESSIONAL ORGANIZATIONS:

Coordinator for Michigan Nurse Week Publicity in Big Rapids Community (1985)

MNA Task Force to Examine State Board of Nursing Education Regulations (1999-2000)

MNA Legislative Liason for 102nd Representative District (1999-present)

MNA Delegate to State Convention (1999 - 2000)

MNA Congress on Public Policy (1999 – present)

VOLUNTEER CONSULTING:

Oct 1995 - January 1997

Critical Thinking Applications in the Hospital Setting

Served as a resource consultant for Memorial Medical Center.
Worked with nurse managers and staff nurses to implement a structured approach to enhance critical thinking skills in hospital nurses.
Ludington, MI

Jan 1996

The Use of Problem-Based Learning and other Strategies to Foster Critical Thinking Skills in ADN students.

Worked with the ADN nursing faculty at West Shore Community College
Scottville, MI

- June 1995 ***The Use of Problem-Based Learning to Teach a Fundamentals Nursing Course***
 Consultation session with faculty from Washtenaw Community College Associate Degree Nursing Program
 Grand Rapids, MI
- May 1994 ***Strategies for Fostering Critical Thinking in ADN students***
 Presentation for Department of Nursing Faculty at Ferris State University
 Consultation and role modeling demonstration for visiting faculty from Southwestern Michigan College and West Shore Community College.
- April 1994 ***Problem Solving for The Adult Learner***
 Consultation work with Adult Basic Education Program at Lake City Area Schools. Program focus: Critical Thinking in adult education, to include assessment and intervention strategies.
 Lake City, MI

LOCAL COMMUNITY SERVICE ACTIVITIES

SERVICE WITH COMMUNITY GROUPS:

Lake City Area School District Board of Education
 Trustee (1989- 1995)
 Secretary (1995-present)

Member of the Lake City Area Schools Reproductive Health Committee
 (1989-present)

Provider for Sports Physicals for Lake City Middle School
 and High School Students each spring (1985-present)

Member of the Community Strategic Planning Committee for Programming
 Considerations at Lake City Area Schools (1994)

Lake City United Methodist Church Involvement:
 Health Ministry (1994- present)
 Membership Committee (1993-1996)
 Higher Education Committee (1995- present)
 Advisory Council (1995- present)

Volunteer for American Red Cross blood drives (1984-present)

Michigan Model Advisory Committee for Lake City School District (1991)

Lake City Adult / Community Education Advisory Board Member (1991-93)

Lake City Parent Teacher Association (PTA) Member (1991-1994)

Lake City Parent Teachers Student Association (PTSA) (1991-94)

Missaukee Area Recycling (MAR) Volunteer (1990-1992)

Cystic Fibrosis Foundation Campaign Chairperson for Neighborhood Canvas in Lake City (1987 & 1991)

Pied Piper Cooperative Preschool, President of Executive Board (1984-1986)

COMMUNITY SERVICE WORKSHOPS & PRESENTATIONS:

June 1994	<i>The Use of Cooperative Learning Groups to Teach Problem-Solving</i> Inservice for teachers at Lake City Middle School, Lake City, MI
May 1991	<i>Career Day</i> Lake City Middle School
January 1989	<i>Basic First Aid</i> Presentation / Demonstration for Lake City Cub Scouts, Den 2
March 1988	<i>Birth Order and Its Impact on Family Dynamics</i> Presentation for Lake City Child Study Club
April 1988	<i>AIDS Information Panel Discussion</i> Lake City Child Study Club
November 1987	<i>Nutrition and Health</i> Presentation for Lake City Cub Scouts, Den 2
April 1987	<i>Job Sharing: Nursing</i> Presented for Lake City First Grade Class Lake City Elementary School
March 1986	<i>Living with PMS</i> Presentation for Women's Issues Conference Mecosta Council for the Humanities Ferris State University
October 1986	<i>Developing Roots and Wings in Children</i> Presentation for Lake City Child Study Club
September 1985	<i>Pregnancy and the First Year</i> Focus on Parenting Workshop Wexford-Missaukee Cooperative Extension Service
November 1984	<i>Developmental Sexuality</i> Positive Parenting Program Wexford-Missaukee Cooperative Extension Service
September - December 1984	<i>Sexual Health Issues</i> Presented in collaboration with the Ferris Student Health Center in Dormitory settings (7 programs)

CURRICULUM VITA

NAME:

Susan L. Fogarty
809 Ives Avenue
Big Rapids MI 49307-2425
231-796-1439 (H)
231-591-5016 (O)

**PROFESSIONAL
CREDENTIALS:**

Michigan RN License 4704075493 Expires 3/31/01

EDUCATION:

BSN Mercy College of Detroit, Detroit, Michigan. June 1966.

Primary Care Practitioner Certificate. Case-Western Reserve University, Cleveland, Ohio. March 1976.

MSN. Wayne State University, Detroit, Michigan. December 1989. Major: Community Health Nursing. Functional Area: Nursing Education.

EXPERIENCE:

Senior Public Health Nurse. Detroit Health Department. Detroit, Michigan. General community health and school nursing. 1966-1967 and 1968.

Psychiatric Nursing Instructor. Mercywood Hospital. Ann Arbor, Michigan. Temporary position as didactic and clinical instructor for students from Mercy School of Nursing. 1967.

Staff Nurse. Fort Worth Neuropsychiatric Hospital. Fort Worth, Texas. Part-time position in 32-bed private psychiatric hospital. 1968.

Public Health Nurse II. Texas Department of Health, Division of Tuberculosis Control. Fort Worth, Texas. Case finding, case and contact follow up, and family and community education in a four county area. 1968-1970.

Family Nurse Practitioner. Regional Health Care. White Cloud and Baldwin, Michigan. Primary responsibility for managing selected caseload of family practice clients in a collaborative practice with physician and physician assistant colleagues. 1975-1987.

Nurse Practitioner. Planned Parenthood of Western Michigan. Part-time position providing family planning and related women's health care services. 1978-1995.

Clinical Faculty. Ferris State College. Big Rapids, Michigan. Clinical instruction in Nursing Care of Groups and Nursing Care of the Individual within the Family courses. 1986-1987.

Assistant Professor. 1987-1993, Associate Professor 1993-

and clinical instruction in both Associate Degree and Bachelors Degree nursing curriculum. Primary teaching responsibilities include the Transition course for RN to BSN students, Nursing Care of Clients with Reproductive Needs, Basics in Nursing, and Community Health and Family Nursing. Developed the Transitions and Community and Family Nursing courses in the bachelors program and two Trends courses in the associate degree program during the transition from terms to semesters. Temporary half-time appointment as ADN Coordinator which involved advising approximately 150 pre-nursing students, arranging clinical sites for forty ADN students, and securing supplemental faculty. Tenured September 1992.

Nurse Practitioner. District #5 Health Department. Occasional contract position in Breast and Cervical Cancer Screening Clinic sites. 1992-1996.

Nurse Practitioner. Healthy Beginnings. Occasional contract position in nurse managed prenatal clinic for low-income women at several sites. 1992-1996.

**UNIVERSITY
ACTIVITIES:**

Department of Nursing Curriculum Committee, 1987-present. Chair 1994-97. During this time the committee prepared the curriculum portion of the NLN Self-study, developed a major ADN curriculum revision, adapted the ADN curriculum to semesters, and developed a major revision in the BSN curriculum as part of the semester conversion process and again with the implementation of the CAHS Core Curriculum. Policy, Procedure and Bylaws Committee 1987 -1994, including preparing NLN Self-Study portion on departmental policies and procedures.

College of Allied Health Sciences Faculty Staff Development Committee 1987-1989, Chair 1988-1989. Arranged Faculty and Staff programs. Promotion/Merit Committee 1989-1992. Curriculum Committee 1988-96, Chair 1989 93. During this time the committee reviewed and worked to facilitate the approval of all curricula within the college in the semester transition process. Core Clinical Competencies Committee 1997. Instructional Resources Committee 1996-present

University-wide: MAGB Faculty Award Committee, 1988-1991. Student Health Advisory Committee, 1993-1996. Student Life Committee 1995-1999, Chair 1995-1996. Diversity Incidents Team 2000. Faculty Advisor to Ferris Student Nurses Association 1996-present. Faculty Advisor to Ferris Association of Lesbians, Gays and Bisexuals 1994-present.

Grant: Timme Grant Recipient 1992. Purpose of grant was to prepare produce videotapes on health history and physical assessment techniques to be used in health assessment courses.

**PROFESSIONAL
ACTIVITIES:**

American Nurses Association, Michigan Nurses Association, 1975-present. Convention Planning Committee 1982-1985. Convention delegate 1987, 1988. Newaygo District Nurses Association 1975-1989, President 1987-1989. Council of Nurses in Advanced Practice. Lakeshore District Nurses" Association following reorganization. Nominating Committee 1999-present.

Professional Nurses for Advanced Practice, Founding Member.

Sigma Theta Tau, Lambda Chapter, 1988-present.
American Public Health Association, 1989-present.

**COMMUNITY
ACTIVITIES:**

Lake County S.C.A.N. Team, 1982-1988.

Lake County Council for the Prevention of Child Abuse and Neglect, 1984-1988. Council wrote a successful prevention grant application and implemented a broad prevention program in Lake County Schools.

Baldwin Area Schools Citizen Advisory Committee, 1987-1988.

Mecosta County Teen Pregnancy Task Force, 1989-1990.
Program for Alcohol and Substance Abuse Treatment Board, 1987-present, vice-president 1989-present.

Program for Alcohol and Substance Abuse Treatment (PAST) Board 1989-1998. President 1996-1998.

Mecosta County Affiliate of the American Heart Association. 1995-1999.

Parents Family and Friends of Lesbians and Gays (PFLAG) Grand Rapids 1993-present. Board 1996-present. Vice President 1999-present. Chair Scholarship Committee 1998-present.

**PRESENTATIONS
PUBLICATIONS:**

Presenter Teen Awareness Day, Baldwin, Michigan. Is it Love or Lust? September, 1989.

Presenter of multiple programs on A.I.D.S. and other sexually transmitted diseases and contraception in Ferris State University Residence Halls, for international students, and for students in Collegiate Skills program and for Ferris ALGB.

Fogarty, S. & Wheeler, J. (1993) Health Assessment Series. Videotapes, Ferris State University, Big Rapids, MI.

Invited to present at First National Conference on Interactive Education in Health Care Professions on distance education in August 1995. Conference canceled due to technological problems.

Educators about presenting information about drugs, date rape and sexual issues to Intensive English Program students. November 1995.

Invited presenter for Women's Development Conference May 1996 with Malinda McCain on "Gay and Lesbian Issues in the Workplace".

Reviewer for chapter on Rural Nursing in Smith and Mauer *Community Health Nursing*, 1999.

**CONTINUING
EDUCATION:**

Fifth Annual CONAP Clinical Symposium: Current Clinical Issues. May 1987. 12 Contact Hours.

Community Interventions: Parents and Professionals: A Partnership. June 1988. 16 Contact Hours.

G.E.C.M. First Annual Symposium: Low-Income, Minority, and Rural Older Adult Populations: Issues for the Future. July 1988. 17 Contact Hours.

Melodie Chenevert, How to Survive Professionally. October, 1988. 6 Contact Hours.

Nursing Diagnosis: Application to Clinical Care Planning. March 1989. 6.4 Contact Hours.

Nursing Education '90: Medical College of Pennsylvania Annual Nursing Education Symposium. June, 1990. 17.4 Contact Hours.

Celebrate Nursing '90. Melodie Chenevert. November, 1990. 8.5 Contact Hours.

NLN Annual Nursing Education Conference. Curriculum Revolution: Community Building and Activism. December 1990. 13.5 Contact Hours.

Eleventh Annual CONAP Clinical Symposium: Current Clinical Issues. June 1993. 12.3 Contact Hours.

Community Health and Public Health Nursing Conference, University of North Carolina, June 1994. 15 Contact Hours

Teaching Critical Thinking Conference, Chicago IL . January 1995

Nursing Faculty: Re-Tooling, Re-Energizing Workshop (Active and Interactive Teaching/Learning Strategies for the College Classroom). November 1995, 5.5 Contact Hours

Teaching Critical Thinking Conference, Chicago IL . January

Epidemiology of Cardiovascular Disease, University of Michigan School of Public Health, 15 Contact Hours, 1998

Epidemiology and Health Policy, University of Michigan School of Public Health, 15 Contact Hours, 1998

Distance Education: Teaching Nursing Online, Indiana University, 25.2 Contact Hours, 1999

American Nurses' Association Biennial Convention, Indianapolis IN 24 Contact Hours 2000.

Dr. Sally K. Johnson
Department Head, Nursing and Dental Hygiene

Home Address

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College of Allied Health Sciences
200 Ferris Drive
Big Rapids, MI 49307-2740
(231) 591-2267 Fax: 231-591-2325
Email: johnsons@ferris.edu

EDUCATION

Western Michigan University, EdD – Education 1986
Wichita State University, MN – Nursing 1979
Ferris State University, BS – Allied Health Teacher Education 1977
Blodgett Memorial Medical Center School of Nursing, Diploma – Registered Nursing 1967

EMPLOYMENT HISTORY

Head, Department of Nursing & Dental Hygiene, Ferris State University, July 1, 1999 – Present

- Area of Responsibility: Provide leadership for the Ferris State University Associate Degree in Nursing, Bachelor of Science in Nursing, and the Dental Hygiene programs. Responsible to the Dean, College of Allied Health Sciences.
- Duties: Lead the Department of Nursing and Dental Hygiene in the process of goal setting congruent with the University mission and in working to fulfill those goals. Guide evaluation and revision of curricula as needed and plan for future direction of the department and the educational programs. Prepare program reports as requested for University plus state and national organizations. Manage faculty work schedules and coordinate student clinical activities. Plan and monitor the department budget. Represent the University and the Department at local, state and national activities. Coordinate and participate in recruitment and retention activities.

Head, Department of Nursing, Ferris State University, July 1, 1990 – June 30, 1999

- Area of Responsibility: Provide leadership for the Ferris State University Associate Degree in Nursing and the Bachelor of Science in Nursing completion programs. Responsible to the Dean, College of Allied Health Sciences.

- Duties: Lead the Department of Nursing in goal setting and curricular development and implementation. Manage faculty work schedules, prepare program reports, plan and monitor the budget, represent the University and the Department at statewide and national events.

Acting Assistant Dean, College of Allied Health Sciences, Ferris State University, August 1, 1992 – July 30, 1993

- Area of Responsibility: Provided interim leadership for the Student Academic Affairs area of the College of Allied Health Sciences. Responsible to the Dean, College of Allied Health Sciences.

Acting Head, Department of Nursing, Ferris State University, July 1, 1989 – June 30, 1990

- Area of Responsibility: Provided interim leadership for the Ferris State University Associate Degree in Nursing program and Bachelor of Science in Nursing completion program. Responsible to the Dean, College of Allied Health Sciences.

Outreach Coordinator, Department of Nursing, Ferris State University, January, 1987- June 30, 1989

- Area of Responsibility: Planned and coordinated offerings of BSN Completion program on and off campus.

Director of Nursing Education, West Shore Community College, Scottville, MI 49454, July 1980 – January 1987

- Area of Responsibility: Administrator of Practical Nursing/Associate Degree Nursing program. Responsible to the Dean of Occupational Education.

Nursing Instructor, St. John's College, Department of Nursing, Winfield, KS 67156, November 1977 – June 1980

- Area of Responsibility: Instructed and advised nursing students. Responsible to Director of Nursing Education.

In-Service Educator, Supervisor & Staff Nurse, Reed City Hospital, Reed City, MI 49677, December 1968 – October 1977

- Area of Responsibility: In-Service Education, supervision and provision of client care in acute and extended care areas of the hospital. Responsible to the Director of Nursing

Registered Nurse, Mecosta County General Hospital, Big Rapids, MI 49307,
September 1967 – September 1968

- Area of Responsibility: Supervised care of clients on a variety of units on all shifts. Responsible to Director of Nursing.

Licensed Practical Nurse, Blodgett Memorial Medical Center, Grand Rapids, MI 49506, June 1966 – December, 1966

- Area of Responsibility: Provide client care. Responsible to Charge Nurse.

Nurse Aide and Licensed Practical Nurse/Scrub Nurse, Cape Canaveral Hospital, Cocoa Beach, FL 32931, January 1966 – June 1966

- Area of Responsibility: January and February – direct client care. March through May – Operating Room Scrub Nurse. Responsible to Charge Nurse in both units.

PROFESSIONAL and SERVICE ORGANIZATIONS

Michigan Council of Nursing Education Administrators – Past President

Michigan Association of Colleges of Nursing – Past Officer

Michigan Nurses Association

– Member of Continuing Education Approval Committee, 1991 to present

– Nominations Committee, 1999 to present

Michigan League for Nursing

National League for Nursing

Zonta International

American Association of Colleges of Nursing

American Nurses Association

CONTINUING EDUCATION

NLN Accreditation for the 21st Century: “Outcomes, Assessment and Technology” sponsored by the National League for Nursing. 11 hours
March/April 1995.

Coaching and Teambuilding Skills for Managers and Supervisors by SkillPath Seminars. 6 hours. August 1995.

“Marketing Advanced Practice Nursing and Teaching Strategies for Advanced Practice Nursing” sponsored by the American Association of Colleges of Nursing. 14 hours. November/December 1995.

Computerized Clinical Simulation Testing workshop, presented by Dr. Anna Bersky, project Director for Computer Simulations Testing, NCSBON, May 1996.

"Re-tool Your Thinking About Immunization" sponsored by the national Immunization Program. 3 hours. November 1996.

"Health Professions Education Futures Conference" sponsored by Ferris State University, 7.0 hours., March 1997.

Michigan Nursing Education Articulation Workshop, sponsored by Madonna University, 5.7 contact hours, November 1997.

"The Learning Revolution: Nursing Education and Virtual Learning Experience", 10 hours, sponsored by the American Association of Colleges of Nursing, March 1998.

"Nurse Educators: Survive with Change and Thrive with Humor", 5.5 contact hours, sponsored by the Michigan Council of Nursing Education Administrators, May 1998.

"Difficult Situations in Clinical Evaluations" sponsored by Michigan Council of Nursing Education Administrators and Alpena Community college, 5 contact hours, May 1997.

"A Prescription for Improved Teams" sponsored by Ferris State University, 7.0 contact hours, August 1998.

"1998 NLN Educational Summit", 10.5 contact hours. Chicago, IL. , September 1998.

