

Pre-licensure Bachelor of Science in  
Nursing

Academic Program Review  
2009

Submitted by: Arlene Morton, MSN, RN, FNP  
BSN Program Coordinator

School of Nursing  
College of Allied Health Sciences  
Ferris State University  
Big Rapids, Michigan

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## COLLEGE OF ALLIED HEALTH SCIENCES

July 27, 2009

TO: Members of the Academic Program Review Committee  
FROM: Ellen J. Haneline, Ph.D. Dean-College of Allied Health Sciences  
RE: Bachelors of Science in Nursing program

### **Health of the program**

*The mission of the bachelors of science in nursing program is in congruence with the university mission. Both espouse dedication to the preparation of students for successful careers and cite the importance of life-long learning. Graduates demonstrate the adherence of the program to its mission as evidenced by comments from employers and graduates. Graduates are perceived as being competent practitioners.*

*There are approximately 4 applicants for each available seat in the program's professional sequence, demonstrating the visibility of the program among prospective students. With the implementation of the bachelor's degree, the program has gained increased visibility among both the prospective student and employer populations. Employment rate for graduates is 100% attesting in part to the visibility of the program and the demand for graduates.*

*All faculty members within the program are credentialed nurses and all possess advanced degrees. In addition to the program faculty, instruction and supervision of students within the clinical setting is performed by clinical faculty. Faculty members are dedicated to student success and program quality.*

### **Future Goals**

*Programmatic faculty will continue to enhance their efforts in demonstration of student learning through programmatic and course level assessment. Continued review of the use of simulation to substitute for a part of the clinical experience will be necessary as the competition for clinical sites increases. Additionally, it will become necessary for the program to critically review its delivery methods to assure that students are being adequately served. Reference is made elsewhere to the need to review the possibilities for alternative entry points for students. Another challenge for the program will be the necessity to review the increased use of adjunct faculty to accommodate the increased enrollment.*

### **Adequacy of Resources**

*Laboratory space is sufficient to meet the demands of the currently enrolled students. During the past several years, the program has benefited from the use of equipment funding from the Vice President's office to increase support for simulators and other necessary equipment. Clinical site placement remains a challenge for the program because of competition from other programs within the region. Availability of qualified adjunct faculty has improved throughout the past several years.*

*Increased enrollment in the pre-nursing program, along with others in the CAHS has resulted in additional stressors placed on courses in the College of Arts and Sciences, especially in the Biology and Physical Sciences department. The end result is that students have difficulty fulfilling their qualification requirements and entering the program in a timely fashion.*

TO: Ferris State University Academic Program Review Panel

FROM: Dr. Julie Coon, Director of the School of Nursing

RE: Analysis of BSN (RN) Program

DATE: July 20, 2009

**Health of the BSN Pre-licensure (Registered Nursing) program**

The new Bachelor of Science in Nursing (BSN) program enjoys a high level of program “health” as demonstrated by several variables:

- It is a program of high demand with an excellent job market
- The graduates of the program reflect the quality of the educational experience which has some unique attributes when compared to other programs
- The program has a dedicated and innovative faculty complement who have successfully designed and implemented the program
- The program is fully accredited by the National League for Nursing Accreditation Commission (NLNAC).

Program Demand: The BSN program is designed to prepare graduates to become licensed as registered nurses and to assume entry level employment in a variety of acute care and community health care settings. The current BSN program replaces the original pre-licensure nursing program that prepared graduates with an associate degree in nursing (ADN). The decision to move to a bachelor’s program was made in response to the changing landscape of nursing practice and the growing demand for nurses who are prepared at the baccalaureate level. Within the State of Michigan there is an initiative to increase the proportion of BSN prepared RNs from the current 40% to 60% of the total nursing workforce. As a University based program, Ferris was uniquely positioned to support this initiative by converting from the ADN to the BSN. With the development of the basic or “traditional” track of the BSN program, it was also possible to include a second track for students who have a bachelor’s degree in another field. This “accelerated second degree” BSN track has provided the opportunity for applicants to prepare for a new career in a double-paced professional sequence that spans just one calendar year.

As a result of these changes in pre-licensure nursing programming at Ferris, the enrollment in nursing has increased from 80 students in the ADN program to 170 students in the new BSN program, essentially doubling the enrollment in professional nursing courses that prepare registered nurses. The demand for the program continues to be very strong in response to the well documented and highly publicized nursing shortage, thus resulting in the perception that nursing is an excellent career choice especially in a state of recession as we now experience. The current job market for nursing is experiencing a slight decline as many of the RNs from the Baby Boomer generation who were poised to retire, have elected to remain in the workforce a bit longer. However, all of the state and national forecasts predict that with the eventual upturn of the economy, there will be a mass exodus of RNs from the workforce, resulting in an even more acute shortage than we experienced in the last several years. Thus, with a healthy employment market in the near and distant future, the nursing program will continue to be a critical supplier of nurses for Michigan.

Quality of Program Graduates: In addition to the strong market need for nurses, the health of the BSN program at Ferris is also reflected in the quality of the graduates of the program. The most significant assessment indicators in this regard are the 100% employment rates reported for our graduates as well as the licensure pass rates that have exceeded regional and national norms for the past several years. Although the new BSN program only has data from the first accelerated second degree cohort, the pass rate for that cohort is 94%, which more than exceeds the state (87%) and national (86%) averages for similar programs. Anecdotal reports from employers of our graduates also reflect high levels of satisfaction with their educational preparation at Ferris.

One of the attributes of the program that is frequently cited by area hospitals is the fact that the FSU nursing program includes a fairly intensive number of clinical hours as compared to most other pre-licensure programs. The three year clinical sequence provides 6 full semesters of clinical experience as compared to the more typical 4 semester clinical sequence that other BSN programs have. It is the philosophy of the FSU nursing program that a BSN program should provide as many acute care hours as an AAS nursing program would have, with additional clinical hours dedicated to community based clinical experiences. The accelerated track students take the exact same number of credits and clinical contact hours as the traditional track students, which is also a departure from other programs where the accelerated students typically have fewer clinical hours than traditional nursing students. With the current research reflecting a growing disparity between the educational preparation of entry level nurses and the level of competence desired by the clinical practice site, the additional clinical hours offered in the FSU program serve to address this education-practice gap to some degree.

Quality of the Faculty: A strong indicator of program health is the exceptional quality of the FSU nursing faculty who are to be credited with having the courage to recommend the change to the BSN level of nursing education and to devote the time and energy that is required for such a major curricular revision. In the Fall 2009 semester, the third traditional track cohort will be admitted and the program will be fully implemented with all three levels of the program being offered. The curriculum was designed using the American Association of Colleges of Nursing (AACN) *Essentials of Baccalaureate Nursing Education* (AACN, 1998) as the framework and standards for the development of courses and the overall framework. The faculty elected to design course instruction that is learner-centered and reflects a variety of student learning styles. A pre-licensure program is challenged with the need to prepare graduates to become licensed as registered nurses who can assume leadership roles in the health care setting. This is a serious responsibility and the faculty have collectively continued to demonstrate that they can excel in this regard. In a climate with a great deal of competition for clinical placements, the faculty have implemented innovative ways to supplement clinical experiences with strong support for adjunct clinical faculty as well as a growing use of simulation in the curriculum.

Program Accreditation: Finally it is significant to note that the program was fully accredited by the National League for Nursing Accreditation Commission (NLNAC) at the time of program implementation. This was made possible by the existing accreditation status of the RN to BSN completion program by NLNAC. As another BSN "track" the new generic, pre-licensure program was granted accreditation status by the NLNAC after the submission of the curriculum proposal that was approved by the UCC and the Michigan State Board of Nursing.

## Future Goals of the BSN Program

Future goals of the BSN program would include the following areas of emphasis:

- To review the curriculum against the newly revised and approved AACN *Essentials of Baccalaureate Nursing Education* (AACN, 2008) to assure relevance and currency of the program as compared to national standards
- To explore alternative models of program delivery in terms of the professional sequence entry points, length and the number of students that can be accommodated in the program
- To prepare for ongoing program accreditation with a site visit anticipated in 2013.

Curricular Review: As a new program, there are not immediate goals to implement a major curricular revision, but it is significant to note that it is critical for the program to remain current and relevant, especially in response to the national trends in nursing education. As noted previously, the current BSN program was designed with the AACN's *Essentials of Baccalaureate*

*Nursing Education* (AACN, 1998) as the framework. This document was just recently revised by the AACN and those changes were approved in 2008. It will be critical for the FSU nursing program to review the current curriculum to assure that the newly revised *Essentials of*

*Baccalaureate Nursing Education* (AACN, 2008) are appropriately addressed. This review may result in recommended curricular changes to meet these revised standards. Nursing program accreditation is dependent on the programs' ability to demonstrate accordance with national standards of nursing education. This review of the curriculum will occur during the 2009-10 academic year.

Alternative Delivery Models: In response to the high demand for the limited number of nursing seats available each year in the traditional track, the decision was made to at least temporarily increase the Fall 08 cohort by 10 students, resulting in a cohort of 50. Although the addition of just 10 students would not seem to be significant, it has resulted in a ripple effect of challenges in the areas of laboratory access and utilization, the identification of one more clinical placement (10 students comprise one clinical group), finding classrooms on campus that will accommodate 50 students in the alternative schedules that NURS courses have in response to clinical placements that typically require upper level students to be off campus for two consecutive days, etc. Although it is great to increase enrollment in the program, the faculty have also found significant challenges in the areas of instructional delivery, especially with some of the web-based simulations they would like to use, but are difficult to implement effectively with such a large class size. The increase to 50 has resulted in the need to divide selected didactic courses into two sections, but this is not feasible for most courses, resulting in a large class size for courses that may have complex or writing intensive assessment measures. Another consideration is in regard to the number of students that the State Board has actually approved for the program. We currently are exceeding the 40 admissions we were approved for and if we are going to plan to increase admissions permanently, a curriculum revision will need to be submitted to the Board of Nursing for approval.

As a result of these challenges, it seems prudent to explore alternative ways to try to maintain or perhaps increase enrollment while still delivering a quality educational experience. Some potential solutions may include:

- Increase entry points for the traditional track and accept 30 students in both fall and spring, which would actually increase enrollment by 10 students in this track and might allow for different lengths of the professional sequence that might accommodate different student needs.
- Incorporate summer programming for the traditional track to allow students to progress through the professional sequence in 2 calendar years as opposed to the three years required now. This would be an alternative track to the current track if we had an additional admission semester.
- Find a third clinical placement for one more accelerated clinical group, thus increasing that track by 10 students and reducing the traditional track back to an admission number of 40 once per year. This would result in a neutral enrollment for the program overall. The challenge is to find a hospital that can accommodate the high number of clinical hours required for this program.

Ongoing Accreditation Planning: As noted previously, the BSN program is accredited by the NLNAC. The RN to BSN and MSN programs are also accredited by NLNAC and all programs will be due for a site visit in 2013. One of the questions the faculty must resolve is whether to continue with the NLNAC as the accrediting body for FSU nursing programs, or to move to the accreditation body endorsed by the AACN, which is the Commission on Collegiate Nursing Education (CCNE). The CCNE is considered to be the leader in nursing education for baccalaureate and higher degree nursing programs and accredits significantly more BSN and MSN programs than the NLNAC. However, the NLNAC has recently revised its standards for accreditation and so it will be necessary for the faculty to analyze both processes so that they can weigh the pros and cons of each. It will be critical to begin preparations for this process in the 2010-11 academic year.

#### **Adequacy of Resource Allocation for the BSN (RN) Program**

Resources allocations in the areas of personnel, equipment, infrastructure and support for professional development are meeting current needs for the program, but it is anticipated that there will be challenges in this area if the program is expected to continue to grow or even to maintain the current enrollment. It is significant to note that the School of Nursing was awarded two cycles of the Michigan Accelerated Health Care Training Initiative (MiAHCTI) funding in 2005-06 and 2006-07 to prepare clinical nursing instructors for the West MI area in order to encourage nursing programs to expand their enrollments with the use of faculty extenders in the clinical instruction setting. The School of Nursing will continue to search for similar external funding opportunities to enhance programming.

Personnel Resources: At the current time there are 13 FT dedicated faculty positions to the School of Nursing. Approximately 5.8 FTE of those positions are dedicated to the instruction of the BSN program, with all didactic and laboratory courses taught by full-time faculty. In addition to instructional workload, there is .25 FTE dedicated to program coordination and another .5 FTE for clinical coordination, bringing the total FTE dedicated to this program to 6.55, a little more than half of the FT faculty. An additional 5.8 FTE of adjunct faculty serve as clinical instructors for the program. There is also a full time dedicated laboratory coordinator for the pre-licensure program.



The nursing faculty complement collectively reflects diversity in clinical and experiential backgrounds, which is an asset for the program and allows for their utilization in all of the pre-licensure nursing courses so that quality and consistency can be maintained. If the determination would be made to implement an alternative delivery model as outlined previously, there is the potential need for additional FTEs to be dedicated to this program, especially if additional sections are needed and / or summer programming were to be increased.

Equipment Resources: At the current time, the pre-licensure program enjoys a fully equipped nursing lab with state of the art equipment, including two high fidelity simulation manikins, 5 fully equipped simulated nursing stations and a wide variety of other training equipment and materials. The nursing lab was completely renovated in 2002 as a major capital improvement project. The former ADN program enjoyed many years of qualification for Voc Ed funding which resulted in ongoing equipment purchases. With the move to the BSN program, Voc Ed funding is no longer available, but the program has had allocations from the VPAA's office to allow equipment upgrades such as the recent purchase of a Sim Baby and some simulation scenarios to support the growing simulation instruction in the program. In addition, the School of Nursing has generated incentive funds for all of the off campus programming offered in the RN to BSN and the MSN programs and some of those funds have been utilized at times for equipment purchases. The current program budget has been adequate to assure ongoing purchase of routine lab supplies and educational support materials.

Infrastructure: As noted above, the nursing lab was completely renovated in 2002. The only area that is still in need of updating is in regard to the instructional technology of that same room. The nursing lab does not yet have "Smart Classroom" capabilities, which is an area of need with the growing program in increasing usage of this space for both laboratory and didactic instruction.

Professional Development: In all of the health care fields, it is critical for faculty to maintain currency in the areas of clinical and technology advances as well as in the scholarship of teaching. As noted previously, the School of Nursing has enjoyed the added revenue generated from incentive money attained from off campus programming efforts over the years, which has comprised a departmental contribution to assist faculty in this area. In addition, the availability of CAHS Faculty Development funding and Timme grants have been useful in supporting faculty in their professional development endeavors. It is noted that there is anticipation that funding from at least the departmental and college sources will likely diminish or disappear over the next year or so. If this is the case, there will be greater challenges for faculty to find the funding to attend national conferences for this critical professional development.

In summary, the pre-licensure BSN program has the enviable position of being a program that enjoys a high level of consumer demand, a dedicated and innovative faculty who are committed to excellence and ongoing program improvement and resource allocations that are meeting the current needs of the program. The program clearly reflects the mission of Ferris State University to "prepare students for successful careers, responsible citizenship, and lifelong learning" and will remain a relevant and valued program within the College of Allied Health Sciences and University.

## Section 1: Program Overview

## A. Program Goals

1. Goals of Program: The goals of the program are to prepare graduates to successfully assume entry level roles as registered nurses in community and acute care settings, to prepare graduates to be life-long learners, and to serve as a base for graduate education. Additional goals for the nursing program are to conduct ongoing assessment of each level of the BSN program and to recruit and retain a diverse population of students and faculty.
2. Establishment of goals: Using the School of Nursing's vision and mission, the goals were formulated by the nursing faculty as we developed the new Bachelor of Science in Nursing program in the 2005-2006 academic year. (See Appendix C)
3. How goals prepare students for careers: The curriculum that was developed from the goals of the program focuses on the development of knowledge and skills graduates will need as registered nurses. Students learn not only the psychomotor skills that are important in caring for their clients, but they also develop the cognitive skills of caring for clients across the lifespan in a variety of settings. Evidence based practice is stressed in each course so that the student will be prepared to meet the current needs of their clients, their employer, and the community.
4. Change of goals: The goals are reviewed every other year and were reviewed by the nursing faculty in spring 2007 and again this spring (2009) to be sure they were still relevant. No changes were made at those times.
5. Relationship of program goals to University mission and College strategic plan: The School of Nursing's goals are closely aligned with the University mission, because they both strive for graduates who can successfully work in a rapidly changing global environment as responsible citizens and lifelong learners. The School of Nursing has many partnerships with area health care providers. These partnerships help provide our students with a broad-based education that leads to successful roles as registered nurses.

The program goals are related to the College of Allied Health Science's strategic plan. The plan includes evaluation to assure that the level of the programs meets the emergent needs of the medical community and the standards of the external accreditation agencies. The School of nursing conducts ongoing assessments of each level of the BSN program.

The plan also includes increasing the number of faculty, support personnel and possibly administrative personnel within the college to relieve current faculty to return to the classroom, to meet growing need for additional programming and to ensure that students are adequately served. A School of Nursing goal is to recruit and retain a diverse population of students and faculty.

Lastly, the plan includes centralizing the assessment function to be able to assess the college as a whole. The School of Nursing is using TracDat to assess the stated outcomes of the program.

## B. Program Visibility and Distinctiveness

1. Unique features of program: BSN prepared nurses are expected to provide nursing care for complex clients, including families, groups and communities in both structured and community-based settings. To address this expectation, the BSN pre-licensure program provides a strong didactic and clinical base as well as opportunities to experience many varied clinical settings. The unique program features include:
  - a) The SON offers both a traditional 3 year professional sequence pre-licensure BSN and a 1 year accelerated professional sequence second degree pre-licensure BSN for students who have earned a baccalaureate degree in another field. Both tracks include the same courses or the equivalent of 6 semesters, with the accelerated program double paced to offer 2 semesters of coursework in one. (Appendix E)
  - b) Clinical courses are included in all 6 semesters of the professional sequence. These clinical experiences help the student apply those concepts they have learned in the classroom or laboratory. The clinical experiences include a variety of acute care and community based experiences such as:
    - I. Community hospitals
    - II. A large urban hospital
    - III. Psychiatric units
    - IV. Pediatric units
    - V. Obstetrical units
    - VI. Home Care
    - VII. Public Health
    - VIII. Other community-based settings (i.e., service learning)
  - c) Extensive experiential learning in the form of laboratory and simulation experiences in every semester that help the student learn technical skills, physical assessment, clinical reasoning and problem solving in an effort to support and supplement actual clinical experiential learning. The nursing laboratory experiences include a variety of low, moderate and high fidelity simulation opportunities with increasing complexity in the last four semesters of the program. These simulations are utilized as a portion of clinical time to provide students the opportunity to practice in a safe environment for the complex nursing care they will be called upon to provide for their patients in a rapidly changing and increasingly complex practice environment. (Appendix C)
  - d) All clinical instruction is delivered by a unique model that emerged as a result of a grant funded program to prepare adjunct clinical nurse faculty (CNF) to address the faculty shortages in West Michigan. CNF are clinically current practicing registered nurses with a minimum of a BSN or MSN degree and in the Ferris Clinical Nursing Instruction Institute 24 CNF were prepared to become clinical instructors for Ferris and other programs in West MI. The CNF are mentored by full-time FSU nursing faculty in their roles as clinical instructors to assure consistency and quality of clinical instruction. This model has resulted in an ongoing supply of quality clinical instructors which has resulted in not only a more cost effective instructional delivery model, but a model that capitalizes on the use of clinically current nurses in the role of instructor. It should be noted that many of the CNF have completed or are currently enrolled in the MSN program or the certificate in nursing education offered by the FSU School of Nursing.

- e) Service learning is integrated as a mechanism to help students recognize their professional responsibility to support the communities in which they practice as well as the advancement of their own profession. Each student is required to complete a Service Learning Project that includes writing a proposal, completing 30 hours of service, completing 6 reflective journals, a poster presentation to peers, and a final paper which is evaluated in the capstone course (NURS 450).
  - f) The use of professional portfolios to demonstrate assessment of learning for each individual student. Each student must complete a portfolio that demonstrates how they accomplished the six terminal outcomes of the program. The BSN program Assessment Plan was recently recognized by the Academic Affairs Assessment Committee as an outstanding assessment plan to be used as an example within the University.
  - g) Nursing students have the benefit of a support system to help prepare them for the licensure exam for Registered Nurses (NCLEX-RN). Each semester students take standardized computerized exams offered by Assessment Technologies Institute (ATI), a nationally recognized vendor whose product is designed to help prepare students for success on the licensure exam for registered nurses. Based on testing proficiency levels, students complete remediation as needed to help reinforce learning. At the end of their course of study, students take a comprehensive ATI exam that prepares them to sit for the National Council for the Licensure Exam (NCLEX-RN). The availability of this sort of testing is unique for nursing programs and has been demonstrated to significantly increase success for first time testers on the NCLEX-RN.
2. Program's ability to attract quality students: The School of Nursing is attracting quality students as demonstrated by the high overall GPA of applicants and the low attrition rate once students are in the professional sequence. There were 100 qualified applicants for the Fall 2008 cohort and 119 qualified applicants for the Fall 2009 cohort. In each semester 50 students were admitted, reflecting a qualified applicant pool of 2 or more students for each available seat in the program. Of special note, applications for the traditional BSN program starting Fall 2009 included 22 honor students and 2 ROTC students, which are two student groups who are offered early admission.

The SON has also attracted quality students to our second degree accelerated BSN program. These students come with a proven academic track record and have been noted to be very motivated and excellent thinkers, quickly grasping complex nursing concepts. Most maintain high GPA's during the course of their study. The first cohort who completed in December 2008, has already demonstrated the quality of their preparation with 93% of the reported 14 graduates having passed the NCLEX-RN as first time testers. Results are pending on five of these graduates

3. Competing Institutions: Universities that offer the pre-licensure BSN degree in our geographic location are Grand Valley State University, Calvin College, and Hope College. What makes Ferris's nursing program unique is our admission policy which is based on accepting students who have met the established criteria in order of the semester a student has completed their

qualifying courses and not simply on GPA. Most BSN programs only accept students with the highest GPAs, with many of our transfer students noting that they would not have been able to meet the reported average 3.8 GPA among applicants accepted into other BSN programs. The SON has found that establishing a common qualification standard that more students can meet and still complete the program and the licensure exam successfully has resulted in a much more diverse nursing student body, which is one of the goals of the School of Nursing. It is the philosophy that students with a 2.7 GPA can also become excellent nurses and deserve a chance at this career choice.

It is significant to note that although there are other “competing” nursing programs, the nursing shortage has resulted in a great deal of collaboration with other nursing programs to address mutual goals. For instance, the School of Nursing clinical coordinator participates in three different regional clinical placement consortia dedicated to maximizing clinical experiential learning for all students in the programs offered in those areas. In addition, collaborations occur among faculty in response to a variety of issues and activities that enhance student learning.

### C. Program Relevance

1. Labor market demand analysis: For several years, there has been an increasing demand for nurses in all areas of health care. 100,000 Michigan residents turned 65 years old in 2008. (Michigan Department of Community Health 2009) This number will continue to grow and increase yearly for the next decade placing an increase need for nursing care.

The Michigan Center for Nursing sent a letter on March 10, 2009 to deans and directors of Michigan nursing education programs discussing available nursing positions in Michigan with the economic downturn. (Michigan Center for Nursing 2009) Here are some of the Centers’ comments:

- a) 10,000 new nurses have found jobs in Michigan since 2004 but there is a reduction in available positions due to the decreased number of nurses leaving the workforce or returning to part-time.
- b) Once the economy improves, those nurses will leave and once again there will be a robust market.

Nationally, the Bureau of Labor Statistics published *Occupational Outlook Handbook 2008-2009 edition*. Here is an excerpt from that publication; “Overall job opportunities for registered nurses are expected to be excellent, but may vary by employment and geographic setting. Employment of RNs is expected to grow much faster than the average for all occupations through 2016 and, because the occupation is very large, many new jobs will result. In fact, registered nurses are projected to generate 587,000 new jobs, among the largest number of new jobs for any occupation. Additionally, hundreds of thousands of job openings will result from the need to replace experienced nurses who leave the occupation.” (Bureau of Labor Statistics, 2007)

United States	Employment		Percent Change	Job Openings
	2006	2016		
Registered Nurses	2,504,700	3,092,00	+23%	100,080
Michigan	Employment		Percent Change	Job Openings
	2006	2016		
Registered Nurses	84,350	100,480	+19%	3,010

National Data Source: [Bureau of Labor Statistics, Office of Occupational Statistics and Employment Projections](#)

State Data Source: [Michigan Department of Labor & Economic Growth, Bureau of Labor Market Information & Strategic Initiatives](#)

1. Program's response to forces of change:

The SON made the decision in 2005 to transition to the baccalaureate degree in nursing primarily in response to a significant longitudinal research study by Linda Aiken (2003), which demonstrated that in hospitals where the RN staff mix included a higher proportion of baccalaureate prepared RNs, patient outcomes were improved at a statistically significant level. The challenge is that the vast majority (60-70%) of registered nurses are now prepared at the associate degree level and only 15% of those RNs ever return to earn their baccalaureate degree. In Michigan, there are more than thirty Associate Degree in Nursing (ADN) programs, but only sixteen BSN programs. This has resulted in a less educated nursing workforce that could be better prepared to meet the increasingly complex patient care needs in today's health care system. As a university, Ferris was uniquely positioned to increase the proportion of BSN prepared nurses by discontinuing the Associate Degree Nursing program and replacing it with the baccalaureate nursing program. Therefore, the faculty made the decision to support the profession with the creation of the BSN pre-licensure program.

The SON has also responded to the increased need for nurses (see C-1) by increasing our student enrollment for the traditional BSN program from 40 to 50 students a year. Twenty students are admitted once a year to the accelerated BSN program. Once fully enrolled the BSN program will produce up to 70 new nurses each year, including 40-50 traditional track and 20 accelerated track graduates.

This is an increase of 43% over the previous associate degree program. Thus, while increasing the overall production of new RNs in Michigan, the FSU program is also increasing the number of baccalaureate prepared RNs in the State.

Another trend is the shift in health care delivery from acute care to the community. The BSN curriculum offers students a community health course and several community based clinical experiences, such as Home Care, Hospice, and Public Health. Again, it is important to note that the BSN prepared nurse is the preferred credential for the more complex community practice setting that is emerging in the larger health care system.

As a result of this shift to more community based health care, the care of patients in the acute care settings has become more complex due to higher acuity illnesses, advancing age of patients, and the implementation of technology. The BSN curriculum offers students preparation to become leaders in these areas as well.

To enhance our student's learning, the faculty have embraced the concept of learner-centered instruction, simulation, and service learning. These deliberate innovations are proving to encourage the new age students to become active in their learning which ultimately leads to greater retention of nursing concepts and commitment to the profession of nursing.

2. Why students come to FSU: There are many reasons why students come to Ferris to obtain their nursing degree.
  - Licensure examination (NCLEX-RN) pass rates that meet or exceed the state & national norms.
  - The positive reputation of FSU nursing graduates in the clinical practice setting.
  - The higher number of clinical and experiential learning hours in the program compared to most other BSN programs. It is significant to note that the FSU program has a 6 semester, 122 credit professional sequence as opposed the other programs which typically have a shorter 4-5 semester professional sequence.
  - An admission process that provides greater opportunity to a larger more diverse population of prospective nursing students.

#### D. Program Value

1. Benefit of program, facilities, and personnel to University: The BSN program benefits the university by offering a quality program that produces successful graduates, who are acknowledged as such in the western Michigan region. The number of pre-nursing students is continually increasing, as is the total enrollment in all Allied Health programs. The nursing and other CAHS programs also benefit the university by providing an alternative for students in pre-pharmacy, pre-optometry, and other competitive programs that have more applicants than available seats.

Nursing faculty provide many benefits to the University. They have a strong presence on University committees, are role models for curricular assessment, participate in interdisciplinary academic programs, and are recognized locally, statewide, and nationally for their innovative teaching and research.

2. Benefit of program, facilities, and personnel to students: Students in the BSN program have the advantage of practicing their skills and clinical reasoning in a state of the art laboratory. The "smart classrooms" provide a stimulating learning environment. The students are taught by faculty who are experts in their field both in the classroom, in the online setting, and at the clinical sites. The curriculum was developed using all the prescribed State of Michigan requirements for nursing education in terms of specific content and clinical experiences. The BSN program is fully accredited through the National



League for Nursing Accreditation Commission (NLNAC). The guidelines of NLNAC for baccalaureate nursing programs were also utilized in the design of the program to assure compliance with NLNAC accreditation standards.

Students benefit from experienced faculty who are able to provide varied learning experiences and from a program that prepares them to pass the NCLEX-RN exam at a high rate.

3. Value of program to employers as assessed by program personnel: Anecdotal reports from employers indicate that FSU nursing graduates are viewed as well prepared for the practice setting. There was only one employer survey response but it was very complementary to our graduate. On the faculty survey, 90% of the faculty felt our graduates are well prepared for their roles as professional nurses.
4. Benefit of program, faculty, staff and facilities to entities external to the University: The faculty and director participate in local, statewide, national, and international educational activities.
  - a) Faculty Scholarship & Service Examples
    - I. Faculty presentations at conferences on topics ranging from the use of Structured Learning Assistance (SLA) to increase NCLEX-RN pass rates, study abroad, training clinical faculty, diversity in the classroom, diabetes, etc.
    - II. Faculty publications in professional nursing education journals and textbooks.
    - III. Some faculty maintain clinical currency as nurse practitioners in either private practice or at free clinics.
    - IV. All faculty are members of a variety of professional nursing organizations.
  - b) The Director of the School of Nursing is also an active participant in state-wide forums on nursing education. Her activities include:
    - I. Chair of the MACN/MCNEA/MONE task force to increase BSN prepared nurses in Michigan from 2005-2008.
    - II. Chair of the West MI Nursing Advisory Council (WMNAC) during the 2008-09 academic year.
    - III. President of the Michigan Association of Colleges of Nursing (MACN) for the 2009-10 academic year.
    - IV. Is a member of the Coalition of Michigan Organizations of Nursing (COMON), representing both WMNAC and MACN.
    - V. Was selected by the MI Chief Nurse Executive to serve on the Task Force for Nursing Education (TFNE) to review and make recommendations for changes in the administrative rules that guide nursing education.
    - VI. Member of the Michigan Organization of Nurse Executives (MONE).

E. Services to general public groups

1. Students participate in activities external to the university. Students are required to complete 30 service learning hours during the course of the program. The students have completed their hours in a variety of settings, such as Hospice, American Red Cross, and FSU Wellness Clinic to name a few. These activities are not only a service to the organization but an opportunity for the students to grow in their role as professional nurses who have a responsibility to be active members of their professional and regional communities. Each student is required to write several reflective journals on their experience and the majority agreed that they grew not only in their nursing knowledge but also in their understanding of the value of volunteering in these organizations.

For approximately the last five years, nursing students and faculty have been a part of an interdisciplinary collaboration with the College of Pharmacy & the Michigan College of Optometry in the delivery of care to patients who utilize the FSU Optometry Clinic. Originally the clinic was developed to assess and teach diabetic optometric patients about their disease, their treatment, and health promotion activities. Last year the clinic was renamed Wellness Clinic as the students have broadened their focus to include not only diabetes but also hyperlipidemia and hypertension. Faculty serve as mentors to the students, assisting them with direct care and documentation. In 2006, this project received a national award from the US Secretary of Health & Human Services as an interdisciplinary innovation in health promotion and disease prevention.

## Section 2: Collection of Perceptions

The Pre-licensure BSN APR committee developed the surveys using previous surveys from other programs as a guide and then changed them to reflect the unique aspects of the BSN program. Once the surveys were completed they were sent to Institutional Research and Testing where they were put into electronic format and sent to the appropriate recipients.

- A. Graduate Follow-up Survey: This survey was directed to the only graduates of the new BSN program, which constituted 19 accelerated 2<sup>nd</sup> degree BSN graduates who completed the program in December 2008. 4 out of 19 students responded to the survey for a 21% response rate.

Instructions: The purpose of this survey is for graduates of the BSN program at Ferris State University to evaluate the education/training they received and to provide current employment information.

	N		Mean	Median	Std. Deviation
	Valid	Missing			
q1 Which nursing program	4	0	2.00	2.00	.000
q2 Member of professional nursing organization	4	0	1.75	2.00	.500
q3 If yes, which one(s)	4	0			

q1 Which nursing program

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Accelerated BSN Program	4	100.0	100.0	100.0

q2 Member of professional nursing organization

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	1	25.0	25.0	25.0
	No	3	75.0	75.0	100.0
	Total	4	100.0	100.0	

q3 If yes, which one(s)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		3	75.0	75.0	75.0
	Sigma Theta Tau, RN-AIM	1	25.0	25.0	100.0
	Total	4	100.0	100.0	

Discussion: Due to the low response and the close proximity to the graduation of this cohort, it is difficult to obtain meaningful data. Out of the 4 students who responded, only one of the students is a member of a professional organization. The curriculum has a strong emphasis on being a member of the profession, so hopefully the other 15 students who did not respond have joined a professional organization or will do so in the future.