"Healing Touch" sponsored by Ferris State University, 4.0 contact hours, February 1999.

"Accountable and Effective productivity in a Complex World" sponsored by American Association of Colleges of Nursing, 9.5 contact hours, March 1999.

"Infectious Disease Update" sponsored by Ferris State University, 6.0 contact hours, March 1999.

"Acute and Chronic Pain Management" sponsored by Ferris State University, 3.6 contact hours, April 1999.

"Medical Accupuncture" sponsored by Ferris State University, 1.8 contact hours, April 1999.

AACP Institute on Pedagogical and Curricular Change, May 21-25, 1999.

"Building the Academic Community" sponsored by the American Association of Colleges of Nursing, 9 contact hours, October 1999.

Excel Training sponsored by Ferris State University, January 2000.

Academic Chairperson Conference "Celebrating Success: Sharing Best Practices", February 9-11, 2000

NATIONAL PRESENTATIONS

"Interacting and Educating Across the Miles" presentation at National League for Nursing Biennial Convention, June 1999.

"Cooperation – Hospital, Community College, and University" presentation at National League for Nursing Biennial Convention, June 1999.

SABBATICAL LEAVE

October and November 1997, Completed a sabbatical leave for the purpose of gaining exposure to and experience in home care. An additional goal was to update work experiences in an Acute Care and a Long Term Care setting.

LORNA LEWIS

SUMMARY OF QUALIFICATIONS

1978 - present Ferris State University, Department of Nursing, Big Rapids, MI 49307
Associate Professor

- Educator with an extensive background in the study and teaching of nursing related subjects, especially including alternative health care and health promotion related to aging; motivational speaker; registered nurse for over 30 years.

EDUCATION

University of Michigan, Ann Arbor, Michigan

- *Master of Public Health - Nursing* 1977

University of Colorado, Denver, Colorado

- *Gerontological Nurse Practitioner Program* 1985

Ohio State University, Columbus, Ohio

- *Bachelor of Science of Nursing* 1968

WORK EXPERIENCE

Ferris State University, Big Rapids, Michigan

- *Associate Professor of Nursing* May 1982 - Present
- *Assistant Professor of Nursing* August 1978 - May 1982
- Continuing Education Coordinator for Nursing August 1978 - August 1980
- Home Hospice, Big Rapids, Michigan
- *Staff Nurse* March 1991 - August 1992
- Mecosta County Health Department, Big Rapids, Michigan
- *Staff Nurse* May 1974 - August 1978

LICENSES AND CERTIFICATIONS

- Registered Nurse, licensed in the State of Michigan
- Basic Life Support certificate, American Red Cross
- Gerontological Nurse Practitioner
- Therapeutic Touch Healer

PROFESSIONAL MEMBERSHIPS

- Toastmaster Club International, Vice President, Big Rapids chapter, 1997-00
- American Holistic Nurses' Association
- Ferris Professional Women

AWARDS AND HONORS

- Ferris State University Merit Award
- Sigma Theta Tau, honorary professional society
- American Red Cross, service award recipient
- Delta Kappa Gamma, service sorority for educators
- Speaker, Associate Degree for Nursing Graduation, May 1996 and May 1997
- Keynote Speaker, Toastmaster's of Big Rapids, September 1998
- Competent Toastmaster Award, 12/ 1997; Advanced Toastmaster Bronze, 7/2000

220 S. WARREN • BIG RAPIDS, MI 49307

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LORNA LEWIS

UNIQUE
EXPERIENCE
TO TEACH
THIS
OFFERING

Lorna has studied and practiced various forms of alternative health care and healing for over 25 years. Areas of interest include Therapeutic Touch, Healing Touch, Reiki Healing Ama Deus, Death and Dying/grief and Loss, Integrated Awareness Technique, Psychic Diagnosis, Soul Centered Healing, and Energy Chelation. Other practices include meditation and yoga as well as many nontraditional alternatives to health and healing. Through application of her own study, Lorna has been able to plan and initiate new paradigms of thinking and learning as part of the gerontology and health promotion courses that she teaches at Ferris. Lorna has been a regular presenter of continuing education for nurses throughout her nursing career.

220 S. WARREN • BIG RAPIDS, MI 49307

PHONE 616-796-0211 • FAX 616-796-0683 • E-MAIL LORNALEWIS@YAHOO.COM

Curriculum Vitae

NAME: Morton Arlene M
 (Last) (First) (Initial)

EDUCATION:

1996 Valparaiso University Completed all credits in Family Nurse Practitioner program. Obtained clinical experience with a Family Nurse Practitioner and a Nurse Midwife at a clinic for low income families, a Pediatric Nurse Practitioner at a migrant worker clinic, a Nurse Practitioner at an OB-GYN doctor's office, and a family physician's office.

1990 Purdue University Master of Science Major: Adult Health Nursing
 Practicum: Emergency and Critical Care nursing at Memorial Hospital. South Bend
 Electives: Test Construction, Curriculum Development, Design and Construction of Instructional Materials

1987 Indiana University Bachelor of Science in Nursing

1963 Henry Ford Hospital School of Nursing Diploma in Nursing

ACADEMIC APPOINTMENTS:

Place	Title/Rank	Dates
Indiana University South Bend	Lecturer	1994 - 1998
Indiana University South Bend	Visiting Lecturer	1991 - 1994
Indiana Vocational Technical College	Faculty	1988 - 1991

CLINICAL APPOINTMENTS:

Place	Title/Rank	Dates
Tarawa, Republic of Kiribati	Peace Corps Medical Officer, middle level provider	1998-2000
St. Joseph Medical Center South Bend, IN.	Emergency Room: Staff Nurse Level 3, Trauma nurse. Rape Team Cardiac Care: Staff Nurse/Charge	1981-1995 1975-1979
Providence Hospital Southfield, MI.	Staff Nurse Emergency Room/Charge	1979-1981
St. Mary's Hospital Livonia, MI	Staff Nurse/Charge Intensive Care	1971-1974
St. John Hospital Detroit, MI.	Staff Nurse Intensive Care, Delivery Room, Surgical Unit	1964-1970
Northville State Hospital Northville, MI.	Head Nurse Children's Service	1963-1964

LICENSURE: Registered Nurse License, State of Michigan, #4704069363
Registered Nurse License, State of Indiana, #28062420
FNP Certification, State of Michigan, #4704069363

PROFESSIONAL SOCIETIES:

Indiana State Nurses Association
Member, 1988-1998
Indiana State Nurses Association, District 7
Program Chair, 1990-1991
Secretary, 1992-1995
Delegate, 1991, 1993, 1995
Planning Committee for Parish Nurse Education Program, 1993
Nominating Committee, 1995-1996
Nursing Research Consortium of North Central Indiana, 1991-1998
Abstract Editor and Publisher, 1994-1998
Member-At-Large, 1995/96
Sigma Theta Tau Honor Society, 1987 - present

HONORS:

Outstanding Volunteer Support Award – 1999.
Granted by Peace Corps Kiribati Country Directors.
Outstanding Alumnus Award – 1999.
Granted by the Indiana School of Nursing Alumni Association
Outstanding Teacher Award - 1994.
Granted by the 1995 Indiana University South Bend ASN class.
Recognition for Excellence in Nursing Education - 1993,
National Co-alliance for teaching excellence.
Graduated with Highest Honors - 1990, Purdue Calumet
Graduated with Highest Honors - 1987, Indiana University South Bend
Esther Mooneyhan Scholarship Award - 1987, Indiana University South Bend
Excellence in Nursing Award - 1985, Indiana University

TEACHING ASSIGNMENTS: PEACE CORPS KIRIBATI

20 hours of health teaching to new Peace Corps volunteers during their training covering health maintenance, common health problems and first aid, personal safety and unwanted attention, HIV/STDs, food and water preparation, diarrhea, nutrition, mental health, alcohol abuse, water safety, and emergency evacuation plan.

10 hours of additional sessions related to safety and security, adjustment issues, and medical policies.

Provided health teaching in a quarterly health newsletter.

TEACHING ASSIGNMENTS: IUSB SCHOOL OF NURSING

A107 Introduction to Concepts in Nursing. This is a 3 credit required didactic course which:

- I have taught four times in the fall semester from 1992-1996,
- had an enrollment between 27 to 35 students,
- involves introducing first semester students to the role of a nurse and adaptive health patterns. This course lays the foundation for the student's practice in nursing.
- I have had sole responsibility for this course since 1992.

A109 Basic Nursing Skills. This is a 3 credit hour lab/clinical required course which:

- I have taught four times in the fall semester from 1992-1996.
- had an enrollment between 27 to 35.
- is the student's first "hands on" experience so a great deal of planning is required for this course. Students spend 3 hours a week in a lecture/lab experience and 6 hours on a clinical unit where they learn principles of patient care and nursing skill performance.
- I have had sole responsibility, since 1992, for the organization of the course, teaching the lecture portion, lab set-ups, quiz grading, and revision of study-guides, evaluation tools, and nursing process forms.

A143 Nursing: Adaptive Pattern II: Nutrition/Elimination. This is a 3 credit hour, required didactic course which:

- I have taught three times in the Spring semester from 1993 to 1995.
- had an enrollment that varied from 28 to 38 during the last two years,
- involves the teaching of concepts related to health disruptions of the adaptive pattern Nutrition and Elimination.
- I have had sole responsibility for this course since 1993.

A144 Nursing Adaptive Pattern II: Nursing/Roles/Skills II. This is a 2 credit hour required clinical course which:

- I have taught three times in the Spring semester from 1993-1995, had an enrollment of clinical groups ranging in size from 8 to 10 students with a total of 16 to 20 students per semester,
- involves the teaching of basic nursing concepts and psychomotor skills related to the adaptive pattern Nutrition/Elimination on a medical/surgical unit.
- I have had sole responsibility for this course since 1993.

A241 Nursing: Adaptive Pattern III: Protection/Regulation. This is a 3 credit hour required didactic course which:

- I co-taught with another faculty once in the Fall of 1994,
- had an enrollment of 38 students who had completed one year of the ASN program,
- covers those systems of the body which provide protection or regulate body processes.

K492 Dosage Calculation and Introduction to Pharmacology. This is a 2 credit hour elective didactic course which:

- I developed and taught in the Summer of 1994 and 1996 and had a progressively larger enrollment
- I developed to assist students with basic math, teach them a method for calculating dosages, and give them a beginning understanding of pharmacology.
- Taught course using distance learning during the summer of 1996.

A250/252 LEGAL/ETHICAL ASPECTS OF NURSING AND PROFESSIONAL ROLES This is a 2 credit hour required didactic course which:

- promotes class discussion and critical thinking related to legal/ethical problems and nursing roles.
- prepares the student for "reality shock", resume and cover letter writing.
- introduces the student to NCLEX review programs.

TEACHING ASSIGNMENTS: ACROSS IUSB DEPARTMENTS

R408 Topics in Radiographic Venipuncture. This is a 2 credit required course from the School of Radiology which:

- I developed and taught twice during Summer Session I 1993 and 1994.
- had an enrollment from 10 to 20 students.

- stressed basic concepts of intravenous therapy and the psychomotor skills needed to perform intravenous insertion.

SERVICE:

INDIANA UNIVERSITY SOUTH BEND COMMITTEE SERVICE

Information Technology: Member, 1996-1997
 Student Affairs: Member, 1993-1995
 Faculty Affairs: Member, 1991-1993

IUSB SCHOOL OF NURSING ADMINISTRATIVE SERVICE

Computer Laboratory Coordinator, 3 credits, Fall 1995, Spring 1996
 Liaison between faculty and computer services.
 Coordinating transfer of hardware and software to main campus.
 Coordinating transfer of video tapes to Riverside and Schurz Library.
 Associate Faculty Coordinator, 3 credits, Spring 1995- Fall 1995
 Orientation of Associate and new faculty.
 Developed New Faculty Handbook
 Nursing Resource Laboratory Coordinator, 3 credits, Spring 1994
 Assisted laboratory staff with problem solving, ordering equipment, assigning rooms, and assisting work study students.

INDIANA UNIVERSITY SCHOOL OF NURSING SYSTEM-WIDE COMMITTEE SERVICE

United Council of Nursing Faculty Curriculum Committee, Member, 1994 - 1998
 Associate of Science in Nursing Curriculum Taskforce, Member, 1994 - 1998
 Executive Committee 1996/1997

IUSB SCHOOL OF NURSING COMMITTEE SERVICE

Admission, Progression, Graduation, Member, 1992-1998
 Clinical Skills Guidelines Ad Hoc Committee, Chair, 1995
 Space Ad Hoc Committee, Member, 1995
 Library/Resource, Member, 1995-1996
 Recruitment and Retention, Member, 1995-1996
 Search and Screen, Member, 1995
 Assessment, Member, 1992-1995
 Faculty President 1996/1997

IUSB SCHOOL OF NURSING STUDENT SERVICE

Student Nurses Association, Advisor, 1994-1998

COMMUNITY SERVICE:

St. Joseph Medical Center Clinical Planning Group
 Advanced Cardiac Life Support Instructor, 1985-1998
 CPR instructor, 1985-1995
 Christ the King Lutheran Church Council Secretary 1995-1998, Call Committee 1996

PROFESSIONAL ACTIVITIES:

Post-Master's courses:

Management of Client Health/Illness Status, Summer 1996
 Clinical Application Family Nurse Practitioner, Summer 1996

Advanced Physical Assessment, Valparaiso University, Summer 1995
Advanced Physiology, Valparaiso University, Summer 1995
Family Nursing, Valparaiso University, Summer 1995
Pharmacology, Valparaiso University, Summer 1995
Management of Client Health/Illness Status, Valparaiso, Summer 1996
Clinical Application Family Nurse Practitioner, Valparaiso, Summer 1996
Computer Technologies for Nurse Educators, at IUPUI Spring 1994.

Continuing Education:

Nursing and Health Care Reform, Indianapolis, October 1995
Nursing Informatics: Computers in Nursing Conference, Newark,
New Jersey, Spring 1995
Parish Nursing Conference (Planning Committee), South Bend, Fall 1993
Infusing Critical Thinking Into College and University Instruction,
Indianapolis, August 1993

GRANTS AND AWARDS:

- Ethel Mae Payne Grant, Indiana Nurses Foundation, Awarded \$1000
- Faculty Development Grant, "Tuition for post graduate work", Indiana University South Bend, School of Nursing, Spring 1996. Awarded \$500
- Faculty Development Grant, "Tuition for post graduate work", Indiana University South Bend, School of Nursing, Spring, 1995. Awarded \$800
- Helen Fuld Health Trust: "Using Interactive Technology in the Development and Presentation of Stimulating, Lifelike Lectures". Spring 1993. Awarded \$20,000
- Curriculum Development Grant, "Using Videodisc Medical Images as a Teaching Tool". Indiana University South Bend, Summer 1993. Awarded \$750

PUBLICATIONS:

New Faculty Handbook sent to Dean at Southwestern University and Larry Garber at Indiana University South Bend.

CURRICULUM VITAE

MARY J. ROEHRIG, RN, MSN, MA, LPC

Michigan Registered Nurse License # 4704081511
Michigan Licensed Professional Counselor # 6401000896

530 Winter Av
Big Rapids, MI 49307

Home Phone: (231) 592-1054
Work Phone: (231) 591-5008

EDUCATION

DOCTOR OF PHILOSOPHY, Candidate, ABD
Counseling Psychology
Andrews University, Berrien Springs, MI

MASTER OF ARTS
Specialization in Guidance and Counseling
University of Michigan, Ann Arbor, 1982

MASTER OF SCIENCE IN NURSING
Adult Psychiatric Mental Health Nursing
Wayne State University, Detroit, MI, 1981

BRITISH LITERATURE studies
Corpus Christi College, Oxford University
Oxford, England, 1978

BACHELOR OF SCIENCE
Human Services: Nursing
University of Detroit, 1978
Graduated Magna Cum Laude

DIPLOMA in Nursing
St. Joseph School of Nursing
Flint, MI, 1968

EXPERIENCE

1981 to Present **Private Counseling Practice**
Individual, Group, & Family Therapy
Specializing in Stress Management

1985 to Present **Associate Professor of Nursing**
Ferris State University
Big Rapids, Michigan

1988 to 1990
1990 **Staff Nurse, Select Nursing Services**
Pine Rest Christian Hospital
Grand Rapids, Michigan

1984 to 1985 **Instructor, Nursing**
Nebraska Wesleyan University
Lincoln, Nebraska

Staff Nurse, Chemical Dependency Unit
Lincoln General Hospital, Lincoln, NB
Lincoln, Nebraska

1983 to 1984 **Director of Nurses**
Adult and Adolescent Chemical Dependency
and Psychiatric Pavilion
Lea Regional Hospital, Hobbs, NM

1983 **Clinical Instructor, Psychiatric Nursing**
Saginaw Valley State University
University Center, Michigan

1981 to 1982 **Academic Advisor and Clinical Instructor**
Nursing and Allied Health
C.S. Mott Community College
Flint, Michigan

1982 **Instructor, Pharmacology**
C.S. Mott Community College

1976 to 1977 **Flint Licensed Practical Nurses Association**
Flint, Michigan

1980 to 1983
1969 to 1973 **Staff Nurse**
Labor & Delivery, Medical, CCU
St. Joseph Hospital, Flint, MI

1981 **Clinical Instructor, Psychiatric Nursing**
Delta College
University Center, Michigan

1978 to 1980 **Staff Development Instructor**
Psychiatric and Medical Units
Hurley Medical Center, Flint, MI

1974 to 1976 **Team Leader & Charge Nurse**
Genesee County Community Mental Health
Children & Adolescent Inpatient Services
Flint, Michigan

1968 **Staff Nurse**
McLaren General Hospital
Flint, Michigan

PUBLICATIONS AND RESEARCH

Roehrig, M. (1999). Disorders of children and adolescents. In K. Fontaine & Fletcher (Eds.), Essentials of mental health nursing (4th ed.) (pp. 483-500). Menlo Park: Addison-Wesley Publishing Company.

Roehrig, M. (1995). Disorders of children and adolescents. In K. Fontaine & S. Fletcher (Eds.), Essentials of mental health nursing (3rd ed.) (pp. 419-429). Menlo Park: Addison-Wesley Publishing Company.

Roehrig, M. (October-December, 1991). Book Review: Body image disturbance assessment and treatment by J. Kevin Thompson. Journal of Psychiatric and Mental Health Nursing.

Roehrig, M. (1990). Wellness education model program. Submitted to U.S. Department of Health and Human Services (not funded).

Roehrig, M. (1989). Nursing centers: State of the art. In Nursing centers: Meeting the demand for quality care. New York: National League for Nursing.

Roehrig, M. & Vance, J. (1989). Community health promotion. Submitted to Kellogg Foundation, Battle Creek, MI. (not funded).

Roehrig, M. (1987). Nursing centers: State of the art, Ferris State University, Big Rapids, MI. Research presented at the 4th Biennial Conference on Nursing Centers, Milwaukee, WI. May, 1988.

Roehrig, M. (1987). Child and adolescent mental health nursing. In S. Cook and K. Fontaine (Eds.), Essentials of mental health nursing (pp. 561-590). Menlo Park: Addison-Wesley Publishing Company.

Roehrig, M. (1981). A descriptive study of the existence and extent of burnout among registered nurses in the Flint, Michigan area, and the willingness of staff nurses to accept counseling. Unpublished master's thesis, Wayne State University, Detroit, MI.

Roehrig, M. (1979). The effects of utilizing nurse counselors to combat nursing burnout: A concept paper. Submitted to U.S. Department of Health (not funded).

Roehrig, M. (1978). The role of the nurse counselor. Unpublished master's thesis, University of Detroit, Detroit, MI.

PRESENTATIONS

- 1979 to present "Stress Management"
Frequent presenter; list of groups available upon request.
- 1992 to 1993 "Nutrition and Recovery"
Program for Alcohol and Substance Treatment
Big Rapids, Michigan
- 1992 "Adult Play Therapy"
Ninth Annual International Conference of
Play Therapy
Nashua, New Hampshire
- 1991 "Learning to Play at Work and Working at Play"
"Panic Disorders in Adolescents"
Psychiatric Nursing Update '91
Chicago, Illinois
- 1989 to 1991 Trainer for lay support group leaders
New Life, Grand Rapids, Michigan
- 1990 "Adolescent Mental Health Update, Ambulatory
Intervention and Prevention"
Cincinnati, Ohio
- 1989 "Frustrated, Frazzled . . . I Need Help"
Work Conference for Office Personnel
Ferris State University
Big Rapids, Michigan
- 1988 "Nursing Centers: State Of The Art"
4th Biennial Conference on Nursing Centers
Milwaukee, Wisconsin
- 1987 "Improving Productivity: Stress Reduction
Management"
31st Annual Advanced Cosmetology Workshop
Ferris State University
Big Rapids, Michigan
- 1984 "Management of the Violent Patient"
"Assertiveness Training"
Lea Regional Hospital
Hobbs, New Mexico
- 1982 "Burnout"
Hurley Medical Center, Flint, Michigan
- 1980 Shiawassee District Nurses Association,

PROFESSIONAL ACTIVITY

1999 to present	Member, Faculty Research Committee Ferris State University, Big Rapids, MI
1989 to 1994	Member, Mecosta County Suspected Child Abuse and Neglect Team
1993 to 1994	Member, Outcomes Assessment Council and Research Committee Ferris State University, Big Rapids, MI
1987 to 1990	Member, Mecosta County Community Mental Health Services Coordinating Body

PROFESSIONAL AFFILIATIONS

American Counseling Association, Student Member
American Psychological Association, Student Affiliate
National Education Association
Phi Kappa Phi Honor Society
Sigma Theta Tau International Honor Society of Nursing

Documentation of Continuing Education Supplied Upon Request

References Available Upon Request

CURRICULUM VITAE

CECILE B. SLYWKA, MSN, BSN, RN

OFFICE ADDRESS

Department of Nursing & Dental Hygiene
VFS 306
Ferris State University
Big Rapids, MI 49307

PHONE: 231- 591- 2289

HOME ADDRESS

20485 Crestview Drive
Reed City, MI 49677

PHONE: 231- 832- 4359

EDUCATION

- 1981 - 1984 Wayne State University
Master of Science in Nursing (MSN) May, 1984
Major: Advanced Medical- Surgical Nursing
- 1978 - 1981 University of Michigan
Bachelor of Science in Nursing (BSN) May, 1981
- 1964 - 1965 University of Saskatchewan
Diploma in Teaching and Supervision, May, 1965
- 1958 - 1961 St. Paul's Hospital School of Nursing
Diploma in Nursing, June 1961.

EMPLOYMENT

- 1989 - Present Associate Professor
Department of Nursing
Ferris State University
Big Rapids, MI
- 1981 - 1989 Assistant Professor
Department of Nursing
Ferris State University
Big Rapids, MI
- 1987, June NCLEX Review Instructor in Medical- Surgical Nursing
Pre RN Review Course
Educational Resources
Schoolcraft, MI
- 1988 - 1996 Per Diem Nurse - Medical- Surgical, Pediatric and Obstetric Units
Mecosta County General Hospital
Big Rapids, MI
- 1978- 1981 Part Time Instructor
Department of Nursing
Ferris State University
Big Rapids, MI

1978	Clinic Staff Nurse - Client assessment and infirmary care Ferris State College Student Health Center Big Rapids, MI
1977- Jan - June	Health Occupations Instructor Reed City High School Reed City, MI
1975- 1976	Clinical and Theory Instructor Maternal - Child Health Baptist Memorial Hospital School of Nursing Memphis, TN
1968- 1969	Clinical Instructor, Pediatrics University of Alberta Hospital Edmonton, Alta. Canada
1965- 1968	Assistant Head Nurse, Pediatric Unit University of Alberta Hospital Edmonton, Alta. Canada
1962- 1964	Staff Nurse, Pediatrics Royal Columbian Hospital New Westminster, B.C. Canada
1961- 1962	Staff Nurse Lloydminster Hospital Lloydminster, Sask. Canada

EDUCATIONAL EXPERIENCE

INSTRUCTION Twenty years of involvement in clinical and didactic instruction in both Associate and Baccalaureate courses within the Department of Nursing as well as PH 430 a physical assessment course to the undergraduate Pharmacy and Doctor of Pharmacy students. Nursing instruction was predominantly in the Medical - Surgical area at the Associate level and Health Assessment, Leadership and Management, and Seminar in Nursing at the Baccalaureate level.

CURRICULUM Experience in individual course development during employment. Eight years as a member of the Department Curriculum Committee. On the University Curriculum Committee in 1993 with involvement in the evaluation of programs during the semester conversion. Presently a member of the College of Allied Health Sciences Core Curriculum Committee.

COMMITTEE INVOLVEMENT

UNIVERSITY COMMITTEES

1999	All-University Sabbatical Leave Review Committee
1997 - 1999	Athletic Advisory Committee

1996 - 1997	Health Professions Education Futures Conference Committee
1993 - 1994	Subcommittee of Senate: University Curriculum Committee
1992 - 1994	Academic Senate
1990 - 1993	Faculty Research Committee
1988 - 1991	Academic Health and Safety Committee

COLLEGE OF ALLIED HEALTH SCIENCES

1998 - 1999	CAHS Core Curriculum
1997 - Present	Faculty Affairs
1992 - 1996	Tenure Committee
1991	Reorganization Task Force
1989 - 1991	Library Committee
1987 - 1990	Recruitment/Retention Committee
1989	Open House Committee

DEPARTMENT OF NURSING

1994 - present	Curriculum Committee
1991 - 1994	Student Affairs Committee
1988 - 1994	Policies and Procedure Committee
1988 - 1991	Faculty Development Committee

PROFESSIONAL ACCOMPLISHMENTS/ENDEAVORS

1998 & 1999	Delegate to Michigan Nurses Association Convention
1992	Workshop Presentation: Health Care: The Nursing Process and Physical Assessment. Co.- presented at a three day workshop on the various aspects of assessment at Northern Michigan Community Mental Health, Gaylord, MI.
1992	Workshop Presentation: Health Care: The Nursing Process and Physical Assessment. Co.- presented at a three day workshop on the various aspects of assessment at the Mt. Pleasant Regional Center, Mt. Pleasant MI.

- 1992 **Nightingale Award for Nursing Education. Granted by the Oakland University.**

- 1992 & 1993 **HOSA (Health Occupation Student Association) Bowl judge.**

- 1991 **National Occupational Competency Testing Institute (NOCTI)
Collaborated in development of a two part examination evaluating both cognitive and psychomotor domains of learning and facilitating placement of Health Occupation students and Licensed Practical Nurses into nursing programs thus providing easier career mobility.**

- 1990 **“Hazards of Sun Tanning.” Ferris State University dormitory presentation.**

- 1989 **“The Changing You.” LeRoy Junior High School students presentation.**

PROFESSIONAL MEMBERSHIPS

- 1984 - Present **Member of American Nurses Association (ANA)**

- 1984 - Present **Member of Michigan Nurses Association (MNA)**

- 1980 - Present **Sigma Theta Tau - National Honor Society for Nurses**

COMMUNITY SERVICES

- 1999 **Mock Sentinal Event Team - Mecosta County General Hospital**

- 1991 - Present **Minister of the Eucharist - St. Philip Neri Catholic Church**

- 1997 **Volunteer for March for Mothers**

- 1994 - Present **Member of Social Committee - St Philip Neri Catholic Church**

- 1991 - 1992 **American Cancer Association Volunteer**

- 1990 - 1994 **Chair of Social Committee - St Philip Neri Church**

- 1990 - 1992 **Secretary/Treasure of Big Rapids University of Michigan Alumni**

- 1990 **Member of School Mill Change Advisory Committee**

- 1989 - 1990 **Reed City Boy Scouts - First Aid Presentation**

- 1988 - Present **Board Member of University of Michigan Alumni**

- 1984 - Present **American Red Cross Blood Bank Volunteer**

- 1984 - 1990 **Instruction of Christian Doctrine to Junior High students**

CONTINUING EDUCATION WORKSHOPS

- Oct 7 & 8, 1999 1999 Michigan Nurses Association Convention
Kalamazoo MI
Michigan Nurses Association
11.1 Contact Hours
- Sept. 7, 1999 Lotus Notes - Ferris State University
- April 8, 1999 Successful Aging
Traverse City MI
Med2000 Inc.
Bedford, TX
7 Contact Hours
- Jan 15, 1999 The Excitement of Cancer Nursing
Grand Rapids, Michigan
Greater Grand Rapids Chapter of the Oncology Nursing Society
- Oct. 1 - 2, 1998 1998 Michigan Nurses Association Convention
Lansing, Michigan
Michigan Nurses Association
9.2 Contact Hours
- Feb. 20 - 22, 1998 1998 Annual Convention - Michigan Pharmacists Association
Dearborn, Michigan
15 Contact Hours
- Jan. 20, 1998 Cancer Nursing
Grand Rapids, Michigan
Greater Grand Rapids Chapter of the Oncology Nursing Society
- Jan. 3 - 5, 1998 Nursing Education '98
Orlando, Florida
Allegheny University of Health Sciences
19.9 Contact Hours
- March, 1997 Health Professions Education Futures Conference
Ferris State University
Erica Mayer - Keynote Speaker
Institute for Alternative Futures
6 Contact Hours
- March, 1997 Critical Thinking Workshop: Assessment
Chicago, Illinois
The Foundation for Critical Thinking
10 Contact Hours
- February, 1997 1997 Annual Convention - Michigan Pharmacists Association
AIDS : Historical Update
Dearborn, Michigan
7 Contact Hours

September, 1996	<p>Immunization Ferris State University - Videoconference 2 Contact Hours</p>
May, 1996	<p>Critical Thinking Workshop : Foundation Orlando, Florida The Foundation for Critical Thinking 10 Contact Hours</p>
February, 1996	<p>1996 Annual Convention - Michigan Pharmacists Association Cancer Therapies Dearborn, Michigan 7 Contact hours</p>
November, 1995	<p>Teaching Strategies for Nursing Faculty Ysilanti, Michigan Eastern Michigan University 6 Contact Hours</p>
March, 1995	<p>Advances in Medical-Surgical Nursing Nashville, Tennessee Contemporary Forums 18 Contact Hours</p>
February, 1995	<p>Critical Thinking: Strategies for the Nursing Classroom Lansing, Michigan Michigan Council of Nursing Education Administrators 5 Contact Hours</p>
November, 1994	<p>SIS Computer Program Ferris State University - Academic Computing 3 Contact Hours</p>
May, 1994	<p>Pain Management Margo McCaffrey - Speaker Grand Rapids, Michigan 6 Contact Hours</p>
May, 1993	<p>Advanced Techniques for Medical-Surgical Nurse French Lick, Indiana American Health Care Institute 15 Contact Hours</p>
March, 1993	<p>Everything You Always Wanted to Know About Nursing Documentation Ann Arbor, Michigan American Health Care Institute 7.5 Contact Hours</p>
March, 1993	<p>HIV Infection: Latest Nursing Care Strategies & Techniques Romulus, Michigan American Health Care Institute 7.5 Contact Hours</p>

May, 1992	The Difficult Patient Melodie Chenevert - Speaker Detroit, Michigan 6 Contact Hours
April, 1992	Meeting the Challenge San Diego, California American Pharmasist Association 12 Contact Hours
October, 1991	The Community College - Nursing Home Partnership Ferris State University Triton College Continuing Education Center for Health Professionals 5 Contact Hours
June, 1991	Nursing Education 1991 The Conference for Nursing Faculty Boston, Massachusetts Medical College of Pennsylvania 18.6 Contact Hours
February, 1991	Dietary Concerns for Hospitalized Patients Michigan Pharmacists & Michigan Nurses Associations Dearborn, Michigan 12 Contact Hours
May, 1990	An Assertive Nurse Melodie Chenevert - Speaker Kalamazoo, Michigan 7 Contact Hours
May, 1990	Nursing Education 1990 The Conference for Nursing Faculty Washington, DC Medical College of Pennsylvania 19.2 Contact Hours
February, 1990	Pain Strategies and Management Michigan Pharmacists & Michigan Nurses Associations Dearborn, Michigan 12 Contact Hours
January, 1990	AIDS Ferris State University - Videoconference Gerholz Institute Lifelong Learning 2 Contact Hours

Curriculum Vitae

Jacqueline R. Wheeler-Stroud
51630 N. Fisher Lake Road
Three Rivers, MI 49093
Phone: 6161273/8262
Email: jackiwheeler@voyager.net

EDUCATION

- Postgraduate**
1992, Summer **Wayne State University.** Area of Interest: Transcultural Nursing. Course Work Completed: Transcultural Nursing: Concepts and Practices with Dr. M. Leininger; Anthropology: Magic, Science and Religion with Dr. K. Kamuyu
- MSN**
1979, December **Master of Science in Nursing, Wayne State University, Detroit, MI Major:** Adult Psychiatric Mental Health Nursing Advisor: Doris Slater-Stewart **Minor:** Nursing Education Advisor: Dr. Dorothy Reilly **Field Study:** "An Assessment of Sexual Knowledge and Attitudes of Nursing Students" Advisor: Ingvarda Hansen
- BS**
1975, May **Bachelor of Science in Education, Ferris State University, Big Rapids, MI**
Major: Allied Health Teacher Education
- Diploma
1965, July **Diploma in Nursing, Bronson Methodist Hospital School of Nursing, Kalamazoo, MI**

EMPLOYMENT

Associate Professor Nursing, Ferris State University, Big Rapids, Mi. As a member of 1984-Present the BSN planning committee designed and implemented an upper-division Baccalaureate in Nursing (BSN) program. Was responsible for the design and implementation of three of the ten initial BSN courses- Transition into Professional Nursing, Nursing Care of Groups and Seminar in Professional Nursing. NLN accreditation sought and received for the program, 1989. As a member of the Nursing Center Planning Committee designed and implemented the nurse managed Ferris Nursing Center. Represents the Nursing Department on various College and University Committees.

- 1997, Summer** Worked as an **Outreach nurse** to promote health, disease prevention screening and facilitate primary health care services in a culturally sensitive manner for **the migrant and seasonal farm workers** of Van Buren County in Southwest Michigan.
- 1995, Summer** Worked as a **project nurse/case manager** to promote the health and well-being of **seasonal and migrant Haitian and Hispanic farm workers** on the Delmarva Peninsula of the Eastern Shore of Virginia by providing and facilitating primary health care services and continuity of care in a culturally sensitive manner.
- 1990-1996** Worked as a **'per diem' staff nurse** in the Emergency Department and the general Medical/Surgical/Pediatric Unit at Mecosta County General Hospital, a 78-bed general hospital in rural, north central Michigan.
- 1980-1984** **First Level Coordinator, Administrative Position** of Associate Degree Nursing program, Ferris State University, Big Rapids, MI. Served as line supervisor for five faculty teaching in the LPN level of a two year, laddered LPN-RN nursing program.
- 1979-1981** **Private Practice**, Adult Psychiatric-Mental Health clients, part-time.
- 1971-1980** **Assistant Professor**, Ferris State University, Associate Degree Nursing Program, Big Rapids, MI. Taught Medical/Surgical nursing, Leadership, Assessment, Fundamentals and OB clinical.
- 1970-1971** **Charge Nurse** (part time), Mecosta County General Hospital, Big Rapids, MI. Worked part-time, and on-call in this rural hospital. (Med/Surg, ER, OB, Peds).
- 1968-1969** **Blood Donor Program**, Staff Nurse, American Red Cross, Lansing, Mi.
- 1966-1968** **Head Nurse, Neonatal Intensive Care Unit**, Bronson Methodist Hospital, planning this new unit. Was sent to Ohio State University for special training in Care of the Neonate and how to set up a Neonatal ICU.

1965-1966 **Charge Nurse**, 3-1 1, Children's Hospital of Michigan, Detroit Mi. Worked with children ages 2-12 with various disorders.