NCLEX Exam

	N		Mean	Median	Std. Deviation
	Valid	Missing			
q4a Prepare: Formal NCLEX review course Textbook	4	0	.25	.00	.500
q4b Prepare: Formal NCLEX review course Online	4	0	.00	.00	.000
q4c Prepare: Self-study NCLEX review Textbook	4	0	.75	1.00	.500
q4d Prepare: Self-study NCLEX review Online	4	0	.25	.00	.500
q4e Prepare: ATI Virtual NCLEX review	4	0	.00	.00	.000
q4f Prepare: LSRN NCLEX review	4	0	.25	.00	.500
q4g Prepare: Employer offered review	4	0	.00	.00	.000
q4h Prepare: None of the above	4	0	.00	.00	.000
q5 Number times taken NCLEX exam	4	0	2.00	2.00	.000
q5a If never taken, why not	4	0			
q6 Passed the NCLEX exam	4	0	1.00	1.00	.000

q4a Prepared using: Formal NCLEX review course Textbook

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not Selected	3	75.0	75.0	75.0
	Selected	1	25.0	25.0	100.0
	Total	4	100.0	100.0	

q4b Prepared using: Formal NCLEX review course Online

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not Selected	4	100.0	100.0	100.0

q4c Prepared using: Self-study NCLEX review Textbook

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not Selected	1	25.0	25.0	25.0
	Selected	3	75.0	75.0	100.0
	Total	4	100.0	100.0	

q4d Prepared using: Self-study NCLEX review Online

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not Selected	3	75.0	75.0	75.0
	Selected	1	25.0	25.0	100.0
	Total	4	100.0	100.0	

q4e Prepared using: ATI Virtual NCLEX review

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not Selected	4	100.0	100.0	100.0

q4f Prepared using: LSRN NCLEX review

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not Selected	3	75.0	75.0	75.0
	Selected	1	25.0	25.0	100.0
	Total	4	100.0	100.0	

q4g Prepared using: Employer offered review

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not Selected	4	100.0	100.0	100.0

q4h Prepared using: None of the above

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not Selected	4	100.0	100.0	100.0

q5 Number times taken NCLEX exam

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Once	4	100.0	100.0	100.0

q5a If never taken, why not

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		4	100.0	100.0	100.0

q6 Passed the NCLEX exam

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	4	100.0	100.0	100.0

Discussion: The first accelerated BSN class completed computerized assessment tests published by Meds/Pub every semester and completed a comprehensive test before graduation. All students were required to purchase an NCLEX review book the first semester. From the survey, it appears that most students prepared using that self-study review book. The ATI programs were not available for this class, but are now an integral part of the program, so this data will be useful for future graduate surveys. Program records show that 92% of the graduates are first time passers of the NCLEX-RN exam.

Employment

	N		Mean	Median	Std. Deviation
	Valid	Missing			
q7 Currently employed in a nursing position	4	0	1.25	1.00	.500
q8 Type of nursing position	3	1	1.00	1.00	.000
q8a Type Other specified	4	0			
q9 Primary place of employment	3	1	1.00	1.00	.000
q9a Place Other specified	4	0			
q10 Do you work part- or full-time	3	1	1.67	2.00	.577
q11 If hospital, which unit	3	1	4.33	6.00	2.887
q11a Unit Other specified	4	0			
q12 Receive employment benefits	3	1	1.33	1.00	.577
q13 Current annual salary range	0	4			
q14 Current hourly range	3	1	6.00	6.00	.000
q15 County of employment	3	1	4.00	4.00	.000

q7 Currently employed in a nursing position

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	3	75.0	75.0	75.0
	No	1	25.0	25.0	100.0
	Total	4	100.0	100.0	

q8 Type of nursing position

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Staff Nurse	3	75.0	100.0	100.0
Missing	System	1	25.0		
	Total	4	100.0		

q8a Type Other specified

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		4	100.0	100.0	100.0

q9 Primary place of employment

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Hospital	3	75.0	100.0	100.0
Missing	System	1	25.0		
	Total	4	100.0		

q9a Place Other specified

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		4	100.0	100.0	100.0

q10 Do you work part- or full-time

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Part-time	1	25.0	33.3	33.3
	Full-time	2	50.0	66.7	100.0
	Total	3	75.0	100.0	
Missing	System	1	25.0		
Total		4	100.0		

q11 If hospital, which unit

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Med/Surg	1	25.0	33.3	33.3
	Other	2	50.0	66.7	100.0
	Total	3	75.0	100.0	
Missing	System	1	25.0		
Total		4	100.0		

q11a Unit Other specified

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		2	50.0	50.0	50.0
	Assisted Breathing Center (ventilator-dependent patients)	1	25.0	25.0	75.0
	Med-Surg/Intermediate	1	25.0	25.0	100.0
	Total	4	100.0	100.0	

q12 Receive employment benefits

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	2	50.0	66.7	66.7
	No	1	25.0	33.3	100.0
	Total	3	75.0	100.0	
Missing	System	1	25.0		
Total		4	100.0		

q13 Current annual salary range

		Frequency	Percent
Missing	System	4	100.0



q14 Current hourly range

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	\$20.00-\$24.99/hr	3	75.0	100.0	100.0
Missing	System	1	25.0		
Total		4	100.0		

q15 County of employment

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Kent	3	75.0	100.0	100.0
Missing	System	1	25.0		
Total		4	100.0		

Discussion: One of the 4 students who responded to the survey was not employed in nursing since graduation in December 2008. The other 3 students were working in hospitals in various units. Based on self-reported anecdotal data outside of this survey, it can be assumed that many other graduates are working in nursing as in many areas, the demand remains high. Salaries stated by the respondents appear to be equal to the state and national averages for new graduates. (See Section 3, A3b)

Overall Program Satisfaction

	N		Mean	Median	Std. Deviation
	Valid	Missing			
q16 How satisfied with preparation	3	1	3.00	3.00	1.000

q16 How satisfied with preparation

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Somewhat Dissatisfied	1	25.0	33.3	33.3
	Somewhat Satisfied	1	25.0	33.3	66.7
	Very Satisfied	1	25.0	33.3	100.0
	Total	3	75.0	100.0	
Missing	System	1	25.0		
Total		4	100.0		

Discussion: There were no student comments so it is difficult to determine why one student was somewhat dissatisfied. Students are prepared as generalists and then are trained to specialty areas once they are hired. These were high achieving students so they may have felt ill-prepared when first starting a job because they were not skilled in that specialty area. The faculty are confident they will become good nurses as is reflected in the high NCLEX-RN pass rates.

- B. Employer Follow-up Survey: Graduates were asked to send the survey to their employer. 19 requests were made, 1 response received (5%). There is a possibility that the employer may have hired more than one of our students and the survey reflects evaluation of more than one graduate.

Instructions: The primary goal of the Nursing program is to prepare our graduates to function as a competent registered nurse. This survey is designed to help us determine the strengths and areas of improvement for our program. All of your responses will be kept confidential and used for program evaluation purposes only. We request that this survey be completed by the graduate's immediate supervisor. Thank you for your time and assistance in evaluating the program at Ferris State University. If you employ more than one graduate, please fill out a survey for each graduate employee.

#### Clinical Knowledge

	N		Mean	Median
	Valid	Missing		
q1a Understanding of the principles of evidence-based practice	1	0	4.00	4.00
q1b Knowledge of pathophysiology of patient conditions	1	0	4.00	4.00
q1c Knowledge of pharmacological implications	1	0	4.00	4.00
q1d Interpretation of physician and interprofessional orders	1	0	4.00	4.00
q1e Compliance with legal/regulatory issues	1	0	4.00	4.00
q1f Understanding of quality improvement methodologies	1	0	4.00	4.00

#### q1a Understanding of the principles of evidence-based practice

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very Satisfied	1	100.0	100.0	100.0

#### q1b Knowledge of pathophysiology of patient conditions

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very Satisfied	1	100.0	100.0	100.0

#### q1c Knowledge of pharmacological implications

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very Satisfied	1	100.0	100.0	100.0

#### q1d Interpretation of physician and interprofessional orders

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very Satisfied	1	100.0	100.0	100.0

q1e Compliance with legal/regulatory issues

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very Satisfied	1	100.0	100.0	100.0

q1f Understanding of quality improvement methodologies

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very Satisfied	1	100.0	100.0	100.0

Discussion: The employer was very satisfied with our graduate's clinical knowledge. Our accelerated BSN program has a total of 1260 clinical hours which contribute to the student's knowledge of the clinical setting and patient care.

Technical Skills

		N		Mean	Median
		Valid	Missing		
q2a	Conducting patient assessments	1	0	4.00	4.00
q2b	Documentation of patient assessment data	1	0	4.00	4.00
q2c	Conducting clinical procedures	1	0	4.00	4.00
q2d	Utilization of clinical technologies	1	0	4.00	4.00
q2e	Administration of medication	1	0	4.00	4.00
q2f	Utilization of information technologies	1	0	4.00	4.00

q2a Conducting patient assessments

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very Satisfied	1	100.0	100.0	100.0

q2b Documentation of patient assessment data

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very Satisfied	1	100.0	100.0	100.0

q2c Conducting clinical procedures

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very Satisfied	1	100.0	100.0	100.0

q2d Utilization of clinical technologies

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very Satisfied	1	100.0	100.0	100.0

q2e Administration of medication

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very Satisfied	1	100.0	100.0	100.0

q2f Utilization of information technologies

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very Satisfied	1	100.0	100.0	100.0

Discussion: The employer was very satisfied with the graduate's ability to provide excellent patient care. Again this can be attributed to the high number of clinical hours the graduate completed as a student in our program.

Critical Thinking

		N			
		Valid	Missing	Mean	Median
q3a	Recognition of changes in patient status	1	0	4.00	4.00
q3b	Ability to anticipate risk	1	0	4.00	4.00
q3c	Interpretation of assessment data	1	0	4.00	4.00
q3d	Decision making based on the nursing process	1	0	4.00	4.00
q3e	Recognition of when to ask for assistance	1	0	4.00	4.00
q3f	Recognition of unsafe practices by self and others	1	0	4.00	4.00

q3a Recognition of changes in patient status

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very Satisfied	1	100.0	100.0	100.0

q3b Ability to anticipate risk

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very Satisfied	1	100.0	100.0	100.0

q3c Interpretation of assessment data

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very Satisfied	1	100.0	100.0	100.0

q3d Decision making based on the nursing process

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very Satisfied	1	100.0	100.0	100.0

q3e Recognition of when to ask for assistance

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very Satisfied	1	100.0	100.0	100.0

q3f Recognition of unsafe practices by self and others

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very Satisfied	1	100.0	100.0	100.0

Discussion: Being able to critically think is vitally important in nursing. This graduate(s) was able to provide safe, effective nursing care due to his/her ability to critically think. The employer was very satisfied with the graduate's ability to critically think.

Communication

		N		Mean	Median
		Valid	Missing		
q4a	Rapport with patients and families	1	0	4.00	4.00
q4b	Communication with interprofessional team	1	0	4.00	4.00
q4c	Communication with physicians	1	0	4.00	4.00
q4d	Patient education	1	0	4.00	4.00
q4e	Conflict resolution	1	0	4.00	4.00
q4f	Patient advocacy	1	0	4.00	4.00

q4a Rapport with patients and families

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very Satisfied	1	100.0	100.0	100.0

q4b Communication with interprofessional team

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very Satisfied	1	100.0	100.0	100.0

q4c Communication with physicians

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very Satisfied	1	100.0	100.0	100.0

q4d Patient education

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very Satisfied	1	100.0	100.0	100.0

q4e Conflict resolution

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very Satisfied	1	100.0	100.0	100.0

q4f Patient advocacy

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very Satisfied	1	100.0	100.0	100.0

Discussion: Being able to effectively communicate with patients and staff is another very important skill for nurses. This employer was very satisfied with this graduate's communication skills.

Professionalism

		N			
		Valid	Missing	Mean	Median
q5a	Ability to work independently	1	0	4.00	4.00
q5b	Ability to work as part of a team	1	0	4.00	4.00
q5c	Ability to accept constructive criticism	1	0	4.00	4.00
q5d	Customer service	1	0	4.00	4.00
q5e	Accountability for actions	1	0	4.00	4.00
q5f	Respect for diverse cultural perspectives	1	0	4.00	4.00

q5a Ability to work independently

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very Satisfied	1	100.0	100.0	100.0

q5b Ability to work as part of a team

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very Satisfied	1	100.0	100.0	100.0

q5c Ability to accept constructive criticism

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very Satisfied	1	100.0	100.0	100.0

q5d Customer service

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very Satisfied	1	100.0	100.0	100.0

q5e Accountability for actions

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very Satisfied	1	100.0	100.0	100.0

q5f Respect for diverse cultural perspectives

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very Satisfied	1	100.0	100.0	100.0

Discussion: Working independently and in groups, cultural perspectives, and accountability for own actions is a strong component of the BSN program. This graduate was able to transfer that learning to the clinical area.

Management Responsibilities

		N			
		Valid	Missing	Mean	Median
q6a	Ability to keep track of multiple responsibilities	1	0	4.00	4.00
q6b	Ability to prioritize	1	0	4.00	4.00
q6c	Delegation of tasks	1	0	4.00	4.00
q6d	Completion of individual tasks within expected timeframe	1	0	4.00	4.00
q6e	Ability to take initiative	1	0	4.00	4.00
q6f	Conducting appropriate follow up	1	0	4.00	4.00

q6a Ability to keep track of multiple responsibilities

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very Satisfied	1	100.0	100.0	100.0

q6b Ability to prioritize

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very Satisfied	1	100.0	100.0	100.0

q6c Delegation of tasks

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very Satisfied	1	100.0	100.0	100.0

q6d Completion of individual tasks within expected timeframe

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very Satisfied	1	100.0	100.0	100.0

q6e Ability to take initiative

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very Satisfied	1	100.0	100.0	100.0

q6f Conducting appropriate follow up

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very Satisfied	1	100.0	100.0	100.0

Discussion: Leadership and management are stressed in the classroom as well as in the clinical setting. The employer felt this graduate was able to transfer that learning to the workplace.

Programs Strengths and Weaknesses

		N			
		Valid	Missing	Mean	Median
q7	See as program's strengths	1	0		
q8	See as program's weaknesses	1	0		
q9	Additional comments	1	0		

q7 See as program's strengths

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Nursing knowledge among professors was great. Compassion for students.	1	100.0	100.0	100.0

q8 See as program's weaknesses

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	The curriculum could be tweaked, as I was part of the inaugural class.	1	100.0	100.0	100.0

q9 Additional comments

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Keep up the good work, I have been very successful in my current position as a result of the education I received.	1	100.0	100.0	100.0

Discussion: It appears that the student answered questions 7, 8, and 9 rather than the employer. There are no comments from an employer.



- C. Graduating Student Exit Survey: There were 19 graduating accelerated BSN December 2008. 16 students responded to the survey (84%).  
 Instructions: The purpose of this survey is for students to evaluate the quality of instruction, relevance of courses, satisfaction with program outcomes, and suggestions on ways to improve the effectiveness of the program. The data compiled will aid the program in an ongoing process of program improvements.

	N		Mean	Median	Std. Deviation
	Valid	Missing			
q1a Your entire FSU experience in general	16	0	3.31	2.00	.602
q1b The nursing program at FSU	16	0	3.50	3.50	.516
q1c The academic advising you may have received	16	0	2.88	3.00	.619

q1a Your entire FSU experience in general

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Somewhat Dissatisfied	1	6.3	6.3	6.3
	Somewhat Satisfied	9	56.3	56.3	62.5
	Very Satisfied	6	37.5	37.5	100.0
	Total	16	100.0	100.0	

q1b The nursing program at FSU

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Somewhat Satisfied	8	50.0	50.0	50.0
	Very Satisfied	8	50.0	50.0	100.0
	Total	16	100	100	

q1c The academic advising you may have received

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Somewhat Dissatisfied	4	25.0	25.0	25.0
	Somewhat Satisfied	10	62.5	62.5	87.5
	Very Satisfied	2	12.5	12.5	
	Total	16	100.0	100.0	

Discussion: The majority of students were somewhat to very satisfied with their education at Ferris. 25% were somewhat dissatisfied with the academic advising. There were not comments to explain this dissatisfaction.

Personnel Resources

	N		Mean	Median	Std. Deviation
	Valid	Missing			
q2a Faculty teach effectively in the classroom	16	0	3.3008	3.50	.719
q2b Faculty teach effectively in the laboratory	16	0	3.69	4.00	.479
q2c Faculty teach effectively in the clinical area	16	0	3.81	4.00	.403
q2d Instruction is based on clearly stated objectives	16	0	3.25	3.00	.683
q2e Faculty have good rapport with students	16	0	3.63	4.00	.500
q2f Faculty willing to help students with academic needs	16	0	3.63	4.00	.619

q2a Faculty teach effectively in the class/online

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Somewhat Disagree	2	12.5	12.5	12.5
	Somewhat Agree	6	37.5	37.5	50.0
	Strongly Agree	8	50.0	50.0	100.0
	Total	16	100.0	100.0	

q2b Faculty teach effectively in lab

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Somewhat Agree	5	31.3	31.3	31.3
	Strongly Agree	11	68.8	68.8	100.0
	Total	16	100.0	100.0	

q2c Faculty teach effectively in the clinical area

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Somewhat Agree	3	18.8	18.8	18.8
	Strongly Agree	13	81.3	81.3	100.0
	Total	16	100.0	100.0	

q2d Instruction is based on clearly stated objectives

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Somewhat Disagree	2	12.5	12.5	12.5
	Somewhat Agree	8	50.0	50.0	62.5
	Strongly Agree	6	37.5	37.5	100.0
	Total	16	100.0	100.0	

q2e Faculty have good rapport with students

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Somewhat Agree	6	37.5	37.5	37.5
	Strongly Agree	10	62.5	62.5	100.0
	Total	16	100.0	100.0	

q2f Faculty willing to help students with academic needs

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Somewhat Disagree	1	6.3	6.3	6.3
	Somewhat Agree	4	25.0	25.0	31.3
	Strongly Agree	11	68.8	68.8	100.0
	Total	16	100.0	100.0	

Student Comments:

	Frequency	Percent	Valid Percent	Cumulative Percent
	10	62.5	62.5	62.5
All faculty made themselves available for help if needed.	1	6.3	6.3	68.8
Great instructors who really spent time instilling their love for nursing and cared that "learning had occurred".	1	6.3	6.3	75.0
It would be helpful if more faculty members actually worked in clinical settings. It seems that some are "out of touch" with current practice. I learned much more helpful information from my clinical instructors.	1	6.3	6.3	81.3
None	1	6.3	6.3	87.5
Not a great variety of teaching methods. Many instructors using basic lecture format.	1	6.3	6.3	93.8
The faculty was great... I sometimes felt that things were very unorganized and no one knew any answers.	1	6.3	6.3	100.0
Total	16	100.0	100.0	

Discussion: Overall most students felt the faculty taught effectively and showed an interest in their learning. With any new program, there are some teaching techniques that work well and some that don't work as well. In time, the courses will be revised and improved to hopefully meet all of the students' needs. The comment regarding clinical currency of the nursing faculty actually supports the clinical instruction model adopted by the School of Nursing, which utilizes clinically current nurse clinicians as clinical instructors, which is a deliberate effort to provide students with a learning experience that is current and relevant.

Physical Resources

	Valid	Missing	Mean	Median	Std. Deviation
q4a Classroom resources are adequate	16	0	3.31	3.00	.602
q4b Classroom resources have necessary equipment	16	0	3.50	3.50	.516
q4c Laboratory resources are adequate	16	0	3.56	4.00	.512
q4d Laboratory is accessible outside scheduled times	16	0	3.31	3.00	.602
q4e Supplies are sufficient	16	0	3.38	3.00	.619
q4f Lab activities prepare students	16	0	3.63	4.00	.500

q4a Classroom resources are adequate

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Somewhat Disagree	1	6.3	6.3	6.3
	Somewhat Agree	9	56.3	56.3	62.5
	Strongly Agree	6	37.5	37.5	100.0
	Total	16	100.0	100.0	

q4b Classroom have necessary equipment

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Somewhat Agree	8	50.0	50.0	50.0
	Strongly Agree	8	50.0	50.0	100.0
	Total	16	100.0	100.0	

q4c Laboratory resources are adequate

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Somewhat Agree	7	43.8	43.8	43.8
	Strongly Agree	9	56.3	56.3	100.0
	Total	16	100.0	100.0	

q4d Laboratory is accessible outside scheduled times

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Somewhat Disagree	1	6.3	6.3	6.3
	Somewhat Agree	9	56.3	56.3	62.5
	Strongly Agree	6	37.5	37.5	100.0
	Total	16	100.0	100.0	

q4e Supplies are sufficient

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Somewhat Disagree	1	6.3	6.3	6.3
	Somewhat Agree	8	50.0	50.0	56.3
	Strongly Agree	7	43.8	43.8	100.0
	Total	16	100.0	100.0	

q4f Lab activities prepare students

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Somewhat Agree	6	37.5	37.5	37.5
	Strongly Agree	10	62.5	62.5	100.0
	Total	16	100.0	100.0	

q5 Physical Resources comments

	Frequency	Percent	Valid Percent	Cumulative Percent
	11	68.8	68.8	68.8
More simulations would be helpful to prepare for clinical setting	1	6.3	6.3	75.0
None	1	6.3	6.3	81.3
Only two of our instructors would provide us with class syllabi on the first day. It is very frustrating to sit and listen to the plan for a semester when I don't even know what the instructor is talking about. Also, there was a few miscommunications on which books were being used and when. A few of the classroom settings were very uncomfortable (the phlebotomy lab with the tiny roly desks).	1	6.3	6.3	87.5
Simulated lab experiences are definitely better than online activities.	1	6.3	6.3	93.8
Wish we could have a review of skills once a semester as there are skills that you never get a chance to use while at clinical.	1	6.3	6.3	100.0
Total	16	100.0	100.0	

Discussion: Most of the students felt the classroom and lab resources were satisfactory. Students appear to enjoy the simulation activities in the lab. Based on this feedback, faculty are already planning more medium and high fidelity on-campus simulation experiences in their respective courses.

Learning Resources

	Valid	Missing	Mean	Median	Std. Deviation
q6a The libraries provide sufficient materials	16	0	3.75	4.00	.447
q6b Program assignments require computers	16	0	3.88	4.00	.342
q6c Program assignments require library references, etc.	16	0	3.88	4.00	.342
q6d Tutorial assistance is available	16	0	3.38	3.00	.619
q6e Audiovisual and computer equipment are available	16	0	3.19	3.00	.750
q6f Computer resources are adequate	16	0	3.19	3.00	.655
q6g Instructional Support Services are accessible	16	0	3.19	3.00	.655

q6a The libraries provide sufficient materials

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Somewhat Agree	4	25.0	25.0	25.0
	Strongly Agree	12	75.0	75.0	100.0
	Total	16	100.0	100.0	

q6b Assignments require computers

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Somewhat Agree	2	12.5	12.5	12.5
	Strongly Agree	14	87.5	87.5	100.0
	Total	16	100.0	100.0	

q6c Assignments require library references, etc.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Somewhat Agree	2	12.5	12.5	12.5
	Strongly Agree	14	87.5	87.5	100.0
	Total	16	100.0	100.0	

q6d Tutorial assistance is available when needed

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Somewhat Disagree	1	6.3	6.3	6.3
	Somewhat Agree	8	50.0	50.0	56.3
	Strongly Agree	7	43.8	43.8	100.0
	Total	16	100.0	100.0	

q6e Audiovisual and computer equipment are available

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Somewhat Disagree	3	18.8	18.8	18.8
	Somewhat Agree	7	43.8	43.8	62.5
	Strongly Agree	6	37.5	37.5	100.0
	Total	16	100.0	100.0	

q6f Computer resources are adequate

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Somewhat Disagree	2	12.5	12.5	12.5
	Somewhat Agree	9	56.3	56.3	68.8
	Strongly Agree	5	31.3	31.3	100.0
	Total	16	100.0	100.0	

q6g Instructional Support Services are equally accessible

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Somewhat Disagree	2	12.5	12.5	12.5
	Somewhat Agree	9	56.3	56.3	68.8
	Strongly Agree	5	31.3	31.3	100.0
	Total	16	100.0	100.0	

q7 Learning Resources comments

	Frequency	Percent	Valid Percent	Cumulative Percent
None	12	75.0	75.0	75.9
Computer labs in Allied Health building are available from 9-4 which is not helpful when classes are held from 8-4! FLITE only has 8 computers with Nursing program/software available, so more adequate time should be given for assignments requiring specific software use.	1	6.3	6.3	81.3
Computer labs should be open later in Allied Health	1	6.3	6.3	87.5
Need an earlier introduction to the use of library resources.	1	6.3	6.3	93.8
None	1	6.3	6.3	100.0
Total	16	100.0	100.0	

Discussion: Most students are satisfied with the library resources. There is a concern for the limited hours in the VFS Computer Lab, which is a valid issue for this particular student cohort because these students have 2 days filled with classes and 3 days filled with either clinical or simulation. As a result they have less time to complete required on-campus computer work. Evening hours in the VFS Computer lab and/or nursing software on more than 8 computers at FLITE would be helpful to this group of students. The possibility of installing the software on more computers at FLITE will be investigated in the coming academic year.

Clinical Resources

	N		Mean	Median	Std. Deviation
	Valid	Missing			
q8a The clinical facilities offer a sufficient number of experiences	16	0	3.44	4.00	.727
q8b The clinical facilities provide adequate exposure to current equipment	16	0	3.13	3.00	.806
q8c Each clinical rotation is of sufficient length	16	0	3.19	3.00	.750
q8d Sufficient classroom and lab instruction was provided prior to clinical activity	16	0	2.88	3.00	.885
q8e Classroom and lab instructions was appropriately sequenced	16	0	3.06	3.00	.772

q8f Students are adequately oriented to assigned clinical areas and procedures	16	0	3.31	4.00	.946
q8g Clinical instructors are sufficiently knowledgeable	16	0	3.88	4.00	.342
q8h Clinical instructors provide appropriate supervision	16	0	3.88	4.00	.342
q8i Clinical instructors are consistent in evaluation	16	0	3.81	4.00	.544
q8j Clinical instructors are readily available	16	0	3.88	4.00	.342
q8k Clinical instructors are effective role models	16	0	3.94	4.00	.250
q8l Clinical instructors encourage students to think and solve clinical problems	16	0	3.94	4.00	.250

q8a The clinical facilities offer a sufficient number of experiences

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Somewhat Disagree	2	12.5	12.5	12.5
	Somewhat Agree	5	31.3	31.3	43.8
	Strongly Agree	9	56.3	56.3	100.0
	Total	16	100.0	100.0	

q8b The clinical facilities provide adequate exposure to current equipment

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	1	6.3	6.3	6.3
	Somewhat Disagree	1	6.3	6.3	12.5
	Somewhat Agree	9	56.3	56.3	68.8
	Strongly Agree	5	31.3	31.3	100.0
	Total	16	100.0	100.0	

q8c Each clinical rotation is of sufficient length

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Somewhat Disagree	3	18.8	18.8	18.8
	Somewhat Agree	7	43.8	43.8	62.5
	Strongly Agree	6	37.5	37.5	100.0
	Total	16	100.0	100.0	

q8d Sufficient classroom and lab instruction was provided prior to clinical activity

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	1	6.3	6.3	6.3
	Somewhat Disagree	4	25.0	25.0	31.3
	Somewhat Agree	7	43.8	43.8	75.0
	Strongly Agree	4	25.0	25.0	100.0
	Total	16	100.0	100.0	



q8e Classroom and lab instructions was appropriately sequenced

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Somewhat Disagree	4	25.0	25.0	25.0
	Somewhat Agree	7	43.8	43.8	68.8
	Strongly Agree	5	31.3	31.3	100.0
	Total	16	100.0	100.0	

q8f Students are adequately oriented to assigned clinical areas and procedures

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	1	6.3	6.3	6.3
	Somewhat Disagree	2	12.5	12.5	18.8
	Somewhat Agree	4	25.0	25.0	43.8
	Strongly Agree	9	56.3	56.3	100.0
	Total	16	100.0	100.0	

q8g Clinical instructors are sufficiently knowledgeable

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Somewhat Agree	2	12.5	12.5	12.5
	Strongly Agree	14	87.5	87.5	100.0
	Total	16	100.0	100.0	

q8h Clinical instructors provide appropriate supervision

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Somewhat Agree	2	12.5	12.5	12.5
	Strongly Agree	14	87.5	87.5	100.0
	Total	16	100.0	100.0	

q8i Clinical instructors are consistent in evaluation

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Somewhat Disagree	1	6.3	6.3	6.3
	Somewhat Agree	1	6.3	6.3	12.5
	Strongly Agree	14	87.5	87.5	100.0
	Total	16	100.0	100.0	

q8j Clinical instructors are readily available

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Somewhat Agree	2	12.5	12.5	12.5
	Strongly Agree	14	87.5	87.5	100.0
	Total	16	100.0	100.0	

q8k Clinical instructors are effective role models

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Somewhat Agree	1	6.3	6.3	6.3
	Strongly Agree	15	93.8	93.8	100.0
	Total	16	100.0	100.0	

q8l Clinical instructors encourage students to think and solve clinical problems

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Somewhat Agree	1	6.3	6.3	6.3
	Strongly Agree	15	93.8	93.8	100.0
	Total	16	100.0	100.0	

q9 Clinical Resources comments

	Frequency	Percent	Valid Percent	Cumulative Percent
None	11	68.8	68.8	68.8
Cadillac Mercy provided excellent learning experiences and _____ was a superior preceptor.	1	6.3	6.3	75.0
Clinical instructor was very good, but his grading criteria was sporadic. We only had one lab before being in the clinical area.	1	6.3	6.3	81.3
Great learning environment!	1	6.3	6.3	87.5
I would have liked more exposure to intensive care equipment (swan ganz, arterial lines, ventilators, EKG readings, etc).	1	6.3	6.3	93.8
The clinical instructors were wonderful teachers. Classroom and lab experiences did not correlate with clinical experiences. For example, my critical care rotation was over before we discussed anything in class. We are learning about the urinary and integumentary systems during the last 2 weeks of school... long after the med/surg rotations in which that information would have been helpful.	1	6.3	6.3	100.0
Total	16	100.0	100.0	

Discussion: In view of the accelerated nature of this program, students were placed in one clinical setting for the majority of their clinical experience in an effort to reduce time orienting to different hospitals. Therefore students were placed at either Cadillac Mercy or Gerber in Fremont. They had the same clinical instructor all 3 semesters and appeared to be very satisfied with the quality of instruction they received. Some students felt they would have benefited from a clinical rotation at Spectrum in one of the more acute care units, but we were unable to place students in these units. Students did rotate to Cadillac

and Fremont's intensive care and ED units, which provided them with an exposure to these clinical areas.

It should be noted that the complexity of clinical placement parameters does sometimes result in some students not having received the theoretical content for a population of patients prior to being assigned that unit. It is essentially impossible to coordinate content with experiences for every student all of the time. Clinical instructors are adept at bridging this gap, and it also helps students adapt to a constantly changing health care practice setting. It is not unusual for students to relate this kind of feedback, as the complexity of clinical practice is overwhelming and most graduates typically feel a sense of not having had enough experience prior to entering the work setting. If they elect to practice in a specialty area, the typical orientation for a new graduate is approximately 6 to 12 months.

q10 How long a student in the program

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		5	31.3	31.3	31.3
	1 year accelerated track	1	6.3	6.3	37.5
	1 year	5	31.3	31.3	68.8
	1 year	1	6.3	6.3	75.0
	1 year (accelerated)	1	6.3	6.3	81.3
	11 months	1	6.3	6.3	87.5
	12 months	1	6.3	6.3	93.8
	1 year	1	6.3	6.3	100.0
	Total	16	100.0	100.0	

Educational Practices

	N		Mean	Median	Std. Deviation
	Valid	Missing			
q1 1a Demo ability provide direct client care	6	10	5.33	5.00	.516
q1 1b Demo knowledge importance & meaning of nursing theory	6	10	5.33	5.00	.516
q1 1c Recognize importance of addressing individual differences	6	10	5.33	5.00	.516
q1 1d Recognize importance of selecting outcomes/interventions	6	10	5.33	5.00	.516
q1 1e Demo understanding of the nursing process	6	10	5.33	5.00	.516
q1 1f Incorporate professional nursing standards & accountability	6	10	5.33	5.00	.516

q11a Demo ability to provide direct client care

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Met	4	25.0	66.7	66.7
	Exceed	2	12.5	33.3	100.0
	Total	6	37.5	100.0	
Missing	System	10	62.5		
Total		16	100.0		

Q11b Demo knowledge importance and meaning of nursing theory

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Met	4	25.0	66.7	66.7
	Exceed	2	12.5	33.3	100.0
	Total	6	37.5	100.0	
Missing	System	10	62.5		
Total		16	100.0		

Q11c Recognize importance of addressing individual differences

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Met	4	25.0	66.7	66.7
	Exceed	2	12.5	33.3	100.0
	Total	6	37.5	100.0	
Missing	System	10	62.5		
Total		16	100.0		

Q11d Recognize importance of selecting outcomes/interventions

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Met	4	25.0	66.7	66.7
	Exceed	2	12.5	33.3	100.0
	Total	6	37.5	100.0	
Missing	System	10	62.5		
Total		16	100.0		

Q11e Demo understanding of the nursing process

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Met	4	25.0	66.7	66.7
	Exceed	2	12.5	33.3	100.0
	Total	6	37.5	100.0	
Missing	System	10	62.5		
Total		16	100.0		

Q11f Incorporated professional nursing standards and accountability

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Met	4	25.0	66.7	66.7
	Exceed	2	12.5	33.3	100.0
	Total	6	37.5	100.0	
Missing	System	10	62.5		
Total		16	16	100.0	

Discussion: 10 out of the 16 students did not answer this section. Those that did felt they met these important educational practices.