COURSES TAUGHT - BSN Program [Most recent time taught]

NUR 324 Transition into Professional Nursing
Didactic, [Fall, 1997, Jackson Outreach Site]

NURS 330-331 Health Assessment and Promotion, Fall, 1998
NURS 310 [New] Health Promotion, Fall, 2000, Flint Outreach

NURS 416 Family and Community Nursing, clinical only
Fall, 1999, Jackson outreach site

NURS 336 [New] Family and Group Nursing, developed didactic and clinical,
taught for the first time, Fall, 2000 Big Rapids

NURS 476 Nursing Leadership and Management, didactic and clinical,
Summer, 2000, Traverse City site

NURS 499 Seminar in Professional Nursing Didactic (Lead
Teacher) Winter, 1997, Muskegon Outreach Site

COURSES TAUGHT –ADN Program [Most recent time taught]

NURS 104 [New] Communication in Nursing, Clinical/Lab, Fall 2000

NURS 110 Technical Nursing Trends, Didactic, Fall, 1995

NURS III Basics in Technical Nursing Didactic/Clinical Summer,
1995

NURS 212 Pediatric Nursing, clinical, Winter 2000,

NURS 213 Psychiatric Nursing Clinical , Fall 1999 Pine Rest Hospital

COMMITTEES **Search Committees:** University President, 1983 & Nursing
Department Head, 1978 & 1990; **Strategic Planning
Committees:** University, 1990-1993, College of Allied
Health Sciences 1986-88; **Faculty Senate**, Senator, 1994-
96; **Curriculum Committees**, Senate University
Undergraduate 1987-89, Department of Nursing 1978-1994;
Senate Diversity Committee 1998-1999 **International
Education Committee:** 1990-93; **Study Abroad**

Committee: 1987-88; University Student Health Advisory Committee, 1985-88; Department of Nursing Research Committee 1986-88; NLN Accreditation Committee 1986-88 & 1995-97; College of Allied Health Recruitment and Retention Committee 1993-1997- Department of Nursing Policy and Procedure Committee, 1977-79, 1985-88 and 1997-present, Chair for 2000-0

PROFESSIONAL ORGANIZATIONS

American Nurses' Association, 1975-1996; 2000-present; Sigma Theta Tau, 1979-present; Professional Nurses for Advanced Practice (PRONAP) Charter Member, 1982-1986; National League for Nursing, 1980-1985, and 1994-1997; Advisor, Member, National Student Nurses' Association, 1986-88; (set up our first local chapter); 1994-1996 (reestablished local chapter) National Alliance for the Mentally Ill (NAMI) 1992-present. Therapy Dogs International (TDI) 7/00-present.

CONTINUING

Throughout my teaching career, I have been able to attend a wide variety of workshops, conferences and conventions. I have also been a presenter at workshops both on and off-campus. Given the rural area in which I have lived and worked, as well as decreased University Continuing Education budget, I have tried to carefully target my continuing education to areas of teaching responsibility and professional interest. At present, the focus of my continuing education activities is the **Mind-Body-Spirit Connection, Complementary Health Practices, Critical Thinking**, and use of animals in a therapeutic manner to promote health as well as issues related to **Diversity**. Fall, 1998, I attended the American Association of Colleges and Universities Diversity Conference along with the Faculty Senate Diversity Committee Team, which was funded by the Presidents Office. During the summer, 2000 I spent two days training myself and my dog to prepare for the **Therapy Dog International** exam so that I may volunteer time in my community at hospital and nursing homes.

During 1998-99, I have presented a series of six Continuing Education offerings titled **Physical Assessment for Nurses** sponsored by Glen Oaks Community College. This series was repeated twice. In 1999 I also presented a seminar titled- **Health Promotion and Empowerment** at Ferris State University.

OTHER SKILLS **Newsletter Editor - Department of Nursing, 1987-present** which is published each semester and distributed to all current nursing students, nursing faculty and nursing alumni. **Subscriber: Nursing Issues Discussion groups via the Internet; Second Language, Spanish.** In 1983, I established a goal to learn to speak Spanish. I have been formally and informally studying Spanish since that time. I have completed third year Spanish courses at Ferris and I try to maintain my language skill by using language partners, working in Migrant health and establishing other contact with Spanish speaking people.

In 1985, I received a **Study Abroad Grant through Ferris State** to study Spanish in Madrid, Spain for five weeks. In March 1987, I was hired by the International Programs at Ferris to accompany the Ferris Women's Volleyball team to Coatzacoalcos, Mexico to **assist them with translation** during an international tournament and series of workshops with school children in Mexico. Also, during the summer of 1987, I worked with eleven **Guatemalan nurses** sent to the Ferris campus by USAID. They attended some of my nursing classes and I acted as an interpreter/facilitator for cultural and professional interchange. In 1988, I worked with a **physician from Bogota, Columbia** as a language partner to help me to translate the Ferris Nursing Center physical assessment forms into Spanish.

I have worked closely with the International Program at Ferris as a resource person regarding health care programs and making physician referrals. I have made **home visits** for the foreign students to provide support and to assess health care needs/medical referrals. In February 1992, I visited the USAID subcontractor in **Guatemala**.

In the summer of 1992, I co- produced a **Physical Assessment Video Series** with one of my colleagues with a Timme Grant from Ferris State University. These videos were sold to students to use at home along with individualized modules to learn physical assessment skills. I have taught several classes using **distance learning techniques**, from our campus to other outreach sites in Michigan. I also piloted a **community based mental health** clinical nursing experience for our Associate Degree nursing students on- campus.

Most recently I have taken great interest and delight in learning more about Therapy Dogs. In order to train myself and my dog, I attended a special skills camp for dogs and handlers. A part of that training was to prepare to pass the Canine Good Citizen test and **the Therapy Dog International Examination**. During this exam a mock Alzheimers unit was set up and the handler and dog had to be stable and steady and friendly during very loud, unusual and chaotic conditions. I plan to use our training as a canine/human team and my psychiatric nursing background to volunteer at local agencies to promote health among various populations.

MARGUERITE ELIZABETH FILER WOLFRAM RN,MSN
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BIG RAPIDS, MICHIGAN 49307
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wolframm@ferris.edu

EDUCATION

Diploma in Nursing 1960	Henry Ford Hospital School of Nursing Detroit, MI 48202
Bachelor of Science 1978	Ferris State College, Big Rapids, MI 49307 Major: Allied Health Teacher Education
Master of Science in Nursing 1984	Wayne State University, Detroit, MI 48202 Major: Advanced Medical-Surgical Nursing Minor: Education

EDUCATIONAL EMPLOYMENT

6/77 - 8/79	Ferris State College, Big Rapids, MI 49307 Technical Instructor
1/80 - Present	Ferris State University
10/80 - 9/81	Teaching Assistant
9/81 - 6/85	Technical Instructor
6/85 - 6/89	Assistant Professor
6/89 - Present	Associate Professor

PRACTITIONER EMPLOYMENT

9/60 - 1/62	Oakwood Hospital, Dearborn, MI 48121 Staff Nurse: Surgical Unit
1/62 - 6/62	United States Air Force
1/62 - 6/64	Lackland AFB, Texas: EENT/Oral Surgery Unit
6/64 - 1/66	Ankara, Turkey: Obstetrics
1/66 - 1/68	Andrews AFB, Maryland: Pediatrics
1/68 - 6/70	Yokota AFB, Japan: Flight Nurse
6/70 - 10/70	Travis AFB, California: Special Care Nursery

1/71 - 6/71	Garden City Osteopathic Hospital, MI 48135 Charge Nurse (nights): Surgical Unit
9/71 - 6/77	Kelsey Memorial Hospital, Lakeview, MI 48850
9/71 - 4/72	Evening Supervisor
4/72 - 9/74	Night Supervisor
6/75 - 3/76	Utilization Review Coordinator (part-time)
6/76 - 6/77	Patient Care Coordinator: Med-Surg Units
4/80 - 10/80	Manatee Memorial Hospital, Bradenton, FL Total Patient Care: Progressive Intensive Care
Summer 1985	Kelsey Memorial Hospital, Lakeview, MI 48850 Staff Nurse (part-time)
Summer 1988	Altercare Nursing Home, Big Rapids, MI 49307 Staff Nurse (per diem)
6/88 - 12/97	Mecosta County General Hospital, Big Rapids Staff Nurse (per diem)

PRESENTATIONS

Summer 1990	Co-presented two 20 hour workshops on the Nursing Process and Physical Assessment in Mt. Pleasant, MI
Summer 1992	Co-presented two 20 hour workshops on the Nursing Process and Physical Assessment. One in Mt. Pleasant and one in Gaylord, MI
3/27/94	Presented a paper on "Integrating Nursing Diagnosis in Nursing Education" at the 11th NANDA Conference for the Classification of Nursing Diagnosis - Advancing Professional Practice with Nursing Diagnosis in Nashville, TN
7/15/98	Presented Carpenito's Bifocal Clinical Model to the Nursing Policy Review Committee at Mecosta General Hospital in Big Rapids, Michigan

PROFESSIONAL OFFICES AND MEMBERSHIP

Member of Michigan Nurses Association
Board Member of Michigan Nursing Diagnosis Association (MINDA)
Nominating Chair: 1994 - 96
Program Chair: 1996 - 98

COMMUNITY ACTIVITIES AND MEMBERSHIP

1989 - present Serve as Red Cross Blood Services Volunteer

March 1991 Served as a consultant to Memorial Medical Center in
Ludington to assist in determination of compliance with
the Nursing Process Joint Commission Standards.

4/3/92 Served as judge at the 12th Annual State HOSA Conference

3/26/93 Served as judge at the 13th Annual State HOSA Conference

1996 - present Member of Policy and Procedure Committee for Mecosta
County General Hospital

AWARDS AND HONORS

8/70 Air Force Commendation Medal

1975 - 76 Who's Who Among Students in American Colleges and
Universities

1984 Sigma Theta Tau,
National Honor Society for Nurses

1985 Who's Who in American Nursing

APPENDIX B

Programs of Nursing Philosophy

Programs of Nursing Mission Statement

FERRIS STATE UNIVERSITY DEPARTMENT OF NURSING

PHILOSOPHY

The faculty believes that each **client** is a highly complex, unified whole in continuous interaction with an ever-changing environment. Each client is worthy of appropriate nursing care and has rights and privileges that must be respected including the right to make decisions regarding health care.

The faculty considers **health** to be a “dynamic state of being in which the developmental and behavioral potential of an individual is realized to the fullest extent possible” (ANA Social Policy Statement, 1980, p.5).

The faculty views **society** as the context within which the client must function and within which nursing occurs. Society is composed of multiple subsystems designed to provide for basic human needs of protection, education, and enculturation. The basic unit of this social structure is the family. Families and individuals form groups and communities based on commonalities which are translated into group norms. Understanding and recognizing diverse societal norms and characteristics serve as a basis for health care intervention.

The faculty believes that **nursing** is a unique, dynamic interpersonal endeavor committed to assist clients, families, groups, and communities in maintaining and promoting health, preventing illness, and maximizing potential. The goal of nursing is to facilitate client movement toward optimal wellbeing throughout the life cycle through the application of the nursing process. Nurses make judgments and use skills based on behavioral, scientific and nursing theories. Nurses accept the legal, ethical, and social standards of their profession and are accountable to the client, the nursing profession and society.

The faculty believes that the **technical nurse** provides direct nursing care of clients with an apparent or impending health need precipitating common patient problems. This nurse employs critical thinking and the nursing process to guide the provision of care for individuals under the direction of a professional nurse or physician, supervises other workers in technical aspects of nursing care, and coordinates functions with other health services and personnel for the provision of quality health care.

The faculty believes that the **professional nurse** must possess critical thinking skills, communication skills, and therapeutic nursing practice skills to provide effective nursing care in a variety of settings. This nurse is prepared as a generalist at the baccalaureate level in nursing and guides the provision of individualized, comprehensive nursing care for clients, families, groups, and communities at any point on the health-illness and developmental continua.

The faculty believes that **learning** is an internal, self-directed, life-long process resulting in behavioral change. Individuals learn in a variety of ways, building on previous knowledge and skill. Faculty has a responsibility to design, implement, and evaluate learning experiences. Critical thinking and problem solving stimulate and facilitate changes in behavior resulting in students' and graduates' fulfillment of their ethical, legal, and societal nursing responsibilities. The faculty assists the learners to develop increasing responsibility for their own learning.

The faculty believes that educational experiences designed to promote **professional behaviors** include professional development and service, which are considered to be intrinsic elements of nursing. It is further believed that these behaviors are learned through guided experiences and through modeling of behaviors by faculty. Toward this end, all faculty have the individual responsibility for ongoing faculty development through participation in scholarly activity as well as maintaining currency as a professional role model, competency in teaching, service to the community and curriculum development.

The faculty believes that an **evaluation plan** is required to assure quality of the educational program. This evaluation plan must be developed in collaboration with the University evaluation plan and include the regular collection of data, the thoughtful assessment of that data, and the use of the data in on-going program planning and improvement.

Revised: 5/99

**FERRIS STATE UNIVERSITY
DEPARTMENT OF NURSING**

MISSION:

The Nursing Education programs will use innovative strategies to help students learn the values, knowledge and behaviors of the nursing profession.

PURPOSES:

1. Offer quality programs.
2. Promote professional ethics and standards.
3. Promote professional currency in nursing and education through the use of technology and faculty development.
4. Seek opportunities in recruitment and development to enhance diversity of students and faculty.
5. Offer new credit and non-credit program for nurses and others interested in health.

Revised: 5/99

APPENDIX C

Comparison of Mission and Goals of ADN Program with Those of the University

Comparison of Mission and Goals of Program and Governing Organization

Ferris State University

FSU must strategically grow to survive in the 21st century

FSU must improve its position in higher education with more nationally recognized programs of study.

Academic Affairs

Recruit, retain, and serve the individual educational needs of a diverse student population

Increase publicity about faculty, student, and alumni accomplishments... and participation in professional organizations.

College of Allied Health Sciences

Collaboration with communities of interest will result in programs that are congruent with the needs of the industry.

The College will be responsive to the needs of a diverse student body.

Collaboration with communities of interest will result in programs that are congruent with the needs of the industry.

Department of Nursing

The DON will seek improved marketing, and recruitment strategies and seek to attract academically well qualified students while continuing to enhance retention practices.

The DON will become nationally recognized for preparing competent graduates for entry level positions in technical or professional nursing.

Ferris State University

FSU must attract more resources to grow strategically.

FSU must improve the quality of its services in order to grow and attract new students.

FSU must improve and enhance its physical and technical infrastructure for students, faculty, staff, and community.

Academic Affairs

Increase grants submitted, increase productivity, and improve management of released time and faculty stipends, and increase base budget support for faculty/staff development.

Improve the process and the use of findings from Student Outcomes Assessment and General Education Assessment.

Strengthen technology capacity and information resources to support academic activities.

College of Allied Health Sciences

The result of assessment activities will be utilized in the program, department, and college planning processes.

The College will be responsive to the needs of a diverse student body.

Support services will be provided to enhance advising and the teaching/learning process.

Department of Nursing

The DON will diversify resource base to include additional sources of income....

The DON will improve processes to enhance customer service.

Enhance the use of technology in program delivery through faculty development and technological advancement.

APPENDIX D

ADN Graduate Survey Form

FERRIS STATE UNIVERSITY
DEPARTMENT OF NURSING

Graduate Survey: Associate Degree

Purpose:

In order to continually evaluate the total nursing program, we are requesting your assistance in evaluating your educational program and your adaptation to the role of a graduate nurse. The information you provide will be kept confidential and used only for program evaluation. Please place your answers on the enclosed scan sheet using a #2 pencil. Any open-ended (essay) questions please place on this form. Please complete and return both the survey and answer sheet in the addressed envelope at your earliest convenience.

Employment Status:

1. Employment Status
 1. Full time
 2. Part time
 3. Not at all

2. Current Site of employment, if employed.
 1. Acute Care Setting
 2. Community Agency
 3. Extended Care Facility
 4. Physician's Office
 5. Other

3. Usual Shift Worked
 1. Day
 2. Night
 3. Afternoon

4. Schedule format
 1. 8 hour shifts
 2. 10 hour shifts
 3. 12 hour shifts
 4. all weekends
 5. other

- 5.-7. If in a specialty, please indicate in which area.
 5.
 1. Community Health
 2. ICU/CCU
 3. Geriatrics
 4. Medical/Surgical
 5. Mental Health

 6.
 1. Ob/GYN
 2. Pediatrics
 3. Emergency/Trauma
 4. Operating/Recovery Room
 5. Inservice/Patient Education

27. The student grievance procedure is available, clear and adequate.

TEACHING PRACTICES:

28. The nursing faculty presentation of theoretical content.

29. The nursing faculty clinical competency.

30. The adequacy of nursing faculty to answer questions related to course content.

31. Faculty sensitivity to individual learning needs/problems.

COMMUNICATIONS:

32. Communication between you and the nursing department.

33. Communication between you and your advisor.

LOGISTICS:

34. The availability of journals/books in the libraries (hospitals, college).

35. The availability of audio-visual material and equipment.

36. Accessibility and usefulness of computer lab.

SECTION IV

37. If employed, while I was a student, I worked:

1. in health care

2. other than health care

38. I passed the licensure exam the first time.

1. yes

2. no

39. If no, I have since passed.

1. yes

2. no

40. I prepared for the licensure exam (NCLEX-RN) by:

1. Using the Department of Nursing computerized NCLEX-RN review program.

2. Using a self-study program

3. Taking Mosby Assesstest

4. Review course

5. Other

Next 7 items are optional:

41. Age

1. 20-25

2. 26-30

3. 31-40

4. 41-50

5. 51+

42. Sex

1. Male

2. Female

Dear ADN Graduate:

It has not been long since your graduation from the ADN program and it must seem great not to have that regular commitment and home work.

As a Ferris State University Nursing Department graduate you are very familiar with the evaluation process necessary to maintain a quality program. We would appreciate your assistance once again to help maintain the vitality of the ADN program and enhance the program offerings.

The enclosed evaluation asks for a variety of information. The form is designed to permit you to complete it rather quickly and we would sincerely appreciate your taking time to assist us in assessing our program.

A return envelope has been provided for your convenience.

Sincerely,



Sally K. Johnson, EdD, RN
Department Head for Nursing

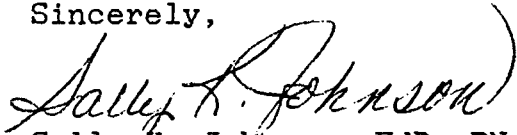
Enclosures

Dear Graduate:

We are forwarding a second request for you to complete the attached evaluation. The contents of the evaluation will be extremely important in our planning. Your identity will remain confidential.

Thank you for your prompt response and if you have already completed the graduate survey please disregard this reminder.

Sincerely,



Sally K. Johnson, EdD, RN
Head, Department of Nursing

Enclosure: Graduate Survey Form
Postage Free Envelope

APPENDIX E

ADN Employer Survey Form

FERRIS STATE UNIVERSITY
COLLEGE OF ALLIED HEALTH SCIENCES
DEPARTMENT OF NURSING

EMPLOYER SURVEY OF GRADUATE NURSE
ASSOCIATE DEGREE

Purpose:

The graduate survey is one mechanism to obtain information about the Associate Degree graduates of the Ferris State University Department of Nursing. The observations you make regarding the graduate's adaptation, nursing skills, and knowledge is valuable in our ongoing program evaluation process.

Your responses will be confidential. A signed release of information was obtained from the graduate identified in the letter and a copy is attached. A return envelope is enclosed for your convenience. Please use the scan sheet that has been provided for you, a number 2 pencil, and on open ended questions write on this form.

1-2. Salary:

1. Hourly

1. \$10-11
2. \$11.01-13
3. \$13.01-15
4. \$15.01-17
5. \$17.01 and above

2. Annually

1. \$20,800
2. \$20,820 - 24,960
3. \$24,961 - 29,120
4. \$29,121 - 33,280
5. \$33,281 and above

3. Employment Status

1. Full-time
2. Part-time

4. Usual shift worked:

1. Day
2. Afternoon
3. Night

5. Schedule format

1. 8 hour shifts
2. 10 hour shifts
3. 12 hour shifts
4. All weekends
5. Other

6. Orientation program

1. None
2. 1-6 days
3. 1-3 weeks
4. 4-6 weeks
5. 7+ weeks

7. The graduate has been employed in your agency as an RN for a total of:

1. under 6 months
2. 6-11 months
3. 1-2 years
4. 3-5 years
5. Over 5 years

Instructions: 8-21

Compare the skills, knowledge, and ability of this graduate to all other associate degree nursing graduates you have known and/or supervised with comparable experience.

1=Better

2=Same

3=Less

8. Contributes to assessments of a client's needs.
9. Records a plan of nursing care.
10. Implements nursing care safely.
11. Evaluates plan of care according to written criteria.
12. Administers medication (oral, I.M., I.V.) according to agency policy.
13. Utilizes patient care equipment safely and appropriately.
14. Reports changes in client's condition appropriately.
15. Provides comprehensive, direct nursing care of persons with well-defined health care problems.
16. Responds appropriately in a medical emergency.
17. Demonstrates warmth, empathy, and genuineness towards patients and their families.
18. Problem solves nursing problems appropriately with the patient and other health team members.
19. Attends staff development programs.
20. Follows agency procedure and policy manuals for nursing procedures.
21. Utilizes opportunities to teach patients and their families self-care concepts.

22. Overall, how would you rate this graduate in comparison with others you have known and/or supervised?

1=Very Low

2=Low

3=Average

4=High

5=Very High

23. Would you like this graduate to care for you or your family?
 1. No
 2. Don't know
 3. Yes

24. Please explain the graduate's usual responsibilities:

25. Please add anything you would like us to know about the educational preparation of FSU Nurses or the direction of health care in your facility that should/will impact nursing education.

Thank you. Please return both the scan sheet and this form in the enclosed envelope.

7/95.
b:employer

APPENDIX F

Student Perceptions of the ADN Program Survey Form

CRITERIA TO BE EVALUATED FOR ADN	1	2	3	4	5	6	COMMENTS
5. Clinical experience in the ADN program is:							
* Readily available at convenient locations.							
* Coordinated with classroom instruction.							
* Coordinated with instructor supervision.							
6. Career planning information:							
* Meets your needs and interests.							
* Helps you plan your program.							
* Helps you make career decisions or choices.							
* Helps you understand your rights and responsibilities as a member of the profession of nursing.							
* Helps you evaluate your job opportunities in relation to salary, benefits and conditions of employment.							
* Is provided by knowledgeable, interested staff.							
* Explains nontraditional discipline opportunities for both genders.							
7. Job success information on former students in the ADN program:							
* Is provided to help you make career decisions.							
* Indicates how many job opportunities there are in your discipline.							
* Identifies where these job opportunities are located.							
* Tells about job advancement opportunities.							
8. Placement services are available to:							
* Help you find employment opportunities.							
* Prepare to you to apply for a job.							
9. Nursing Instructors:							
* Know the subject matter and technical nursing guidelines.							

CRITERIA TO BE EVALUATED FOR ADN	1	2	3	4	5	6	COMMENTS
* Are available to provide help when you need it.							
* Provide instruction so it is interesting and understandable.							
10. Instructional support services (such as Tutoring, lab assistance) are:							
* Available to meet your needs and interest.							
* Provided by knowledgeable interested staff.							
11. Instructional lectures and laboratory facilities:							
* Provide adequate lighting, ventilation, heating, power and other utilities.							
* Include enough space for the number of students enrolled.							
* Are safe, functional and well maintained.							
* Are available on an equal basis for all students.							
12. Instructional equipment is:							
* Current and representative of the industry.							
* In sufficient quantity to avoid long delays in use.							
* Safe and in good condition.							
13. Instructional materials (e.g., textbooks, Reference books, supplies) are:							
* Available and conveniently located for use as needed.							
* Current and meaningful to the subject.							
* Not biased toward any traditional gender roles.							
* Available at reasonable cost.							

Please answer the following questions (continued on next page):

APPENDIX G

Faculty Perceptions of the ADN Program Survey Form

CRITERIA TO BE EVALUATED FOR THE ADN PROGRAM	1	2	3	4	5	6	COMMENTS
<p>5. Use of Competency Based Performance Objectives <i>Excellent</i> - Competency based performance objectives are distributed to students and used to assess student progress. <i>Poor</i> - Competency based performance objectives have not been developed for courses in this program.</p>							
<p>6. Use of Information on Labor market Needs <i>Excellent</i> - Current data on labor market needs and emerging trends in job openings are systematically used in developing and evaluating this program. <i>Poor</i> - Labor market data is not used in planning or evaluation.</p>							
<p>7. Use of Information of Job Performance Requirements <i>Excellent</i> - Current data on job performance requirements and trends are systematically used in developing and evaluating this program and content of its courses. <i>Poor</i> - Job performance requirements information has not been collected for use in planning and evaluating.</p>							
<p>8. Use of Profession / Industry Standards <i>Excellent</i> - Profession / industry standards (such as licensing, certification, accreditation) are consistently used in planning and evaluating this program and content of its courses. <i>Poor</i> - Little or no recognition is given to specific profession/industry standards in planning and evaluating this program.</p>							
<p>9. Use of Student Follow-up Information <i>Excellent</i> - Current follow-up data on completers and leavers (students with marketable skills) are consistently and systematically used in this program. <i>Poor</i> - Student follow-up information has not been collected for use in evaluating this program.</p>							
<p>PROCESSES</p> <p>10. Adaptation of Instruction <i>Excellent</i> - Instruction in all courses required in this program recognizes and responds to individual student interests, learning styles, skills and abilities through a variety of instructional methods (such as small group or individualized instruction, laboratory or "hands on" experiences, open entry/open exit, credit by examination). <i>Poor</i> - Instructional approaches in this program do not consider individual student differences.</p>							

CRITERIA TO BE EVALUATED FOR THE ADN PROGRAM	1	2	3	4	5	6	COMMENTS
<p>11. Relevance of Support Courses <i>Excellent</i> - Applicable supportive courses (such as sciences, communication, humanities, etc.) are closely coordinated with this program and are kept relevant to program goals and current to the needs of the students. <i>Poor</i> - Supportive course content reflects no planned approach to meeting needs of students in this program.</p>							
<p>12. Coordination with Other Community Agencies and Educational Programs <i>Excellent</i> - Effective liaison is maintained with other programs and educational agencies and institutions (such community colleges , universities) to assure a coordinated approach and to avoid duplication of meeting educational needs in the area or community. <i>Poor</i> - College activities reflect a disinterest in coordination with other programs and agencies having impact on this program.</p>							
<p>13. Provision for Clinical Experience. <i>Excellent</i> - Ample opportunities are provided for related work experiences in the form of clinical experiences for students in this program. Student participation is well coordinated with classroom instruction and clinical supervision. <i>Poor</i> - Few opportunities are provided in this program for related work experiences in the form of clinical experiences where such participation is feasible.</p>							
<p>14. Program Availability and Accessibility <i>Excellent</i> - Students and potential students desiring enrollment in this program are identified through recruitment activities, treated equally in enrollment selection, and not discouraged by unrealistic prerequisites. The program is readily available and accessible at convenient times and locations. <i>Poor</i> - This program is not available or accessible to most students seeking enrollment. Discriminatory selection procedures are practiced.</p>							
<p>15. Provision for the Disadvantaged <i>Excellent</i> - Support services are provided for disadvantaged (such as socioeconomic, cultural, linguistic, academic) students enrolled in this program. Services are coordinated with program instruction and results are assessed continuously. <i>Poor</i> - No support services are provided for disadvantaged students enrolled in this program.</p>							

CRITERIA TO BE EVALUATED FOR THE ADN PROGRAM	1	2	3	4	5	6	COMMENTS
<p>16. Provision for the Handicapped <i>Excellent</i> - Support services are provided for handicapped (physical, mental, emotional, and other health impairing handicaps) students enrolled in this program. Facilities and equipment adaptations are made as needed. Services and facilities modifications are coordinated with instruction and results are assessed continuously. <i>Poor</i> - No support services or facilities and equipment modifications are available for handicapped students enrolled in this program.</p>							
<p>17. Efforts to Achieve Gender Equity <i>Excellent</i> - Emphasis is given to eliminating gender bias and gender stereotyping in this program: staffing, student recruitment, program advisement, and career counseling; access to and acceptance in programs; selection of curricular materials; instruction; job development and placement. <i>Poor</i> - Almost no attention is directed toward achieving gender equity in this program.</p>							
<p>18. Provision for Program Advisement <i>Excellent</i> - Instructors or other qualified personnel advise students (day, evening, weekend) on program and course selection. Registration procedures facilitate course selection and sequencing. <i>Poor</i> - Instructors make no provision for advising students on course and program selection.</p>							
<p>19. Provision for Career Planning and Guidance <i>Excellent</i> - Day, evening and weekend students in this program have ready access to career planning and guidance services. <i>Poor</i> - Little or no provision is made for career planning and guidance services for students enrolled in this program.</p>							
<p>20. Adequacy of Career Planning and Guidance <i>Excellent</i> - Instructors or other qualified personnel providing career planning and guidance services have current and relevant professional nursing knowledge and use a variety of resources (such as printed materials, audiovisuals, job observation) to meet individual student career objectives. <i>Poor</i> - Career planning and guidance services are ineffective and staffed with personnel who have little professional nursing knowledge.</p>							

CRITERIA TO BE EVALUATED FOR THE ADN PROGRAM	1	2	3	4	5	6	COMMENTS
<p>21. Provision for Employability Information <i>Excellent</i> - This program includes information which is valuable to students as employees (on such topics as employment opportunities and future potential, starting salary, benefits, responsibilities and rights). <i>Poor</i> - Almost no emphasis is placed on providing information important to students as employees.</p>							
<p>22. Placement Effectiveness for Students in this Program <i>Excellent</i> - The College has an effectively functioning system for locating jobs and coordinating placement for students in this program. <i>Poor</i> - The College has no system or an ineffective system for locating jobs and coordinating placement for students enrolled in this program.</p>							
<p>23. Student Follow-up System <i>Excellent</i> - Success and failure of program leavers and completers are assessed through periodic follow-up studies. Information learned is made available to instructors, students, advisory committee members and others concerned (such as counselors) and is used to modify this program. <i>Poor</i> - No effort is made to follow up former students of this program.</p>							
<p>24. Promotion of the ADN Program <i>Excellent</i> - An active and organized effort is made to inform the public and its representatives (such as news media, legislators, board, professional community) of the importance of providing effective and comprehensive professional education and specific training for this profession to gain community support.</p>							
<p>RESOURCES 25. Provision for Leadership and Coordination <i>Excellent</i> - Responsibility, authority, and accountability for this program are clearly identified and assigned. Administrative effectiveness is achieved in planning, managing and evaluating this program. <i>Poor</i> - There is no clearly defined lines of responsibility, authority and accountability for this program.</p>							
<p>26. Qualifications of Administrators <i>Excellent</i> - All persons responsible for directing and coordinating this program demonstrate a high level of administrative ability. They are knowledgeable in and committed to nursing education. <i>Poor</i> - Persons responsible for directing and coordinating this program have little administrative training, education and experience.</p>							

CRITERIA TO BE EVALUATED FOR THE ADN PROGRAM	1	2	3	4	5	6	COMMENTS
<p>27. Instructional Staffing <u>Excellent</u> – Instructional staffing for this program is sufficient to permit optimum program effectiveness (such as through enabling instructors to meet individual student needs, providing liaison with advisory committees and assisting with placement and follow-up activities). <u>Poor</u> - Staffing is inadequate to meet the needs of this program effectively.</p>							
<p>28. Qualifications of Instructional Staff <u>Excellent</u> – Instructors in this program have two or more years in relevant employment experience, have kept current in their field, and have developed and maintained a high level of teaching competence. <u>Poor</u> - Few instructors in this program have relevant employment experience or current competencies in their field.</p>							
<p>29. Professional Development Opportunities <u>Excellent</u> - The college encourages and supports the continuing professional development of faculty through such opportunities as conference attendance, curriculum development, work experience. <u>Poor</u> - The college does not encourage or support professional development of faculty.</p>							
<p>30. Use of Instructional Support Staff <u>Excellent</u> – Paraprofessionals (such as aides, laboratory assistants) are used when appropriate to provide classroom help to students and to ensure maximum effectiveness of instructors in the program. <u>Poor</u> - Little use is made of instructional support staff in this program.</p>							
<p>31. Use of Clerical Support Staff <u>Excellent</u> - Office and clerical assistance is available to instructors in this program and used to ensure maxim effectiveness of instructors. <u>Poor</u> - Little or no office and clerical assistance is available to instructors, ineffective use is made of clerical support staff.</p>							
<p>32. Adequacy and Availability of Instructional Equipment <u>Excellent</u> – Equipment used on or off campus for this program is current, representative of that used on jobs for which students are being trained, and in sufficient supply to meet the needs of students. <u>Poor</u> - Equipment for this program is outmoded and in insufficient quantity to support quality instruction.</p>							

CRITERIA TO BE EVALUATED FOR THE ADN PROGRAM	1	2	3	4	5	6	COMMENTS
<p>33. Maintenance and Safety of Instructional Equipment <u>Excellent</u> – Equipment used for this program is operational, safe, and well maintained. <u>Poor</u> - Equipment used for this program is often not operable and is unsafe.</p>							
<p>34. Adequacy of Instructional Facilities <u>Excellent</u> - Instructional facilities (excluding equipment) meet the program objectives and student needs, are functional and provide maximum flexibility and safe working conditions. <u>Poor</u> - Facilities for this program are generally restrictive, dysfunctional or overcrowded.</p>							
<p>35. Scheduling of Instructional Facilities <u>Excellent</u> - Scheduling of facilities and equipment for this program is planned to maximize use and be consistent with quality instruction. <u>Poor</u> - Facilities and equipment for this program are significantly under- or over-scheduled.</p>							
<p>36. Adequacy and Availability of Instructional Materials and Supplies <u>Excellent</u> - Instructional materials and supplies are readily available and in sufficient quantity to support quality instruction. <u>Poor</u> - Materials and supplies in this program are limited in amount, generally outdated, and lack relevance to program and student needs.</p>							
<p>37. Adequacy and Availability of Learning Resources <u>Excellent</u> - Learning resources for this program are available and accessible to students, current and relevant to the occupation, and selected to avoid gender bias and stereotyping. <u>Poor</u> - Learning resources for this program are outdated, limited in quantity and lack relevance to the discipline.</p>							
<p>38. Use of Advisory Committees <u>Excellent</u> - The advisory committee for this program is active and representative of the discipline. <u>Poor</u> - The advisory committee for this program is not representative of the discipline and rarely meets.</p>							
<p>39. Provisions in Current Operating Budget <u>Excellent</u> - Adequate funds are allocated in the college operating budget to support achievement of approved program objectives. Allocations are planned to consider instructor budget input. <u>Poor</u> - Funds provided are seriously inadequate in relation to approved objectives for this program.</p>							

APPENDIX H

Programs of Nursing Advisory Committee Members

Firstnam	Lname	Credentials	Title
Karen	Calkins		Assistant VP Nursing
Netty	Cove		Chief Clinical Officer
Susan	Day		
Sandy	Everitt		
Pam	Forbes		Director
Joan	Jennett		Director Personal Health S
Sally	Johnson		Department Head for Nursi
Jackie	Keehne-Mir		
Sharon	Mumah		Director of Nursing
Katie	Orent		
Gene	Phillippi		Director of Operations
Marilyn	Schmidt		Director, Nursing Program
Nancy	Schulte		Director of Nursing
Colleen	Smith		Director of Clinical Practic
Phyllis	Sullivan		
Sandra	Walls		Director of Nursing
Dana	Wolfe		Patient Care Coordinator

APPENDIX I

Advisory Committee Perceptions of the ADN Program Survey Form

Ferris State University
Academic Program Review - ADN Program
Advisory Committee Perceptions of the ADN Program

INSTRUCTIONS: Please rate each item using the following guide:

- 1 = *POOR* is seriously inadequate, bottom 5 to 10%
- 2 = *BELOW EXPECTATIONS* is only fair, bottom one-third
- 3 = *ACCEPTABLE* is average, the middle-third
- 4 = *GOOD* is a strong rating, top one-third
- 5 = *EXCELLENT* means nearly ideal, top 5 to 10 %
- 6 = *DON'T KNOW* means you lack sufficient knowledge to evaluate

COMMENTS: Please note explanatory remarks (such as examples, "Not Applicable" to this program, etc.) or needs for improvement.

CRITERIA TO BE EVALUATED FOR ADN	1	2	3	4	5	6
1. Instructional ADN program content and quality are: * Based on performance objectives that represent job skills and knowledge required for successful entry level employment.						
* Designed to provide students with practical job application and experience.						
• Responsive to upgrading and retraining needs of employed persons.						
* Periodically reviewed and revised to keep current with changing job practices and technology.						
2. Instructional equipment is: * Well maintained.						
* Current and representative of that used on the job.						
3. Instructional facilities: * Provide adequate lighting, ventilation, heating, power and other utilities.						
* Allocate sufficient space to support quality instruction.						
* Meet essential health and safety						

CRITERIA TO BE EVALUATED FOR ADN	1	2	3	4	5	6
standards.						
4. Placement: * Services are available to students completing the program.						
* Job opportunities exist for students completing the ADN program.						
5. Follow-up studies on ADN program completers : * Demonstrate that students are prepared for entry level employment.						
* Collect information on job success and failure of former students.						
* Provide information used to review and where warranted, revise the program.						