Program Outcomes

	N				Std. Deviation
	Valid	Missing	Mean	Median	
q12a Demo ability to coordinate nursing care (nursing role development)	6	10	5.33	5.00	.516
q12b Select approaches evidence based (theory/evidence-base for practice)	6	10	5.33	5.00	.516
q12c Demo understanding of nursing care delivered (context for nursing care)	6	10	5.33	5.00	.516
q12d Critique nursing research studies. (research)	6	10	5.33	5.00	.516
q12e Demo ability to apply critical thinking (cognitive growth)	66	10	5.33	5.00	.516
q12f Demo commitment to the advancement nursing image (advancement of the profession)	6	10	5.33	5.00	.516

q12a Provide direct client care (Nursing Role Development Competency)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Met	4	25.0	66.7	66.7
	Exceeded	2	12.5	33.3	100.0
	Total	6	37.5	100.0	
Missing	System	10	62.5		
Total		16	100.0		

q12b Select approaches evidence based (Theory & Evidence-base for Practice Competency)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Met	4	25.0	66.7	66.7
	Exceeded	2	12.5	33.3	100.0
	Total	6	37.5	100.0	
Missing	System	10	62.5		
Total		16	100.0		

q12c Demo understanding of nursing care delivered (Context for Nursing Care Competency)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Met	4	25.0	66.7	66.7
	Exceeded	2	12.5	33.3	100.0
	Total	6	37.5	100.0	
Missing	System	10	62.5		
Total		16	100.0		

q12d Critique research studies (research)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Met	4	25.0	66.7	66.7
	Exceeded	2	12.5	33.3	100.0
	Total	6	37.5	100.0	
Missing	System	10	62.5		
Total		16	100.0		

q12e Demo ability to apply critical thinking (Cognitive Growth Competency)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Met	4	25.0	66.7	66.7
	Exceeded	2	12.5	33.3	100.0
	Total	6	37.5	100.0	
Missing	System	10	62.5		
Total		16	100.0		

q12f Demo commitment to advancement nursing image (Advancement of the Profession Competency)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Met	4	25.0	66.7	66.7
	Exceeded	2	12.5	33.3	100.0
	Total	6	37.5	100.0	
Missing	System	10	62.5		
Total		16	100.0		

Discussion: 10 out of the 16 students did not answer this section. Those that did felt they met these important program outcome competencies.

Leadership and professional principles

	N		Mean	Median	Std. Deviation
	Valid	Missing			
q13a Assume collaborative roles (nursing role development)	15	1	5.13	5.00	.640
q13b Integrate theory & evidence-based knowledge (theory and evidence-base for practice)	16	0	5.25	5.00	.577
q13c Coordinate health care of diverse populations. (context for nursing care)	16	0	5.19	5.00	.655
q13d Analyze research for application to nursing (research)	16	0	5.25	5.00	.577
q13e Demo critical thinking & ethical clinical judgment (cognitive growth)	16	0	5.19	5.00	.544
q13f Demo commitment to advancement of the nursing image (advancement of the profession)	16	0	5.25	5.00	.577

q13a Assume collaborative leadership roles (nursing role development)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Progressing	2	12.5	13.3	13.3
	Met	9	56.3	60.0	73.3
	Exceeded	4	23.0	26.7	100.0
	Total	15	93.8	100.0	
Missing	System	1	6.3		
Total		6	100.0		

q13b Integrate theory and evidence-based knowledge (theory and evidence-base for practice)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Progressing	1	6.3	6.3	6.3
	Met	10	62.5	62.5	68.8
	Exceeded	5	31.3	31.3	100.0
	Total	16	100.0	100.0	

q13c Coordinate health care of diverse populations (context for nursing care)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Progressing	2	12.5	12.5	12.5
	Met	9	56.3	56.3	68.8
	Exceeded	5	31.3	31.3	100.0
	Total	16	100.0	100.0	

q13d Analyze research for application to nursing (research)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Progressing	1	6.3	6.3	6.3
	Met	10	62.5	62.5	68.8
	Exceeded	5	31.3	31.3	100.0
	Total	16	100.0	100.0	

q13e Demo critical thinking and ethical clinical judgments for clients (cognitive growth)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Progressing	1	6.3	6.3	6.3
	Met	11	68.8	68.8	75.0
	Exceeded	4	25.0	25.0	100.0
	Total	16	100.0	100.0	

q13f Commitment to advancement of nursing image (advancement of the profession)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Progressing	1	6.3	6.3	6.3
	Met	10	62.5	62.5	68.8
	Exceeded	5	31.3	31.3	100.0
	Total	16	100.0	100.0	

Discussion: The majority of the students felt they met or exceeded in learning leadership and professional principles. These concepts are stressed throughout the curriculum.

- D. Student Program Evaluation: 90 surveys were sent to current traditional BSN students at the first and second level of courses and accelerated BSN students in their first semester. 53 surveys returned which reflects a 59% return rate. Instructions: The purpose of this survey is for students to evaluate the quality of instruction, relevance of courses, satisfaction with program outcomes, and suggestions on ways to improve the effectiveness of the program. The data compiled will aid the program in an ongoing process of program improvements.

	N		Mean	Median	Std. Deviation
	Valid	Missing			
q1a Your entire FSU experience in general	53	0	3.40	3.00	.631
q1b The nursing program at FSU	51	2	2.94	3.00	.785
q1c The academic advising you may have received	51	2	2.73	3.00	.723



q1a Your entire FSU experience in general

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very Dissatisfied	1	1.9	1.9	1.9
	Somewhat Dissatisfied	1	1.9	1.9	3.8
	Somewhat Satisfied	27	50.9	50.9	54.7
	Very Satisfied	24	45.3	45.3	100.0
	Total	53	100.0	100.0	

q1b The nursing program at FSU

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very Dissatisfied	1	1.9	2.0	2.0
	Somewhat Dissatisfied	14	26.4	27.5	29.4
	Somewhat Satisfied	23	43.4	45.1	74.5
	Very Satisfied	13	24.5	25.5	100.0
	Total	51	96.2	100.0	
Missing	System	2	3.8		
Total		53	100.0		

q1c The academic advising you may have received

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Very Dissatisfied	2	3.8	3.9	3.9
	Somewhat Dissatisfied	16	30.2	31.4	35.3
	Somewhat Satisfied	27	50.9	52.9	88.2
	Very Satisfied	6	11.3	11.8	100.0
	Total	51	96.2	100.0	
Missing	System	2	3.8		
Total		53	100.0		

Discussion: 26% to 30% of current BSN students (there was no attempt to differentiate comments from the student's years of enrollment) responded they were dissatisfied with the nursing program and advising. There were no student comments in this section so it is difficult to determine where their dissatisfaction lies. 27 of the respondents were first level traditional BSN students who were completing their second semester in the program. 21 of the respondents were second level traditional BSN students who were completing their 4<sup>th</sup> semester in the program and 5 students were first semester accelerated BSN students. It appears from comments made later in the survey that some students had difficulty evaluating the program as a whole and based their evaluation on one or two faculty who they felt did not meet their educational or advising needs.

Personnel Resources

	N		Mean	Median	Std. Deviation
	Valid	Missing			
q2a Faculty teach effectively in the classroom	53	0	2.89	3.00	.670
q2b Faculty teach effectively on-line	53	0	3.00	3.00	.707
q2c Faculty teach effectively in the laboratory	52	1	3.52	4.00	.641
q2d Faculty teach effectively in the clinical area	53	0	3.40	4.00	.817
q2e Instruction is based on clearly stated objectives	53	0	3.02	3.00	.796
q2f Faculty have good rapport with students	53	0	3.30	3.00	.638
q2g Faculty willing to help students with academic needs	53	0	3.42	3.00	.602

q2a Faculty teach effectively in the classroom

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	1	1.9	1.9	1.9
	Somewhat Disagree	12	22.6	22.6	24.5
	Somewhat Agree	32	60.4	60.4	84.9
	Strongly Agree	8	15.1	15.1	100.0
	Total	53	100.0	100.0	

q2b Faculty teach effectively on-line

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	1	1.9	1.9	1.9
	Somewhat Disagree	10	18.9	18.9	20.8
	Somewhat Agree	30	56.6	56.6	77.4
	Strongly Agree	12	22.6	22.6	100.0
	Total	53	100.0	100.0	

q2c Faculty teach effectively in the laboratory

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Somewhat Disagree	4	7.5	7.7	7.7
	Somewhat Agree	17	32.1	32.7	40.4
	Strongly Agree	31	58.5	59.6	100.0
	Total	52	98.1	100.0	
Missing	System	1	1.9		
Total		53	100.0		

q2d Faculty teach effectively in the clinical area

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	1	1.9	1.9	1.9
	Somewhat Disagree	8	15.1	15.1	17.0
	Somewhat Agree	13	24.5	24.5	41.5
	Strongly Agree	31	58.5	58.5	100.0
	Total	53	100.0	100.0	

q2e Instruction is based on clearly stated objectives

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	1	1.9	1.9	1.9
	Somewhat Disagree	13	24.5	24.5	26.4
	Somewhat Agree	23	43.4	43.4	69.8
	Strongly Agree	16	30.2	30.2	100.0
	Total	53	100.0	100.0	

q2f Faculty have good rapport with students

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Somewhat Disagree	5	9.4	9.4	9.4
	Somewhat Agree	27	50.9	50.9	60.4
	Strongly Agree	21	39.6	39.6	100.0
	Total	53	100.0	100.0	

q2g Faculty willing to help students with academic needs

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Somewhat Disagree	3	5.7	5.7	5.7
	Somewhat Agree	25	47.2	47.2	52.8
	Strongly Agree	25	47.2	47.2	100.0
	Total	53	100.0	100.0	

Student Comments:

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	None	24	45.3	45.3	45.3
	_____ is very unclear on the objectives of her class, and tends to talk at us instead of to us.	1	1.9	1.9	47.2
	Both classes we have had with _____ have been disorganized and confusing. Every class the assignment schedule changes or the assignment requirements are different. There is always confusion on when assignments are due and what really needs to be done; your more worried about getting the grades you need rather than retaining anything learned. _____ class, the test questions don't always come from information in required text books and contradicts NCLEX answers. Although we can fight questions we have to do it on an individual basis taking time from the entire classes study time. Also, she teaches to what she enjoys and knows; other subjects are skimmed including peds. I would like to go into peds and feel that it's not covered hardly at all. I believe we need a peds theory class or cover it better during med surg theory. _____ and _____ classes were both great. Both enjoyed what they were teaching and made class fun. _____ was great and the knowledge she had made lectures fun, which make me learn and retain the information. Both classes were flexible to our needs but the schedule was consistent once discussed.	1	1.9	1.9	49.1
	Excellent and challenging instruction. Evidence based.	1	1.9	1.9	50.9
	Faculty seem to not care about our suggestions for improvement, most are good but some who are higher display an "I don't care attitude"	1	1.9	1.9	52.8
	Half of our faculty is very organized, the other half are not. They will come to class without the quiz for the day, change the agenda for the day adlib, and continuously change when things are due. I believe 90% of our faculty	1	1.9	1.9	54.7

	has the students' best interest at heart and care to see that we make it through the program. But the disorganization of some faculty make it hard to know what is going on any given day in class.				
	I feel that a class such as Med/Surg should have an instructor that is up-to-date and current with the evidence base and current nursing practice in the clinical setting. I am positive that _____ is a great nurse, however, she doesn't practice nursing anymore, and seems to teach more "old school." For example, the things that she knows and did as a practicing nurse, are different from what the norm is now. Nursing is changing, and I feel that the program should be geared towards current nursing practices and trends.	1	1.9	1.9	56.6
	I feel that many of the instructors don't always know what is going on with the program and are not all consistent with their expectations, especially with the portfolios.	1	1.9	1.9	58.5
	I feel that the professors teach ok but the classes seem to be general and less specific I feel more or less like I am teaching myself. that is not what I am paying for, the long classroom times are harder to stay focused and less of a benefit	1	1.9	1.9	60.4
	I feel that this far the only instructor 100% confident in their knowledge of the subject they are teaching and are able to answer students questions properly is _____. My health promotions class is a joke! We handed in 3 papers to _____ in Feb and today (4-24-09) and still do not have grades for all of them! We basically had to teach our-selves and I am pretty sure she was not even using the book were instructed to buy but the book for her RN-BSN program, she was just cutting and pasting the quizzes from that class and having both classes take them. Majority of our class failed all of the quizzes when she was doing this. We asked her about it and all of the sudden the quizzes were easier. We have	1	1.9	1.9	62.3

<p>approached her asking how to study for her class and never get a straight answer, she could not even answer the questions to her own mid-term. We all basically barely passed the test and wanted to ask her about a few questions that didn't seem right. She finally went over 10 of them in class and did not know the answers nor could she explain the rationale. I am VERY disappointed with this class and feel it was a waste of 1200.00! I just found we do not even get to evaluate her...why is that? FSU should value the opinion of their students seeing we how we are the paying customer. _____ should be allowed to teach what ever class she is certified too. She is an outstanding teacher who shows great interest in the subject and knowledge. It is teachers like her that I love to learn from, and she really cares about the students! I also think that all professors need to be consistent on how they calculate grades for the 75% or better on tests rule to pass the classes. I feel like there is no concrete method and its all just a mess! The program needs to get the kinks worked out and I feel this area really needs to be evaluated and the students need one consistent method so we know what is really expected.</p>				
<p>I really think we have good faculty. They are hard on us, but they want to see us do well.</p>	1	1.9	1.9	64.2
<p>In general, it has been a positive experience, no complaints.</p>	1	1.9	1.9	66.0
<p>It is hard to answer these questions appropriately. I have teachers in the FSU Nursing Program that are engaging, they teach effectively and I have professors who act as if they do not care about our experience and our existence in the FSU Nursing Program.</p>	1	1.9	1.9	67.9
<p>_____ is an amazing instructor and really seems to care about the students and the material, I cannot say this about other instructors.</p>	1	1.9	1.9	69.8

	_____ is not effective in her teaching. Her exact words at the begging of the class were, "I am not here to teach you. I am here to lead discussion". While I do agree profs are supposed to facilitate discussion, it is ultimately their job to instruct and _____ does not do that.	1	1.9	1.9	71.7
	Most faculty are extremely helpful in and out of the classroom; however, certain instructors are neither.	1	1.9	1.9	73.6
	none	1	1.9	1.9	75.5
	One of the nursing instructors is incompetent to teach, wonderful person, horrible instructor.	1	1.9	1.9	77.4
	Overall the nursing staff at Ferris is excellent, there is one teacher in particular that many student, myself included, do have difficulty with. It is frustrating because this particular instructor will not be evaluated by our class. I find this to be unfair to the students.	1	1.9	1.9	79.2
	Program faculty is passionate about nursing and always willing to help students with whatever they need	1	1.9	1.9	81.1
	Resources available to the students are adequate.	1	1.9	1.9	83.0
	some faculty are amazing, others don't seem to know the information they're teaching very well	1	1.9	1.9	84.9
	The experienced nursing faculty are impressive. Some of the newer instructors don't quite have the courses or the accelerated BSN students figured out yet.	1	1.9	1.9	86.8
	The Nursing staff is very caring and helpful. They are also understanding of individual needs of the students. I enjoy the nursing staff at Ferris better than any staff at Ferris in general.	1	1.9	1.9	88.7
	The only reason for the two 'somewhat' agree choices is NURS. 250 for this semester. I do not feel there is effective teaching occurring. When a student asks for instruction on writing Wellness Diagnoses, the answer was to basically hand her a book and tell her to read it. That is not effective teaching. Also, when two hours of 'teaching' involves creating a lifeline on the board and all	1	1.9	1.9	90.6

	<p>of the possible health issues that can/do occur in a lifetime, then choose which ones you would include in a universal/national health care plan; you are told at the end of the class time, that none of what was just done would be on a test, what is the purpose of taking an entire class time for that???</p>				
	<p>There are certain Faulty members that are awesome. They know about their students lives (outside of nursing) because they ask and what to know. Other don't care about their students. Some faculty are horrible teachers. Once you see who your teacher is, you know you aren't going to learn anything because they are all over the map and don't even know what is going on.</p>	1	1.9	1.9	92.5
	<p>There are some professors that are very effective in their teaching manners but then again there is a handful that needs improvement. I do not enjoy going to class and not learning anything and then having to teach myself. That is what the professors are there for, to teach.</p>	1	1.9	1.9	94.3
	<p>There are some teachers that teach nursing that I don't believe are certified to do so.</p>	1	1.9	1.9	96.2
	<p>There are strong differences between clinical instructors. Some groups get great clinical instruction while others lack. Overall clinical experience is very good but instructors need to be more consistent. Nursing research this year was the worst class I have ever taken in my college experience. Professor was all over the board and the class was very disorganized. Best class I have taken in Nursing school thus far was Maternal/Child nursing. Instructor really knew how to engage us and teach us the most important information. Thank you! I am disappointed with MedSurg, there is so much information that is not taught in class but expected to be retained. Concepts should be more clearly explained because this is very difficult material. Diagnostic labs need to be stressed more along with pharmacology for each system!</p>	1	1.9	1.9	98.1



There is frequently too much independent teaching happening. An example of this is the Health Care Promotions class. We meet once a week and when we do meet only a small portion of the objectives have been covered. This has changed with the students giving presentations.	1	1.9	1.9	100.0
Total	53	100.0	100.0	

Discussion: As was stated earlier some students had difficulty evaluating the program as a whole and based their evaluation on one or two faculty who they felt did not meet their educational or advising needs. The School of Nursing has made a commitment to provide nursing education using the “learner centered” model which is also threatening to many students who are used to a more traditional approach to education. This could explain some of the students’ source of dissatisfaction. It should also be noted that all faculty are assigned to teach courses for which they have experiential or advanced academic preparation.

On the positive side, the majority of students felt the labs and clinical were a good learning experience. The majority also felt that they had a good rapport with most faculty and that the faculty were willing to help them with their academic needs.

#### Physical Resources

	N		Mean	Median	Std. Deviation
	Valid	Missing			
q4a Classroom resources are adequate	52	1	3.44	3.00	.574
q4b Classroom resources have necessary equipment	52	1	3.48	3.00	.505
q4c Laboratory resources are adequate	51	2	3.45	3.00	.577
q4d Laboratory is accessible to students	52	1	3.23	3.00	.645
q4e Supplies are sufficient for required lab exercises	52	1	3.29	3.00	.667
q4f Lab activities prepare students	51	2	3.43	3.00	.575

#### q4a Classroom resources are adequate

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Somewhat Disagree	2	3.8	3.8	3.8
	Somewhat Agree	25	47.2	48.1	51.9
	Strongly Agree	25	47.2	48.1	100.0
Total		52	98.1	100.0	
Missing	System	1	1.9		
Total		53	100.0		

q4b Classroom resources have necessary equipment

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Somewhat Agree	27	50.9	51.9	51.9
	Strongly Agree	25	47.2	48.1	100.0
	Total	52	98.1	100.0	
Missing	System	1	1.9		
Total		53	100.0		

q4c Laboratory resources are adequate

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Somewhat Disagree	2	3.8	3.9	3.9
	Somewhat Agree	24	45.3	47.1	51.0
	Strongly Agree	25	47.2	49.0	100.0
	Total	51	96.2	100.0	
Missing	System	2	3.8		
Total		53	100.0		

q4d Laboratory is accessible to students

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Somewhat Disagree	6	11.3	11.5	11.5
	Somewhat Agree	28	52.8	53.8	65.4
	Strongly Agree	18	34.0	34.6	100.0
	Total	52	98.1	100.0	
Missing	System	1	1.9		
Total		53	100.0		

q4e Supplies are sufficient for required lab exercises

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	1	1.9	1.9	1.9
	Somewhat Disagree	3	5.7	5.8	7.7
	Somewhat Agree	28	52.8	53.8	61.5
	Strongly Agree	20	37.7	38.5	100.0
	Total	52	98.1	100.0	
Missing	System	1	1.9		
Total		53	100.0		

q4f Lab activities prepare students

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Somewhat Disagree	2	3.8	3.9	3.9
	Somewhat Agree	25	47.2	49.0	52.9
	Strongly Agree	24	45.3	47.1	100.0
	Total	51	96.2	100.0	
Missing	System	2	3.8		
Total		53	100.0		

q5 Physical Resources comments

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	None	28	52.8	52.8	52.8
	A lot of our lab supplies are out of date, especially our lab kits and the equipment for the mannequins.	1	1.9	1.9	54.7
	Again, no complaints	1	1.9	1.9	56.6
	Because we share the lab with CCHS classes it makes open lab time hard to find and makes _____ have to stay for very long days to help us out.	1	1.9	1.9	58.5
	Excellent laboratory facilities and organization.	1	1.9	1.9	60.4
	For our 241 Technical skills class we were being taught outdated methods for treatment such as wound care. We used hydrogen peroxide to clean around a wound. This is not what they do in the hospitals. My instructor who is actively working in the hospitals and teaching would try to teach us the current EBP methods and the other instructor _____ would fight with her in front of us about how they needed to stick to the curriculum even if it was outdated. This made me as a student uncomfortable to see _____ scold my instructor in front of us when all she was doing was trying to teach us the current methods so we would be prepared for the clinical setting and not look like idiots.	1	1.9	1.9	62.3
	I felt that in the NURS 241 class that we were short on equipment at times. I feel that we are paying an adequate amount of money towards tuition and that we should not be short on the supplies. Also the faculty mentioned that some of the things that we were using we would not see in the clinical setting because the things that we were using were outdated.	1	1.9	1.9	64.2
	I have enjoyed all of the instructors, one instructor is a bit unorganized, but overall is able to teach adequately. All other instructors are doing great, and willing to help when they can.	1	1.9	1.9	66.0

I really learned a lot from ____ and ____ in our fundamentals lab. However, I do learn much more and easier in the clinical setting, as anyone would.	1	1.9	1.9	67.9
I thought ____ is a very informative and challenging lab instructor that helped prepare me for my clinical rotations.	1	1.9	1.9	69.8
I thought that ____ taught the lab very well, I was really prepared for clinical.	1	1.9	1.9	71.7
I was very disappointed in my Health Promotion class. The professor was not professional. I feel like I have wasted my money with this course and gained no knowledge.	1	1.9	1.9	73.6
I would have liked an opportunity to practice IV insertions on my willing class mates, but there were not enough needles or supplies.	1	1.9	1.9	75.5
more labs would benefit us, hands on is better than a book in some cases	1	1.9	1.9	77.4
none	1	1.9	1.9	79.2
Our lab equipment is awesome. It is available often and is great to work with. Hands on learning with these keeps us interested, as well as helps remind us that we are working towards the goal of being able to use these when we graduate- as opposed to lots of book work. Students are required to buy all our own books for traditional class time.	1	1.9	1.9	81.1
Simulation is not very effective. Would like to see more demonstration.	1	1.9	1.9	83.0
Some of the materials are out of date. It would be nice if these could become updated.	1	1.9	1.9	84.9
Some things are out of date.	1	1.9	1.9	86.8
Some updated equipment would be beneficial.	1	1.9	1.9	88.7
Supplies in lab are reused so many times that they are difficult to work with.	1	1.9	1.9	90.6
The clickers never work for taking quizzes and I really don't like them.	1	1.9	1.9	92.5
The equipment is out-dated and is not the same in the clinical setting.	1	1.9	1.9	94.3

	The lab is always open to the students if need practice for a technical skill.	1	1.9	1.9	96.2
	The lab is very helpful to get the hang of procedures. I wish that there was a way to practice the skills in the lab that we learned but use rarely in the clinical setting.	1	1.9	1.9	98.1
	They are always enough resources available for effective learning	1	1.9	1.9	100.0
	Total	53	100.0	100.0	

Discussion: The majority of students felt the classroom and lab facilities were adequate for learning. Some students objected to outdated or previously used equipment. Faculty feel the equipment was in adequate condition for learning. One change that is being made fall 09 is for the students to use their lab kit equipment for practice and not just for check-offs. This may resolve some of the students' dissatisfaction in this area. It should also be noted that the entire Nursing skills lab was renovated in 2003 and does contain state of the art equipment and technology.

The issue of open lab time has been addressed in several ways. In Fall 2008 the CCHS 103 Clinical Skills lab was moved out of the nursing lab to a newly remodeled lab setting in VFS. In addition, the configuration of the skills and assessment labs that are taught in the fall semester have been revised to open up more time in the nursing lab for open lab and simulation beginning in the Fall 2009 semester. It is also noted that even when open lab time has been designated historically, most students have not used this time to practice. In addition, a new method of instructional delivery that encourages more self-study may increase use of open lab time.

#### Learning Resources

	N		Mean	Median	Std. Deviation
	Valid	Missing			
q6a The libraries provide sufficient materials	53	0	3.49	4.00	.669
q6b Assignments require computers	53	0	3.83	4.00	.427
q6c Assignments require library references, etc.	53	0	3.79	4.00	.495
q6d Tutorial assistance is available when needed	52	1	2.67	3.00	.985
q6e Audiovisual and computer equipment are available	51	2	3.43	3.00	.539
q6f Computer resources are adequate	53	0	3.49	4.00	.576
q6g Instructional Support Services are equally accessible	51	2	3.24	3.00	.737

q6a The libraries provide sufficient materials

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Somewhat Disagree	5	9.4	9.4	9.4
	Somewhat Agree	17	32.1	32.1	41.5
	Strongly Agree	31	58.5	58.5	100.0
	Total	53	100.0	100.0	

q6b Assignments require computers

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Somewhat Disagree	1	1.9	1.9	1.9
	Somewhat Agree	7	13.2	13.2	15.1
	Strongly Agree	45	84.9	84.9	100.0
	Total	53	100.0	100.0	

q6c Assignments require library references, etc.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Somewhat Disagree	2	3.8	3.8	3.8
	Somewhat Agree	7	13.2	13.2	17.0
	Strongly Agree	44	83.0	83.0	100.0
	Total	53	100.0	100.0	

q6d Tutorial assistance is available when needed

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	6	11.3	11.5	11.5
	Somewhat Disagree	18	34.0	34.6	46.2
	Somewhat Agree	15	28.3	28.8	75.0
	Strongly Agree	13	24.5	25.0	100.0
	Total	52	98.1	100.0	
Missing	System	1	1.9		
Total		53	100.0		

q6e Audiovisual and computer equipment are available

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Somewhat Disagree	1	1.9	2.0	2.0
	Somewhat Agree	27	50.9	52.9	54.9
	Strongly Agree	23	43.4	45.1	100.0
	Total	51	96.2	100.0	
Missing	System	2	3.8		
Total		53	100.0		

q6f Computer resources are adequate

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Somewhat Disagree	2	3.8	3.8	3.8
	Somewhat Agree	23	43.4	43.4	47.2
	Strongly Agree	28	52.8	52.8	100.0
	Total	53	100.0	100.0	

q6g Instructional Support Services are equally accessible

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	1	1.9	2.0	2.0
	Somewhat Disagree	6	11.3	11.8	13.7
	Somewhat Agree	24	45.3	47.1	60.8
	Strongly Agree	20	37.7	39.2	100.0
	Total	51	96.2	100.0	
Missing	System	2	3.8		
Total		53	100.0		

q7 Learning Resources comments

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	None	38	71.7	71.7	71.7
	As a nursing student, I could never go to the tutoring center for help, because they don't have the resources to help me.	1	1.9	1.9	73.6
	Computer lab is not open often enough, considering we have class until 4 or 5 in the afternoon.	1	1.9	1.9	75.5
	Excellent library databases and access to journals. Excellent interlibrary ordering for journal articles. Ferris Connect can use some improvements especially in organization.	1	1.9	1.9	77.4
	Ferris connect has too many glitches, WebCT was better	1	1.9	1.9	79.2
	Ferris Connect is not user friendly. Different instructors put items related to their class in different parts of their class's site.	1	1.9	1.9	81.1
	I am not sure if they have tutors for us or not. I know for the prerequisite classes they did. Pathology there is a tutorial.	1	1.9	1.9	83.0
	I haven't really used the library so it's difficult to comment accurately on this.	1	1.9	1.9	84.9

I never asked for a tutor, but I have gone to SLA every week for patho and it really helps a lot.	<i>1</i>	<i>1.9</i>	<i>1.9</i>	<i>86.8</i>
none	<i>1</i>	<i>1.9</i>	<i>1.9</i>	<i>88.7</i>
Since the VFS building computer lab isn't open as flexibility as the library and the second floor computers can be used by anyone in the library; simulation software should be added to more computers or offer to use to download and use to study.	<i>1</i>	<i>1.9</i>	<i>1.9</i>	<i>90.6</i>
The staff uses creative ways for the students to learn the material. A couple of the faculty also put together a study group to better help the student understand the material.	<i>1</i>	<i>1.9</i>	<i>1.9</i>	<i>92.5</i>
There should be tutors in the academic center that specifically can address nursing student needs.	<i>1</i>	<i>1.9</i>	<i>1.9</i>	<i>94.3</i>
There are no concerns.	<i>1</i>	<i>1.9</i>	<i>1.9</i>	<i>96.2</i>
We have more than enough resources at our facility.	<i>1</i>	<i>1.9</i>	<i>1.9</i>	<i>98.1</i>
When looking for some journal articles, the sources that Ferris gives you don't all allow access to their articles without fees. The people at the library can be helpful, but on occasion are lost as well. Mainly helpful though.	<i>1</i>	<i>1.9</i>	<i>1.9</i>	<i>100.0</i>
Total	<i>53</i>	<i>100.0</i>	<i>100.0</i>	

Discussion: Most of the students felt the library and computer resources were satisfactory. Traditional students do not have the intensive schedules that the accelerated students do so the VFS Computer Lab hours may be adequate for this group of students.

Students are encouraged to get a student mentor from the Ferris Student Nurses Association to provide tutoring assistance rather than going to the tutoring center for nursing courses. Unfortunately, there were no third level students to provide tutoring for second level students. This should be resolved this coming academic year when there are all 3 levels of students.

Based on student feedback in Spring 2009, an SLA will be implemented for the third level students in the Nursing Theory 3 course to facilitate student learning of this more complex nursing content.



## Clinical Resources

	N		Mean	Median	Std. Deviation
	Valid	Missing			
q8a The clinical facilities offer a sufficient number of experiences	53	0	3.26	3.00	.880
q8b The clinical facilities provide adequate exposure to current equipment	53	0	3.36	3.00	.736
q8c Each clinical rotation is of sufficient length	53	0	3.23	4.00	1.031
q8d Sufficient classroom and lab instruction was provided prior to clinical activity	53	0	3.25	3.00	.806
q8e Classroom and lab instructions was appropriately sequenced	53	0	3.17	3.00	.826
q8f Students are adequately oriented to assigned clinical areas and procedures	53	0	3.49	4.00	.750
q8g Clinical instructors are sufficiently knowledgeable	53	0	3.58	4.00	.770
q8h Clinical instructors provide appropriate supervision	53	0	3.47	4.00	.890
q8i Clinical instructors are consistent	52	1	3.31	4.00	.981
q8j Clinical instructors are readily available	52	1	3.37	4.00	.886
q8k Clinical instructors are effective role models	51	2	3.43	4.00	.831
q8l Clinical instructors encourage students to think and solve clinical problems	52	1	3.65	4.00	.764

### q8a The clinical facilities offer a sufficient number of experiences

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	3	5.7	5.7	5.7
	Somewhat Disagree	6	11.3	11.3	17.0
	Somewhat Agree	18	34.0	34.0	50.9
	Strongly Agree	26	49.1	49.1	100.0
	Total	53	100.0	100.0	

### q8b The clinical facilities provide adequate exposure to current equipment

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	1	1.9	1.9	1.9
	Somewhat Disagree	5	9.4	9.4	11.3
	Somewhat Agree	21	39.6	39.6	50.9
	Strongly Agree	26	49.1	49.1	100.0
	Total	53	100.0	100.0	

q8c Each clinical rotation is of sufficient length

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	5	9.4	9.4	9.4
	Somewhat Disagree	8	15.1	15.1	24.5
	Somewhat Agree	10	18.9	18.9	43.4
	Strongly Agree	30	56.6	56.6	100.0
	Total	53	100.0	100.0	

q8d Sufficient classroom and lab instruction was provided prior to clinical activity

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	1	1.9	1.9	1.9
	Somewhat Disagree	9	17.0	17.0	18.9
	Somewhat Agree	19	35.8	35.8	54.7
	Strongly Agree	24	45.3	45.3	100.0
	Total	53	100.0	100.0	

q8e Classroom and lab instructions was appropriately sequenced

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	1	1.9	1.9	1.9
	Somewhat Disagree	11	20.8	20.8	22.6
	Somewhat Agree	19	35.8	35.8	58.5
	Strongly Agree	22	41.5	41.5	100.0
	Total	53	100.0	100.0	

q8f Students are adequately oriented to assigned clinical areas and procedures

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	1	1.9	1.9	1.9
	Somewhat Disagree	5	9.4	9.4	11.3
	Somewhat Agree	14	26.4	26.4	37.7
	Strongly Agree	33	62.3	62.3	100.0
	Total	53	100.0	100.0	

q8g Clinical instructors are sufficiently knowledgeable

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	1	1.9	1.9	1.9
	Somewhat Disagree	6	11.3	11.3	13.2
	Somewhat Agree	7	13.2	13.2	26.4
	Strongly Agree	39	73.6	73.6	100.0
	Total	53	100.0	100.0	

q8h Clinical instructors provide appropriate supervision

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	2	3.8	3.8	3.8
	Somewhat Disagree	8	15.1	15.1	18.9
	Somewhat Agree	6	11.3	11.3	30.2
	Strongly Agree	37	69.8	69.8	100.0
	Total	53	100.0	100.0	

q8i Clinical instructors are consistent

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	4	7.5	7.7	7.7
	Somewhat Disagree	7	13.2	13.5	21.2
	Somewhat Agree	10	18.9	19.2	40.4
	Strongly Agree	31	58.5	59.6	100.0
	Total	52	98.1	100.0	
Missing	System	1	1.9		
Total		53	100.0		

q8j Clinical instructors are readily available

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	2	3.8	3.8	3.8
	Somewhat Disagree	8	15.1	15.4	19.2
	Somewhat Agree	11	20.8	21.2	40.4
	Strongly Agree	31	58.5	59.6	100.0
	Total	52	98.1	100.0	
Missing	System	1	1.9		
Total		53	100.0		

q8k Clinical instructors are effective role models

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	2	3.8	3.9	3.9
	Somewhat Disagree	5	9.4	9.8	13.7
	Somewhat Agree	13	24.5	25.5	39.2
	Strongly Agree	31	58.5	60.8	100.0
	Total	51	96.2	100.0	
Missing	System	2	3.8		
Total		53	100.0		

q8l Clinical instructors encourage students to think and solve clinical problems

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	2	3.8	3.8	3.8
	Somewhat Disagree	3	5.7	5.8	9.6
	Somewhat Agree	6	11.3	11.5	21.2
	Strongly Agree	41	77.4	78.8	100.0
	Total	52	98.1	100.0	
Missing	System	1	1.9		
Total		53	100.0		

q9 Clinical Resources comments

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	None	22	41.5	41.5	41.5
	_____ is truly amazing. She makes the experience fun, while keeping things in order. She has truly provided us with extensive knowledge we will need in our careers.	1	1.9	1.9	43.4
	_____ and _____ are great clinical instructors and I have learned a lot from both of them. They made us critically think and made sure we know what we are doing upon completion of the semester. _____ was not a good instructor at all! She seemed like she wanted to focus on flaws and what students did wrong as opposed to the things we do correctly. Also, she didn't help us learn, she made us feel bad about now knowing something, like what a certain drug does. Now, with the length of different clinical rotations. We need more pediatrics and OB time. Other schools have entire semesters of these, while we get 2 weekends. Again, nursing is changing, and more people are specializing. We need to have more knowledge and experience in these areas than 2 weekends. Also, we do not need 3 weeks of home care. We receive home care in public health and hospice rotations. So, pick one of those rotations and only do 2 weeks or something. We do not need a total of 5 weeks of home care because the nurses do not let us do anything on home visits anyways. Lastly, I feel our med/surg rotations need to be more diverse. We	1	1.9	1.9	45.3

do not need two semesters of the same unit. I would like to see something in orthopedics or oncology. Also, I do not feel we need almost three full years of med/surg experience. Again, nursing is changing and more people are specializing. It is not the norm anymore to go straight into med/surg after graduation. I don't think I can stress that enough.				
_____ at Cadillac is an amazing instructor and does a really great job.	<i>1</i>	<i>1.9</i>	<i>1.9</i>	<i>47.2</i>
_____ at Cadillac is great! He encourages learning and is an excellent role model.	<i>1</i>	<i>1.9</i>	<i>1.9</i>	<i>49.1</i>
_____ debated every evidence based technique we learned and therefore marked us down for not properly performing the skill.	<i>1</i>	<i>1.9</i>	<i>1.9</i>	<i>50.9</i>
Clinical experiences are mostly limited to med surg. I think things like peds, ob and other extra rotations should be longer. I would like variety of experiences rather than mostly med surg.	<i>1</i>	<i>1.9</i>	<i>1.9</i>	<i>52.8</i>
Clinical this year was really great, and I really learning a lot.	<i>1</i>	<i>1.9</i>	<i>1.9</i>	<i>54.7</i>
Clinicals are a great experience for the real world.	<i>1</i>	<i>1.9</i>	<i>1.9</i>	<i>56.6</i>
Excellent clinical experience in Cadillac	<i>1</i>	<i>1.9</i>	<i>1.9</i>	<i>58.5</i>
Home health care and Geriatric rotations should be included in the first year. They don't give very much hands-on experience with challenges, it was mostly transfers and safety (geriatric) and in the home health care setting sometimes we didn't even follow a nurse, it was a social worker or something. I just didn't feel that I got a lot out of these experiences. The instructor for pediatrics was unfamiliar with the hospital and how things ran, so this was also a confusing time for the first day or two and was unorganized. My medical-surgical rotation has been really great, and my instructor always challenged me and asked me questions that made me critically think.	<i>1</i>	<i>1.9</i>	<i>1.9</i>	<i>60.4</i>

I did not feel well prepared for clinical my first semester, since we were taking our fundamentals and lab skills courses at the same time. The clinical instructor is consistent; however, there is no consistency between instructors.	<i>1</i>	<i>1.9</i>	<i>1.9</i>	<i>62.3</i>
I go to MCMC for clinical, with _____ as my instructor and she is just amazing. I love her as a teacher, she is so smart and such a good nurse/teacher. I am going to miss her.	<i>1</i>	<i>1.9</i>	<i>1.9</i>	<i>64.2</i>
I had a wonderful instructor, _____. I feel the clinical instructor can make or break your experience and I loved clinicals and I think ____ had a great deal to do with it. If I could take her with me to my future sites I would.	<i>1</i>	<i>1.9</i>	<i>1.9</i>	<i>66.0</i>
I have a great clinical experience for both years	<i>1</i>	<i>1.9</i>	<i>1.9</i>	<i>67.9</i>
I have had a good rapport with my clinical instructors.	<i>1</i>	<i>1.9</i>	<i>1.9</i>	<i>69.8</i>
i think that we need longer times for clinicals we gain alot from these visits and the experience is beneficial. by incorporating this with a lab we would gain more experience. not all the clinical locations provide the same experience for the students. the instructors do not expect the same from the students so there is areas I feel have been neglected	<i>1</i>	<i>1.9</i>	<i>1.9</i>	<i>71.7</i>
In my clinical experience I didn't really get to do anything other than nurse aide stuff.	<i>1</i>	<i>1.9</i>	<i>1.9</i>	<i>73.6</i>
It would be helpful if the clinical instructor was familiar with the department that we are working in and was willing to become proficient in areas that they are uncertain of.	<i>1</i>	<i>1.9</i>	<i>1.9</i>	<i>75.5</i>
Med surg provides lots of time on the floor but doesn't always allow for us to stay busy the whole day with only one or two patients. I wish the instructors would at least assign us to a nurse and be required to do all of our work with them. Right now it seems like we do a lot of the techs' work, which is a good start but we won't have time to be doing some of that when we are nurses. Currently, some students are	<i>1</i>	<i>1.9</i>	<i>1.9</i>	<i>77.4</i>

	overwhelmed with responsibilities for two patients; as nurses we will be responsible for at least four. I enjoy clinicals, I just feel like we aren't learning time management for nursing with the way we are working now.				
	My clinical instructor was great, the only problem was sometimes the nurses that we were working with were not very willing to guide us and answer our questions. But our instructor was good at pairing us up with certain nurses that were more willing to teach us.1	1	1.9	1.9	79.2
	My clinical instructor, _____, was amazing. I would recommend her to any other upcoming nursing student. She was always readily available and eager to assist us in learning.	1	1.9	1.9	81.1
	My clinical instructors have been excellent!	1	1.9	1.9	83.0
	My clinical rotations are at Gerber. _____ and the rest of the RN's there are awesome to work with. They are all very willing to teach and help out.	1	1.9	1.9	84.9
	none	1	1.9	1.9	86.8
	Our clinical instructor _____ was a fantastic role model and a great instructor. She gave us the best possible chances to complete and learn new skills.	1	1.9	1.9	88.7
	_____ is an amazing instructor. She is very approachable and helpful.	1	1.9	1.9	90.6
	The clinical instructors think outside the box and bring our lecture material into the clinical setting so we can better understand the disease process and critical thinking for the patients.	1	1.9	1.9	92.5
	The OB and Pediatric rotations were not long enough to really learn how to work with the younger age group.	1	1.9	1.9	94.3
	There are inconsistencies among the different clinical instructors. The biggest concern is the amount of time spent in clinical rotations such as Labor and Delivery and Peds. Other colleges and universities have up to one full semester of such rotations, I don't think we gained enough in two weekends. Also, Hospice, Community Health and Home Care can be cut down to only	1	1.9	1.9	96.2

	<p>two weeks vs 3 weeks (home care). There really wasn't much learning associated with Home Care because it is similar to Hospice and even Community Health when out on assignments. I would love to see more time in Peds and Labor and Delivery. A rotation in Ortho/MedSurg, possibly in the OR, and Oncology. I hear other classes will be doing Oncology, it's too bad we did not get to. I wish we could decide on a leadership/capstone location based on interest!</p>				
	<p>This past year, I had the same clinical instructor for both my med/surg rotations. We could never find her when we needed her (we would have to PAGE her) well sometimes things can't wait that long. She had her favorites and graded them much easier on their assignments than others. She was never on time. Students always picked their own assignments (which nurse they wanted to work with). She NEVER supervisor me during any procedure or med passing, that was always up to my nurse. She never challenged me to think critically because she was never around.</p>	<i>1</i>	<i>1.9</i>	<i>1.9</i>	<i>98.1</i>
	<p>We do not pass meds with our clinical instructor. We do our assessments alone so we are not sure if we are doing them correctly. Our charting is done alone and then checked over by a nurse. We have not done any clinical skills. We only pass meds and do bed baths and change linens. We are basically highly skilled nursing assistants. I understand that the bed bath is a great way to assess the patient, but we don't even get to pull the meds out of the Pyxis. They get pulled for us and then we just check them. The nurses are so busy that they don't really have time to show us anything. I feel like we are in their way.</p>	<i>1</i>	<i>1.9</i>	<i>1.9</i>	<i>100.0</i>
	Total	<i>53</i>	<i>100.0</i>	<i>100.0</i>	

Discussion: The majority of students are satisfied with the clinical sites and instructors they have had. The first level traditional students have had only 6 hours a week of clinical time at either Reed City Spectrum or Mecosta County



Medical Center. As a result, some may be dissatisfied with their instructor and/or the site. Next academic year, these same students will be at facilities in Grand Rapids which will provide additional variety of experiences and clinical instructors.

Because of a scheduling problem, one clinical site had to be used for 2 semesters in a row. The students could have registered for another section at a different site, but many wanted to stay with the same group of students and instructor. The clinical coordinator was able to remedy this situation in the next academic year so units will not be repeated for any class.

Most of the clinical instructors have worked for the School of Nursing for 1-2 years, have taken a graduate level course on clinical instruction offered by Ferris, and are mentored by the Clinical Coordinator. The positive responses are due a combination of experience, education, and mentoring.

q10 How long a student in the program

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		1	1.9	1.9	1.9
	1 semester	2	3.8	3.8	5.7
	1 year	19	35.8	35.8	41.5
	1 year, 3 years pre-nursing	1	1.9	1.9	43.4
	2 semesters	4	7.5	7.5	50.9
	2 years	19	35.8	35.8	86.8
	2 years, 3 yrs pre-nursing	1	1.9	1.9	88.7
	3 months	1	1.9	1.9	90.6
	3 semesters	1	1.9	1.9	92.5
	3 years	1	1.9	1.9	94.3
	4 months	2	3.8	3.8	98.1
	first year second semester	1	1.9	1.9	100.0
	Total	53	100.0	100.0	

q11 Currently enrolled in

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Level 1 Traditional BSN (NURS 250, 251, 252)	27	50.9	50.9	50.9
	Level 1 Accelerated BSN (NURS 250, 251, 252)	5	9.4	9.4	60.4
	Level 2 Traditional BSN (NURS 350, 351, 352)	21	39.6	39.6	100.0
	Total	53	100.0	100.0	

Discussion: 27 of the 49 level 1 traditional students responded for a 58% response rate from that cohort. 5 of the 20 level 1 accelerated students responded for a 25% response rate. 21 of the 35 level 2 traditional students responded for a 60% response rate at this level. The response rate was not ideal and the program will try to develop strategies that encourage students to respond to these surveys.

Educational Practices

	N		Mean	Median	Std. Deviation
	Valid	Missing			
q12a Provide direct client care (nursing role development)	32	21	4.69	5.00	.821
q12b Knowledge of the importance and meaning of nursing theory (theory/evidence-base for practice)	32	21	4.31	4.50	.896
q12c Addressing individual differences in providing nursing care (context for nursing care)	32	21	5.03	5.00	.897
q12d Selecting client outcomes and nursing interventions from an evidence-based perspective (research)	32	21	4.72	5.00	.851
q12e Understand nursing process as a framework (cognitive growth)	32	21	4.81	5.00	.896
q12f Incorporate professional nursing standards and accountability (advancement of the profession)	31	22	4.71	5.00	.783

q12a Provide direct client care (Nursing Role Development Competency)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Somewhat progressing	3	5.7	9.4	9.4
	Progressing	8	15.1	25.0	34.4
	Met	17	32.1	53.1	87.5
	Exceeded	4	7.5	12.5	100.0
	Total	32	60.4	100.0	
Missing	System	21	39.6		
Total		53	100.0		

q12b Knowledge of the importance and meaning of nursing theory (Theory/Evidence-base for Practice Competency)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not progressing	1	1.9	3.1	3.1
	Somewhat progressing	5	9.4	15.6	18.8
	Progressing	10	18.9	31.3	50.0
	Met	15	28.3	46.9	96.9
	Exceeded	1	1.9	3.1	100.0
	Total	32	60.4	100.0	
Missing	System	21	39.6		
Total		53	100.0		

q12c Addressing individual differences in providing nursing care (Context for Nursing Care Competency)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Somewhat progressing	3	5.7	9.4	9.4
	Progressing	3	5.7	9.4	18.8
	Met	16	30.2	50.0	68.8
	Exceeded	10	18.9	31.3	100.0
	Total	32	60.4	100.0	
Missing	System	21	39.6		
Total		53	100.0		

q12d Selecting client outcomes and nursing interventions from an evidence-based perspective (Research Competency)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Somewhat progressing	3	5.7	9.4	9.4
	Progressing	8	15.1	25.0	34.4
	Met	16	30.2	50.0	84.4
	Exceeded	5	9.4	15.6	100.0
	Total	32	60.4	100.0	
Missing	System	21	39.6		
Total		53	100.0		

q12e Understand nursing process as a framework (Cognitive Growth Competency)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Somewhat progressing	3	5.7	9.4	9.4
	Progressing	7	13.2	21.9	31.3
	Met	15	28.3	46.9	78.1
	Exceeded	7	13.2	21.9	100.0
	Total	32	60.4	100.0	
Missing	System	21	39.6		
Total		53	100.0		

q12f Incorporate professional nursing standards and accountability (Advancement of the Profession Competency)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Somewhat progressing	2	3.8	6.5	6.5
	Progressing	9	17.0	29.0	35.5
	Met	16	30.2	51.6	87.1
	Exceeded	4	7.5	12.9	100.0
	Total	31	58.5	100.0	
Missing	System	22	41.5		
Total		53	100.0		

Discussion: For some reason only 32 of 53 or 60% of the respondents answered this section. All students that did answer felt they were progressing or met the educational practices specified in the questions. These questions were at the end of the survey and students may have become tired of answering. The newer students may not have been able to recognize their progress yet. The questionnaire will need revision to ensure adequate responses to all questions.

Progress toward level objectives

	N		Mean	Median	Std. Deviation
	Valid	Missing			
q13a Coordinate nursing care in the mgmt of a variety of health situations (nursing role development)	21	32	4.38	4.00	.805
q13b Select approaches to nursing care that are evidence-based (theory and evidence-base for practice)	21	32	4.62	4.00	.865
q13c Understand nursing care delivered to the community as client (context for nursing care)	21	32	4.62	4.00	.865
q13d Critique nursing research studies (research)	21	32	4.05	4.00	1.117
q13e Apply critical thinking in making appropriate clinical judgments for clients (cognitive growth)	21	32	4.52	4.00	.814
q13f Commitment to advancement of the image (advancement of the profession)	21	32	4.71	5.00	.845

q13a Coordinate nursing care in the mgmt of a variety of health situations (nursing role development)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Somewhat progressing	2	3.8	9.5	9.5
	Progressing	11	20.8	52.4	61.9
	Met	6	11.3	28.6	90.5
	Exceeded	2	3.8	9.5	100.0
	Total	21	39.6	100.0	
Missing	System	32	60.4		
Total		53	100.0		

q13b Select approaches to nursing care that are evidence-based (theory and evidence-base for practice)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Somewhat progressing	1	1.9	4.8	4.8
	Progressing	10	18.9	47.6	52.4
	Met	6	11.3	28.6	81.0
	Exceeded	4	7.5	19.0	100.0
	Total	21	39.6	100.0	
Missing	System	32	60.4		
Total		53	100.0		

q13c Understand nursing care delivered to the community as client (context for nursing care)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Somewhat progressing	1	1.9	4.8	4.8
	Progressing	10	18.9	47.6	52.4
	Met	6	11.3	28.6	81.0
	Exceeded	4	7.5	19.0	100.0
	Total	21	39.6	100.0	
Missing	System	32	60.4		
Total		53	100.0		

q13d Critique nursing research studies (research)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not progressing	2	3.8	9.5	9.5
	Somewhat progressing	4	7.5	19.0	28.6
	Progressing	8	15.1	38.1	66.7
	Met	5	9.4	23.8	90.5
	Exceeded	2	3.8	9.5	100.0
	Total	21	39.6	100.0	
Missing	System	32	60.4		
Total		53	100.0		

q13e Apply critical thinking in making appropriate clinical judgments for clients (cognitive growth)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Somewhat progressing	1	1.9	4.8	4.8
	Progressing	11	20.8	52.4	57.1
	Met	6	11.3	28.6	85.7
	Exceeded	3	5.7	14.3	100.0
	Total	21	39.6	100.0	
Missing	System	32	60.4		
Total		53	100.0		

q13f Commitment to advancement of the image (advancement of the profession)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Somewhat progressing	1	1.9	4.8	4.8
	Progressing	8	15.1	38.1	42.9
	Met	8	15.1	38.1	81.0
	Exceeded	4	7.5	19.0	100.0
	Total	21	39.6	100.0	
Missing	System	32	60.4		
Total		53	100.0		

Discussion: Again, only 21 of 53 or 40% of the respondents answered this section. All students that did answer felt they were progressing or met the program outcomes specified in the questions. The second level students may have been better able to recognize their progress.

q14 Additional comments

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	None	43	81.1	81.1	81.1
	I am somewhat disappointed in the program overall. I feel that my class of nursing students are like the guniea pigs of this new program. I think that faculty need to get together to talk about things before mentioning anything to the students.	1	1.9	1.9	83.0
	I feel as though we really did not cover nursing theory to the extent that it could be mastered.	1	1.9	1.9	84.9
	I feel like we will be progressing in each of these objectives until our last year. We are always learning, in my opinion.	1	1.9	1.9	86.8
	I feel that overall the program is adequate.	1	1.9	1.9	88.7
	I have learned nothing in nursing research, so I could figure it out on my own, but not because of a teacher helping me.	1	1.9	1.9	90.6
	I love Nursing. I have learned a great deal the last 2 years. I would like to see a more consistent approach to teaching in the classroom and clinical among instructors. I do like online classes but the teachers seem to not put very much care into organizing and coordinating these. They are very disorganized and unfocused. The ATIs are really not helping me. They seem to test over material that is just barely brushed over in class. They are much harder than what we are getting out of class. I would almost like to see more teaching done straight out of the ATI books, more test questions out of ATI bank. More information	1	1.9	1.9	92.5

	such as on ATI tests to be given to us in class. Since from what I understand, this is what will be on the NCLEX. I like the fact that our clinicals are at Spectrum, there is much to learn there. Wish we had more straight MedSurg vs. just 6 Heart. This is a more specialized unit. 6 North offers a better MedSurg type of experience. I'm very happy that we had an option to either chose a morning/day clinical or afternoon/night clinical. I prefer days and night would be a problem for me because of family obligations. Thank you.				
	I was really nervous coming into the program but I'm happy I chose Ferris for the nursing education, the program is great!	<i>1</i>	<i>1.9</i>	<i>1.9</i>	<i>94.3</i>
	Like I said earlier our health promotions class was a joke and I feel the students taught themselves.	<i>1</i>	<i>1.9</i>	<i>1.9</i>	<i>96.2</i>
	Over the last year, through clinicals, I have been able to make connections to the information we gain in the classroom to the clinical setting. I do my clinical rotation in Reed City, this is a small hospital which I think benefited me because I was brand new to patient care. I enjoy having a small clinical group so that therefore they can become a great social support group, in which they have. Ferris is an excellent nursing school, other than the particular instructor that seems to disagree with the philosophy that the other staff shares. I was actually asked about Ferris as a nursing school by some peers and I explained to them that I am amazed with the incredible nursing staff that Ferris has. I have never had a better group of teachers.	<i>1</i>	<i>1.9</i>	<i>1.9</i>	<i>98.1</i>
	Overall, I am satisfied with the program. Some of the instructors are not receptive to student expression.	<i>1</i>	<i>1.9</i>	<i>1.9</i>	<i>100.0</i>
	Total	<i>53</i>	<i>100.0</i>	<i>100.0</i>	

Discussion: It is interesting to see the variability of perceptions that students express regarding the quality of the program. As a new program, students seem to be acutely aware of the fact that many courses are being taught for the first time and this can often be a source of criticism when students perceive that the faculty aren't experienced enough or attending to the focus of the course. The faculty have discussed the fact that there are growing pains with any new program which may be why some of the students feel some courses/faculty are not providing an adequate learning environment. Each nursing course is critically evaluated at the end of every semester and revisions have been made and will continue to be made in an effort to improve student learning as needed.

E. Faculty Perceptions: 11 nursing faculty received the survey, 10 faculty responded for a 91% response rate.

Instructions: As part of the Academic Program Review, the Nursing Program is asking faculty members to take a few minutes to fill out this survey regarding the program.

	N		Mean	Median	Std. Deviation
	Valid	Missing			
q1a Nursing program is consistent with the mission of FSU	10	0	3.50	4.00	.972
q1b Admission requirements are appropriate for the program	10	0	3.40	3.50	.699
q1c Clearly articulated mission and objectives	10	0	3.50	4.00	.972
q1d Curriculum includes courses relevant to program objectives	10	0	3.50	4.00	.972
q1e Program & curriculum regularly reviewed	10	0	3.50	4.00	.972
q1f The program is guided by an effective advisory board	10	0	2.80	3.00	.422
q1g Program compares favorably with similar programs	10	0	3.40	4.00	.966
q1h Advisors/faculty appropriate academic advising	10	0	3.50	4.00	.972
q1i Advisors/faculty provide appropriate career planning/placement advising	10	0	3.40	3.50	.699
q1j Faculty provide appropriate classroom activity/instruction	10	0	3.50	4.00	.972
q1k The FSU administration supports the program	10	0	3.40	4.00	.966
q1l The current operating budget is sufficient	10	0	2.80	3.00	1.033
q1m The number of qualified tenure-track faculty is sufficient	10	0	2.60	3.00	.516
q1n Instructional facilities and equipment are sufficient	10	0	3.00	3.00	.816
q1o Library and research resources are sufficient	10	0	3.70	4.00	.949
q1p The number of clerical and support staff	9	1	3.44	4.00	.882



is sufficient					
q1q The program has adequate resources	10	0	3.30	4.00	.949
q1r Faculty have sufficient opportunities and support for professional development	10	0	3.20	3.00	.632
q1s Nursing students compare favorably with students from AHS programs	10	0	3.60	4.00	.966
q1t Nursing students are prepared to enter the workforce	9	1	3.44	4.00	1.014
q1u Nursing program provides ample opportunity for practical experience	10	0	3.40	4.00	.966
q1v Students graduating with a BSN are qualified for professional employment	10	0	3.50	4.00	.972
q1w Students graduating with a BSN are qualified for graduate level education	10	0	3.30	3.50	.949

q1a Nursing program is consistent with the mission of FSU

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	1	10.0	10.0	10.0
	Somewhat Agree	2	20.0	20.0	30.0
	Strongly Agree	7	70.0	70.0	100.0
	Total	10	100.0	100.0	

q1b Admission requirements are appropriate for the program

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Somewhat Disagree	1	10.0	10.0	10.0
	Somewhat Agree	4	40.0	40.0	50.0
	Strongly Agree	5	50.0	50.0	100.0
	Total	10	100.0	100.0	

q1c Clearly articulated mission and objectives

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	1	10.0	10.0	10.0
	Somewhat Agree	2	20.0	20.0	30.0
	Strongly Agree	7	70.0	70.0	100.0
	Total	10	100.0	100.0	

q1d Curriculum includes courses relevant to program objectives

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	1	10.0	10.0	10.0
	Somewhat Agree	2	20.0	20.0	30.0
	Strongly Agree	7	70.0	70.0	100.0
	Total	10	100.0	100.0	

q1e Program & curriculum regularly reviewed

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	1	10.0	10.0	10.0
	Somewhat Agree	2	20.0	20.0	30.0
	Strongly Agree	7	70.0	70.0	100.0
	Total	10	100.0	100.0	

q1f The program is guided by an effective advisory board

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Somewhat Disagree	2	20.0	20.0	20.0
	Somewhat Agree	8	80.0	80.0	100.0
	Total	10	100.0	100.0	

q1g Program compares favorably with similar programs

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	1	10.0	10.0	10.0
	Somewhat Agree	3	30.0	30.0	40.0
	Strongly Agree	6	60.0	60.0	100.0
	Total	10	100.0	100.0	

q1h Advisors/faculty appropriate academic advising

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	1	10.0	10.0	10.0
	Somewhat Agree	2	20.0	20.0	30.0
	Strongly Agree	7	70.0	70.0	100.0
	Total	10	100.0	100.0	

q1i Advisors/faculty provide appropriate career planning/placement advising

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Somewhat Disagree	1	10.0	10.0	10.0
	Somewhat Agree	4	40.0	40.0	50.0
	Strongly Agree	5	50.0	50.0	100.0
	Total	10	100.0	100.0	

q1j Faculty provide appropriate classroom activity/instruction

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	1	10.0	10.0	10.0
	Somewhat Agree	2	20.0	20.0	30.0
	Strongly Agree	7	70.0	70.0	100.0
	Total	10	100.0	100.0	

q1k The FSU administration supports the program

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	1	10.0	10.0	10.0
	Somewhat Agree	3	30.0	30.0	40.0
	Strongly Agree	6	60.0	60.0	100.0
	Total	10	100.0	100.0	

q1l The current operating budget is sufficient

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	1	10.0	10.0	10.0
	Somewhat Disagree	3	30.0	30.0	40.0
	Somewhat Agree	3	30.0	30.0	70.0
	Strongly Agree	3	30.0	30.0	100.0
	Total	10	100.0	100.0	

q1m The number of qualified tenure-track faculty is sufficient

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Somewhat Disagree	4	40.0	40.0	40.0
	Somewhat Agree	6	60.0	60.0	100.0
	Total	10	100.0	100.0	

q1n Instructional facilities and equipment are sufficient

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Somewhat Disagree	3	30.0	30.0	30.0
	Somewhat Agree	4	40.0	40.0	70.0
	Strongly Agree	3	30.0	30.0	100.0
	Total	10	100.0	100.0	

q1o Library and research resources are sufficient

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	1	10.0	10.0	10.0
	Strongly Agree	9	90.0	90.0	100.0
	Total	10	100.0	100.0	

q1p The number of clerical and support staff is sufficient

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Somewhat Disagree	2	20.0	22.2	22.2
	Somewhat Agree	1	10.0	11.1	33.3
	Strongly Agree	6	60.0	66.7	100.0
	Total	9	90.0	100.0	
Missing	System	1	10.0		
Total		10	100.0		

q1q The program has adequate resources

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Somewhat Disagree	3	30.0	30.0	30.0
	Somewhat Agree	1	10.0	10.0	40.0
	Strongly Agree	6	60.0	60.0	100.0
	Total	10	100.0	100.0	

q1r Faculty have sufficient opportunities and support for professional development

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Somewhat Disagree	1	10.0	10.0	10.0
	Somewhat Agree	6	60.0	60.0	70.0
	Strongly Agree	3	30.0	30.0	100.0
	Total	10	100.0	100.0	

q1s Nursing students compare favorably with students from AHS programs

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	1	10.0	10.0	10.0
	Somewhat Agree	1	10.0	10.0	20.0
	Strongly Agree	8	80.0	80.0	100.0
	Total	10	100.0	100.0	

q1t Nursing students are prepared to enter the workforce

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	1	10.0	11.1	11.1
	Somewhat Agree	2	20.0	22.2	33.3
	Strongly Agree	6	60.0	66.7	100.0
	Total	9	90.0	100.0	
Missing	System	1	10.0		
Total		10	100.0		

q1u Nursing program provides ample opportunity for practical experience

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	1	10.0	10.0	10.0
	Somewhat Agree	3	30.0	30.0	40.0
	Strongly Agree	6	60.0	60.0	100.0
	Total	10	100.0	100.0	

q1v Students graduating with a BSN are qualified for professional employment

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	1	10.0	10.0	10.0
	Somewhat Agree	2	20.0	20.0	30.0
	Strongly Agree	7	70.0	70.0	100.0
	Total	10	100.0	100.0	

q1w Students graduating with a BSN are qualified for graduate level education

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	1	10.0	10.0	10.0
	Somewhat Agree	4	40.0	40.0	50.0
	Strongly Agree	5	50.0	50.0	100.0
	Total	10	100.0	100.0	

q2 Strength of program

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	None	3	30.0	30.0	30.0
	Clinical all 6 semesters Energetic faculty who embrace new methods of learning and teaching. Administrative support	1	10.0	10.0	40.0
	continual quality and process improvement	1	10.0	10.0	50.0
	Dedicated faculty. The willingness of both the director and the faculty to embrace alternative teaching methods (on-line, blended, interactive teaching).	1	10.0	10.0	60.0
	dedication of faculty, strong acute care clinical options, innovation with accelerated program	1	10.0	10.0	70.0
	Faculty commitment; administrative support	1	10.0	10.0	80.0
	faculty commitment curriculum	1	10.0	10.0	90.0
	Strong clinical focus. Knowledgeable faculty.	1	10.0	10.0	100.0
	Total	10	100.0	100.0	

Discussion: 9 of the 10 (90%) respondents agreed that Ferris provides a quality program that prepares students to be qualified, professional nurses. No faculty member has publicly voiced concerns about the quality of the program so it is possible that one survey was completed incorrectly. That faculty member may have chosen 1 instead of 4 thinking that 1 was strongly agree.

q3 Areas need improvement

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	None	5	50.0	50.0	50.0
	A simulation lab is needed.	1	10.0	10.0	60.0
	class sizes, classroom space, limited lab availability for simulation in fall semester	1	10.0	10.0	70.0
	I believe that we need more tenured faculty members. Our program is growing rapidly and we need a committed faculty to continue with our growth. Additionally, I believe we need to change the qualifications for tenure and remove the requirement for a PhD. As a professional clinical degree, I believe we need qualified clinical competent faculty to meet some of our needs and it is both OK and appropriate for those faculty to have MSNs and not PhDs. We need PhDs for our graduate students but our undergrads can be well served with MSNs and by excluding MSNs from our searches I am sure we are eliminating potential strong faculty.	1	10.0	10.0	80.0
	more time/resources for simulation--open labs with dedicated clinical instructor in lab. more focus on community practice (because of underfunding community agencies not open to students)	1	10.0	10.0	90.0
	Organization	1	10.0	10.0	100.0
	Total	10	100.0	100.0	

q4 Additional comments

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		9	90.0	90.0	90.0
	We are growing so quickly in our online RN to BSN program and we have not graduated our first traditional BSN class. We are feeling growing pains with both of these programs and faculty can only be stretched so far. The traditional program has needed adjustments as we have rolled out this program and I would say we have adapted without too many issues. I think we need to continue to look at the curriculum of the traditional program. In many ways it reflects an ADN mentality. We need to assess the overall program and how it is laid out as well as the individual courses.	1	10.0	10.0	100.0
	Total	10	100.0	100.0	

Discussion: It is evident that faculty members feel the stress of a growing as well as a new program, as it increases challenges for faculty and resources. The need for more tenured or tenure-track clinically competent faculty, a dedicated area for simulation, and larger classrooms were noted as areas that need improvement.

- F. Advisory Committee Perceptions: Surveys were sent to the 11 current members of the School of Nursing Advisory Board. 5 responses were received for a response rate of 45%.

Instructions: The School of Nursing is currently conducting a review of all programs in accordance with the Academic Review Program cycle within the University. As part of this review, your input as an Advisory Board member is requested and greatly appreciated. Please take a few minutes to complete this survey, based upon the perceptions you have gained as an Advisory Board Member for the School of Nursing.