Please answer the following questions (continued on next page):

1. **What is your professional role or perspective as a member of the Nursing Programs Advisory Committee at Ferris? Please circle all that apply.**
 - A. FSU Nursing Program Alumnus. Specify: ADN, BSN or Both
 - B. Nursing Role in Acute Care. Specify: _____
 - C. Nursing Role in Community Setting. Specify: _____
 - D. Adjunct Faculty Member in (circle one) ADN or BSN Programs.
 - E. Current Nursing Student in either the ADN or BSN program (please circle one)
 - F. Other: _____

2. **How many total years of service do you have in the discipline of nursing?**

3. **How long have you served on the Department of Nursing Advisory Committee at Ferris State University?**

4. **Have you had the opportunity to evaluate graduates of the ADN program at Ferris? If so, in what capacity?**

5. What are the major strengths of the ADN program from your professional perspective?

6. What are the major needs for improvement in the ADN program from your professional perspective?

7. Do you have additional comments or suggestions for the ADN program or for utilization of the advisory committee?

APPENDIX J

Labor Market Analysis Documentation

ational activities. Recreational therapists generally work a 40-hour week that may include some evenings, weekends, and holidays.

Employment

Recreational therapists held about 39,000 jobs in 1998. About 38 percent of salaried jobs for therapists were in hospitals, and 26 percent were in nursing and personal care facilities. Others worked in residential facilities, community mental health centers, adult day care programs, correctional facilities, community programs for people with disabilities, and substance abuse centers. About 1 out of 3 therapists was self-employed, generally contracting with long-term care facilities or community agencies to develop and oversee programs.

Training, Other Qualifications, and Advancement

A bachelor's degree in therapeutic recreation, or in recreation with a concentration in therapeutic recreation, is the usual requirement for entry-level positions. Persons may qualify for paraprofessional positions with an associate degree in therapeutic recreation or a health care related field. An associate degree in recreational therapy; training in art, drama, or music therapy; or qualifying work experience may be sufficient for activity director positions in nursing homes.

Most employers prefer to hire candidates who are certified therapeutic recreation specialists (CTRS). The National Council for Therapeutic Recreation Certification (NCTRC) certifies therapeutic recreation specialists. To become certified, specialists must have a bachelor's degree, pass a written certification examination, and complete an internship of at least 360 hours, under the supervision of a certified therapeutic recreation specialist. A few colleges or agencies may require 600 hours of internship.

There are approximately 150 programs that prepare recreational therapists. Most offer bachelors degrees, although some offer associate, master's, or doctoral degrees. As of 1998, there were 43 recreation programs with options in therapeutic recreation accredited by the National Council on Accreditation.

Recreational therapy programs include courses in assessment, treatment and program planning, intervention design, and evaluation. Students also study human anatomy, physiology, abnormal psychology, medical and psychiatric terminology, characteristics of illnesses and disabilities, professional ethics, and the use of assistive devices and technology.

Recreational therapists should be comfortable working with persons who are ill or have disabilities. Therapists must be patient, tactful, and persuasive when working with people who have a variety of special needs. Ingenuity, a sense of humor, and imagination are needed to adapt activities to individual needs; and good physical coordination is necessary to demonstrate or participate in recreational activities.

Therapists may advance to supervisory or administrative positions. Some teach, conduct research, or perform contract consulting work.

Job Outlook

Employment of recreational therapists is expected to grow as fast as the average for all occupations through the year 2008, because of anticipated expansion in long-term care, physical and psychiatric rehabilitation, and services for people with disabilities. However, the total number of job openings will be relatively low, because the occupation is small. Opportunities should be best for persons with a bachelor's degree in therapeutic recreation or in recreation with an option in therapeutic recreation.

Health care facilities will provide a growing number of jobs in hospital-based adult day care and outpatient programs and in units offering short-term mental health and alcohol or drug abuse

and psychiatric facilities will provide additional jobs.

The rapidly growing number of older adults is expected to spur job growth for therapeutic recreation specialists and recreational therapy paraprofessionals in assisted living facilities, adult day care programs, and social service agencies. Continued growth is also expected in community residential facilities, as well as day care programs for individuals with disabilities.

Earnings

Median annual earnings of recreational therapists were \$27,760 in 1998. The middle 50 percent earned between \$21,580 and \$35,000 a year. The lowest 10 percent earned less than \$16,380 and the highest 10 percent earned more than \$42,440 a year. Median annual earnings for recreational therapists in 1997 were \$29,700 in hospitals and \$21,900 in nursing and personal care facilities.

Related Occupations

Recreational therapists primarily design activities to help people with disabilities lead more fulfilling and independent lives. Other workers who have similar jobs are recreational therapy paraprofessionals, orientation therapists for persons who are blind or have visual impairments, art therapists, drama therapists, dance therapists, music therapists, occupational therapists, physical therapists, and rehabilitation counselors.

Sources of Additional Information

For information on how to order materials describing careers and academic programs in recreational therapy, write to:

• American Therapeutic Recreation Association, P.O. Box 15215, Hattiesburg, MS 39402-5215. Internet: <http://www.atra-tr.org>

• National Therapeutic Recreation Society, 22377 Belmont Ridge Rd., Ashburn, VA 20148-4501.

Internet: <http://www.nrpa.org/branches/ntrs.htm>

Certification information may be obtained from:

• National Council for Therapeutic Recreation Certification, P.O. Box 479, Thiells, NY 10984-0479.

Registered Nurses

(O*NET 32502)

Significant Points

- The largest health care occupation, with over 2 million jobs.
- One of the 10 occupations projected to have the largest numbers of new jobs.
- Earnings are above average, particularly for advanced practice nurses who have additional education or training.

Nature of the Work

Registered nurses (R.N.s) work to promote health, prevent disease, and help patients cope with illness. They are advocates and health educators for patients, families, and communities. When providing direct patient care, they observe, assess, and record symptoms, reactions, and progress; assist physicians during treatments and examinations; administer medications; and assist in convalescence and rehabilitation. R.N.s also develop and manage nursing care plans; instruct patients and their families in proper care; and help individuals and groups take steps to improve or maintain their health. While State laws govern the tasks R.N.s may perform, it is usually the work setting, which determines their day-to-day job duties.

nurses, who provide bedside nursing care and carry out medical regimens. They may also supervise licensed practical nurses and aides. Hospital nurses usually are assigned to one area such as surgery, maternity, pediatrics, emergency room, intensive care, or treatment of cancer patients. Some may rotate among departments.

Office nurses care for outpatients in physicians' offices, clinics, surgicenters, and emergency medical centers. They prepare patients for and assist with examinations, administer injections and medications, dress wounds and incisions, assist with minor surgery, and maintain records. Some also perform routine laboratory and office work.

Nursing home nurses manage nursing care for residents with conditions ranging from a fracture to Alzheimer's disease. Although they usually spend most of their time on administrative and supervisory tasks, R.N.s also assess residents' medical condition, develop treatment plans, supervise licensed practical nurses and nursing aides, and perform difficult procedures such as starting intravenous fluids. They also work in specialty-care departments, such as long-term rehabilitation units for strokes and head-injuries.

Home health nurses provide periodic services, prescribed by a physician, to patients at home. After assessing patients' home environments, they care for and instruct patients and their families. Home health nurses care for a broad range of patients, such as those recovering from illnesses and accidents, cancer, and child birth. They must be able to work independently and may supervise home health aides.

Public health nurses work in government and private agencies and clinics, schools, retirement communities and other community settings. They focus on populations, working with individuals, groups, and families to improve the overall health of communities. They also work as partners with communities to plan and implement programs. Public health nurses instruct individuals, families, and other groups in health education, disease prevention, nutrition, and child care. They arrange for immunizations, blood pressure testing, and other health screening. These nurses also work with community leaders, teachers, parents, and physicians in community health education.

Occupational health or industrial nurses provide nursing care at worksites to employees, customers, and others with minor injuries and illnesses. They provide emergency care, prepare accident reports, and arrange for further care if necessary. They also offer health counseling, assist with health examinations and inoculations, and assess work environments to identify potential health or safety problems.

Head nurses or nurse supervisors direct nursing activities. They plan work schedules and assign duties to nurses and aides, provide

insure that care is proper. They may also insure records are maintained and equipment and supplies are ordered.

At the advanced level, *nurse practitioners* provide basic primary health care. They diagnose and treat common acute illnesses and injuries. Nurse practitioners can prescribe medications in all States and the District of Columbia. Other advanced practice nurses include *clinical nurse specialists*, *certified registered nurse anesthetists*, and *certified nurse-midwives*. Advanced practice nurses have met higher educational and clinical practice requirements beyond the basic nursing education and licensing required of all R.N.s.

Working Conditions

Most nurses work in well-lighted, comfortable health care facilities. Home health and public health nurses travel to patients' homes and to schools, community centers, and other sites. Nurses may spend considerable time walking and standing. They need emotional stability to cope with human suffering, emergencies, and other stresses. Because patients in hospitals and nursing homes require 24-hour care, nurses in these institutions may work nights, weekends, and holidays. They may also be on-call; available to work on short notice. Office, occupational health, and public health nurses are more likely to work regular business hours. Almost 1 in 10 R.N.s held more than one job in 1998.

Nursing has its hazards, especially in hospitals, nursing homes, and clinics where nurses may care for individuals with infectious diseases such as hepatitis. Nurses must observe rigid guidelines to guard against these and other dangers such as radiation, chemicals used for sterilization of instruments, and anesthetics. In addition, they are vulnerable to back injury when moving patients, shocks from electrical equipment, and hazards posed by compressed gases.

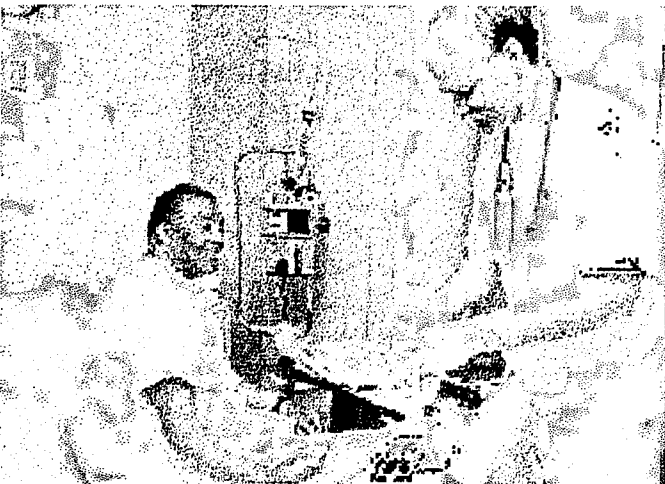
Employment

As the largest health care occupation, registered nurses held about 2.1 million jobs in 1998. About 3 out of 5 jobs were in hospitals, in inpatient and outpatient departments. Others were mostly in offices and clinics of physicians and other health practitioners, home health care agencies, nursing homes, temporary help agencies, schools, and government agencies. The remainder worked in residential care facilities, social service agencies, religious organizations, research facilities, management and public relations firms, insurance agencies, and private households. About 1 out of 4 R.N.s worked part time.

Training, Other Qualifications, and Advancement

In all States, students must graduate from a nursing program and pass a national licensing examination to obtain a nursing license. Nurses may be licensed in more than one State, either by examination or endorsement of a license issued by another State. Licenses must be periodically renewed. Some States require continuing education for licensure renewal.

In 1998, there were over 2,200 entry level R.N. programs. There are three major educational paths to nursing: Associate degree in nursing (A.D.N.), bachelor of science degree in nursing (B.S.N.), and diploma. A.D.N. programs, offered by community and junior colleges, take about 2 years. About half of all R.N. programs in 1998 were at the A.D.N. level. B.S.N. programs, offered by colleges and universities, take 4 or 5 years. About one-fourth of all programs in 1998 offered degrees at the bachelor's level. Diploma programs, given in hospitals, last 2 to 3 years. Only a small number of programs, about 4 percent, offer diploma level degrees. Generally, licensed graduates of any of the three program types qualify for entry level positions as staff nurses.



The majority of nurses provide patient care in hospitals.

for an R.N. license to a bachelor's degree and, possibly, create new job titles. These changes, should they occur, will probably be made State by State, through legislation or regulation. Changes in licensure requirements would not affect currently licensed R.N.s, who would be "grandfathered" in, no matter what their educational preparation. However, individuals considering nursing should carefully weigh the pros and cons of enrolling in a B.S.N. program, since their advancement opportunities are broader. In fact, many career paths are open only to nurses with bachelor's or advanced degrees. A bachelor's degree is usually necessary for administrative positions and is a prerequisite for admission to graduate nursing programs in research, consulting, teaching, or a clinical specialization.

Many A.D.N. and diploma-trained nurses enter bachelor's programs to prepare for a broader scope of nursing practice. They can often find a hospital position and then take advantage of tuition reimbursement programs to work toward a B.S.N.

Nursing education includes classroom instruction and supervised clinical experience in hospitals and other health facilities. Students take courses in anatomy, physiology, microbiology, chemistry, nutrition, psychology and other behavioral sciences, and nursing. Coursework also includes liberal arts classes.

Supervised clinical experience is provided in hospital departments such as pediatrics, psychiatry, maternity, and surgery. A growing number of programs include clinical experience in nursing homes, public health departments, home health agencies, and ambulatory clinics.

Nurses should be caring and sympathetic. They must be able to accept responsibility, direct or supervise others, follow orders precisely, and determine when consultation is required.

Experience and good performance can lead to promotion to more responsible positions. Nurses can advance, in management, to assistant head nurse or head nurse. From there, they can advance to assistant director, director, and vice president. Increasingly, management level nursing positions require a graduate degree in nursing or health services administration. They also require leadership, negotiation skills, and good judgment. Graduate programs preparing executive level nurses usually last 1 to 2 years.

Within patient care, nurses can advance to clinical nurse specialist, nurse practitioner, certified nurse-midwife, or certified registered nurse anesthetist. These positions require 1 or 2 years of graduate education, leading in most instances to a master's degree, or to a certificate.

Some nurses move into the business side of health care. Their nursing expertise and experience on a health care team equip them to manage ambulatory, acute, home health, and chronic care services. Some are employed by health care corporations in health planning and development, marketing, and quality assurance. Other nurses work as college and university faculty or do research.

Job Outlook

Employment of registered nurses is expected to grow faster than the average for all occupations through 2008 and because the occupation is large, many new jobs will result. There will always be a need for traditional hospital nurses, but a large number of new nurses will be employed in home health, long-term, and ambulatory care.

Faster than average growth will be driven by technological advances in patient care, which permit a greater number of medical problems to be treated, and an increasing emphasis on primary care. In addition, the number of older people, who are much more likely than younger people to need medical care, is projected to grow very rapidly. Many job openings also will result from the need to replace experienced nurses who leave the occupation, especially as the median age of the registered nurse population continues to rise.

more slowly than in other health-care sectors. While the intensity of nursing care is likely to increase, requiring more nurses per patient, the number of inpatients (those who remain overnight) is not likely to increase much. Patients are being released earlier and more procedures are being done on an outpatient basis, both in and outside hospitals. Most rapid growth is expected in hospitals' outpatient facilities, such as same-day surgery, rehabilitation, and chemotherapy.

Employment in home health care is expected to grow rapidly. This is in response to a growing number of older persons with functional disabilities, consumer preference for care in the home, and technological advances which make it possible to bring increasingly complex treatments into the home. The type of care demanded will require nurses who are able to perform complex procedures.

Employment in nursing homes is expected to grow much faster than average due to increases in the number of people in their eighties and nineties, many of whom will require long-term care. In addition, the financial pressure on hospitals to release patients as soon as possible should produce more nursing home admissions. Growth in units to provide specialized long-term rehabilitation for stroke and head injury patients or to treat Alzheimer's victims will also increase employment.

An increasing proportion of sophisticated procedures, which once were performed only in hospitals, are being performed in physicians' offices and clinics, including ambulatory surgicenters and emergency medical centers. Accordingly, employment is expected to grow faster than average in these places as health care in general expands.

In evolving integrated health care networks, nurses may rotate among employment settings. Since jobs in traditional hospital nursing positions are no longer the only option, R.N.s will need to be flexible. Opportunities will be good for nurses with advanced education and training, such as nurse practitioners.

Earnings

Median annual earnings of registered nurses were \$40,690 in 1998. The middle 50 percent earned between \$34,430 and \$49,070 a year. The lowest 10 percent earned less than \$29,480 and the highest 10 percent earned more than \$69,300 a year. Median annual earnings in the industries employing the largest numbers of registered nurses in 1997 were as follows:

Personnel supply services	\$43,000
Hospitals	39,900
Home health care services	39,200
Offices and clinics of medical doctors	36,500
Nursing and personal care facilities	36,300

Many employers offer flexible work schedules, child care, educational benefits, and bonuses.

Related Occupations

Workers in other health care occupations with responsibilities and duties related to those of registered nurses are occupational therapists, emergency medical technicians, physical therapists, physician assistants, and respiratory therapists.

Sources of Additional Information

For information on a career as a registered nurse and nursing education, contact:

• National League for Nursing, 61 Broadway, New York, NY 10006. Internet: <http://www.nln.org>

For a list of B.S.N. and graduate programs, write to:

• American Association of Colleges of Nursing, 1 Dupont Circle NW, Suite 530, Washington, DC 20036. Internet: <http://www.aacn.nche.edu>

Understaffing Places Nursing Home Residents at Risk

Panel recommends minimum nursing staffing standards.

An expert panel on nursing home care found that average nursing staff levels in some of the nation's nursing homes are too low to assure high-quality care. The panel's assessment was published in the March issue of *Gerontologist*. Charlene Harrington, PhD, RN, lead author of the article and a member of the panel, which was convened by the John A. Hartford Institute for Geriatric

Nursing, Division of Nursing at New York University, noted that "nursing management, leadership, and education are central to quality care."

The panel recommended 24-hour RN supervision, additional education and training, and minimum staffing standards for nursing administration. It also advised that minimum ratios of caregivers and licensed nurses to patients be established,

depending on the time of day and patient needs, and recommended that residents receive at least four and a half hours of direct care each day.

Older adults in nursing homes where staffing is low have a greater rate of urinary catheter use, poorer quality skin care, inadequate nutrition (malnutrition, dehydration, and starvation), and lower rates of participation in activities.

AJN ▼ June 2000 ▼ Vol. 100, No. 6

ADVICE OF COUNSEL RN

Protecting Against Liability Caused By Understaffing

I am the director of a unit that is so understaffed I must often carry a patient load myself. I just can't find enough nurses to cover the shifts. If a patient is harmed because of inadequate staffing, can I be held responsible? If so, what can I do to protect myself?

It's unlikely that you will be personally held responsible if a patient is injured because of poor staffing levels. But, your employer may be held liable.