	N		Mean	Median	Std. Deviation
	Valid	Missing			
q1a BSN programs relevant	5	0	4.00	4.00	.000
q1b MSN programs relevant	5	0	4.00	4.00	.000
q1c Quality of FSU grads for RN compares favorably	5	0	3.80	4.00	.447
q1d Quality of RN-BSN grads compares favorably	5	0	3.80	4.00	.447
q1e Quality of MSN grads compares favorably	5	0	4.20	4.00	.447
q1f Employment prospects are positive	5	0	4.00	4.00	.000
q1g Programs viewed positively in MI	5	0	4.00	4.00	.000
q1h Programs prepare grads for life-long learning	5	0	4.00	4.00	.000
q1i Faculty reflect appropriate level of diversity	5	0	3.80	4.00	.447
q1j Faculty committed to excellence	5	0	4.00	4.00	.000
q1k School of Nursing receives adequate resources	5	0	4.00	4.00	.707
q1l Nursing programs appropriate administrative support	5	0	3.80	4.00	.447
q1m Nursing curricula regularly reviewed	5	0	4.00	4.00	.000
q1n Adv Bd well informed about programs	5	0	4.00	4.00	.000
q1o Adv Bd well informed about changes in nursing ed	5	0	4.20	4.00	.447
q1p Adv Bd consulted prior to major program changes	5	0	3.80	4.00	.447
q1q Need more BSN level registered nurses	5	0	4.00	4.00	.707
q1r Accelerated 2nd Degree BSN program is effective	5	0	3.40	4.00	.548
q1s RN to BSN program provides excellent career mobility options	5	0	3.80	4.00	.447
q1t Need for accelerated RN to MSN track	4	1	3.25		.957
q1u Need for more MSN prepared nurse educators	5	0	3.60	4.00	.548
q1v Need for more MSN prepared nurse administrators	5	0	3.80	4.00	.447
q1w Need for more MSN prepared nurses in the field of informatics	5	0	3.60	4.00	.548



Q1a BSN programs relevant

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	5	100.0	100.0	100.0

Q1b MSN programs relevant

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	5	100.0	100.0	100.0

Q1c Quality of FSU grads for RN compares favorable

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Somewhat Agree	1	20.0	20.0	20.0
	Strongly Agree	4	80.0	80.0	100.0
	Total	5	100.0	100.0	

Q1d Quality of RN-BSN grads compares favorably

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Somewhat Agree	1	20.0	20.0	20.0
	Strongly Agree	4	80.0	80.0	100.0
	Total	5	100.0	100.0	

Q1e Quality of MSN grades compares favorably

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	4	80.0	80.0	80.0
	Not applicable	1	20.0	20.0	100.0
	Total	5	100.0	100.0	

Q1f Employment prospects are positive

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	5	100.0	100.0	100.0

Q1g Programs viewed positively in MI

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	5	100.0	100.0	100.0

Q1h Programs prepare grads for life-long learning

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	5	100.0	100.0	100.0

Q1i Faculty reflect appropriate level of diversity

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Somewhat Agree	1	20.0	20.0	20.0
	Strongly Agree	4	80.0	80.0	100.0
	Total	5	100.0	100.0	

Q1j Faculty committed to excellence

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	5	100.0	100.0	100.0

Q1k School of Nursing receives adequate resources

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Somewhat Agree	1	20.0	20.0	20.0
	Strongly Agree	3	60.0	60.0	80.0
	Not Applicable	1	20.0	20.0	100.0
	Total	5	100.0	100.0	

Q1l Nursing programs appropriate administrative support

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Somewhat Agree	1	20.0	20.0	20.0
	Strongly Agree	4	80.0	80.0	100.0
	Total	5	100.0	100.0	

Q1m Nursing curricula regularly reviewed

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	5	100.0	100.0	100.0

Q1n Advisory Board well informed about programs

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	5	100.0	100.0	100.0

Q1o Advisory Board well informed about changes in nursing education

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	4	80.0	80.0	80.0
	Not applicable	1	20.0	20.0	100.0
	Total	5	100.0	100.0	

Q1p Advisory Board consulted prior to major program changes

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Somewhat Agree	1	20.0	20.0	20.0
	Strongly Agree	4	80.0	80.0	100.0
	Total	5	100.0	100.0	

Q1q Need more BSN level registered nurses

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Somewhat Agree	1	20.0	20.0	20.0
	Strongly Agree	3	60.0	60.0	80.0
	Not Applicable	1	20.0	20.0	100.0
	Total	5	100.0	100.0	

Q1r Accelerated 2<sup>nd</sup> Degree BSN program is effective

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Somewhat Agree	3	60.0	60.0	60.0
	Strongly Agree	2	40.0	40.0	100.0
	Total	5	100.0	100.0	

Q1s RN to BSN program provides excellent career mobility options

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Somewhat Agree	1	20.0	20.0	20.0
	Strongly Agree	4	80.0	80.0	100.0
	Total	5	100.0	100.0	

Q1t Need for accelerated RN to MSN track

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Somewhat Disagree	1	20.0	25.0	25.0
	Somewhat Agree	1	20.0	25.0	50.0
	Strongly Agree	2	40.0	50.0	100.0
	Total	4	80.0	100.0	
Missing	System	1	20.0		
Total		5	100.0		

Q1u Need for more MSN prepared nurse educators

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Somewhat Agree	2	40.0	40.0	40.0
	Strongly Agree	3	60.0	60.0	100.0
	Total	5	100.0	100.0	

Q1v Need for more MSN prepared nurse administrators

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Somewhat Agree	1	20.0	20.0	20.0
	Strongly Agree	4	80.0	80.0	100.0
	Total	5	100.0	100.0	

Q1w Need for more MSN prepared nurses in field of informatics

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Somewhat Agree	2	40.0	40.0	40.0
	Strongly Agree	3	60.0	60.0	100.0
	Total	5	100.0	100.0	

Discussion: Overall, the SON Advisory Board feels that the BSN pre-licensure curriculum, faculty, and administration provide quality education for our students. They also indicate that they perceive the Board is consulted regarding proposed program changes. This advisory board was very involved in the preliminary discussions to transition from an Associate degree to a Baccalaureate degree nursing program. They provided thoughtful input that reflected not only their opinions but allowed the School of Nursing to survey their own nursing staff for insights and recommendations for the new curriculum.

Q2 Two or three strengths

		Frequency	Percent	Valid Percent	Cumulative Percent
	None	1	20.0	20.0	20.0
Valid	Online programs informatics focus variety of clinical settings	1	20.0	20.0	40.0
	Positive employment opportunity, Ferris has a good reputation	1	20.0	20.0	60.0
	Quality and expertise of faculty. Leadership of the Director of the School of Nursing. Strong focus on offering a variety of options to increase the number of RNs and MSNs.	1	20.0	20.0	80.0
	Quality of education, administrative support, caliber of faculty	1	20.0	20.0	100.0
	Total	5	100.0	100.0	

Q3 Areas need improvement

		Frequency	Percent	Valid Percent	Cumulative Percent
	None	4	80.0	80.0	80.0
Valid	A wider variety of clinical sites	1	20.0	20.0	100.0
	Total	5	100.0	100.0	

Q4 Comments/suggestions

		Frequency	Percent	Valid Percent	Cumulative Percent
	None	4	80.0	80.0	80.0
Valid	The development of year round programs could increase the number of graduates to meet community needs.	1	20.0	20.0	100.0
	Total	5	100.0	100.0	

Q5 Elaboration

		Frequency	Percent	Valid Percent	Cumulative Percent
	None	4	80.0	80.0	80.0
Valid	Ferris offers strong nursing programs, and remains focused on addressing community need for well qualified nurses	1	20.0	20.0	100.0
	Total	5	100.0	100.0	

Discussion: As noted previously, the FSU Nursing Advisory board had been historically very active and participatory in the evolution of nursing programs in the School of Nursing. However, it has been noted that attendance at the two annual meetings of some of the longstanding members of the SON Advisory Board has decreased over the past few years. The members who do regularly attend, are very supportive of our programs and provide valuable information about the service end of health care. Efforts are currently underway to review the current membership to see if changes and / or additions to the board are indicated. A survey has been sent to all existing board members to determine their desire to remain on the board or to be replaced. New members will be sought to reflect areas that are currently not well represented, such as community nursing practice settings. In addition, the idea of establishing separate undergraduate and graduate advisory boards will also be explored.

Section 3: Program Profile

## Section Three: Program Profile

### A. Profile of Students

#### 1. Student Demographic Profile:

##### a) Gender, race/ethnicity, age:

Term	Enrolled	Male	Female	Unknown	Black	Hispanic	Indian/ Alaskan	Asian/ Pac Islander	White	Foreign	Avg. Age
2007/ 2008	41	7	34	0	2	1	0	0	37	1	24
2008/ 2009	105	18	87	0	4	0	3	0	98	0	25

##### b) In-state and out-of-state:

Term	Blank	Resident	Midwest Compact	Non- Resident
2007-2008	0	40	1	0
2008-2009	0	104	1	0

##### c) Full-time and part-time: Students are required to take all the nursing courses offered in a semester except when they have received a substitution for a particular course or have returned to retake a failed course.

AY	Full Time	Part Time
20007-2008	38	3
2008-2009	94	11

School of Nursing Records show:

2007-2008: 41 traditional BSN students admitted fall 2007 and 20 accelerated BSN students admitted January 2008 for a total of 61 students. At the end of the Spring semester there were 59 remaining students, reflecting a 96% retention rate.

2008-2009: 50 traditional BSN students admitted fall 2008, 39 second year BSN students started fall 2008, and 20 accelerated BSN students admitted January 2009 for a total of 109 students. At the end of the Spring semester there were 104 remaining students reflecting a 95% retention rate.

The majority of BSN students maintain a full-time enrollment status.

#### 2. Attend classes: All lecture and lab courses are scheduled during the day. Clinical rotations may be scheduled during the day, in the evenings, or on weekends depending on the unit the students are assigned to.

3. Enrollment: All students are enrolled on-campus although clinical sites are within a 50 mile radius of Big Rapids. In the 2009-10 academic year the pre-licensure BSN program will have a total projected enrollment of 154 students reflecting full enrollment at all program levels.
4. Online or mixed delivery: No nursing courses are offered in a totally online format, but some of the courses are offered in a mixed delivery format to address a greater variety of learning styles and to prepare students to be online learners for future enrollment in a graduate program.
5. Impact of above information on curriculum, scheduling, and/or delivery methods: The biggest challenge for all current nursing programs is finding adequate clinical placements and appropriately prepared clinical and didactic faculty. As the program grows to add each level of student, finding clinical sites becomes more of a challenge each year. As other area nursing programs also grow in response to the nursing shortage, competition for clinical sites becomes more pronounced. In response to this challenge, the FSU nursing program has taken the lead in West Michigan to implement nontraditional clinical schedules for the last several years. As a result, some of the clinical experiences occur in the evening or even on weekends. The students understand that they need to be adaptable to changing times and days as they progress through the program. During the first year of the program, student clinical experiences can be located locally, in Big Rapids, Reed City and Greenville. However, in the more advanced courses, a higher and more acute patient population is needed, requiring the students to travel to Grand Rapids or other distant sites for specialized clinical experiences. Students typically car pool to distant clinical sites.

Increasing enrollment has required creative scheduling for the nursing laboratory, but at this point, the program has been able to accommodate all the students.

In terms of diversity, the FSU nursing student population has a fairly significant gender diversity level, with a steadily increasing male population of 17% when compared to the overall proportion of male nurses, which is approximately 5-6%. The current student population reflects only 6% ethnic diversity, however. This is an area of focus for the profession because the current nursing demographic does not represent the population for which nurses provide care. Cultural competence is a critical component of the nursing curriculum and is threaded in the learning outcome that deals with the context for nursing care.

6. Quality of Students
  - a) GPA's and ACT scores of currently enrolled students from IR data:

	Avg. GPA	Min. GPA	Max. GPA	Avg. ACT	Min. ACT	Max. ACT
2007-2008	3.53	2.29	4.00	22.65	17	30
2008-2009	3.43	2.64	3.96	21.73	14	29



In the first year of the program, the students admitted had been in the pipeline for the previous ADN program, which had a slightly lower academic standard for entry. As a result of the recent popularity in nursing, the BSN program has started to attract students with higher ACT scores and as a result, they are better able to maintain higher GPAs while taking the nursing courses. It is interesting to note that the pool of applicants for the Fall 2009 cohort had over 20 honors students which is the highest number ever from that program which reflects greater academic preparation for incoming students. Please note that the nursing students must maintain a C (2.5) in all courses which would make the reported GPA's lower than 2.5 inaccurate.

- b) GPA's and ACT scores of students graduating: The accelerated BSN students were our only graduating class for this new program so far. They graduated in December 2008 and their data is reflected here.

Graduation	Avg. GPA	Min. GPA	Max. GPA	Avg. ACT	Min. ACT	Max. ACT
Dec. 2008	3.49	2.69	3.91	23.455	17	30

- c) Measures to evaluate quality of students entering program: Students must meet specific qualification criteria (See Appendix C-) to be admitted to the professional sequence of the program. These criteria include maintaining an overall GPA of 2.7 or higher, as well as the completion of the equivalent of 2 semesters of coursework with some minimal grades required in math and science courses. Historically and according to the literature on nursing students, those who do well in the math and science courses seem to also do well in the nursing courses and subsequently tend to pass the licensure exam upon program completion. For the FSU nursing program, students are required to earn a B- in the following courses, MATH 115 OR 117, CHEM 114, BIOL 108, and BIOL 205. Student can only repeat the science courses once and if they are unsuccessful at attaining the B-, they become ineligible to apply for entry into the professional sequence of the BSN program. This policy was instituted in 2000 and as a result the attrition for nursing students has dropped significantly, resulting in consistent retention rates of 95% for all cohorts to date.

In accordance with the CAHS admission policy for clinical programs, students are accepted in the order that they become qualified. This policy tends to reward the serious students who are organized and focused on obtaining their education.

- d) Significance of scholarships or fellowships: Students are encouraged to go to the School of Nursing website for information about scholarships as many students struggle with the rising costs of education and the downturn of the Michigan economy. There are a variety of scholarships that are specific for nursing students, most of which require the student to be accepted into or have made progress in the actual professional sequence of the program.

Many students have been awarded the Michigan Nursing Scholarship which is a program that was established in the 2002-2003 academic year and is designed to provide scholarship funds to Michigan residents who study nursing and then work as a nurse in the state of Michigan.

Many students take hospital or long term care externship positions that offer tuition assistance while working part-time for that agency. These positions provide the students with added clinical experiences while helping them finance their education, as well as an incentive to accept a position after graduation. The current economic downturn has impacted the availability of these externship programs to nursing students in the last year, which has created some hardship for some students.

- e) Scholarly/creative activities: All students in the program are required to fulfill a service learning project, which is intended to help them assimilate the role of the nursing professional as a contributing member of the community. While fulfilling their service learning, some students have made presentations in schools to elementary students, some have assisted in the nursing lab as tutors for first year students and others have worked for established community volunteer organizations. Some students have provided classes in Basic Life Support. During the 2009-2010 academic year, the first BSN cohort of students will present their service learning activities at a Service Learning fair for students at the lower level and their service learning project will be evaluated in the capstone course, NURS 450. At that time, the faculty will be able to evaluate the quality and value of the scholarly/creative activities.
- f) Other accomplishments of students: During this past academic year, two students have been involved in the Wellness Clinic with pharmacy and optometry students. Working in an interdisciplinary environment to provide patient assessment and teaching has been a very valuable experience for the students. The rest of the class has also benefited when these students share information about the clinic and clients in the classroom setting.

#### 7. Employability of Students

- a) Graduates employed full-time after one year: Our first graduating class was December 2008 so this data is not available in terms of the number of them who are employed full time.
- b) Starting salaries: Below is data published by the Bureau of Labor Statistics on average salaries for registered nurses. The committee was unable to find average starting salaries but assumes that they would fall into the lowest pay group.

Location	Pay Period	2007				
		10%	25%	Median	75%	90%
United States	Hourly	\$20.20	\$23.95	\$28.85	\$35.18	\$41.97
	Yearly	\$42,000	\$49,800	\$60,000	\$73,200	\$87,300
Michigan	Hourly	\$21.29	\$25.03	\$28.77	\$33.14	\$37.26
	Yearly	\$44,300	\$52,100	\$59,800	\$68,900	\$77,500

National Data Source: Bureau of Labor Statistics. Occupational Employment Statistics Survey State Data Source: Michigan Wage Information

- c) Graduates employed part-time within one year: Unable to obtain this information as our first graduates were December 2008 and have not been in the workforce for a year. Anecdotally, students report that some of them are employed part-time, either by choice or because a full-time position was not available.
- d) Career assistance: Throughout the program in the classroom, clinical setting, or at Ferris State Nurse Association meetings, students are introduced to the different career options in nursing. Students are encouraged to attend FSU's Career Fair as well as information sessions offered at area hospitals. Each clinical rotation provides students with an exposure to a different practice setting.
- e) Graduates continued employment: The program's first accelerated BSN students graduated in December 2008' and most of the students have told faculty of their employment in nursing. Although there were only 4 responses to the survey so there is little concrete data on the employment of the 19 graduates, we have had anecdotal reports from most of the students. All students who sought employment upon graduation are reportedly employed either full or part time. The recent economic downturn has also impacted the number of nursing vacancies as health care systems make accommodations to meet financial challenges and nurses who were planning for retirement elect to continue working.

All of the indicators at the State level suggest that this is a temporary situation and that once the recession begins to reverse, there is anticipated to be a huge void in the nursing workforce again as a large segment of nurses are expected to retire at that time.

- f) Geographic distribution of employed graduates: The 4 students who answered the survey are working in Michigan. 3 of the graduates have moved out of state according to their stated plans at graduation and the requests from out of state licensure boards for verification of the students' completion of the program have been sent.

- g) Student's seeking additional education: None of the 4 students who responded to the survey are seeking additional education at this point, with their graduation date as recent as December 2008. One of the graduates did state his intention to start a master's degree for a nurse practitioner license.
- h) Where graduates seek additional education: This information is not available.
- B. Enrollment: Admission into nursing is a 2 step process. Students apply for admission and are designated as pre-nursing students. There are over 400 pre-nursing students at this point. Once students have completed the qualifying courses or know they will have them completed by the end of the designated semester, they apply for admission to the professional sequence (NURS courses). The traditional students apply in January for a fall (August) start and the accelerated students apply in August for a spring (January) start. The information below is based on the students who have been admitted into the professional sequence.
1. Anticipated fall/spring enrollment: The fall/spring 2009-2010 enrollment will include 50 first level students, 49 plus 3 returning second level students, and 35 third level students in the traditional BSN and 19 students in the accelerated BSN. Total enrollment will be 156 students.
  2. Enrollment or credit hour changes since last review: Data not available as only the first 2 years of the BSN program has been completed and this is the first program review.
  3. Since last program review, how many students apply annually: Not applicable as this is the program's first APR report.
  4. Annual applications to program and percentage of students admitted: The SON has had 2 application processes for the traditional BSN and 2 application processes for the accelerated BSN. One class is admitted per year. The first class of the traditional BSN students were admitted fall 2007 using the old waitlist system and 41 students were admitted.

This list is no longer available for comparison of number of students qualified to number of students admitted. The chart below shows the number of students who applied using the new application process and the percentage of students who were admitted to the professional sequence.

	Traditional Applicants	% Traditional Admitted	Accelerated Applicants	% Accelerated Admitted
2008	105	48%	23	82%
2009	135	37%	35	57%

5. Percentage of students who enroll after admission: 100% of students enroll in nursing classes once they are admitted into the professional sequence. Alternates are available to take an admitted student's place if a vacancy does occur, although this is rare.
  6. Enrollment goals: After the SON's first admission of 41 traditional students in 2007, the faculty determined we could accommodate more students so the 2008 and 2009 admissions were increased to 50. There is no plan to increase or decrease the accelerated admission number to greater than 20 students. There is also no plan at this point to decrease or increase the traditional admission number.
- C. Program Capacity: At this point, program capacity is appropriate for the resources that are available. The major limitations to expansion are available clinical and lab space and qualified faculty. Ferris is a part of 3 clinical placement consortiums, one located in the Grand Rapids area, one in the east central portion of the state and one in the west central portion of the state. Twice a year the consortia meet to negotiate for clinical sites for students. With other schools also expanding their enrollments, this process becomes a bigger challenge every year.

The nursing shortage also includes a shortage of nursing faculty to teach the students in the clinical and didactic courses. Fortunately, in the last few years, the School of Nursing has been rewarded with two tenure-track and four 12 month 3 year temporary positions to address the instructional load that is associated with increasing enrollment in all three programs.

D. Retention and Graduation

1. Annual attrition rate:

	Attrition # Traditional	Attrition % for Traditional BSN Students	Attrition # Accelerated	Attrition % for Accelerated BSN Students
2007-2008	2 out of 41	5%	NA	NA
2008-2009	4 out of 89	5%	1 out of 20	5%

2. Retention strategies:

Retention strategies include a pre-professional advisor, faculty advisor for each class admitted, focusing on nursing in the FSUS 100 course, structured learning assistance attached to some courses, and the school's close relationships with students. These strategies are described below.

Advising: The CAHS hired a pre-professional advisor for all Allied Health students. The advisor works with students via email or on campus meetings to answer questions about the programs and plan academic schedules. She also provides group advising sessions prior to registration so students have a good understanding of what they need to take. Having the pre-professional advisor has allowed faculty more time to teach and advise at the professional level.

A nursing faculty is assigned to advise each beginning class and remains their advisor for the 3 years the students are in the program. The student becomes comfortable with that advisor and the faculty gets to know the students during that time, resulting in a beneficial support system for students during the most rigorous component of the program.

FSUS 100 Pre-nursing sections: In the FSUS 100 course the pre-nursing students receive information about the SON and the profession of nursing so they can decide early on if this is the career choice for them.

SLA: Structured Learning Assistance was initially offered with the NURS 300 Pathophysiology course spring 2009 which was helpful. However, after student feedback this past spring semester, the plan is to now attach it to some of the theory courses because students tend to have a more difficult time applying the content in these courses to clinical situations, which seems to be a more appropriate use of this resource.

Faculty-Student Relationship Building: The SON class sizes are fairly small and certain faculty may teach a number of courses to the same group of students. As a result, the faculty are able to get to know the students and anticipate potential problems that may impede student success. The students also feel more comfortable asking for assistance from a faculty they have built a relationship with.

3. Trends in number of degrees awarded: The SON only awards the Bachelor of Science in Nursing degree. At this point, there has only been one graduating class of 19 students.
4. Graduation within prescribed time: Approximately 95% of the accelerated BSN students graduated within the prescribed time. There have not been any traditional BSN graduates to date, as the first graduating class is scheduled for May 2010.
5. Average length in program: This varies for each track of the program:

Traditional Track: Students complete the equivalent of 2 semesters of qualifying coursework prior to entry into the professional sequence for this track. The professional sequence is 6 semesters or 2 academic years in length. Therefore, the program is technically 8 semesters or 4 academic years in length. However, with the increasing demand for the program, even qualified students may need to spend 2 years waiting for admission to the program and then work on completing the general education coursework for the program as they wait. Another scenario is the student who may take more than 2 semesters to qualify which results in a longer delay for admission to the professional sequence. Therefore, the range of the total program length is 4-6 academic years for the majority of students.

Accelerated Track: The professional sequence for this track is 3 semesters or 1 calendar year. The students admitted have already completed a Bachelor's degree in another field and so meet most of the general education requirements. The exception to that scenario is for students who need to demonstrate competency or pre-requisite coursework in the sciences and the CAHS Core Curriculum courses. Students who need all of these designated pre-requisite courses must complete up to 17 additional credits before entering the professional sequence, which extends the program length slightly. Therefore, the range of the total accelerated program length is 1 – 1.5 years for this track. As stated in number 4, only one accelerated cohort has completed a program cycle and all but one student graduated within the 1 year schedule of professional sequence courses.

#### E. Access

1. Accessibility of program to students: The majority of courses in the program, except for the clinical experiences, are on the Big Rapids campus. Students are given clinical schedules for the following semester prior to registration so they can choose the section which best suits their schedules.

One access issue is the availability of a variety of instructional modalities. The BSN program offers most courses in a face to face hand on learning format, with some selected courses offered in a mixed delivery format to provide the students an alternative learning environment where appropriate and where it is more efficient. Blended delivery reduces the number of on-campus hours for the students, which is a benefit for the high number of commuter students in the program.

Another access issue is the program length. The accelerated program allows second degree students an opportunity to receive a second bachelor's degree in one year once they have completed the qualifying courses.

Finally, another access issue is the provision for experiential learning opportunities, which as noted earlier can be challenging with the competition for clinical sites. When scheduling students for clinical sites, where students live is considered to try to minimize driving time. The clinical coordinator strives to limit the number of health care facility orientations a student will have to complete by assigning them to the same facility whenever possible.

2. Effects of actions on program: In order for a student to participate in the online learning, they must have access to appropriate computer technology specifications. In the beginning, some students may not comply with these requirements but usually learn what is required after the first few classes. The increased didactic class size has also presented a challenge for the provision of blended delivery as it is very difficult to do justice to online discussions and activities with 50 students in one section.

The accelerated program has become very popular and the CAHS Advising Assistant has reported that she probably gets more inquiries about this program option than another in the College. Most of the students have learned about the accelerated BSN through the SON website and more and more students are applying for this program, which only accepts 20 students per year. The frequent inquiries to either the academic advisor or the program coordinator about the program can be time consuming and increase the work load for responders.

Careful planning of clinical placements helps to reduce student fatigue, promote effective use of clinical time, and ultimately enhance their learning. Another strategy has been the increasing use of simulation for some of the required clinical hours. While this mode of delivery addresses access to clinical sites, it has presented a challenge in terms of access to the nursing lab which is already used to capacity with dedicated lab course sections.

3. Advancing or hindering program goals: The program goals that were stated in Section One are addressed when students are offered a variety of learning environments that encourage growth in their understanding of all aspects of nursing. Program goals may be hindered when online learning is offered to a class of 50 students. This will increase the faculty load greatly when ½ of the class is offered online. This is an issue currently being discussed by the SON faculty.

Preliminary NCLEX pass reports indicate that the majority of accelerated students were successfully prepared to assume entry level roles as registered nurses.

#### F. Curriculum

1. Program requirements: (Appendix E): Students must pass all science courses and the MATH 115 with a B- or better and can only repeat a science course once to be eligible for the nursing program. All other courses, both general education and nursing, students must pass with a minimum of a C.

##### a) General education courses:

Directed General Education Courses	Rationale
MATH 115 or MATH 117	Students must have a sound math basis in order to accurately perform dosage calculations.
ENGL 150, 250, and 321	Documentation is an important aspect of nursing. Students must be able to write accurately and concisely as well as write in a professional manner for audiences external to patient care.
COMM 105, 121, or 221	Communication with clients, other health care providers , and the public is also a very important aspect of nursing.
BIOL 108 and 205	A good understanding of microbiology and anatomy and physiology is necessary for a student to successfully understand and apply information provided in the nursing courses.
CHEM 114	CHEM 114 is a pre-requisite for BIOL 205 and necessary for understanding anatomy and physiology.



Electives	Rationale
9 credits of Social Awareness	Students may choose any courses that fulfill this requirement but are required to begin with one of the foundation courses. Principles taught in these courses are essential for the development of nursing student's social awareness.
9 credits of Cultural Enrichment	Students may choose any courses that fulfill this requirement. Nurses work with clients from many different cultures so they need these courses to become culturally competent.
CCHS Required Courses	
MRIS 102	Medical vocabulary is used throughout health care.
CCHS 101, 102, and 103	Orientation to health care, safety issues in health care, and clinical skills are foundation courses for all Allied Health students.
EHSM 315	An understanding of epidemiology and statistics is the basis for understanding nursing research and community health.

b) Hidden pre-requisites: There are no hidden pre-requisites for the pre-nursing or nursing courses. Nursing courses must be taken in the sequence they are offered so for example students must take and pass the first semester professional sequence courses before they can take the second semester courses. It may be necessary for some pre-nursing students to take remedial coursework to prepare them for the required courses, which would add coursework for those students who are admitted to the University with less preparation in areas such as science and math.

2. Significant revisions: There have been no significant revisions since the admission of the first class fall 2007. This is the first APR report for this program.
3. Curricular or program changes: There are no changes currently in the review process.
4. Plans for revision: There are no plans at this time for a revision of the curriculum.

#### G. Quality of Instruction

1. Student and alumni perceptions of quality of instruction: Refer to Section Two.
2. Advisory committee and employer perceptions of quality of instruction: Refer to Section Two.
3. Departmental and individual efforts to improve the learning environment: The program continues to improve the quality of the nursing education by using best practices in education that includes the learner centered approach, maintaining an up-to-date laboratory including the use of simulation, enhancement of lectures by using the Smart Classroom technology, identifying clinical sites that offer the best learning environments, and training and mentoring clinical faculty.

4. Professional development activities of faculty that enhance learning environment: Nursing faculty have always been very involved in professional development activities. They have attended many of the training sessions offered by the Faculty Center for Teaching and Learning including Ferris Connect, Tegrity, Classroom Performance Systems, New Faculty Orientations, CAHS Best Practices, and other programs that add to an enhanced learning environment. Most faculty have attended off-campus conferences including Lilly Conferences, Simulation Conferences, and the National League for Nursing Educators' Conferences to name a few.
5. Efforts to increase the interaction of students with faculty and peers: In view of the necessity for nurses to communicate effectively as members of an interdisciplinary team in the health care setting, the SON is committed to the use of a Learner Centered approach in the curriculum where interaction between faculty and peers is both encouraged and modeled throughout the curriculum. During the first foundation course, students are taught how to work effectively in groups, and this is reinforced and encouraged throughout the curriculum. Faculty are involved with students in extracurricular activities in the Ferris Student Nurses Association (FSNA), which also fosters faculty and student interactions. With a dedicated component of admissions for Honors' students, their participation in the Honors Program Symposium is another notable area of student faculty peer interactions.
6. Infusion of current research and practice into teaching and learning: As stated above, faculty frequently attend information sessions that include current research and best practices on teaching and learning in nursing curriculum. Syllabi for all courses are available for all faculty to review on the shared network J drive. These syllabi reflect the use of sound teaching and learning principles. In addition, theory and evidence based practice as well as nursing research are integral learning outcome competencies that are included in each nursing course, resulting in assessment of learning at the course and program levels (Appendix E).
7. Effects the actions described in (5) and (6) have had on quality of teaching and learning: The nursing faculty pride themselves on the delivery of quality instruction that has been deliberately planned from a curricular perspective. The development of the program occurred as a faculty of the whole over 2 full academic years. The decision to adopt a learner-centered approach was a consensus decision that resulted in the development of a program and respective courses that reflect a leveling of professional competencies throughout the curriculum. At the end of each semester of the program since it started in Fall 2007, faculty conduct a review of each course to determine generally how it went from the individual faculty perspective. These less formal course reviews were a productive way for faculty to begin to see how the curriculum was unfolding and to determine if early changes were needed. In many instances minor changes were made right away and will continue to occur with the new course assessment process that is in progress. As of fall 2009 each course for that semester will implement an assessment plan to directly measure student learning outcomes. The spring courses assessment plans will be developed and finalized during the fall semester for implementation in spring 10.

During the course of the program faculty interact with all of the students over the 3 year professional sequence and consequently, have the advantage of understanding the students' learning styles and how best to approach instruction that will result in all students having the same opportunity to learn. Faculty can identify students who may require extra effort to help them succeed. Current SAI's demonstrate that students feel the quality of teaching for most courses is good. While SAIs and faculty perceptions are very indirect methods of assessment, the quality of learning can be directly assessed from the high NCLEX pass rate for our first accelerated BSN graduates.

## H. Composition and Quality of Faculty

### 1. Tenured and tenure track faculty

#### a) Rank and qualifications:

Tenured Faculty/Qualifications	Rank
Arlene M. Morton, RN, MSN, FNP	Associate Professor
Susan Fogarty RN, MSN, FNP	Associate Professor
Tenure Track Faculty	
Denise Hoisington, RN, MSN, PhD	Associate Professor
Lisa Singletery, RN, MSN, PhD Candidate	Assistant Professor
Sharon Colley, RN, MSN, PhD ABD	Assistant Professor
Michelle Teschendorf, RN, MSN, PhD ABD	Assistant Professor
Susan Owens, RN, MSN, PhD Candidate	Assistant Professor

b) Promotions or merit awards since last review: Not applicable. There have been no promotions or merit awards in the last 2 years.

c) Professional activities: Faculty have published articles in professional journals, presented at local, regional, and national conferences, conducted research, attended many professional meetings, held offices in professional organizations, and maintained membership in professional organizations.

### 2. Workload

a) Normal annualized teaching load: 12 credit hours are considered a full load per the School of Nursing workload policy, which is consistent with many other CAHS programs using the credit load formula and with the FFA contract. At least ½ of the faculty average 1 to 3 credits of overload per semester. The average load for the Fall 2008 semester for BSN faculty was 13.6 credits. The average load for the Spring 2009 semester for BSN faculty was 12.7. The normalized annualized teaching load for the 2008-09 AY for BSN faculty was 13.15 credits.

- b) Release time activities: Margaret Smith received 4 credits (33%) of release time for clinical coordination in the 2008-09 AY, but will receive 6 credits of release time or 50% starting in the 2009-10 AY when the program will be fully enrolled. Arlene Morton receives 3 credits (25%) of release time for program coordination.

### 3. Recruitment

- a) Normal recruiting process for new faculty: New faculty are recruited using the procedure approved by the university and refined within the College of Allied Health Sciences to enhance success in recruiting faculty from health care practice. Once the approval to hire faculty has been obtained, a search committee is formed. The committee is chaired by the Department Head for the department where the program is housed and members are a representation from the program faculty, faculty within the department, and at least one member from outside the department. A national search occurs with advertising placed in the Chronicle of Higher Education and in appropriate professional publications. After review of applications, a telephone interview of references may be conducted. Selected qualified applicants are then invited to campus for interviews. During the interview process, the applicants are required to demonstrate a teaching presentation, and meet with faculty and administrators.
- b) Qualifications required for new faculty: A Master's Degree in nursing is required to teach in the bachelor's program. A doctorate in nursing or a related field and teaching experience in nursing is preferred, as the accreditation body requires a certain percentage of faculty to be prepared at the doctoral level.

Recent tenure track faculty hires have resulted in the hire of new faculty who are currently in a doctoral program. This practice supports both the undergraduate and graduate nursing programs.

- c) Diversity goals: One of the goals of the School of Nursing is to recruit a diverse faculty and student body. However, with the acute shortage of qualified nursing faculty at the state and national levels, the emphasis has been on attracting faculty with the required academic credentials. Therefore, at this point no set goals have been made for hiring new faculty members of a particular race, gender, or ethnicity other than to hire using University guidelines.
- d) Efforts to attain goals in c: The majority of nurses in the US are white females holding associate or bachelors' degrees in nursing. This results in a limited number of qualified applicants for available positions. As noted above, the shortage of qualified nursing faculty is more acute than the overall nursing shortage in practice settings. Attracting nursing faculty who are Doctoral prepared or are in progress within a doctoral program is a challenge. However, with the most recent search for a tenure track faculty position in nursing, Ferris was able to attract three fully qualified candidates, resulting in a successful search process. This is a significant accomplishment in that candidates with these qualifications have many options for academic employment.

#### 4. Orientation process for new faculty

All new CAHS faculty are required to attend the University new faculty orientation and then take advantage of the FCTL's New Faculty Transition Program. Their teaching assignments are designed to allow them to attend the sessions. A new faculty member is also assigned a nursing faculty mentor who provides information specific to The College of Allied Health Sciences and the School of Nursing, as well as peer guidance as the new faculty adjusts to their role and to Ferris State University.

#### 5. Reward Structure

- a) Reward structure in program/department/college as relates to faculty: In addition to salary, the faculty is rewarded with School of Nursing and college funds to offset travel to professional meetings. There are no eligibility criteria, although faculty are required to apply through the CAHS Faculty Affairs Committee. The reward is limited to \$500/faculty member per year. Faculty members are encouraged to apply for Timme funding as well. This reward structure may change during the next academic year due to University wide budget cuts.
- b) Salary structures impact on program's ability to recruit and retain quality faculty: Although the salary structure has improved over the last few years, it is still below clinical practice salaries, which is the case in most of higher education.

This sometimes makes it difficult to attract Master's prepared and/or Doctoral prepared faculty. Adjunct pay has also increased in the last few years and is more comparable to service salaries, which has helped considerably to attract and retain qualified clinical instructors which lends consistency to instruction.

- c) Reward structure currently in place that supports faculty productivity in teaching, research, and service: Consistent with University policy, research and faculty development grants can be attained through the University. The Development of online courses has historically been rewarded with release time or a contractual stipend, but due to University budget cuts, the stipend is no longer available. As a teaching University, there are no standard rewards for service or research, but faculty are always encouraged to engage in scholarly activities and service as part of the faculty role. The challenge, however, is that in nursing with the growing programs, most faculty have overload schedules so have little time to devote to research or other scholarly activity.
- d) Reward structure that enhances diversity and inclusion: There is no reward structure in place for enhancing diversity and inclusion.

#### 6. Graduate Instruction

This is not applicable to the undergraduate BSN program.

7. Non-Tenure Track and Adjunct Faculty

- a) Full time non-tenure track who have taught in the BSN program for the last academic year

I. Full-time non-tenure track faculty for 2009-2010 AY:

12 Month 3 Year Contract	Courses Taught	Years of Service
Margaret Smith, RN, MSN	Technical Skills, Pharmacology, Theory 2	One year
Susan North RN, MSN	Health Promotion, Community Nursing	One year

- II. Adjunct faculty who have served as clinical instructors: These instructors are hired on a semester by semester basis depending on the programs' clinical needs and are mentored by the clinical coordinator. In the traditional BSN track of the program, 10% of the clinical course is taught by a full time faculty member using simulation or online work. In the accelerated BSN program, about 30% of the clinical course is taught by a full time faculty member using simulation or online work.

Adjunct Clinical Faculty	Years of Service
Tara O'dell, RN, BSN	1.5 years
Marilyn Proctor, RN, BSN	.5 year
Chris Holmquist, RN, BSN	Two years
Amanda Hanna, RN, BSN	One year
Chris Donzell, RN, BSN	One year
Dan Powell, RN, BSN	One year
Kiya Morgan RN, BSN	Two years
Connie Adams RN	Two years
Vicky Hecksel-Lantz RN, MSN	Two years
Rhonda Bishop, RN, MSN	Two years
Jennifer Cook, RN, BSN	One year
Becky VanLaan, RN, BSN	One year
Annie Evens, RN, BSN	One year

- III. Retention of non-tenure track faculty: The College of Allied Health Sciences was successful in attaining several three year continuing full time non tenure track positions starting in the 2008-09 AY. Four of the seven CAHS positions were dedicated to nursing. The three year contract was very helpful in attracting quality faculty when compared to the previous practice of 9 month one year temporary positions. As far as adjunct clinical faculty are concerned, the recently implemented adjunct faculty pay and benefits model has been instrumental in the recruitment and retention of hourly clinical faculty since the per hour pay rate was increased to \$30/hour for BSN prepared and \$35/hour for MSN prepared. This rate will need to be reviewed every few years to stay competitive with the service side of health care.

b) Percentage of program courses taught by faculty in (a):

Program	12 Month 3 year contract/ 9 month temporary	Adjunct Clinical Faculty
Traditional BSN	28%	28%
Accelerated BSN	30%	25%

c) Qualifications for faculty in (a): All of the non-tenured 12-month 3 year contract faculty hold masters' degrees in nursing. The adjunct clinical faculty must have a BSN, an RN license, and preferably be working in the area they are doing the clinical instruction in. Some of the clinical faculty hold MSN degrees or are working on their MSN as an adjunct benefit.

d) Use of non-tenured faculty: The current use of non-tenure track faculty is appropriate for our program. With the accelerated BSN track scheduled year round, students have classes in the summer. Adding 12 month contract faculty has helped to meet this need. The use of currently working staff nurses for clinical instruction under the guidance of the clinical coordinator has been for the most part very successful.

e) Accreditation body's position of use of non-tenured and adjunct faculty: The National League for Nursing Accreditation Commission (NLNAC) requires that all faculty, who teach didactic courses must hold a minimum of a MSN. Clinical faculty must meet the academic requirements set by the Board of Nursing in each State. In Michigan, a clinical instructor for a program that prepares Registered Nurses must hold a minimum of a BSN degree. Therefore, the FSU nursing program is compliant with the guidelines set forth by the Board of Nursing and the NLNAC.

I. Service to Non-Majors:

1. General Education service courses provided by the program: The Pre-licensure BSN program does not provide courses for other FSU departments.
2. Non-General Education courses required from other programs: Not applicable
3. Impact of provision of General Education and non-General Education courses has on program: Not applicable
4. Plan to increase or decrease level of service courses: Not applicable

J. Degree Program Cost and Productivity Data: The data received does not separate the Pre-licensure BSN program, the RN-BSN program, the MSN program or the final semester of the ADN program so does not accurately reflect the pre-licensure BSN program's productivity. Productivity data for 2007-2008 is noted below, but reflects all NURS student credit hours.

Student Credit Hours				Full Time Equivalent faculty				SCH/FTEF			
Sum	Fall	Spring	F+Sp	Sum	Fall	Spring	F+Sp	Sum	Fall	Spring	F+Sp
378	2,237	2,658	4,895	3.36	9.18	11.12	10.15	112.44	243.65	239.03	482.24

Cost Data: The only available data is from a 2003-2004 report for the Associate Degree in Nursing which is no longer offered as the current BSN program was launched in 2007-08. However, the BSN program costs will be relatively similar in terms of comparisons to other programs.

Inst. Cost per SCH	Dept. Cost per SCH	Dean's Cost per SCH	Total Cost per SCH	Program Inst. Cost for 1 year	Dept. Cost for 1 year	Dean Cost for 1 year	Total Cost for 1 year
\$109.84	\$54.53	\$24.35	\$188.72	\$8,786.87	\$4,362.06	\$1,948.27	\$15,097.21

Data from Research and Testing listed program costs from highest to lowest. The highest was \$80,365.58 and the lowest was \$1,249.55. Nursing is well below the highest total cost.

In 2003-2004, nursing and dental hygiene comprised one department. Below is a list of costs per department within the College of Allied Health. Nursing and Dental Hygiene were the lowest at that time.

Department	Avg. Inst. Cost	Avg. Dept. Cost	Avg. Dean Cost	Total Cost
Health Management	\$134.76	\$28.08	\$18.41	\$181.25
Health Related Programs	\$127.43	\$36.26	\$23.17	\$186.86
Nursing & Dental Hygiene	\$111.34	\$47.87	\$21.95	\$181.17

#### K. Assessment and Evaluation

1. Variables tracked and how they assess effectiveness of program: The following variables will be tracked to assess the effectiveness of the program. (Appendix H)

Variables Tracked	Assessment Method	Why Assessed
Assume collaborative leadership roles in the provision, delegation and supervision of nursing care while retaining accountability for the quality of that care.	Professional Portfolios Clinical Evaluations	Reflects student attainment of designated terminal outcomes related to nursing role development
Integrate theory and evidence-based knowledge from the arts, humanities, sciences and nursing to develop a foundation for practice.	Professional Portfolios	Reflects student attainment of designated terminal outcomes related theory and evidence base for nursing practice.
Coordinate the health care of diverse populations across the lifespan toward achieving the goal of healthy individuals, families, groups and communities at the local and global levels.	Professional Portfolios Clinical Evaluations	Reflects student attainment of designated terminal outcomes related to the provision of nursing care.



Analyze research for application to nursing practice.	Professional Portfolio	Reflects student attainment of designated terminal outcomes related to nursing research.
Demonstrate critical thinking and ethical clinical judgment in the application of the nursing process, reflecting a safe standard of care.	Clinical Evaluations Professional Portfolio ATI Comprehensive Exam	Reflects student attainment of designated terminal outcomes related to cognitive growth.
Variables Tracked	Assessment Method	Why Assessed
Demonstrate a commitment to the advancement of the image of the nursing profession through participation in a service learning project.	Service Learning Project Professional Portfolio	Reflects student attainment of designated terminal outcomes related to advancement of the profession.
NCLEX-RN pass rates	Board of Nursing quarterly report	Reflects students' attainment and comprehensiveness of program outcomes.
Employer Satisfaction	Employer Survey	Reflects employer's level of satisfaction with graduate's level of preparation in assuming practice role of the Registered Nurse.
Graduate Satisfaction and post-graduation professional activities	Graduate Survey	Reflects graduate's level of satisfaction with their educational experience in the BSN program and their engagement in ongoing professional development.
Student diversity, retention and graduation rates	Student Survey	Reflects admission of diverse, qualified students, quality of academic advising, and rigor of curriculum.

2. Trend data for variables in (1). In view of the fact that the program has just graduated one small accelerated BSN class in December 2008 and will not have a traditional BSN graduation until May 2010, there is very little program assessment data at the writing of this report. There was a 95% graduation rate for the accelerated BSN students and a 92% first time NCLEX pass rate which reflects attainment of the terminal outcomes of the program.
3. How trend data in (2) is used to assess rigor, breadth, and currency of degree requirements and curriculum. The program learning outcomes are designed to reflect the essentials of baccalaureate education and the American Nurses Association Standards for Professional Practice. Assessment of learning outcomes is reflective of how well the program is aligned with established national standards for the profession. The accreditation body, the National League for Nursing Accreditation Commission (NLNAC) requires accredited programs to demonstrate alignment with established professional nursing standards.

4. How trend data in (2) is used to assess the extent to which program goals are met.

The “other “ outcomes are reflective of the criteria that is tracked by the accreditation body, NLNAC are used to demonstrate the success of the program in areas such as attainment of RN licensure, readiness for employment , satisfaction with the preparation of the program, student diversity and engagement in lifelong learning. These areas reflect the overall program goals to prepare graduates for licensure, employment and lifelong learning.

#### L. Administration Effectiveness

1. Adequacy of administrative and clerical support for the program:  
Administrative and clerical support for the program is adequate. The collective administration is sensitive and supportive to the needs of the program. The Director of Nursing is innovative and open to new ideas. The Dean of the College of Allied Health is also supportive and willing to participate in change when the need arises. The School of Nursing has one full time secretary which at this point is adequate.
2. How program is run in an efficient manner: Generally, the program is run in an efficient manner. The faculty and director have monthly meetings where a wide range of topics are openly discussed. There is also frequent communication through either email, phone, or face-to-face. Concerns are addressed in a timely manner.

All faculty share their syllabi and course packs so ideas, best practices, innovations, etc. are easily obtained. All syllabi are posted on the nursing Share drive along with many other documents that faculty may need.

3. Preparation of class and teaching schedules: Teaching schedules are prepared by the Director in a timely, thoughtful manner and are reviewed by the faculty. They are revised as needed. The Director attempts to match a faculty with their areas of expertise as much as she can. This process seems to work well for the department.
4. Student’s ability to take courses they need in a timely manner: Once a student has been accepted into the professional sequence, they can complete the traditional BSN in 6 semesters (fall and spring only) or the accelerated BSN in three semesters (spring, summer, and fall). Challenges to timeliness can be summarized in these areas:
  - a) The increasingly high demand for the nursing program does result in at least 1-2 years delay in entry into the professional sequence, which extends the total length of the program for almost all students. In view of the challenges with clinical placements and limited faculty resources, it is not anticipated that this will improve at anytime soon.

- b) The traditional track does not currently include summers, which results in a 6 semester program that is three calendar years in length. If students could attend year round, it would reduce the overall length of the professional sequence from 3 years to 2 years. Not all students would elect this option, but given the drive for students to be employed sooner than later, it is anticipated that many students would prefer to finish early if they had that option.
- c) The current program format does not allow for re-entry into the program for one full year for a student who experiences a progression issue. This results in an additional year until program completion and also places the student in a holding pattern until they can re-enter the program.

Additional resources would be necessary to make an impact in any of these areas at the present time. Possible solutions could include additional entry points for the program, resulting in different tracks or options for students, as well as the use of more simulation to replace some of the clinical hours. Unfortunately, more faculty and laboratory simulation space would be needed to implement these changes.

## Section 4: Equipment and Facilities

## A. Instructional Environment

1. Adequacy of classrooms, labs, and technology: There are 7 classrooms in VFS that are all newly renovated as Smart Classrooms. The renovations and installation of Smart Classrooms have provided an enhanced learning environment for all CAHS students. In addition each clinical program has a dedicated lab space that in most instances can also be utilized as a classroom for small groups of students. In spite of these welcomed upgrades, it is not possible to house all CAHS classes in VFS, so many of the programs, including nursing must use classrooms outside of the VFS building. This only becomes an issue when the other classrooms aren't equipped as Smart Classrooms as in VFS, as the faculty have come to rely on this technology for routine instructional delivery. As of the fall 2009 semester with the addition of a dedicated lab for CCHS 103, the nursing laboratory space is no longer used for the CCHS 103 labs, thus freeing up space and time for the multiple lab sections required in the first level of the nursing program. The nursing lab is highly utilized for standard laboratory courses in both fall and spring semesters. Recently the incorporation of more medium and high fidelity simulation has created the need for more lab time. However, with creative scheduling, each nursing student is able to receive adequate lab time for both lab courses and supplemental simulation experiences as they are currently scheduled.
2. Condition of current facilities impact on program delivery: The recent renovations and technology updates in VFS in the last few years have resulted in a greatly enhanced learning environment for all CAHS students, including those in the nursing program.
3. Projected needs with respect to instructional facilities: The increase in nursing enrollment has resulted in the need to use the nursing laboratory (VFS 424) as a classroom for smaller groups, most notably the accelerated nursing students because these students take the equivalent of one semester in either session A of Session B. This schedule does not allow for ideal classroom scheduling in the rest of the building except for courses that have a similar time frame both sessions. Unfortunately the nursing lab is the only laboratory space in the building that is not yet equipped as a smart classroom, so this would be a recommendation for a projected need. The nursing lab is also used for clinical simulation activities which can be difficult to schedule around the other classes already scheduled. Simulations required a block of dedicated time for all the steps of the process: preparation, running of the simulation and then the debriefing and reflection afterward. With the growing use of simulation, most health and nursing programs that have incorporated simulation have established dedicated laboratory space for this purpose. Therefore, a dedicated lab room for simulation that nursing and other Allied Health programs can use would be another projected need. Ideally there would be 2 rooms, one with technology controls and a viewing window and one with the simulation manikin, monitors, and patient care equipment. This arrangement would allow faculty to observe students during their simulated activity while operating the computer program that controls the patient's assessment data.

After the simulation activity the students and faculty meet to reflect on important learning points of the scenario, what went well, and what needs to improve. Students are videotaped during the simulation and can then see their group completing the activity. There is a need for a cable to run from the simulators to the projector to utilize the debriefing video feature. Currently, nursing and respiratory care have collaborated in the delivery of simulation and other CAHS programs have expressed interest. The addition of a simulation lab would have benefit across multiple interdisciplinary health programs.

4. Current plans for facilities improvements: The School of Nursing is investigating the cost of an upgrade for the nursing lab to provide Smart Classroom features, but there are no immediate plans to implement the upgrade in view of the projected cost.
5. How proposed changes or improvements to facilities would enhance program delivery: There is a great deal of current research on the use of simulation as part of the answer to the challenge of finding adequate clinical placements and experiences. In nursing, the current trend is to utilize simulation to replace some of the clinical hours that would normally take place in the clinical setting. This is one strategy to increase enrollment in nursing programs because the limited number of clinical sites is a deterrent to program expansion. As noted previously in this report, finding adequate clinical settings and placements is an ongoing challenge for the current enrollment of students and may eventually become prohibitive in just maintaining that level of enrollment in the program.

The advantage of the use of simulation is that it allows students to practice the application of their nursing knowledge and skills in simulated high risk situations without the danger of placing a real patient in a compromised situation. For instance, in the real clinical setting, a nursing student would rarely have the opportunity to even observe a “code” that is initiated to resuscitate a patient suffering a heart attack. In the simulation lab, the faculty can create all the same variables so that students can actually assume a role in a simulated code. Last year after a code simulation, one nursing student reported that she was invited to deliver chest compressions in a real code situation because she had received this simulated training. This is a significant change in the clinical experiential learning setting.

Student’s laboratory experiences are vital to their learning and ability to provide safe nursing care. The more time a student can spend in the lab either practicing skills or participating in simulated clinical scenarios, the better equipped they will be during their real life clinical experiences. The more real the simulations are, the more learning will take place.

## B. Computer Access and Availability

1. Computing resources that are allocated to the program: There are 5 laptop computers in the nursing lab for student use. There are also two computers dedicated to SIM Man and SIM Baby, which are the high fidelity manikins used in simulation. There are 26 computers in VFS 327 for all Allied Health students to use. In addition there are dedicated nursing software programs available for students to use in both the VFS and FLITE computer labs.
2. How resources are used: The laptop computers in the lab have educational programs including charting exercises. Students are able to practice documentation before going into the clinical setting. There is a program called Software for Nursing Education in VFS 327 that contains over 100 case studies. Students are required to complete these as part of their simulation activities. In addition, both SIM Man and SIM Baby were purchased with simulation scenarios that can be used as they are or modified for student learning.
3. Adequacy of resources and need for additional resources: As the nursing program grows, there may be a need for more computers and extended hours in VFS 327 although the case study program mentioned in #2, is also available on some of the computers in FLITE, which increases student access after hours. The computers in VFS 327 are updated periodically (they were just upgraded) and the software is reviewed for currency as well.
4. Acquisition plan to address these needs: There is not a current plan to increase the number of computers or hours in VFS 327 at this time.
5. Efficacy of online services available to program: The nursing program uses Ferris Connect in a variety of ways to include enhanced and blended delivery of courses. Selected blended nursing courses use all aspects of Ferris Connect. All nursing courses are at least web enhanced utilizing FerrisConnect for communication, a method to post syllabi and learning modules, and a method of submitting assignments and posting grades. Most students are very comfortable using Ferris Connect. With the launching of the new BSN pre-licensure program in the 2007-08 AY, all the nursing faculty made the collective decision to launch all courses in FerrisConnect as opposed to starting with WebCT and then converting. Therefore, the nursing faculty were one of the first collective faculty units to all be trained in FerrisConnect.
6. Adequacy of computer support: Computer support in VFS is excellent.) The CPS staff are polite and efficient, with a very rapid classroom problem response time. Technical support problems on faculty and staff computers may take a bit longer, but that too is usually completed efficiently and in a timely manner. TAC seems to have an excellent system of prioritization and responses to computer technology issues. Ferris Connect problems are not always addressed as efficiently, and it is not always clear to faculty who should be contacted with a problem in this area.

### C. Other Instructional Technology

1. Other types of instructional technology that are allocated to program: The nursing lab has SIM Man and SIM Baby manikins, which are high fidelity simulation manikins.
2. How these resources are used: SIM Man and SIM Baby are used in several of the nursing courses to provide more realistic simulated patient scenarios. They can be programmed to display vital signs and other monitoring criteria. SIM Man can talk, breath, have palpable pulses, and heart sounds. The nursing lab coordinator along with the faculty, develop the scenarios. The lab coordinator then programs the scenarios into the computer and runs the program during the student activity.
3. Adequacy of these resources: The SIM Man computer and software were recently upgraded and are performing adequately at this point. As new technology is introduced, SIM Man may once again need to be upgraded. As stated earlier, the greatest need is a separate room where the simulation activities can be offered more frequently.
4. Acquisition plan to address needs: As the need arises, the program will continue to identify resources to upgrade and increase of number of SIM Man manikins.
5. Impact of adequacy of other types of instructional technology resources and support of these resources on the program: Being able to use SIM Man and SIM Baby more frequently will have the greatest impact on student learning. Student evaluations are done after each simulation activity. Not only are their post-test scores significantly higher than the pre-test scores, but students say they learn a great deal and request more simulation time. At this point, the program is limited by the availability of the laboratory space.

### D. Library Resources

1. Adequacy of print, electronic, and other resources available through FLITE for the program: The print, electronic, and other resources are adequate for the BSN program.
2. Service and instruction availability provided by the library faculty and staff: The service and instruction that is provided by FLITE faculty and staff meet the needs of the nursing program. The Allied Health liaison has provided excellent support for the program. She is always available to assist both faculty and students with their library needs.
3. Impact of budget allocation provided by FLITE to the program: The budget allocation provided by FLITE to our program seems to be adequate. The liaison keeps in contact and informs faculty of any purchases that are pending. Faculty are actively encouraged to provide input regarding program-related selections that are added to the collections.



## Section 5: Conclusions

## CONCLUSIONS

The Bachelor of Science in Nursing (BSN) program began in the Fall of 2007 with the admission of the first cohort of traditional track students and in January of 2008 the first cohort of accelerated students were admitted that same academic year. This program replaced the previous pre-licensure associate degree nursing (ADN) program in response to a growing demand for a more educated nursing work force. As of Fall 2009, the program has graduated one cohort of accelerated students and will be graduating the first traditional cohort in May 2010. The information provided in this report is limited to the last two years, which reflects the duration of this very new program. At the time of the next APR report, the program will have been in existence for seven years and will contain more complete data and a better picture of the program.

### A. Relationship to FSU Mission

The FSU Mission states: *“Ferris State University prepares students for successful careers, responsible citizenship, and lifelong learning. Through its many partnerships and its career-oriented, broad-based education, Ferris serves our rapidly changing global economy and society”*. The College of Allied Health Sciences builds upon Ferris’s mission as its mission is listed *“to prepare students for successful careers in the programs contained therein, to foster responsible citizenship and to promote lifelong learning. The college will partner with healthcare providers and facilities to prepare students for rapidly changing careers.”*

The mission of the undergraduate nursing program reflects both the FSU and CAHS missions as it relates to the preparation of registered nurses: *“The undergraduate program in nursing is designed to provide innovative baccalaureate programming that prepares graduates for roles in current professional nursing practice and to effectively contribute to future changes in the nursing profession and health care delivery system”*. The need for nurses is well documented with reliable predictions that this need will continue over the next several years. The Bachelor of Nursing program prepares graduates to successfully assume entry level roles as registered nurses in community and acute care settings by offering an educational program that is comprehensive and innovative. The program is unique in that it incorporates clinical experiences for all six semesters resulting in graduates who are prepared for their beginning career in nursing. The program offers opportunities for partnerships in the health care setting as well as in other disciplines by requiring a service learning activity, offering a variety of clinical experiences, and providing simulations the encompass other health care providers.

### B. Program Visibility and Distinctiveness

The Ferris State University School of Nursing has been recognized for innovative programming to include the Associate Degree in Nursing and the RN-BSN completion program for many years. When the RN-BSN program received ongoing accreditation from National League for Nursing Accrediting Commission (NLNAC) in 2006, the stage was set for new generic BSN program to be automatically granted accreditation as another baccalaureate program offering within the School of Nursing. NLNAC recognized the quality and distinctiveness of the undergraduate programs at that time.

The School of Nursing website provides clear and useful information about the program and generates many interested students. The website is designed to provide important information for prospective students as well as information about the nursing profession in general.

There are many distinctive attributes of the BSN program. The program is offered in two very distinctive but complimentary tracks to accommodate different student populations. The traditional track is designed for the “traditional” pre-licensure student who is seeking an initial degree in nursing. The accelerated degree track is designed to target students who have already earned a baccalaureate degree in another field who now want to practice nursing. This track is accelerated to allow this unique student population to complete the program in just one calendar year, thus creating an efficient yet effective route to the nursing degree for academically proven students. The BSN faculty designed the program using best educational practices for the curriculum plan. These best practices include a learner-centered instructional approach, the infusion of clinical experiences into every semester, the use of a unique clinical instruction model, and required professional experiences such as service learning project and the completion of a professional portfolio. A deliberate approach to support preparation to take the NCLEX-RN exam begins the first semester and continues until graduation using an evidence-based, nationally recognized vendor of standardized computerized exams. Finally, the program is able to attract a qualified and diverse student body using an admission process that is uniquely different from other BSN programs. The admission policy, which is based on the attainment of a designated standard for qualifying criteria and then students are admitted in order of the semester they complete the qualifying courses, allows a broader pool of students to enter a nursing program.

### C. Program Value

The demand for nurses is a message that has been pervasive in the media as well as any ongoing employment analysis from the Michigan Department of Energy, Labor & Economic Growth (DELEG). The ongoing and growing need for nurses translates to the value of graduating an increased number of qualified nurses from the School of Nursing at Ferris State University. The School of Nursing has responded to this need by increasing enrollment, providing quality education, and offering a well-prepared BSN graduate who can meet the needs of today’s health care consumer and community.

Cost and productivity data from Research and Testing for academic year 2003-2004 demonstrate the School of Nursing’s cost value to the University. Out of 232 programs listed under Degree Program Costing, the previous AAS in nursing program was program 126 below the highest cost program. It is anticipated updated data due for 2007-08 for the new BSN program will be similar.

The BSN program is also of value to students and employers. The majority of students answering the surveys felt the program was of good quality and was adequately preparing them for their roles as nurses. There was only one employer response but that employer strongly agreed that our graduate(s) were well prepared to provide quality health care.

Another value to the University is the retention of FSU students. The pool of pre-nursing students is the largest pre-professional program in CAHS and result in a large number of active consumers of general education coursework within the College of Arts and Sciences. In addition, many students who do not meet the qualifications for other programs, such as pharmacy, optometry or pre-medicine elect to transfer into pre-nursing. These academically talented students are able to be successful in the nursing program and can become FSU graduates and alumni.

#### D. Enrollment

The pre-nursing enrollment continues to grow and reflects the public perception that nursing represents a strong job market. In response to this great demand for the program, the pre-licensure program elected to take an additional 10 students in Fall 2008 & 2009, increasing admissions for the traditional BSN program from 40 to 50. The additional 10 students have presented some challenge in regard to finding adequate classroom and laboratory space as well as clinical placements. At this point it would not be possible to increase this number without looking at other scheduling options such as multiple admission points, which would also require additional resources. Admission of 20 accelerated students a year has not changed. For the traditional BSN, we went from admitting 48% of the applicants in 2008 to 37% of the applicants in 2009. For the accelerated BSN, we went from admitting 82% in 2008 to 57% of the applicants in 2009. Until the program can increase the physical, clinical, and faculty resources, these percentages will continue to fall as more students are attracted to these program options than can be accommodated.

#### E. Characteristics, Quality, and Employability of Students

The admission policy of the BSN program reflects a model that is based on the requirement that all students meet an established academic standard utilizing designated coursework and minimum GPAs for courses and overall achievement. This model has been demonstrated to predict success in the professional sequence of the nursing program. All students must meet these admission criteria to be considered for entry into the professional sequence of the program. As a result, the quality of students who apply to and enter the program is reflective of the potential for success. The average range of ACT scores of students applying for the BSN program is higher than for the students who had previously applied for the ADN program. As a result, the BSN students seem to maintain higher GPAs while taking the nursing courses. Another component of the admission policy is to offer early admission to a total of ten students. Two of the early admission seats are allocated to students who have received the ROTC scholarship and the other eight to Honors Students. Both categories of students must still meet the admission criteria and qualify in one year. Both of these programs stress leadership and academic excellence, which is an important attribute for nurses.

The 92% pass rate of the first accelerated BSN cohort attests to the quality of those graduates. The majority of the graduates felt they had met the learning outcomes of the program, which are based on national nursing education standards. The continuing need for nurses and the quality of FSU nursing graduates ensures ongoing employability for graduates of the program.

## F. Quality of curriculum and Instruction

The curriculum was developed from the mission and goals of the School of Nursing using American Association of Colleges of Nursing (AACN) essentials for baccalaureate nursing education. The program continues to improve the quality of the nursing education by using best practices in education that includes the learner centered approach, maintaining an up-to-date laboratory including the use of simulation, enhancement of lectures by using the Smart Classrooms, identifying clinical sites that offer the best learning environments, and training and mentoring clinical faculty.

The general education requirements add to the student's scientific reasoning, communication competence, social awareness, and cultural competence. These are all important aspects of nursing.

The majority of students recognize this quality of curriculum and instruction. Most students also recognized the faculty's willingness to help them be successful. Some students did express concerns that should be considered as the faculty continue to assess and monitor the quality indicators of the program, although some of the negative comments did seem to be directed toward just a couple of faculty members and the student's perceptions about their respective teaching approach. Course outcomes are assessed at the end of each semester as well as established criteria for student evaluation. This ongoing assessment process will continue to guide the faculty in regard to continuous quality improvement resulting in ongoing revisions of courses and the curriculum as a whole. The AACN Essentials of Baccalaureate Education have been recently revised. As a result, the faculty will need to do a review of the undergraduate curricula, to include both the generic and the RN to BSN completion programs to determine if the new essentials are adequately reflected in those curricula.

Nursing courses are offered in a variety of instructional formats, to include face to face laboratory and lecture courses, web enhanced as well as blended delivery. The faculty are currently engaged in discussion regarding the criteria to use in the selection of an instructional delivery modality. The current cohort size of 50 has presented some challenges in regard to online instruction. The large number of students may contribute to some of the students' negative remarks about the online teaching.

Students recognize that simulation can enhance learning. The BSN program has incorporated simulation into each clinical course. The nursing lab offers the best learning environment for simulation but scheduling simulation times are limited by the number of free nursing lab hours. Consequently, there is a great need for a designated simulation lab for the College of Allied Health. Not only would this lab be available to all programs but it would also encourage interdisciplinary simulation activities.

Computer assisted learning activities also increase the instructional quality of the curriculum. Faculty have started to incorporate these activities into their course assignments, but students may have difficulty completing the assignments due to the limited VFS computer lab hours or limited number of FLITE computers containing the programs.

## G. Composition and Quality of the Faculty

There are currently two tenured and five tenure-track faculty that teach in the BSN program. One tenure-track faculty has her PhD and the other 4 tenure-track faculty are working on their PhD's in nursing or education. In academic year 2008-2009, there are also 3 full-time non-tenure track 12 month faculty who taught in both of the undergraduate BSN programs. In academic year 2009-2010 there will be 2.

Clinical courses are taught by adjuncts who are currently practicing BSN or MSN prepared nurses. The quality of clinical instruction is maintained by educating the clinical faculty regarding the art and science of clinical instruction as well as the provision of close mentoring throughout the semester. The majority of students feel their clinical instructors have been great role models and teachers.

The majority of students feel faculty are very engaged in and committed to their learning. This may be a factor in the low student attrition rate for the program.

All of the full time faculty are engaged in professional development activities and the use of best practices in their courses. Many faculty have presented at conferences, published articles in professional journals, taken leadership roles in professional organizations, and completed research.