If a case is brought against you or your employer, a key factor would be whether you acted reasonably in staffing the unit. So, be sure to notify administrators of the understaffing problems, and document that you did so. Also continue your efforts to provide adequate staffing levels, and document each attempt you make. Record, at the very least, who you contacted to try to staff the unit (say, an agency or a part-time nurse) and the date and time you called.

DONNA M. MONIZ, RN, JD

ANA study: More nurses, better patient outcomes

A new ANA study once again has revealed that patients experience fewer complications and are discharged sooner when they are hospitalized in facilities that have more nurses providing direct patient care.

Conducted by the hospital and health care research organization, Network, Inc., the study was unveiled at ANA's Nurse Staffing Summit Meeting held in Washington, DC, in May (see story, page 1).

"Patients fare better when RNs play a significant role in their care," said ANA President Mary Foley, MS, RN. "The study confirms what we have known experientially for years and what a decade of various studies have shown: RN care makes the difference in reducing complications and allowing patients to be discharged from the hospital on time and on the path to recovery. However, when RN care is reduced, patients suffer."

Data for the ANA study was gathered from two samples: more than 9.1 million patients, who carried all types of insurance, in almost 1,000 hospitals, and 3.8 million, Medicare-only patients in more than 1,500 hospitals. The hospitals were located in Arizona, California, Florida, Massachusetts, Minnesota, New York, North Dakota, Texas and Virginia.

Among the study's findings:

- Length of stay (LOS), pneumonia, post-operative infections, pressure ulcers and urinary tract infections — the five outcomes measures

that were tracked — are markedly decreased with higher levels of RN involvement.

- Shorter LOS is related to higher levels of overall staffing.
- Lower complication rates are associated with a higher mix of RNs among licensed nursing personnel for all four complications tracked.
- Pressure ulcer rates are lower when both staffing levels and RN mix are higher.
- Lower post-operative infection rates are related to having more licensed nurses — both RNs and licensed practical nurses — provide care when looking at the data from patients with all types of insurance.
- Lower rates of bacterial/unspecified pneumonia complications were related to having more RNs in the staffing mix.

Study findings suggest that cutting staff to save money not only may endanger patients' well-being, but also cost health care facilities in the long run through increased LOS and complication rates. The study also shows that nursing care can be quantified as a critical component of patient care.

The study is an expansion of a previous ANA study, "Implementing Nursing's Report Card" that used data from 502 hospitals in California, Massachusetts and New York.

ANA resources on staffing

- Executive summary of the new study, "Nurse Staffing and Patient Outcomes in Inpatient Settings": Go to ANA's website at www.NursingWorld.org. Pre-publication copies of the whole study are available for \$19.95 for members and \$24.95 for non-members by contacting Vernice Woodland at (202) 651-7040, or e-mail: vwoodlan@ana.org.

- *Principles for Nurse Staffing*: Go to www.NursingWorld.org/readroom/stff-prnc.htm, or call 1-800-274-4262 and ask for item # PNS-1

- *Principles of Nurse Staffing with Annotated Bibliography*: To order, go to www.NursesBooks.org or call (800) 637-0323 and request Pub # 9902AB

- ANA press statement on mandatory overtime: Go to www.NursingWorld.org/mre-alnews/, click on Press Releases and scroll down to "ANA Calls Staffing Practices Unsafe: Nurses Being Forced to Regularly Work Excessive Overtime," or for Fax-on-Demand, call (800) 349-9909 and request #5518.

- ANA's "Safety and Quality" webpage: Go to www.NursingWorld.org/quality/

RN staffing level troubles docs, JCAHO

A Maryland hospital remains under "conditional accreditation" — in part because of RN staffing problems — until its next assessment by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

Last fall, state health officials and JCAHO launched investigations into the practices at Shady Grove Adventist Hospital in Rockville, MD, after physicians and nurses complained about serious patient care problems and safety issues.

Physicians reported that nurse staffing levels were dangerously low, resulting in medication errors and overworked nurses' inability to monitor changes in patients' conditions and follow doctors' orders, according to published reports.

Nurses, who spoke to the press anonymously, pointed to high patient loads, as well as the replacement of veteran RNs with new graduates and agency nurses. Turnover also has been high.

Through their inquiries, state and federal investigators learned not only of documentation problems but also of serious adverse events, including the death of an ICU patient who was left unattended in a hallway and a surgical mistake in which an orthopedic surgeon operated on a patient's wrong hip.

The hospital at one point was close to losing its JCAHO accreditation — and Medicare and Medicaid funding — but was instead placed on "conditional" status in March, which means it will be closely scrutinized for another six months and subject to another surprise inspection.

"We view this as a positive decision," said Terry White, interim president and COO of Shady Grove. "What they (JCAHO) will be looking for in the next six months is to ensure that we can sustain the level of improvement we have started."

In terms of nurse-related improvements, management reported that it has allotted more money for nursing hours in its budget and is in the process of recruiting more RNs. Nurses' salaries were increased by 5 percent in December 1999.

Regulators also reported that permanent leaders in key roles must be filled before the "conditional" status is lifted. One of those positions — the CEO — was filled in mid-April.

ANA brings together nurses to tackle staffing issues

Short staffing, mandatory overtime, patient safety, the well-being of registered nurses and their families — all are hot issues among RNs today and all were the focus of discussion at ANA's Nurse Staffing Summit Meeting held in Washington, DC, in May.

Over the years, ANA has worked with its constituent member associations (CMAs) to develop a range of strategies to address these pressing issues. In yet another approach, ANA convened the summit to bring together a broad spectrum of nurses from CMAs and specialty nursing organizations to hear about current research and resources, identify unmet needs and help determine solutions to unsafe staffing practices.

At the summit, ANA released its new study that links RN staffing to better patient care. The study presentation, however, was only one event in the information-packed, two-day summit that even included a few surprises. For example, a representative from the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) announced that it will soon be convening a panel of experts to determine how to assess the adequacy of staffing in its survey process and asked for

(continued on page 21)

Staffing issues

(continued from page 1)

the help of ANA and nursing specialty organizations to accomplish that task. And a representative from the American Hospital Association acknowledged in her presentation the many stresses that nurses face in their job, such as re-engineering issues, higher patient acuity, fewer nurse managers and loss of decision-making and autonomy.

In welcoming the nearly 140 participants, Linda J. Stierle, MSN, RN, CNAA, ANA acting executive director and chief operating officer, set the stage by pointing out how critical and complex the problem of nursing staffing is. She urged nurses to work together to draft a unified and comprehensive plan to ensure that nurse staffing and safe, quality patient care are linked in the minds of all who play a role in providing, regulating, researching and funding health care delivery.

"We (at ANA) know with absolute certainty that the majority of nurses across the nation believe that staffing is their No. 1 concern. ANA will keep nurse staffing on the front burner and at the top of

the priority list until we all are satisfied that the quality of care rendered to the public we serve is safe," Stierle said.

As part of the summit, a panel of seven representatives from CMAs and nursing specialty groups that belong to ANA's Nursing Organization Liaison Forum (NOLF) discussed their strategies for addressing staffing problems, from collective bargaining and legislative efforts to developing staffing guidelines.

Nevada Nurses Association Executive Director Richard Schlegel spoke of his association members' work with state officials to tackle staffing through the regulatory process. The NNA-backed state regulations require facilities to staff by patient acuity, and that acuity is based on an assessment by an RN. Further, the reporting system is confidential, and administrators could face discipline if they fail to have a valid acuity tool in place or if it's not being followed.

Association of periOperative Registered Nurse (AORN) member Paula Graling, MSN, RN, CNOR, spoke of the shortage of perioperative nurses nationwide, particularly in the Midwest, and the extensive use of agency nurses in the OR.

AORN's recommendations to ensure safe RN staffing in the OR includes working with schools of nursing to bring back OR curriculums and to develop perioperative fellowship programs at hospitals.

"AORN wants to ensure that at least one nurse in the OR is an RN, and that RN be the circulator," Graling said.

Economic and General Welfare Assistant Director and registered nurse Marilyn Bauer reported on New York State Nurses Association's (NYSNA) range of efforts regarding unsafe staffing and mandatory overtime. They have included nurses' filling out protest of assignment forms and later grievances every time staffing is unsafe or overtime is mandated, as well as launching media campaigns about the dangers of certain staffing practices.

She also reported that NYSNA nurses have gone on strike or come close to striking because this issue is so important to them. For example, as of press time, nurses at Nyack Hospital currently are on strike over serious staffing problems at their facility.



ANA President Mary Foley with Massachusetts Congressman Jim McGovern and Massachusetts registered nurse Debra Rigiero. Rigiero discussed the St. Vincent strike (see page 6) during the ANA Staffing Summit.

"Staffing is an issue that nurses can get behind and are willing to put their jobs on the line for," Bauer said.

Massachusetts Nurses Association member and MICU staff nurse Debra Rigiero, talked about St. Vincent Hospital nurses' ongoing battle against for-profit giant, Tenet Health Care Corporation. The nurses went on strike because Tenet was trying to force nurses to work overtime up to 16 hours — and with only an hour's notice — to fill staffing holes. (See page 6 for news on strike settlement.)

(continued on page 35)

Staffing issues

(continued from page 2)

"Mandatory overtime is not a staffing tool," Rigiero said. "The hospital says mandatory overtime is a safety net. If mandatory overtime is a safety net, it's a safety net full of holes.

"We need to protect our patients, ourselves, our families and our licenses. I love nursing, but I want to have some control over my environment."

Rigiero, who received a standing ovation for her remarks, stated that collective bargaining and legislation will help nurses gain that control.

Massachusetts Congressman Jim McGovern (D), whose district includes St. Vincent in Worcester, spoke about the importance of St. Vincent nurses winning the strike.

"Mandatory overtime is unacceptable, and it has to be addressed on a national level," McGovern said. "Tenet is making record profits and skimping on labor by cutting back on nurses and other health care professionals. That's giving patients less than they deserve.

"This is a trend," he added. "Hospitals are more interested in making money than in providing good patient care. We've got to draw our line in the sand and make sure St. Vincent's nurses win."

Also presenting at the summit were three nurse researchers who reported on the state

of staffing research in long-term, acute and population-based care.

Nurse researcher Charlene Harrington, PhD, RN, FAAN, said that she and others have studied the inadequacies of nursing home care for years, yet little has been done to address staffing insufficiencies that would improve quality.

Christine Kovner, PhD, RN, FAAN, who has done ground-breaking research on the link between RN staffing and quality patient care, spoke of the need for more and more current data to better make the argument for improved RN staffing in acute-care facilities.

As for who should decide what those staffing levels should be, Kovner suggested several options: the government, employers, employer-employee committees and professional associations. She also suggested that through their research, academics can help other groups determine safe staffing levels.

And finally, Kristine Gebbie, DrPH, RN, FAAN, spoke of the need to adequately enumerate the RNs who are practicing population-based nursing before the adequacy of staffing levels in this arena can be addressed.

At the summit's close, nurse participants, who had been working in small groups over the course of two days, identified some possible strategies to deal with staffing. Among them were:

- develop regulations that would require health care facilities to report the number of

mandatory hours worked and number of RN vacancies, and hold administrators more accountable for staffing decisions that compromise patient care

- work with the federal Department of Labor to set the maximum hours an RN would be allowed to work

- develop federal legislation to address staffing that takes into account important factors, such as skill mix and patient acuity

- include other health care workers, such as occupational, respiratory and physical therapists, unlicensed assistive personnel and physician house staff, in attacking the problem of staffing

- ensure that staff nurses have a role in making staffing decisions when it comes to both the number of nurses and the case mix

- increase awareness and participation in the American Nurses Credentialing Center (ANCC) "magnet recognition program," a national initiative that recognizes health care facilities that meet specific quality criteria, including RN staffing measures.

Findings from the summit are currently under review and analysis by ANA staff and will be used to inform further work on one of ANA's core issues. A preliminary summary of the meeting will be available during the ANA HOD/convention, with a more complete interpretation and work plan to follow. For further questions on the ANA Nurse Staffing Summit Meeting, contact Katherine Kany at (202) 651-7131.

APPENDIX K

ADN Curriculum Evaluation Tools

FERRIS STATE UNIVERSITY
DEPARTMENT OF NURSING

STUDENT NURSING COURSE EVALUATION

The instructor of this course and the Department of Nursing Curriculum Committee are sincerely interested in making this course experience of maximum value to you. By answering the following questions sincerely, fairly, and carefully, you can do your part to help bring about improvements in this course and in the curriculum as a whole.

Guarantee is given that the instructor will not see the evaluation before the grades are filed for the semester so there can be no possible influence on grading. Do not sign your name.

Please record your answers on the scantron sheet that is provided for you, using a # 2 pencil. Use the following rating scale:

1 = Strongly Disagree 2 = Disagree 3 = Agree 4 = Strongly Agree
5 = Not Applicable (criteria does not apply to this course)

COURSE DATA INFORMATION

COURSE: NURS _____ INSTRUCTOR _____
SEMESTER: FALL _____ WINTER _____ SUMMER _____
CLINICAL SITE(S) (if applicable) _____
NAME OF CLINICAL INSTRUCTOR (if applicable) _____

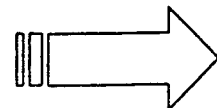
COURSE ORGANIZATION

1. Quality, organization & usefulness of the syllabus / course materials was adequate.
2. Quality & appropriateness of the textbook(s) for this course was adequate.
3. The textbook was used as a resource for this course.
4. The course objectives were clearly presented and addressed.
5. The course was taught consistently with the syllabus / course material guidelines.
6. The course assignments were reasonable and clearly presented.
7. The frequency of testing, quizzes and papers was appropriate.
8. A positive learning environment was established.
9. Critical thinking was a course expectation for students.
10. A variety of teaching methods was utilized to address different learning styles.

For courses with a clinical component only (if this is not a clinical course, skip these questions)

11. The clinical site(s) provided adequate opportunity to meet the course objectives.
12. A positive clinical learning environment was established in this agency.
13. Critical thinking was encouraged to enhance the application of the nursing process.

PLEASE CONTINUE EVALUATION ON NEXT SIDE



COURSE CONTENT

14. The course content was consistent with the course objectives.
15. The course content builds on learning from previous non-nursing courses.
16. The course content builds on learning from previous nursing course work.
17. Thinking about the course content enhanced the student's critical thinking skills.
18. Your oral communication skills were enhanced.
19. Your written communication skills were enhanced.
20. Your non-verbal communication skills were enhanced.
21. Application of the nursing process was emphasized.
22. Ethical issues were examined objectively.
23. Professional nursing responsibility and accountability were addressed.
24. Multi cultural populations and other areas of diversity were adequately explored.

For BSN students only: Please rate the course on the following components:

25. The course addressed illness prevention, health promotion, and health maintenance for the client focus identified (i.e., individual, family, group or community).
26. The course addressed therapeutic nursing interventions for the client of focus.
27. The course addressed the importance of nursing research within the content area.
28. Nursing research skills were enhanced in this course (data base search, research interpretation).
29. Social, economic, and political arenas were explored within course content.
30. Opportunities for professional growth were provided.

COMMENTS – Please comment on any aspect of this course. This is especially important if you have rated areas as not meeting your expectations for the course. Your feedback is essential to improvement of the course! Feel free to attach additional pages if necessary.

When you have completed this form, place it with scantron in the envelope provided by the student who will return the evaluations to the Nursing Department Secretary. **Do not give these evaluation forms to your instructor!** Your instructor will receive a copy of typed comments and a summary of evaluation ratings early next semester.

APPENDIX L

Curriculum Organizational Framework

FERRIS STATE UNIVERSITY DEPARTMENT OF NURSING CURRICULAR FRAMEWORK

ADN TERMINAL OBJ	ADN LEVEL 1 OBJ	ADN LEVEL 2 OBJ	BSN TERMINAL OBJ	BSN LEVEL 1 OBJ	BSN LEVEL 2 OBJ
<i>1. APPLIES KNOWLEDGE FROM THE BIOLOGICAL, PHYSICAL AND BEHAVIORAL SCIENCES INTO THE PRACTICE OF NURSING.</i>	1.1 Identifies scientific rationale for nursing interventions.	1.1 Explains choice of nursing interventions based on scientific rationale.	<i>1. APPLIES KNOWLEDGE SYNTHESIZED FROM NURSING SCIENCES AND LIBERAL ARTS INTO THE PRACTICE OF NURSING</i>	1.1 Identifies and describes the normal range of bio-psycho-social growth and development. 1.2 Identifies and describes common social, environmental, cultural, historical and economic factors in the systems influencing health. 1.3 Identifies and describes selected theories, including learning, adaptation and nursing as they apply to nursing practice.	1.1 Analyzes environmental, interpersonal and organizational factors as they impact upon the health of society. 1.2 Analyzes the effects of social, environmental, economic, cultural and political factors influencing the delivery of health care to society. 1.3 Applies concepts from the research process, family community role, leadership, management, organizational, group process and change theories to nursing practice.
<i>2. PROVIDES NURSING CARE FOR CLIENTS IN STRUCTURED HEALTH CARE SETTINGS.</i>	2.1 Provides nursing care for clients in a structured health care setting. 2.2 Identifies the nursing care needs of clients experiencing common acute and chronic illnesses.	2.1 Manages nursing care for clients in a structured health care setting. 2.2 Addresses the nursing care needs of clients at a variety of developmental stages.	<i>2. PROVIDES NURSING TO A DIVERSE MULTICULTURAL POPULATION ACROSS THE LIFESPAN AT VARIOUS POINTS ON THE HEALTH CONTINUUM IN A VARIETY OF SETTINGS.</i>	2.1 Applies the Health Belief Model as a framework for nursing practice. 2.2 Assesses the health status for individual clients at any point on the developmental continuum. 2.3 Provides nursing care to healthy individuals in ambulatory settings.	2.1 Applies concepts of cultural norms as a framework for nursing practice within families, aggregate communities, organizations and groups. 2.2 Assesses the health status of families, aggregate and complex social systems. 2.3 Provides nursing care in home and community settings and group education within an organizational setting.