Appendix A  
Academic Program Review Calendar

## Academic Program Review Calendar 2009-2010 Cycle

### Action Due Date *Guide*

Section PRP formed: Chair appointed	Tu 09 Sep 2008	III-B
PRP begins to meet	M 22 Sep 2008	III-D
Evaluation Plan & Budget due	F 10 Oct 2008	III-E, III-C
Chairs of APRC and PRP revise plan (if needed)		
Revised Plan due	F 24 Oct 2008	III-E
Surveys sent out	Nov 2008-Feb 2009	III-D
Administrative program review data available	December 2008	III-G
Data analyzed and reports written	Mar-May 2009	III-H
Initial report due to APRC Chair	M 15 June 2009	III-I
Report revision time	July 2009	
Multiple corrected copies due	F 14 August 2009	III-I
APRC meets with PRPs	Sep-Oct 2009	III-J
APRC meets with VPAA and Senate Exec. Comm.	Th 5 Nov 2009	
APRC recommendations to Senate	W 11 Nov 2009	III-K
Senate recommendations to VPAA	Tu 17 Nov 2009	III-M
VPAA discussion with Senate Exec. Comm.	M 30 Nov 2009	III-N
VPAA recommendations to Pres.	M 7 Dec 2009	III-N
Pres. recommendations to Senate	M 14 Dec 2009	III-O
Conference committee formed (if needed)	M 21 Dec 2009	III-O
Action plans prepared (if needed)	January 2010	III-P
APR cycle update and review	Jan-May 2010	III-Q



Appendix B  
PROGRAM EVALUATION PLAN

## PRELICENSURE BACHELOR IN NURSING

Degree Awarded: Bachelor of Science in Nursing

Program Review Panel:

Chair and Program Coordinator: Arlene Morton

Program Faculty: Catherine Balanda, Lisa Singleterry, Margaret Smith

College of Arts and Science faculty: Peter Balanda

Individual with special interest in program: Kathy Walter

School of Nursing Dean: Julie Coon

Purpose: To conduct a preliminary assessment of the new pre-licensure bachelorette in nursing program within the context of other school of nursing programs.

Data Collection Techniques:

1. Accelerated BSN graduate follow-up survey.
2. Employers of accelerated BSN graduates follow-up survey.
3. Student (graduating and current) evaluation of program from surveys distributed to accelerated BSN students and traditional students currently in program.
4. Faculty perceptions of program from surveys distributed to full time and adjunct faculty.
5. Advisory Committee perceptions of program from survey given to current School of Nursing Advisory members.
6. Labor market analysis from current market indicators.
7. Evaluation of facilities and equipment by doing a review of School of Nursing holdings at the on-campus and electronic library, adequacy of classrooms, labs, and clinical sites, and adequacy of computer facilities.
8. Curriculum evaluation information will be taken from:
  - a. Course assessments and measurement of outcomes
  - b. National League for Nursing accreditation granted to the program in 2007.
  - c. State Board of Nursing approval in 2007.

Schedule of Events:

Activity	Leader	Target Date for Completion
Graduate Survey	Lisa Singleterry	February 28, 2009
Employer Survey	Margaret Smith	February 28, 2009
Student Survey	Lisa Singleterry & Arlene Morton	December 12, 2008 & February 28, 2009
Faculty Perceptions	Margaret Smith	February 28, 2009
Advisory Committee	Arlene Morton	December 12, 2009
Labor Market analysis	Catherine Balanda & Kathy Walter	February 28, 2009
Evaluation of Facilities and Equipment	Margaret Smith	February 28, 2009
Curriculum Evaluation	Arlene Morton	February 28, 2009

ACADEMIC PROGRAM REVIEW BUDGET  
PRELICENSURE BACHELOR OF SCIENCE IN NURSING PROGRAM

Below is the proposed budget for the Pre-licensure Bachelor of Science in Nursing review panel. Please contact us if you have any questions.

Surveys:	
Copying costs:	\$85
Mailing costs (envelopes and stamps):	\$30
Return mailing costs (envelopes):	\$5
Phone expenses:	\$40
Final Document Costs:	<u>\$320</u>
	Total Budget: \$480

## Appendix C

### Organizing Framework

Ferris State University  
School of Nursing

<p><b>VISION</b></p> <p>The Ferris State University School of Nursing is recognized as a leader in innovative and scholarly nursing education at the undergraduate and graduate levels with programming that is evidence-based and globally focused in design while remaining responsive to the diverse needs of the student population, the profession of nursing and an evolving health care delivery system.</p>	
<p style="text-align: center;"><b>UNDERGRADUATE MISSION</b></p> <p>The undergraduate program in nursing is designed to provide innovative baccalaureate programming that prepares graduates for roles in current professional nursing practice and to effectively contribute to future changes in the nursing profession and health care delivery system.</p>	<p style="text-align: center;"><b>GRADUATE MISSION</b></p> <p>The graduate program in nursing is designed to provide an innovative curriculum that prepares graduates to assume advanced leadership roles in specialty areas of practice that are focused on improving health care systems and advancing the nursing profession.</p>
<p style="text-align: center;"><i>BSN Program Outcomes</i></p> <ol style="list-style-type: none"> <li>1. <i>Assume collaborative leadership roles in the provision, delegation and supervision of nursing care while retaining accountability for the quality of that care. (nursing role development)</i></li> <li>2. <i>Integrate theory and evidence-based knowledge from the arts, humanities, sciences and nursing to develop a foundation for practice. (theory &amp; evidence base for practice)</i></li> <li>3. <i>Coordinate the health care of diverse populations across the lifespan toward achieving the goal of healthy individuals, families, groups and communities at the local and global levels. (Context for nursing care)</i></li> <li>4. <i>Analyze research for application to nursing practice. (Research)</i></li> <li>5. <i>Demonstrate critical thinking and ethical clinical judgment in the application of the nursing process, reflecting a safe standard of care. (Cognitive growth)</i></li> <li>6. <i>Demonstrate a commitment to the advancement of the image of the nursing profession through participation in a service learning project. (Advancement of the profession)</i></li> </ol>	<p style="text-align: center;"><i>MSN Program Outcomes</i></p> <ol style="list-style-type: none"> <li>1. <i>Develop a leadership role within a selected specialty area of practice with the goal of improving health care and advancing the nursing profession. (nursing role development)</i></li> <li>2. <i>Apply advanced knowledge synthesized from nursing and related disciplines in a specialized area of practice. (Theory &amp; evidence base for practice)</i></li> <li>3. <i>Analyze various frameworks for application in complex health care delivery systems. (Context for nursing care)</i></li> <li>4. <i>Participate in scholarly inquiry and scientific thinking to address issues central to the profession of nursing. (Research / scholarly endeavors)</i></li> <li>5. <i>Engages in ethical decision-making and effective problem-solving related to issues and concerns affecting specialty role practice. (Cognitive Growth)</i></li> <li>6. <i>Demonstrate a commitment to the advancement of the profession by sharing scholarly work in a public arena. (Advancement of the profession)</i></li> </ol>

**FERRIS STATE UNIVERSITY SCHOOL OF NURSING  
BSN PROGRAMS ORGANIZING FRAMEWORK**

<b>UNDERGRADUATE MISSION</b>		
The undergraduate program in nursing is designed to provide innovative baccalaureate programming that prepares graduates for roles in current professional nursing practice and to effectively contribute to future changes in the nursing profession and health care delivery system.		
<b>PROFESSIONAL ROLES</b> <ul style="list-style-type: none"> <li>• Provider of Care</li> <li>• Designer / Manager / Coordinator of Care</li> <li>• Member of a Profession</li> </ul>	<b>CORE COMPETENCIES</b> <ul style="list-style-type: none"> <li>• Critical Thinking</li> <li>• Communication</li> <li>• Assessment</li> <li>• Technical Skills</li> </ul>	<b>CORE KNOWLEDGE</b> <ul style="list-style-type: none"> <li>• Health Promotion, Risk Reduction &amp; Disease Management</li> <li>• Illness &amp; Disease Management</li> <li>• Information &amp; Health Care Technologies</li> <li>• Ethics</li> <li>• Human Diversity</li> <li>• Global Health Care</li> <li>• Health Care Systems &amp; Policy</li> </ul>

<b>CURRICULUM CONSTRUCTS</b>	<b>FIRST LEVEL OUTCOMES</b>	<b>TERMINAL OUTCOMES</b>
Nursing Role Development	1. Demonstrate the ability to provide direct patient care in the areas of health promotion, risk reduction and disease management.	1. Assume collaborative leadership roles in the provision, delegation and supervision of nursing care while retaining accountability for the quality of that care. (nursing role development)
Theory & Research Base for Practice	2. Demonstrate knowledge of the importance and meaning of health and illness for the patient in providing nursing care.	2. Integrate theory and evidence-based knowledge from the arts, humanities, sciences and nursing to develop a foundation for practice. (theory & evidence base for practice)
Context for Nursing Care	3. Apply appropriate knowledge of major health problems and cultural diversity in performing nursing interventions.	3. Coordinate the health care of diverse populations across the lifespan toward achieving the goal of healthy individuals, families, groups and communities at the local and global levels. (Context for nursing care)
Research / Scholarly Endeavors	4. Evaluate nursing interventions from an evidence-based perspective.	4. Analyze research for application to nursing practice. (Research)
Cognitive Growth	5. Demonstrate application of the nursing process to include an objective analysis of assessment data and evaluation of outcome measures.	5. Demonstrate critical thinking and ethical clinical judgment in the application of the nursing process, reflecting a safe standard of care. (Cognitive growth)
Advancement of the Profession	6. Incorporate professional nursing standards and accountability into practice.	6. Demonstrate a commitment to the advancement of the image of the nursing profession through participation in a service learning project. (Advancement of the profession)

## Appendix D

### Surveys

# FERRIS STATE UNIVERSITY

## BSN APR - Alumni

The purpose of this survey is for graduates of the BSN program at Ferris State University to evaluate the education/training they received and to provide current employment information

**Q1** For your most recent graduation, in which nursing program were you at Ferris State University? *(Please select only one)*

- Traditional BSN Program
- Accelerated BSN Program

**Q2** Are you a member of a professional nursing organization?

- Yes
- No

**Q3** If yes, which one(s)?

**Q4** Which of the following did you use to prepare for the NCLEX exam? *(Please select all that apply)*

- Formal NCLEX review course Textbook
- Formal NCLEX review course Online
- Self-study NCLEX review Textbook
- Self-study NCLEX review Online
- ATI Virtual NCLEX review
- LSRN NCLEX review
- Employer offered review
- None of the above

**Q5** How many times have you taken the NCLEX exam?

- I have not taken the exam, but plan to take it
- Once
- Twice
- Three times
- I do not plan to take the exam

Please explain why not

**Q6** Have you passed the NCLEX exam

- Yes
- No

**Q7** Are you currently employed in a nursing position?

- Yes
- No

**Q8** In what type of nursing position are you currently employed? *(Please select only one)*

- Staff Nurse
- Unit Manager
- Charge Nurse
- Other

Please Specify:



**Q9** What is your primary place of employment in nursing? (*Please select only one*)

- Hospital
- Extended care facility
- Community or public health agency
- Temporary agency
- School nurse or physician's office
- Other

Please Specify:

**Q10** Do you work part- or full-time at the place you marked in Q9?

- Part-time
- Full-time

**Q11** If you work in a hospital, to which unit(s) are you assigned? (*Please select all that apply*)

- Med/Surg
- Critical Care
- Emergency
- Pediatrics
- Obstetrics
- Other

Please Specify:

**Q12** Do you receive employment benefits from your primary place of employment?

- Yes
- No

If you are salaried, please answer Q13. If you are hourly, please answer Q14.

**Q13** What is your current annual salary range at your primary place of employment?

- \$15,999 or less
- \$16,000-\$19,999
- \$20,000-\$24,999
- \$25,000-\$29,999
- \$30,000-\$39,999
- \$40,000-\$49,999
- \$50,000 or more

**Q14** What is your current hourly wage rate at your primary place of employment?

- \$7.49/hr or less
- \$7.50-\$9.49/hr
- \$9.50-\$11.99/hr
- \$12.00-\$14.49/hr
- \$14.50-\$19.99/hr
- \$20.00-\$24.99/hr
- \$25.00/hr or more

**Q15** In what county is your primary place of employment?

- Clare
- Gratiot
- Isabella
- Kent
- Lake
- Mecosta
- Montcalm
- Newaygo
- Osceola
- Other Michigan county
- Outside of Michigan

**Q16** How satisfied are you with your level of preparation from the Ferris State University nursing program for your initial nursing position?

- Very Dissatisfied
- Somewhat Dissatisfied
- Somewhat Satisfied
- Very Satisfied

**Thank you for your time and feedback.**

## Nursing Program Employer Survey

The primary goal of the Nursing program is to prepare our graduates to function as a competent registered nurse. This survey is designed to help us determine the strengths and areas of improvement for our program. All of your responses will be kept confidential and used for program evaluation purposes only. We request that this survey be completed by the graduate's immediate supervisor. Thank you for your time and assistance in evaluating the program at Ferris State University. If you employ more than one graduate, please fill out a survey for each graduate employee.

### Clinical Knowledge

**Q1** Please indicate your level of satisfaction with the graduate's performance in each of the following areas.

	Very Dissatisfied	Somewhat Dissatisfied	Somewhat Satisfied	Very Satisfied
Understanding of the principles of evidence-based practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowledge of pathophysiology of patient conditions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowledge of pharmacological implications of medications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interpretation of physician and interprofessional orders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Compliance with legal/regulatory issues relevant to nursing practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Understanding of quality improvement methodologies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### Technical Skills

**Q2** Please indicate your level of satisfaction with the graduate's performance in each of the following areas.

	Very Dissatisfied	Somewhat Dissatisfied	Somewhat Satisfied	Very Satisfied
Conducting patient assessments (including history, physical exam, vital signs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Documentation of patient assessment data	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conducting clinical procedures (e.g., sterile dressing, IV therapy, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Utilization of clinical technologies (e.g., IV Smart Pumps, medical monitors, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Administration of medication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Utilization of information technologies (e.g., computers, EMRs, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### Critical Thinking

**Q3 Please indicate your level of satisfaction with the graduate's performance in each of the following areas.**

	Very Dissatisfied	Somewhat Dissatisfied	Somewhat Satisfied	Very Satisfied
Recognition of changes in patient status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to anticipate risk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interpretation of assessment data (e.g., history, exam, lab testing, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Decision making based on the nursing process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recognition of when to ask for assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recognition of unsafe practices by self and others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Communication**

**Q4 Please indicate your level of satisfaction with the graduate's performance in each of the following areas.**

	Very Dissatisfied	Somewhat Dissatisfied	Somewhat Satisfied	Very Satisfied
Rapport with patients and families	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communication with interprofessional team	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communication with physicians	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conflict resolution	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient advocacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Professionalism**

**Q5 Please indicate your level of satisfaction with the graduate's performance in each of the following areas.**

	Very Dissatisfied	Somewhat Dissatisfied	Somewhat Satisfied	Very Satisfied
Ability to work independently	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to work as part of a team	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to accept constructive criticism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Customer service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accountability for actions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Respect for diverse cultural perspectives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Management of Responsibilities**

**Q6** Please indicate your level of satisfaction with the graduate's performance in each of the following areas.

	<b>Very Dissatisfied</b>	<b>Somewhat Dissatisfied</b>	<b>Somewhat Satisfied</b>	<b>Very Satisfied</b>
Ability to keep track of multiple responsibilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to prioritize	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Delegation of tasks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Completion of individual tasks within expected timeframe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to take initiative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conducting appropriate follow up	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q7** What do you see as the program's strengths as evidenced by this graduate?

**Q9** Please use this space for additional comments.

**Q8** What do you see as areas that need improving as evidenced by this graduate?

**Thank you for your time and feedback.**

## Bachelor of Nursing APR - Faculty

As part of the Academic Program Review, the Nursing Program is asking faculty members to take a few minutes to fill out this survey regarding the program.

**Q1** Please indicate your level of agreement with each of the following statements.

	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree
Nursing program is consistent with the mission of FSU.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Admission requirements are appropriate for the program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The program includes a clearly articulated mission and objectives.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The program curriculum includes courses relevant to program objectives.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The program and its curriculum are regularly reviewed to insure that they remain current.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The program is guided by an effective advisory board.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The quality of the Nursing program at FSU compares favorably with similar programs throughout the state.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Program advisors and faculty provide students with appropriate academic advising.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Program advisors and faculty provide students with appropriate advising about career planning and placement.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Program faculty provide students with appropriate classroom activity/instruction.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The FSU administration supports the program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The current operating budget is sufficient to meet program needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The number of qualified tenure-track faculty is sufficient to meet program needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Instructional facilities and equipment are sufficient to meet program needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Library and research resources are sufficient to meet program needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The number of clerical and support staff is sufficient to meet program needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The program has adequate resources allocated for coordination and administration.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The department and university provide program faculty with sufficient opportunities and support for professional development.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nursing students compare favorably with students from other College of Allied Health programs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nursing students are prepared to enter the workforce.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nursing program provides ample opportunity for practical experience.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Students graduating with a BSN are qualified for professional employment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Students graduating with a BSN are qualified for graduate level education.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q2** What do you see as the strengths of the Nursing program?

**Q3** What do you see as the areas needing improvement?

**Q4** Please use this space for additional comments.

**Thank you for your participation and feedback.**

## Pre-Licensure BSN Program Survey

The purpose of this survey is for students to evaluate the quality of instruction, relevance of courses, satisfaction with program outcomes, and suggestions on ways to improve the effectiveness of the program. The data compiled will aid the program in an ongoing process of program improvements.

**Q1** Please indicate your level of satisfaction with each of the following.

	Very Dissatisfied	Somewhat Dissatisfied	Somewhat Satisfied	Very Satisfied
Your entire FSU experience in general	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The nursing program at FSU	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The academic advising you may have received within FSU's Department of Nursing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q2** Please indicate your level of agreement with each of the following statements regarding *Personnel Resources (Program Faculty)*.

	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree
Faculty teach effectively in the classroom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Faculty teach effectively on-line	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Faculty teach effectively in the laboratory	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Faculty teach effectively in the clinical area	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Instruction is based on clearly stated objectives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Faculty members have good rapport with students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Faculty members are willing to help students with academic needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q3** Please use this space for *Personnel Resources (Program Faculty) Comments*.

**Q4** Please indicate your level of agreement with each of the following statements regarding *Physical Resources*.

	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree
Classroom instructional resources are adequate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Classroom instructional resources have equipment necessary to support effective instruction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Laboratory instructional resources are adequate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Laboratory is accessible to students outside regularly scheduled class times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supplies are sufficient for student performance of required lab exercises	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lab activities prepare students to perform effectively in the clinical setting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q5** Please use this space for Physical Resources Comments.

**Q6** Please indicate your level of agreement with each of the following statements regarding *Learning Resources*.

	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree
The libraries provide sufficient materials to support classroom assignments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Program assignments require the use of computers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Program assignments require the use of library references, journals, textbooks and electronic media	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tutorial assistance is available when needed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Audiovisual and computer equipment are available to students for class assignments and activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Computer resources are adequate to support the curriculum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Institutional Student Instructional Support Services are equally accessible to all students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q7** Please use this space for Learning Resources Comments.



**Q8** Please indicate your level of agreement with each of the following statements regarding *Clinical Resources*.

	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree
The clinical facilities offer a sufficient number of experiences for students to meet clinical objectives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The clinical facilities provide adequate exposure to current equipment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Each clinical rotation is of sufficient length to enable students to complete clinical objectives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sufficient classroom and lab instruction was provided prior to clinical activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Classroom and lab instructions was appropriately sequenced with clinical instruction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Students are adequately oriented to assigned clinical areas and procedures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinical instructors are sufficiently knowledgeable to provide student instruction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinical instructors provide appropriate supervision of students during performance of assigned activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinical instructors are consistent in their evaluation of student performance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinical instructors are readily available to assist students when needed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinical instructors are effective role models for students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinical instructors encourage students to think and solve clinical problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q9** Please use this space for Clinical Resources Comments.

**Q10** How long have you been a student in the program?

**Q11** Which of the following are you currently enrolled in?

- Level 1 Traditional BSN (NURS 250, 251, 252)
- Level 1 Accelerated BSN (NURS 250, 251, 252)
- Level 2 Traditional BSN (NURS 350, 351, 352)

Please use the following rating system when assessing the educational practices:

- 1-Failed to progress
- 2-Not progressing
- 3-Somewhat progressing  
6-Exceeded
- 4-Progressing
- 5-Met

**Q12** How would you describe your progress toward the level objectives using the scale above?

	1	2	3	4	5	6
Demonstrate the ability to provide direct client care in the areas of health promotion, risk reduction and disease prevention (nursing development)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrate knowledge of the importance and meaning of nursing theory as a basis for practice (theory and evidence-base for practice)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recognize the importance of addressing individual differences in providing nursing care (context for nursing care)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recognize the importance of selecting client outcomes and nursing interventions from an evidence-based perspective (research)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrate an understanding of the nursing process as a framework for problem solving and clinical decision-making (cognitive growth)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Incorporate professional nursing standards and accountability into practice (advancement of the profession)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please use the following rating system when assessing the educational practices:

1-Failed to progress      2-Not progressing      3-Somewhat progressing      4-Progressing      5-Met  
6-Exceeded

**Q13** How would you describe your progress toward the level objectives using the scale above?

	1	2	3	4	5	6
Demonstrate the ability to coordinate nursing care in the management of a variety of health situations (nursing role development)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Select approaches to nursing care that are evidence-based, reflecting best current practice across the lifespan (theory and evidence-base for practice)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrate an understanding of nursing care delivered to the community as client (context for nursing care)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Critique nursing research studies to determine their validity and application to nursing practice (research)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrate the ability to apply critical thinking in making appropriate clinical judgments for clients (cognitive growth)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrate a commitment to the advancement of the image of the nursing professional (advancement of the profession)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q14** Please use this space for additional comments.

Ferris State University  
School of Nursing

Advisory Board Survey of Nursing Programs

The School of Nursing is currently conducting a review of all programs in accordance with the Academic Review Program cycle within the University. As part of this review, your input as an Advisory Board member is requested and greatly appreciated. Please take a few minutes to complete this survey, based upon the perceptions you have gained as an Advisory Board Member for the School of Nursing.

Question or Statement	SA	A	D	SD	NA
1. The undergraduate (BSN) Nursing Programs offered by Ferris are relevant within the current health care delivery system.					
2. The graduate Nursing (MSN) programs offered by Ferris are relevant within the current health care delivery system.					
3. The quality of Ferris graduates who are prepared for initial licensure as Registered Nurses compares favorably to graduates of other pre-licensure programs.					
4. The quality of Ferris RN to BSN graduates compares favorably to graduates of other undergraduate nursing programs.					
5. The quality of Ferris MSN graduates compares favorably to graduates of other graduate nursing programs.					
6. The employment prospects for nursing graduates in all programs are positive.					
7. The FSU Nursing programs are viewed positively within the State of Michigan.					
8. The FSU nursing programs prepare graduates for life-long learning and continuous professional development.					
9. The FSU nursing faculty members reflect an appropriate level of diversity in their areas of clinical & scholarly expertise.					
10. The FSU nursing faculty members are committed to excellence in the delivery of undergraduate and graduate programs.					
11. The School of Nursing receives adequate resources from the University to deliver quality undergraduate and graduate programs.					
12. The FSU nursing programs have appropriate administrative support.					
13. The FSU nursing programs and curricula are regularly reviewed to assure currency and adaptability to a constantly changing health care delivery system.					
14. Advisory Board members are well informed about the nursing programs.					

15. Advisory Board members are well informed by the School of Nursing about changes in nursing education at the state and national levels.					
16. Advisory Board members are consulted prior to major program changes or initiatives.					
17. There is a need for more baccalaureate prepared entry level registered nurses in the State of Michigan.					
18. The accelerated 2 <sup>nd</sup> Degree BSN program is an effective way to prepare RNs to enter the workforce in a timely and efficient manner.					
19. The RN to BSN completion program provides excellent career mobility options for graduates.					
20. There is a need for an accelerated RN to MSN track to facilitate this career trajectory.					
21. There is a need for more MSN prepared nurse educators to fill a need as acute care and undergraduate educators.					
22. There is a need for more MSN prepared nurse administrators to provide nursing leadership in the clinical setting.					
23. There is a need for more MSN prepared nurses in the field of informatics to support the rapidly changing information technology in health care.					

24. Please identify any areas needing improvement in regard to the nursing programs at Ferris:

25. Please provide any comments and suggestions that you feel would help the School of Nursing to prepare future nursing graduates:

26. Please use this space to elaborate on any of the above or to make any further comments:

Appendix E  
Curriculum Plan and Check Sheets

**BSN Program Plan for 2<sup>nd</sup> Degree / Accelerated Track  
Three Semester Professional Sequence**

Pre-requisites: All pre-requisites and general education coursework must be completed prior to beginning the 3 Semester Professional Nursing Sequence		
<b>SEMESTER 1: Spring</b>	<b>CREDITS</b>	<b>CONT. HRS / week</b>
NURS 240 Concepts of Prof. Nursing (4+0)	4	4
NURS 241 Technical Skills Lab (0+6)	2	6
NURS 242 Health Assessment Lab (0+3)	1	3
NURS 243 Clinical Foundations 1(0+6)	2	6
NURS 250 Health Promotion in Nursing (4+0)	4	4
NURS 251 Pharmacology in Nursing (3+0)	3	3
NURS 252 Clinical Foundations 2 (0+6)	2	6
NURS 300 Pathophysiology for Nurses (3+0)	3	3
<b>TOTAL</b>	<b>21</b>	<b>35</b>
<b>SEMESTER 2: Summer</b>	<b>CREDITS</b>	<b>CONT. HRS / week</b>
NURS 340 Community Nursing (3+0)	3	3
NURS 341 Nursing Theory 1 (4+0)	4	4
NURS 342 Clinical Nursing 1 (0+15)	5	15
NURS 350 Research in Nursing (3+0)	3	3
NURS 351 Nursing Theory 2 (4+0)	4	4
NURS 352 Clinical Nursing 2 (0+15)	5	15
<b>TOTAL</b>	<b>24</b>	<b>55(12 wks)</b>
<b>SEMESTER 3: Fall</b>	<b>CREDITS</b>	<b>CONT. HRS / week</b>
NURS 440 Leadership in Nursing (3+0)	3	3
NURS 441 Nursing Theory 3 (4+0)	4	4
NURS 442 Clinical Nursing 3 (0+18)	6	18
NURS 450 Nursing Capstone (3+0)	3	3
NURS 451 Nursing Theory 4 (4+0)	4	4
NURS 452 Clinical Nursing 4 (0+18)	6	18
<b>TOTAL</b>	<b>26</b>	<b>50</b>

Total Program Credits = 120 minimum  
Professional Sequence = 68 Credits

FERRIS STATE UNIVERSITY  
SCHOOL OF NURSING

BSN Program Sequence Plan  
Traditional Track: Six Semester Professional Sequence

Semester 1: Fall	CR	Semester 2: Spring	CR
*(FSUS 100 Freshman Seminar)	(1)	Communications Foundation Course	3
ENGL 150 English 1	3	Cultural Enrichment Elective	3
CHEM 114 Intro to Inorganic Chemistry	4	BIOL 205 Anatomy & Physiology	5
BIOL 108 Medical Microbiology	3	CCHS 101 Orientation to Health Care	3
Social Awareness Foundation Course	<u>1</u>	CCHS 102 Safety Issues in Health Care	1
MRIS 102 Medical Vocabulary	14-15	CCHS 103 Clinical Skills	<u>1</u> 16
Semester 3: Fall	CR	Semester 4: Spring	CR
ENGL 250 English 2	3	Social Awareness Elective	3
EHSM 315 Epidemiology & Statistics	3	NURS 300 Pathophys in Nurs. Prac. (3+0)	3
NURS 240 Concepts of Prof. Nursing (4+0)	4	NURS 250 Health Promotion in Nursing (4+0)	4
NURS 241 Technical Skills Lab (0+6)	2	NURS 251 Pharmacology in Nursing (3+0)	3
NURS 242 Health Assessment Lab (0+3)	<u>1</u>	NURS 252 Clinical Foundations 2 (0+6)	<u>2</u> 15
NURS 243 Clinical Foundations 1(0+6)	15		
Semester 5: Fall	CR	Semester 6: Spring	CR
ENGL 321 Advanced English Composition	3	Cultural Enrichment Elective	3
NURS 340 Community Nursing (3+0)	3	NURS 350 Research in Nursing (3+0)	3
NURS 341 Nursing Theory 1 (4+0)	4	NURS 351 Nursing Theory 2 (4+0)	4
NURS 342 Clinical Nursing 1 (0+15)	<u>5</u>	NURS 352 Clinical Nursing 2 (0+15)	<u>5</u> 15
	15		
Semester 7: Fall	CR	Semester 8: Spring	CR
Social Awareness Elective (200 or higher)	3	Cultural Enrichment Elective (200 or higher)	3
NURS 440 Leadership in Nursing (3+0)	3	NURS 450 Nursing Capstone (3+0)	3
NURS 441 Nursing Theory 3 (4+0)	4	NURS 451 Nursing Theory 4 (4+0)	4
NURS 442 Clinical Nursing 3 (0+18)	<u>6</u>	NURS 452 Clinical Nursing 4 (0+18)	<u>6</u> 16
	16		

Total Program Credits = 122

\* FSUS 100 is only required for FTIAC Students; recommended only for transfer students

\*\* MATH competency: ACT Math sub-score of 24 or higher or MATH 115, grade of B- or higher

**FERRIS STATE UNIVERSITY  
SCHOOL OF NURSING**

**BACHELOR OF SCIENCE IN NURSING (BSN) PROGRAM  
FOR REGISTERED NURSING**

Curriculum Guide for Students Beginning Fall 2007

REQUIRED	COURSE TITLE – PRE/CO-REQUISITES IN ( )	CREDITS	GRADE	Requirement MET
<b><i>NURSING MAJOR: 71 CREDITS REQUIRED</i></b>				
NURS	240 Concepts of Professional Nursing (Pre: NURS Status)	4		
NURS	241 Technical Skills Lab (Pre: NURS Status)	2		
NURS	242 Health Assessment Lab (Pre: NURS status)	1		
NURS	243 Clinical Foundations 1 (Pre: NURS status)	2		
NURS	250 Health Promotion in Nursing (Pre NURS 240, 241, 242, 243)	4		
NURS	251 Pharmacology in Nursing (Pre: NURS 240, 241, 242, 243)	3		
NURS	252 Clinical Foundations 2 (Pre: NURS 240, 241,242,243)	2		
NURS	300 Pathophysiology for Nursing Prac. (Pre: NURS 240, 241,242,243)	3		
NURS	340 Community Nursing (Pre: NURS 250, 251, 252, 300)	3		
NURS	341 Nursing Theory 1 (Pre: NURS 250, 251, 252,300)	4		
NURS	342 Clinical Nursing 1 (Pre: NURS 250, 251, 252, 300)	5		
NURS	350 Research in Nursing (Pre: NURS 340, 341, 342)	3		
NURS	351 Nursing Theory 2 (Pre: NURS 340, 341, 342)	4		
NURS	352 Clinical Nursing 2 (Pre: NURS 340, 341, 342)	5		
NURS	440 Leadership in Nursing (Pre: 350, 351,352)	3		
NURS	441 Nursing Theory 3 (Pre: NURS 350, 351, 352)	4		
NURS	442 Clinical Nursing 3 (Pre: NURS 350,351,352)	6		
NURS	450 Nursing Capstone (Pre: NURS 440, 441, 442)	3		
NURS	451 Nursing Theory 4 (Pre: NURS 440, 441, 442)	4		
NURS	452 Clinical Nursing 4 (Pre: NURS 440, 441, 442)	6		
<b><i>PROGRAM CORE &amp; BS DEGREE REQUIREMENTS – 51 CREDITS REQUIRED</i></b>				
ENGL	150 English 1 (none)	3		
ENGL	250 English 2 (ENGL 150)	3		
CCHS	101 Orientation to Health Care (none)	3		
CCHS	102 Safety Issues in Health Care (none)	1		
CCHS	103 Clinical Skills (none)	1		
MRIS	102 Orientation to Medical Vocabulary (none)	1		
	Computer Competency – course or proficiency demonstrated			
EHSM	315 Epidemiology & Statistics (none)	3		
COMM	Choose one: COMM 105, COMM 121 or COMM 221 (none)	3		
ENGL	321 Advanced English Composition (ENGL 250)	3		
BIOL	108 Medical Microbiology (None)	3		
CHEM	114 Introduction to Inorganic Chemistry (HS Chemistry or CHEM 103)	4		
BIOL	205 Anatomy & Physiology (CHEM 114)	5		
ELEC	Social Awareness Foundation Course: PSYC 150 or SOCY 121 or ANTH 122 Recommended	3		
ELEC	Social Awareness Elective	3		
ELEC	Social Awareness Elective – 200 level or higher	3		
ELEC	Cultural Enrichment Elective – PHIL 220 or 320 Recommended	3		
ELEC	Cultural Enrichment Elective – Global Designation	3		
ELEC	Cultural Enrichment Elective – 200 level or higher	3		
	ACTMath Sub score of 24 or higher or MATH 115 or 117 ( B-)			



<b>GENERAL EDUCATION REQUIREMENTS FOR BS DEGREE</b>	<i>Requirement Met</i>
<b>COMMUNICATION COMPETENCE – 12 CREDITS REQUIRED:</b> <i>Met In Program Core</i>	
<b>SCIENTIFIC UNDERSTANDING – 7-8 CREDITS REQUIRED:</b> <i>Met In Program Core</i>	
<b>SOCIAL AWARENESS – 9 CREDITS REQUIRED:</b> <i>Met in Program Core</i>	
<b>CULTURAL ENRICHMENT – 9 CREDITS REQUIRED:</b> <i>Met in Program Core</i>	
<b>CAHS CORE CURRICULUM REQUIREMENTS – 6 CREDITS REQUIRED:</b> <i>Met In Program Core</i>	
<b>QUANTITATIVE SKILLS – PROFICIENCY OR COURSE REQUIRED</b> <i>Program Admission Requirement</i>	

<b>NURSING PROGRAM REQUIREMENTS FOR PROGRESSION &amp; GRADUATION</b>	<i>Requirement Met</i>
<ul style="list-style-type: none"> <li>• Total Program Credits = 122</li> <li>• A minimum of 40 credits are required at the 300 level or above for the BS degree</li> <li>• A grade of 2.7 or “B-” is required for all MATH, BIOL &amp; CHEM courses. <i>These courses may only be repeated once. Two (2) Unsuccessful attempts will result in dismissal from the nursing program.</i></li> <li>• A grade of 2.0 or “C” is required for all NURS courses. <i>Two unsuccessful (less than C) attempts in any NURS course(s) will result in dismissal from the nursing program.</i></li> <li>• A grade of 2.0 or “C” is required for all CAHS Core Curriculum Courses: ENGL 150, 250 &amp; 321, COMM foundation course and CCHS 101, 102 &amp; 103 and EHSM 315</li> <li>• One course (from above) meeting “global consciousness” must be completed: _____</li> <li>• Service Learning Project</li> <li>• Research Project</li> <li>• Professional Portfolio</li> <li>• Students who return to the University after an interrupted enrollment (not including summer semester) must meet the requirements of the curriculum which are in effect at the time of their return, not the requirements which were in effect when they were originally admitted</li> </ul>	
Initial Course Evaluation for Program Entry: _____	Advisor/Date _____
Review for Progress as PNUR Student: _____	Advisor / Date _____
Review for Progress as PNUR Student: _____	Advisor / Date _____
Check sheet Review End of Level 1: _____	Advisor/Date _____
Check sheet Review End of Level 2: _____	Advisor/Date _____
Check sheet Review End of Level 3: _____	Advisor/Date _____
Graduation Clearance Form Complete: _____ (date)	_____ (Advisor)

Appendix F  
Sample Course Syllabi

FERRIS STATE UNIVERSITY  
COLLEGE OF ALLIED HEALTH SCIENCES  
School of Nursing

NURS 240-002  
Concepts of Professional Nursing  
Fall 2008

COURSE DESCRIPTION: Introduction to the concepts of professional nursing practice to include: nursing theory and standards, critical thinking, and concepts related to the context of nursing practice.