<p>3. APPLIES THE NURSING PROCESS TO DELIVER SAFE, APPROPRIATE NURSING CARE.</p>	<p>3.1 Gathers valid subjective and objective assessment data.</p> <p>3.2 Selects appropriate nursing diagnoses to reflect the patient's health status.</p> <p>3.3 Uses a standard of care as a guide for planning nursing care.</p> <p>3.4 Implements the standard of care correctly.</p> <p>3.5 Evaluates the plan of care using outcome criteria.</p>	<p>3.1 Analyzes assessment data.</p> <p>3.2 Identifies nursing diagnoses which take priority for the patient.</p> <p>3.3 Adapts the standard of care to meet the unique needs of the patient.</p> <p>3.4 Implements the individualized care plan.</p> <p>3.5 Evaluates and modifies the plan of care.</p>	<p>3. UTILIZES THE NURSING PROCESS AS A BASIS FOR PRACTICE.</p>	<p>3.1 Demonstrates skill in data gathering through observing, interviewing, examining and testing as it applies to individual clients.</p> <p>3.2 Formulates nursing diagnoses to reflect the health state of individuals.</p> <p>3.3 Applies bio-psycho-social knowledge in planning nursing care for individuals.</p> <p>3.4 Implements plan of care for individuals.</p> <p>3.5 Evaluates the plan of care for individuals.</p>	<p>3.1 Demonstrates skill in assessing families, communities and groups.</p> <p>3.2 Formulates nursing diagnoses to reflect the health state of groups.</p> <p>3.3 Applies bio-psycho-social knowledge in a teaching plan for groups and in planning nursing care for families and communities.</p> <p>3.4. Implements plan of care for families and a teaching plan for groups.</p> <p>3.5 Evaluates the plan of care for families and establishes evaluation criteria for a community care plan and a teaching plan for groups.</p>
<p>4. COMMUNICATES APPROPRIATELY AS A PROVIDER AND MANAGER OF NURSING CARE.</p>	<p>4.1 Establishes a rapport with patients.</p> <p>4.2 Records client information appropriately within structured settings.</p> <p>4.3 Uses a standardized teaching plan in the care of the patient..</p> <p>4.4 Uses appropriate terminology when communicating with others.</p>	<p>4.1 Develops a therapeutic relationship with patients.</p> <p>4.2 Records client information appropriately.</p> <p>4.3 Incorporates health teaching in the care of the patient.</p> <p>4.4 Demonstrates appropriate interpersonal relationships with other members of the health care team.</p>	<p>4. COLLABORATES WITH HEALTH PROFESSIONALS AND CONSUMERS IN A VARIETY OF ROLES TO PROMOTE AN OPTIMAL LEVEL OF HEALTH FOR INDIVIDUALS, FAMILIES, GROUPS AND COMMUNITIES.</p>	<p>4.1 Interacts in a facilitative manner as a provider of care for individuals.</p> <p>4.2 Demonstrates the role of teacher by application of the teaching/learning theory in the health promotion and maintenance of individuals.</p>	<p>4.1 Interacts in a facilitative manner as a provider of care for groups.</p> <p>4.2 Demonstrates the family and community role of teacher by application of the teaching/learning theory in the health promotion, maintenance and restoration within groups.</p>

				4.3 Identifies characteristics of nurse leaders.	4.3 Demonstrates the role of leader-manager with families, communities, groups and health related organizations.
				4.4 Identifies characteristics of the professional role.	4.4 Demonstrates professional role behaviors.
5. DEMONSTRATES ACCOUNTABILITY IN TECHNICAL NURSING PRACTICE.	5.1 Takes the initiative in the learning process. 5.2 Incorporates appropriate suggestions into learning experiences. 5.3 Identifies the legal aspects of nursing practice. 5.4 Assumes responsibility for own actions.	5.1 Demonstrates an awareness of own assertive behavior. 5.2 Identifies own strengths and areas for growth. 5.3 Practices nursing within the legal parameters of the discipline. 5.4 Demonstrates accountability for own nursing practice. 5.5 Participates in activities which contribute to growth and self-development.	5. DEMONSTRATES PERSONAL AND PROFESSIONAL ACCOUNTABILITY IN NURSING PRACTICE.	5.1 Describes the legal and professional parameters of autonomy and accountability. 5.2 Identifies and plans activities contributing to growth and self development in relation to professional goals. 5.3 Examines ethical issues confronting the nurse.	5.1 Demonstrates autonomy, responsibility and accountability with families, communities, groups and colleagues. 5.2 Selects clinical and client experiences which promote professional growth and evaluates, modifies or develops professional development plan. 5.3 Analyzes the ethical issues confronting the professional nurse as a member of the health care delivery system and practices within ANA Code of Ethics.
6. DEMONSTRATES THE ABILITY TO MAKE APPROPRIATE CLINICAL JUDGEMENTS.	6.1 Applies the problem-solving framework used by nurses in structured settings. 6.2 Identifies the elements of reasoning as a framework for critical reflection.	6.1 Applies critical thinking skills to nursing care situations. 6.2 Applies the elements of reasoning when engaging in critical reflection of nursing experiences.	6. DEMONSTRATES SKILLS IN REASONING, ANALYSIS, RESEARCH AND DECISION MAKING.	6.1 Appraises own level of critical thinking ability. 6.2 Recognizes need for scholarly research by members of a profession.	6.1 Demonstrates analytical reasoning ability when exploring professional nursing concepts. 6.2 Critically appraises published nursing and related research studies.

				6.3 Identifies current nursing research relevant to own practice.	6.3 Applies research findings of family, community leadership, management and current professional issues.
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2-2-98

APPENDIX M

Summary of Course Evaluation Data

**FERRIS STATE UNIVERSITY
COLLEGE OF ALLIED HEALTH SCIENCES
NURSING PROGRAM EVALUATION
CURRICULUM EVALUATION FOR FALL 99**

This summary of course evaluations is submitted to the Faculty and Administration of the Nursing Programs at Ferris State University, in compliance with the guidelines for the Evaluation Plan for Nursing Programs.

The sources of the data include the following:

- 1. Student Nurse Course Evaluation Form**
 - a. Statistical Analysis of evaluation criteria**
 - b. Student Comments (when available or submitted)**
- 2. Faculty Course Evaluation Summary Sheet**
- 3. Recommendations of the Nursing Programs Curriculum Committee**

Curriculum Committee Members:

Faculty Members:

Julie Coon, Chair

Cecile Slywka

Susan Fogarty

BSN Student Representative

ADN Student Representative

**ASSOCIATE DEGREE NURSING PROGRAM EVALUATION
FALL 1999**

EVALUATION CRITERIA	NURS 110 N=14	NURS 112 N=39	NURS 213 N=37	NURS 214 N=28
1. Syllabus / materials were adequate	3.14	3.62	2.57	3.04
2. Textbook adequacy	3.36	3.33	3.30	2.89
3. Textbook as a useful resource	3.43	3.28	3.27	2.54
4. Course objectives were clear	3.00	3.67	3.19	2.89
5. Taught consistently with objectives	2.93	3.64	3.11	2.82
6. Assignments were reasonable / clear	3.00	3.59	3.35	2.93
7. Appropriate testing / paper frequency	3.64	3.62	3.11	3.14
8. Positive learning environment	3.79	3.67	3.41	3.07
9. Critical thinking as an expectation	3.36	3.64	3.43	2.96
10. Variety of teaching methods used	3.79	3.50	2.95	3.21
11. Clinical site(s) adequate opportunity	N.A.	3.53	3.19	3.60
12. Positive learning in clinical agency	N.A.	3.80	3.39	3.55
13. Critical thinking encouraged in site	N.A.	3.77	3.39	3.42
14. Content consistent w/ objectives	3.29	3.68	3.27	3.89
15. Builds on previous non-nursing courses	2.93	3.63	3.16	3.96
16. Builds on previous NURS courses	3.07	3.82	3.22	3.07
17. Critical thinking skills were enhanced	2.86	3.71	3.19	3.00
18. Oral communication skills enhanced	3.43	3.50	3.19	3.18
19. Written communication skills enhanced	3.29	3.39	3.89	3.29
20. Nonverbal comm. skills enhanced	3.14	3.50	3.00	3.14
21. Application of Nursing process	2.86	3.74	3.24	2.96
22. Ethical issues examined objectively	3.15	3.63	3.00	3.11
23. Professional Nursing role addressed	3.50	3.71	3.00	3.25
24. Multicultural / diversity areas explored	3.64	3.61	3.00	3.00

ADN PROGRAM FACULTY RESPONSES

NURS 110: No student of faculty comments received. Faculty evaluation completed by Lewis

Faculty concerns:

- Lack of student recognition of the importance the history and future of nursing as compared to the acquisition of skills.

Strengths:

- Broadens student's understanding of nursing

Suggestions for improvement:

- None; this course is deleted in new curriculum

NURS 112: No student comments; faculty sheet completed by Wolfram

Faculty concerns:

- Students poorly prepared in psychomotor skills, nursing process and physiology
- Too much content for one semester
- Students reported having a part-time co-instructor as a weakness
- Problems with low hospital census

Strengths:

- Critical thinking skills enhanced
- Tried to use more questioning to increase class interaction
- Used journal CEU articles for bonus points – students liked it
- Posted grades on WEB CT – protected student privacy; better service

Suggestions for improvement:

- Start introducing management skills earlier in new curriculum
- Dividing content into 2 courses should help
- More case studies; power point presentations

NURS 213: No student comments available; Faculty evaluation completed by Burkholder

Faculty Concerns:

- Marginal student preparation in physiology, chemistry, basic psych concepts, effective listening skills.
- Less than satisfactory community experiences
- Full time students are overwhelmed
- Journal writing is a weakness re: critical thinking skills

Strengths:

- Hospital experiences were good
- Strong faculty this semester (full and part-time)
- Grading based on exams only; eliminated homework, etc.

Recommendations:

- Eliminate or reduce community based clinical experiences
- Continue with weekly / biweekly exams
- Focused class discussions related to assigned readings has proved to be better in 7 week course rather than small group work.
- Support changes in new curriculum.

NURS 214: No comments available; Faculty evaluation completed by Lewis

Faculty / Student Concerns:

- Poor role models (staff) in one facility more than the other. Care in one facility may be substandard. Facility did not provide adequate staffing and used students, especially on Saturdays.
- Assignments not clearly defined.

Strengths:

- Students perceive learning about aging in a positive learning environment
- Enhanced critical thinking regarding health care choices available today.
- Students participated in “senior prom” which was positively received by residents and students.

Recommendations for improvement:

- Prepare more clear descriptions of assignments
- Remind facilities that students are assigned in addition to staff.

CURRICULUM COMMITTEE RESPONSE & RECOMMENDATIONS

ASSOCIATE DEGREE NURSING PROGRAM

ISSUE: CLINICAL SITES FOR ADN PROGRAM

There seems to be a concern regarding adequacy of clinical sites in terms of patient census that is not high enough to provide students with the opportunity to learn patient management skills. This seems to be most prevalent in the smaller hospitals we are currently using: MCHG, Reed City, and even Cadillac Mercy at times.

There was also a faculty concern expressed regarding decreased satisfaction with one agency for NURS 214. However, specifics regarding the agency name were not given. The student data did not support this concern (all ratings regarding adequacy of clinical sites were above 3.0 or average).

Recommendation: With the new curriculum we need to consider going to GR after the first semester for clinical sites for Clinical Nursing 2,3,4 if at all possible. We may be able to use Cadillac for Clinical Nursing 2 or possibly 3, but probably not after that. Looking at CMCH in Mt. Pleasant may also be a possibility. In addition, it is recommended that we set up meetings with clinical agencies to explain our new curriculum and the expectations of students within that site. At this time we would also support the recommendation that we try to find acute care based sites rather than placing students in community based sites where the direct faculty supervision is not possible.

ISSUE: CRITICAL THINKING & NURSING PROCESS APPLICATION IN ADN PROGRAM

There seems to be consistent concern regarding how to better prepare students in the application of the nursing process and how to foster critical thinking skills. The new critical thinking software is intended to address these issues, but the coordination of the materials and the "big picture" has not yet been addressed. There also seems to be inconsistency regarding metacognition and its place in the curriculum.

Recommendation: Clarification of these goals with faculty needs to be attained. Other issues include the use of metacognition journals and whether this is appropriate at the ADN level. With the new curricula impending, we need to develop a vision of what we see as reasonable and attainable outcomes and what the process will be.

ISSUE: TEACHING INNOVATIONS

The committee applauds the efforts made by faculty in the areas of teaching innovations and methodologies directed toward better student outcomes in the ADN program.

Recommendation: Support all faculty recommendations for course improvement as noted in the evaluation summary and encourage all faculty to continue with these efforts.

APPENDIX N

**ADN Advising Worksheet and Course Descriptions
For Current Curriculum**

**ADN Advising Worksheet and Course Descriptions
For Revised Curriculum**

FERRIS STATE UNIVERSITY
 COLLEGE OF ALLIED HEALTH SCIENCES
 Nursing
 ADN Curriculum Plan – Two Year Option

FIRST YEAR

SECOND YEAR

Fall Semester

Fall Semester

CHEM 114 Intro to General Chem	4__
BIOL 108 Medical Microbiology	3__
ENGL 150 English 1	3__
COMM 105 Fund. of Interpersonal Communications	3__
OR COMM 205 Effective Listening	
OR COMM 121 Fund. of Pub. Sp.	
NURS 110 Nursing Trends 1	1__
MRIS 102 Orientation to Medical Vocabulary	1__
	<u>15</u>

NURS 112 Technical Nsg. Assessment	8__
NURS 213 Psychiatric & Mental Hlth Nsg.	4__
NURS 214 Gerontological Nursing	4__
	<u>16</u>

Winter Semester

NURS 200 Nursing Trends 2	1__
NURS 211 Reproductive Health Nsg.	4__
NURS 212 Pediatric Nsg.	4__
NURS 222 Advanced Technical Nursing	6__
	<u>15</u>

Winter Semester

BIOL 205 Human Anatomy & Phys.	5__
ENGL 250 English 2	3__
PSYC 150 Intro to Psychology	3__
HUMN 220 Ethics in Hlth Care	3__
OR HUMN 320 Biomedical Ethics	
SOCY 121 Intro to Sociology	3__
MATH 110 Fund. of Algebra	** 0__
	<u>17</u>

COMMUNITY SERVICE

Summer Session

Same for 2 & 3 yr. Options

NURS 111 Technical Nsg. Skills	6__
NURS 151 Pharm. for Nsg. 1	1__
NURS 152 Pharm for Nsg. 2	2__
	<u>9</u>

*A three year option is available and strongly recommended for those with heavy outside obligations and responsibilities.

**MATH 110 – Must complete the course or demonstrate proficiency prior to graduation.

Notes:

1. A grade of C or better is required in all BIOL, CHEM and NURS prefix courses.
2. Contact your advisor early and often during this program to assure satisfactory progression.

NURS 211 Reproductive Health Nursing 4Cr. (4+12)

A half-semester course. Development and application of knowledge and nursing process skills in providing care to clients during the reproductive cycle. Prerequisite: NURS 112, 152 Semester offered: W Requires clinical, 2 days per week.

NURS 212 Pediatric Nursing 4Cr. (4+12)

A half-semester course. Development and application of knowledge and nursing process skills in providing care to children and adolescent clients with common physiological health problems. Prerequisite: NURS 112, 152 Semester offered: W Requires clinical, 2 days per week.

NURS 213 Psych. & Mental Health Nursing 4Cr. (4+12)

A half-semester course. Development and application of knowledge and nursing process skills in providing care to clients with psychiatric and mental health needs. Pre-or corequisite: NURS 112, 152; Prerequisite: NURS 111, 151 Semester offered: F Requires clinical, 2 days per week.

NURS 214 Gerontological Nursing 4Cr. (4+12)

A half-semester course. Development and application of knowledge and nursing process skills in providing care to geriatric clients with common physiological health problems. Pre-or corequisite: NURS 112, 152; Prerequisite: NURS 111, 151 Semester offered: F Requires clinical, 2 days per week.

NURS 222 Advanced Technical Nursing 6Cr. (2+12)

Development and application of knowledge and nursing process skills in the manager of health care role and in the care of clients with complex health problems. This course is offered as the final clinical experience, and creative scheduling will be utilized to provide the student with the most beneficial clinical experience. Corequisite: NURS 200. Pre-or corequisite: NURS 211, 212; prerequisite: NURS 213, 214 Semester offered: W Requires clinical, 3pm-11:30pm, 3 days per week.

**FERRIS STATE UNIVERSITY
COLLEGE OF ALLIED HEALTH SCIENCES
ADN CURRICULUM PLAN**

YEAR 1	YEAR 2	YEAR 3
PRE-NURSING STATUS	CLINICAL YEAR 1	CLINICAL YEAR 2
<i>Eligibility Determined & *Pre-requisite Coursework Completed</i>	<i>Nursing Student Status *Begin Clinical Nursing Coursework</i>	<i>*Completion of Clinical Nursing Coursework</i>
FALL SEMESTER	FALL SEMESTER	FALL SEMESTER
MATH 110 Fundamentals of Algebra 4____	NURS 101 Illness Prevention & Health Maintenance 1____	NURS 102 Health Promotion & High Level Wellness 1____
BIOL 108 Medical Microbiology 3____	NURS 104 Clinical Interaction skills 1____	NURS 224 Nursing of Children 2____
MRIS 102 Orientation to Med.Voc.ab. 1____	NURS 105 Nursing Pharmacology 2____	NURS 226 Clinical Nursing 3 9____
ENGL 150 English 1 3____	NURS 106 Clinical Nursing 1 6____	NURS 228 Nursing of the Elderly 2____
CCHS 101 Orient to Health Care 3____	ENGL 250 English 2 3____	
CCHS 102 Safety Issues In Health Care 1____		
TOTAL CREDITS 15	TOTAL CREDITS 13	TOTAL CREDITS 14
WINTER SEMESTER	WINTER SEMESTER	WINTER SEMESTER
CHEM 114 Intro. to General Chemistry 4____	NURS 201 Diverse Populations & Health 1 1____	NURS 202 Diverse Populations & Health 2 1____
BIOL 205 Human Anatomy & Physiology 5____	NURS 114 Maternity Nursing 2____	NURS 230 Transition into Technical Nursing 2____
COMM 105 Fund. Interpersonal Communication	NURS 116 Clinical Nursing 2 7____	NURS 234 Psychiatric Nursing 2____
OR	HUMN 220 Ethics in Health Care	NURS 236 Clinical Nursing 4 9____
COMM 221 Small Group Decision Making 3____	OR	
CCHS 103 Clinical Skills 1____	HUMN 320 Biomedical Ethics 3____	
PSYCH 150 Intro. To Psychology 3____		
TOTAL CREDITS 16	TOTAL CREDITS 13	TOTAL CREDITS 14

Total Program Credits Required: 85 Computer Competency _____

Community Service: 1) _____ 2) _____ 3) _____

***NOTE: A grade of 'C' or better is required in all BIOL, CHEM, MATH and NURS courses.**