INSTRUCTOR:

Name	Arlene Morton MSN, RN
Campus Address	VFS 304
Phone #	591-2293
E-mail address	<a href="mailto:mortona@ferris.edu">mortona@ferris.edu</a>
Office hours	TBA

COURSE SCHEDULE: M & W 9-10:50 BUS 327

REQUIRED COURSE MATERIALS:

American Nurses Association (2004) *Nursing: Scope and standards of practice*. Author

American Psychological Association (2001) *Publication manual of the American Psychological Association* (5<sup>th</sup> ed.) Washington, DC: Author

Potter, P. A. & Perry, A. G. (2005). *Fundamentals of Nursing* (6th ed.). St. Louis, MO: Mosby.

Compaq IPAQ 111 Classic Hand Held

Software is ordered thorough Unbound Medicine at [unboundmedicine.com](http://unboundmedicine.com) and visiting the store to purchase the Nursing Central Software

Clickers

COURSE OBJECTIVES:

1. Describes the evolution of the role of the professional nursing within contemporary society.
2. Examines selected nursing theories as a foundation for nursing research and practice.
3. Discusses the concepts of health promotion, ethics, diversity, lifespan considerations and information systems in the delivery of nursing care.
4. Demonstrates an understanding of evidence-based practice when examining nursing problems.
5. Describes the nursing process as a critical thinking framework for the delivery of nursing care.
6. Examines the practice of nursing within relevant legal and ethical professional standards.

**SPECIFIC LEARNING GOALS:**

At the end of this course the student will:

1. Have an understanding of the identified course objectives above. (Foundational Knowledge—Evaluated by Tests, Exam, IMQs, Discussions)
2. Be able to apply this information in case studies in class and care plan development. (Application—Evaluated by Case Studies, Group Work, & Reflective Logs)
3. Be able to integrate this knowledge into the care of patients in a range of practice settings and diverse client groups. (Integration—Evaluated by Case Studies & Care Plan Development, Class Discussions, Evidence Based Practice (EBP) & Theory Papers, Diversity Activity)
4. Be able to identify personal feelings and comfort level regarding the use of nursing theory, nursing process, and EBP in provision of client care. (Human Dimension—Evaluated by Reflective Logs, Class Discussion)
5. Have an interest in providing safe and optimal care to patients through use of the nursing process, research, and theory. (Caring—Evaluated by Reflective Logs, Class Discussions)
6. Be able to identify specific areas in nursing practice that could be improved and how to access evidence-based practice resources. (Learning How To Learn- Evaluated by EBP & Theory Paper)

**EVALUATION:**

**GRADING SCALE:** The Grading Scale from the School of Nursing is in effect in this course.

A = 95 - 100	B = 85 - 88	C = 75 - 78	D = 65 - 68
A- = 92 - 94	B- = 82 - 84	C- = 72 - 74	D- = 62 - 64
B+ = 89 - 91	C+ = 79 - 81	D+ = 69 - 71	F = <62

**ASSIGNMENTS:**

Assignment	Topic	Percent of Grade	Due Dates
Participation		10%	Weekly
Case Studies/In class group work	Nursing Process Legal/Ethical Managing Client Care Application of Nursing Theory	5%	As assigned
Immediate Mastery Quizzes	Readings	10%	Unannounced
EBP/Theory Paper	On topic to date	20%	Oct. 27
Logs	Over topic of week	15%	10 as per schedule
MIDTERM		15%	Oct. 22
FINAL EXAM		25%	Week of Dec. 14

**COURSE POLICIES:**

All assignments are due on or before the date indicated. Late assignments may be refused or receive a reduced grade at the discretion of the instructor. Students are expected to check the course web site at least weekly. Any changes in schedule will be posted on the web site. Grades are based on the scale in the Nursing Student Handbook. Any academic dishonesty will be handled in accordance with University Policy. Regular appropriate participation is expected. Grades will be lowered for excessive absences or lack of participation. Disruptive behavior will be dealt with following University Policy and may result in a grade reduction.

## AIDS TO LEARNING

### PARTICIPATION:

Participation grade will be based on maintaining student responsibilities for the course (see below), active listening and participation in discussions, as well as content on the participation and one-minute reflection log. PDA's and Clickers will be used during the class so students are required to bring them to each class session. A lower participation grade will be given if a student has failed to bring them to class.

### GROUP CASE STUDIES:

Case studies will be provided in classes that reflect information provided to date. In groups of 5, students will work on case studies during class and submit one final collaborative group effort for evaluation. This is to help students actually apply what they have learned by using the nursing process and creating patient care plans.

### IMMEDIATE MASTERY QUIZZES:

Fifteen immediate mastery quizzes will be given on selected weeks. Students are expected to have read the assigned chapters prior to coming to class and will be quizzed on major chapter concepts at the start of the class session. No makeup quizzes will be given, so late or absent students will receive a 0 unless the tardiness/absence falls under the attendance policy discussed later. Students will first take the quiz individually and then as a group of 5 with the final score for each student an average of the two scores.

### EBP/Theory PAPER:

Students will write a 3-4 page paper utilizing appropriate grammar, spelling, and sentence structure that summarizes an original nursing research study/evidence based practice change in health care within the last 5 years. This should pertain to skills/procedures/content covered in either NURS 241 or NURS 242. Students will then select a nursing theory that this evidence-based practice would most appropriately be suited, and provide rationale for same. The student will present the topic/theoretical information to peers in a brief 3-5 minute presentation during class or online as per instructor choice. Students should follow the APA guidelines provided and include the APA/grammar check-sheet when submitting. A cover page and reference page needs to be included, as well as a copy of the original study.

### REFLECTIVE LOGS: Submit in Assignment Box In Ferris Connect

The purpose of the reflective logs is to encourage the student to explore how the course relates to individual goals and learning needs, as well as to show integration of concepts and identify and explore personal attitudes of same. Each entry should be written in response to questions for that week as posted on the assignment box each week. Entries should be one (1) typed double spaced page. Entries will be graded on the following criteria:

1. Completeness: All questions for that week are addressed.
2. Level of insight and reflection: evidence of thoughtful responses.
3. Support provided for your observations/conclusions/perceptions.
4. Extent to which relevant course content (from class and text) is integrated in your entries.

CULTURAL DIVERSITY

Culture and language have a considerable impact on how patients access and respond to health care services. Students will be given assignments that will explore their cultural competence and issues that can impact nursing are.

CLICKERS

Students will be required to purchase clickers which will be used as a learning tool in each class.

SERVICE LEARNING

Service-learning is a teaching method that enriches learning by engaging students in meaningful service to their schools and communities. You apply academic skills to solving real-world issues, linking established learning objectives with genuine needs. You lead the process by applying critical thinking and problem-solving skills to concerns such as hunger, pollution, and diversity. A total of 54-60 hours will be spent on the service learning project and will be structured in the following format.

Service Learning Guidelines

NURS 240	NURS 250	NURS 340	NURS 350	NURS 440	NURS 450
<p>* Students will be introduced to the service learning concept. *Students will be assigned to submit 2 potential service agencies with contact information to the course instructor using the Service Learning Agency Contact Form.</p> <p>Appendix A</p>	<p>* Students will write a proposal for their selected service learning project using the Service Learning Proposal guidelines. *Students will receive clinical release time of 6 hours in which to seek out and orient to the selected agency. * The proposal must be approved by the NURS 250 course instructor.</p> <p>Appendix B</p>	<p>* Students may begin the service learning onsite hours. *15 hours of clinical release time will be allotted for service learning. * Maintain reflective journals for each 5 hours of service to be placed in the student’s portfolio under service learning and will be reviewed by the instructor. * Maintain an agency validation and timesheet of service learning to be signed by an agency representative</p> <p>Appendix C &amp; D</p>	<p>* Continue with service learning onsite hours. *15 hours of clinical release time will be allotted for service learning. * Maintain reflective journals for each 5 hours of service to be placed in portfolio and reviewed by course instructor. * Maintain a timesheet of service learning to be signed by an agency representative.</p> <p>Appendix C &amp; D</p>	<p>* Complete onsite service learning. * Present agency experiences to entering nursing students in NURS 240 as a mentored “fair”. * Will receive 18 hours of clinical release time to prepare for, set up and mentor during the 3 hour fair.</p> <p>Appendix E</p>	<p>*Students will provide a synthesis of their service learning project in a written paper and presentation to peers *6-9 hours of clinical release time will be allowed to prepare a university wide poster presentation of service learning.</p> <p>Appendix F</p>

### ATI's COMPREHENSIVE ASSESSMENT AND REVIEW PROGRAM

This program prepares students for the NCLEX (RN licensing exam) by systematically strengthening their knowledge base throughout their nursing education. It includes non-proctored and proctored exams for most of the nursing courses as well as remediation activities and evaluation of progress. Each course will define remediation requirements. During the student's final semester, a comprehensive predictor exam will be given. The student will be assessed a fee each semester to cover the cost of the exams, review books, and DVDs.

Test Taking Rules: No student questions will be answered during the test. Students may not leave their seats until they have completed the exam. If a student is absent for an exam due to illness, the instructor must be notified before the exam and make-up will be at the discretion of the instructor. Exams taken late will receive a 10 point deduction in the grade per day.

Twenty four hours after taking an exam or quiz, the instructor will consider a student's challenge to a question. The student must provide evidence (Textbook page, scholarly resource, class handouts, etc) that their answer choice was correct.

### ATTENDANCE

Attendance is important for student learning. As a group students and the instructor will discuss how absences should be addressed during one of the first class sessions..

### STUDENT RESPONSIBILITIES:

1. Read the assigned readings prior to coming to class and be prepared to take the IMQs and discuss the material in an informed manner.
2. Actively engage in group and class assignments.
3. Ask/answer questions and offer input into class discussions.

### INSTRUCTOR RESPONSIBILITIES:

1. Provide active learning assignments that will allow the student to apply concepts from foundational knowledge base.
2. Engage students in class discussion and provide learning experiences that will aid in clarifying concepts from the readings.
3. Promote student critical reflection and integration of concepts to diverse clients across the lifespan.

### CLASSROOM ETIQUETTE

We encourage students to actively participate in classroom discussions, group activities, and other learning opportunities. Students who text message, leave their cell phones on, participate in "side-bar" discussions, sleep, etc. disrupt the learning environment and will be asked to leave the class.

TENTATIVE SCHEDULE: \*The instructor for this course reserves the right to change, at any time, the schedule of assignments, required material to be completed and/or read, dates assignments are due, and other course requirement or student responsibilities with the issuance of a notice with the effected changes and date of implementation.

Week/Date	Topics	Preparation for Participation	Assignments Due/Activities
1 Sept 3	-Orientation to BSN Program -Learner Responsibility How the Brain Works	None yet. (Suggested: Begin future reading assignments!)	Turn in signed statement of understanding
2 Sept 8	-Portfolio Development -Service Learning -Test Taking Skills	Review Test Taking information in course pack	
2 Sept 10	ATI Orientation	Meet in VFS 325	ATI Self-Assessment Inventory (non-proctored) LOG #1 DUE
3 Sept 15	-History of Nursing & Evolution of Practice -Critical Thinking	Chapter 1 pg (P & P) Chapter 15 (P & P pages 216-221)	
3 Sept 17	-Health Care Delivery Systems Nursing Concepts: critical thinking, ethics, caring, health promotion, evidence based practice, cultural diversity	Chapter 2 (P & P) Chapter 5 (P & P) Chapter 8 (P & P)	LOG #2 Due
4 Sept 22	-Nursing Process Overview -Assessment (Case Studies)	Chapter 15 (P & P 221-229) Chapter 16 (P & P)	
4 Sept 24	- Diagnosis - Planning (Case Studies)	Chapter 17 (P & P) Chapter 18 (P & P)	LOG #3 DUE
5 Sept 29	- Implementation -Evaluation (Case Studies)	Chapter 20 (P & P) Chapter 19 (P & P)	GROUP CASE STUDIES DUE
5 Oct 1	-Library Visit -APA Practice	Course Materials	LOG #4 DUE
6 Oct 6	-Communication -APA (Plagiarism Quiz)	Chapter 24 (P & P)	
6 Oct 8	-Patient Education (Group Work)	Chapter 25 (P & P)	LOG #5 DUE
7 Oct 13	Nursing Theory	How to Learn to Love Nursing Theory Chapter 4 (P & P)	
7 Oct 15	Nursing Theory: Use of theory in nursing research—development of new nursing knowledge.	Online Readings: Use of theory in nursing research—development of new nursing knowledge.	LOG #6 DUE
8 Oct 20	Core Nursing Documents/Standards/ Code Ethics and Values	Chapter 22 ( P & P) ANA Code of Ethics	Study for Midterm



8 Oct 21	Evaluation of learning		Midterm Exam
9 Oct 27	EBP Presentation		EBP Presentations & EBP paper DUE
Week/Date	Topics	Preparation for Participation	Assignments Due/Activities
9 Oct 29	Legal Issues in Nursing	Chapter 23 ( P & P) ANA Professional Standards of Practice	LOG #7 DUE
10 Nov 3	Psychosocial Basis for Nursing Practice: Self-Concept, Sexuality, Spiritual Health	Chapter 27 ( P & P) Chapter 28 ( P & P) Chapter 29 ( P & P)	
10 Nov 5	Psychosocial Basis for Nursing Practice: Experience of Loss, Death, & Grief, Stress & Coping	Chapter 30 ( P & P) Chapter 31 ( P & P)	LOG #8 DUE
11 Nov 10	Managing Client Care	Chapter 21 ( P & P)	
11 Nov 12	Documentation and Informatics	Chapter 26 ( P & P)	LOG #9 DUE
12 Nov 17	Health promotion in diverse populations	Chapter 6 ( P & P)	
12 Nov 19	Career Development Roles of nurses in health care	Chapter 1 pg 9-10 ( P & P)	Distribute diversity webpage assignment
13 Nov 24	Cultural Diversity	Chapter 9 ( P & P) Diversity webpage as assigned	Present website findings
13 Nov 26	Cultural Diversity in Nursing	E-Reserve Articles	FINAL LOG #10 DUE
14 Dec 1	Catch-up/Review		
14 Dec 3	Catch-up/Review		
15 Dec 8	ATI: Critical Thinking Entrance Assessment (Proctored)		
15 Dec 10	Evaluation/feedback/Review		
16	Final Exam Date, Time and Place TBA		

### Course Resources

<u>Resource</u>	<u>Page #</u>
Checklist for Submitting Papers	13
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Service Learning Agency Contact Form	20
Service Learning Agencies	30

## CHECKLIST FOR SUBMITTING PAPERS

CHECK DATE, TIME, & INITIALS	PROOFREAD FOR: APA ISSUES
	1. Do you have a header that is 2 to 3 words of your title followed by 5 spaces and then page number? [p. 288 and example on p. 306]
	2. Does the Running head: have a small “h”? Is it only on the title page? Is it less than 50 spaces total? Is the title of the Running head in all caps? Is it 1” from the top of your title page? (Should be a few words from the title of your paper). [p. 296 and example on p. 306]
	3. Make sure your abstract is not indented, but rather double spaced as the rest of your paper and aligned to the left margin. Is your abstract a summary of your entire paper? Remember it is not an introduction to your paper. Someone should be able to read the abstract and know what to find in your paper. [p. 12 and example on p. 306]
	4. Did you repeat the title of your paper on your first page of content? [p. 298 and example on p. 307] Do not use ‘Introduction’ as a heading following the title. The first paragraph clearly implies the introduction and no heading is needed. [p. 15 and example on p. 306]
	5. Cite all sources! If you say something that is not your original idea, it must be cited. You may be citing many times...this is what you are supposed to be doing!
	6. Did you double space throughout? No triple or extra spaces between sections or paragraphs except in special circumstances. This includes the reference page. [p. 286 and 299 and example on p. 307-314]
	7. Did you make block quotes out of any direct quotes that are 40 words or longer? [p. 292 and example on p. 312]
	8. A direct quote is exact words taken from another. An example with citation would look like this: “The variables that impact the etiology and the human response to various disease states will be explored” (Bell-Scriber, 2007, p. 1). Please note where the quotation marks are placed, where the final period is placed, no first name of author, and inclusion of page number, etc. Do all direct quotes look like this? [p. 120 and 121 and examples in text on p. 307-312]
	9. A paraphrase citation would look like this: Patients respond to illnesses in various ways depending on a number of factors that will be explored (Bell-Scriber, 2007). Do all paraphrased citations look like this? [p. 120 and 121 and examples in text on p. 307-312]
	10. Did you cut and paste references on your reference page? If so, check to make sure they are in correct APA format. Often they are not and must be adapted. Make sure all fonts are the same.
	11. Did you check your headings for proper levels? [p. 114/115 and examples on p. 308].
	12. Did you know there are new guidelines for electronic sources that are not in your APA manual? These can be accessed at <a href="http://www.ferris.edu/library/Instruction/handouts/apa.pdf">http://www.ferris.edu/library/Instruction/handouts/apa.pdf</a>
	<b>PROOFREAD FOR GRAMMAR, SPELLING, PUNCTUATION, &amp; STRUCTURE</b>
	13. Did you follow the assignment rubric? Did you make headings that address each major section? (Required to point out where you addressed each section.)

	14. Watch for run-on or long, cumbersome sentences. Read it out loud without pausing unless punctuation is present. If you become breathless or it doesn't make sense, you need to rephrase or break the sentence into 2 or more smaller sentences. Did you do this?
	15. Wordiness: check for the words "that" and "the". If not necessary, did you omit?
	16. Conversational tone: Don't write as if you are talking to someone in a casual way. For example, "Well so I couldn't believe nurses did such things!" or "I was in total shock over that." Did you stay in a formal/professional tone?
	17. Avoid contractions i.e.: don't, can't, won't, etc. Did you spell these out?
	18. Did you check to make sure there are no hyphens and broken words in the right margin?
	19. Do not use "etc." or "i.e." in formal writing unless in parenthesis. Did you check for improper use of etc. & i.e.?
	20. Stay in subject agreement. When referring to 1 nurse, don't refer to the nurse as "they" or "them". Also, in referring to a human, don't refer to the person as "that", but rather "who". For example: The nurse that gave the injection...." Should be "The nurse who gave the injection..." Did you check for subject agreement? Likewise, don't refer to "us", "we", "our", within the paper...this is not about you and me. Be clear in identifying. For example don't say "Our profession uses empirical data to support ...." Instead say "The nursing profession uses empirical data....."
	21. Did you check your sentences to make sure you did not end them with a preposition? For example, "I witnessed activities that I was not happy with." Instead, "I witnessed activities with which I was not happy."
	22. Did you run a spell check? Did you proofread in addition to running the spell check?
	23. Did you have other people read your paper? Did they find any areas confusing?
	24. Did you include a summary or conclusion heading and section to wrap up your paper?
	25. Do not use "we" "us" "our" "you" etc. in a formal paper! Did you remove these words?
	26. Does your paper have sentence fragments? Do you have complete sentences?
	27. Did you check apostrophes for correct possessive use. Don't use apostrophes unless it is showing possession and then be sure it is in the correct location.

Signing below indicates you have proofread your paper for the errors in the checklist:

DATE: \_\_\_\_\_

A peer needs to proofread your paper checking for errors in the listed areas and sign below:

DATE: \_\_\_\_\_

RUBRIC for Evidence-Based Practice/Theory Paper:

Content of Paper	Points	Grade & Comment
Selection of EBP Topic (must be an original nursing research study), introduction and relevance of topic: Clearly focused and well written introductory statement on an appropriate topic.	/20	
Description of EBP, new concept, and how it impacts a particular skill/concept/procedure in nursing.	/15	
Selects an appropriate theory that could frame this research study, and provides rationale for why this theory would be well suited for this particular EBP. Citations are required to support the rationale.	/20	
Provides overview of the theory and describes the importance of the research/theory connection.	/15	
Presentation, well-prepared, articulate in presentation, keeps presentation interesting, audience involved, able to provide informed responses to questions, and maintains appropriate length.	/15	
Follows APA rubric & grammar outline to prepare paper. Reference(s) included and appropriately cited, spelling, grammar, APA formatting.	/15	

## Disruptive Behavior Policy Statement

The College of Allied Health Sciences strives to maintain a positive learning environment and educational opportunity for all students. Consequently, patterns of behavior which obstruct or disrupt the learning environment of the classroom or other educational facilities will be addressed.

1. The instructor is in charge of the course. This includes assignments, due dates, methods and standards of grading, and policies regarding attendance, tardiness, late assignments, outside conferences, etc.
2. The instructor is in charge of the classroom. This includes the times and extent to which they allow questions or discussion, the level of respect with which they and other students are to be treated, and the specific behaviors they will allow within their classes. Open discussion of an honest opinion about the subject of a course is encouraged, but the manner in which the class is conducted is a decision of the instructor.
3. An instructor is entitled to maintain order in his/her class and has an obligation to other students to do so. Toward that end, an instructor is authorized and expected to inform a student that his/her behavior is disrupting a class and to instruct the student to stop that behavior. If the student persists, the instructor is authorized to direct the student to leave the class. If the student fails to comply with a directive to leave the class, the instructor may call Public Safety to assist with the student's removal.
4. If a student persists in a pattern of recurrent disruptive behavior, then the student may be subject to administrative action up to and including an involuntary withdrawal from the course, following administrative review by the Allied Health Sciences Dean's Office, and/or University disciplinary proceedings.
5. Disruptive behavior cannot be sanctioned by a lowered course grade (e.g., from a B to a C) except insofar as quality of classroom participation has been incorporated into the instructor's grading policy for all students. (Note: Academic misconduct, which is covered by other regulations, can be a legitimate basis for lowering a grade or failing the student.)
6. Students as well as employees are bound by the University's policy against harassment in any form. Harassment will not be tolerated.
7. The office of the student's dean will be notified of any serious pattern or instance of disruptive behavior.

## Honesty Policy

The purposes of this policy are to encourage a mature attitude toward learning to establish a sound academic morale, and to discourage illegitimate aid in examinations, laboratory, and homework. Cheating is defined as using or attempting to use, giving or attempting to give, obtaining or attempting to attain, products or prepared materials, information relative to a quiz or examination or other work that a student is expected to do alone and not in collaboration with others. Plagiarism (copying) of themes or other written work shall also be considered an infraction. Students are required to present the results of their own work except under circumstances in which the instructor may have requested or approved the joint effort of a number of students. The penalty for the first offense of willful cheating consists of the student receiving a zero for the assignment in which the infraction occurs. However, cheating on quizzes or examinations means failure in the course. The student may appeal the decision to the Disciplinary Committee. Further offenses may result in suspension or dismissal from the University.

Refer to Student Handbook for information on:

- Religious Holidays
- Disabilities Services
- Student Dignity
- Racial Harassment
- Sexual Harassment
- Harassment Concerns
- Consensual Relationships Between University Employees and Students

### Appendix A SERVICE LEARNING AGENCY CONTACT FORM

Agency Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Contact Address: \_\_\_\_\_  
\_\_\_\_\_

Description of Agency and Type of Service Learning Student will be engaged in:

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Signature of Agency Representative (Agreeing to student volunteer):

\_\_\_\_\_  
Printed or typed name

\_\_\_\_\_  
Signature

Appendix B  
SERVICE LEARNING PROPOSAL

*STUDENT NAME* \_\_\_\_\_ *SITE* \_\_\_\_\_

DATE SUBMITTED \_\_\_\_\_ ADVISOR \_\_\_\_\_

PROPOSAL COMPONENT	POINTS POSSIBLE	POINTS EARNED
INTRODUCTION Introduce assignment, Purpose of paper.	10	
AGENCY DESCRIPTION What is role of agency, not just name? Should be sourced.	10	
VOLUNTEER ROLE DESCRIBED What will you do or how will this be determined?	10	
OBJECTIVES AS R/T PROGRAM What do you hope to learn or how will you benefit AND how will your service benefit the community?	20	
ACTIVITIES TO MEET OBJECTIVES What specifically do you anticipate your activities will be?	10	
EVALUATION PLAN How will you evaluate your own learning and the effects of your activities on the community?	15	
AGENCY CONTACT INFORMATION / INSTRUCTOR APPROVAL Include all pertinent information for contact. Name, title, phone, street address, email	5	
<b>TOTAL POINTS FOR CONTENT</b>	<b>60</b>	
FORMAT: <ul style="list-style-type: none"> <li>▪ Title page w/ Running head</li> <li>▪ Abstract</li> <li>▪ Margins</li> <li>▪ Headers</li> <li>▪ Headings</li> <li>▪ Reference</li> </ul>	20	
WRITING <ul style="list-style-type: none"> <li>▪ Sentence Structure</li> <li>▪ Grammar</li> <li>▪ Punctuation</li> <li>▪ Typing / Absence of Errors</li> </ul> - Clarity	20	
<b>TOTAL FORMAT POINTS</b>	<b>40</b>	
<b>TOTAL POINTS OVERALL</b>	<b>100</b>	

COMMENTS:





Appendix E  
SERVICE LEARNING FAIR ASSIGNMENT

*STUDENT NAME* \_\_\_\_\_ *SITE* \_\_\_\_\_

DATE SUBMITTED \_\_\_\_\_ ADVISOR \_\_\_\_\_

FAIR ASSIGNMENT COMPONENT	POINTS POSSIBLE	POINTS EARNED
AGENCY is clearly presented. Contact information is readily available to interested students in a format designed by student.	10	
AGENCY DESCRIPTION The role of the agency is clear and visible to visiting students.	10	
VOLUNTEER ROLE DESCRIBED What students will be expected to do in this role is provided to visitors.	10	
OBJECTIVES AS R/T PROGRAM Presentation presents to visitors how the service learning agency met personal and course objectives for the nursing program.	10	
EVALUATION The student shares a personal experience and view of the service learning experience project to visitors.	10	
MENTORING The student provides information and advice as a professional nursing student in mentoring and encouraging incoming nursing students for the service learning project.	10	
<b>TOTAL POINTS FOR CONTENT</b>	60	
<ul style="list-style-type: none"> <li>▪ <b>QUALITY OF PRESENTATION</b> To include: Creativity, aesthetic quality, completeness of information, helpfulness to visitors, provision of handouts for visitors, etc.</li> </ul>	20	
<ul style="list-style-type: none"> <li>• <b>PROFESSIONALISM</b> To include: Interaction with and mentoring of visitors, professional attire, and overall presentation of self as professional nursing student.</li> </ul>	20	
<b>TOTAL FORMAT POINTS</b>	40	
<b>TOTAL POINTS OVERALL</b>	100	

COMMENTS:

Appendix I – To be maintained by faculty in 240 and 450  
SERVICE LEARNING AGENCY LISTING

AGENCY NAME	PHONE & ADDRESS	AGENCY DESCRIPTION
NURS 241 Lab	Grace Eisen/Course Instructor at FSU	Assisting/mentoring first year nursing students in learning skills in the 241 lab course.
Optometry Diabetic Clinic	Contact FSU optometry dept.	Participating in the FSU optometry diabetic screening clinic.....
Hospice		
Every Woman's Place & Webster House Youth Services		
HELP PregnanciesA	218 S. Warren Ave. Red Cross Building Big Rapids, MI 49307 Contact Person: Katherine Keller Title: Director of HELP Pregnancies Phone Number: (231) 796-4919	
John Knox Community Food Pantry	4150 Kalamazoo S.E. Grand Rapids, MI 49508 (616) 455-9411 Contact: Shirley Stretch or Cindy Burri, Food Pantry Co-directors @ (616) 455-3236	
Habitat for Humanity of Kent County	539 New St., SW. Grand Rapids, MI 49503 Phone (616) 774-2431 Fax: (616) 774-4120 Colleen Mahon-VanDoren	
WIC Mecosta County District Health Department number 10 Phone number 231-305-8662	Rajani Thapa WIC Nutritionist Phone number (231) 305-8662	
Michigan Community Blood Centers	1-866-MIBLOOD (1-866-648-5669) 1036 Fuller N.E. P.O. Box 1704 Grand Rapids, MI 49501-1704	
Holland Rescue Mission	Stephanie Ortiz (616)396-2200 ext. 211	
New Hope Youth and Family Services	719 E. High St. Mt. Pleasant, MI 48858 (989) 775-6212 Amy Janofski, RN	
American Red Cross	Zea Gilette 425 Hubbard St. Allegan, MI 49010 (269) 673-8640	
Reading Volunteer Program	Volunteer Services (616) 391-1804 located in the Helen DeVos Children's Hospital	
Ronald McDonald House of Mid-Michigan	Lansing, MI Ruth Lumbert (517) 485-9303	
The United Way of Wexford County	117 W. Cass St. P.O. Box 177 Cadillac, MI 49601 (231) 775-3753  Contact Person: Diane Dykstra, Executive Director Phone: (231) 775-3753 Email: <a href="mailto:info@unitedwaywexford.org">info@unitedwaywexford.org</a>	

FERRIS STATE UNIVERSITY SCHOOL OF NURSING  
Concepts of Professional Nursing  
NURS 240

Date: \_\_\_\_\_

I have read the Course Syllabus for NURS 240 and the instructor presented the syllabus material with opportunities to ask questions. I understand what is expected of me in order to successfully complete this course.

Print Student's Name: \_\_\_\_\_

Student's Signature: \_\_\_\_\_

FERRIS STATE UNIVERSITY  
 COLLEGE OF ALLIED HEALTH SCIENCES  
 SCHOOL OF NURSING  
 NURS 241: Technical Skills Lab  
 Fall 2008

COURSE DESCRIPTION:

Introduction to the fundamental cognitive and psychomotor skills necessary for clinical nursing practice. Laboratory experiences include critical thinking and evidence-based technical skill acquisition.

Credit Hours: 2 (2 + 4 laboratory)

Pre-requisites: Completed pre-nursing qualifying courses.

Co-requisites: NURS 240, NURS 242, NURS 243

INSTRUCTORS:

MON/WED/FRI LAB GROUP	TUES LAB GROUP	THURS LAB GROUP
Name: Margaret Smith, RN Campus Address: VFS 305 Phone: 231-591-3111 Email: smithm65@ferris.edu Office hours: TBA	Name: Sandra Rogers, RN Campus Address: VFS 317 Phone: 231-591-3184 Email: SandraRogers@ferris.edu Office hours: TBA	Name: Catherine Balanda, RN Campus Address: VFS 309 Phone: 231-591-2295 Email: balandac@ferris.edu Office hours: TBA

NURSING LAB COORDINATOR:

Name: Grace Eisen, RN

Campus Address: VFS 424A

Phone: 231-591-2223

Email: eiseng@ferris.edu

COURSE SCHEDULE:

Class time: 12:00 - 3:50pm (MON/TUES/WED/THUR) or 8:00 - 11:50am (FRI), & additional 2 hour online student scheduled

Class day: Monday, Tuesday, Wednesday, Thursday, or Friday and online student scheduled

Classroom: VFS 424

REQUIRED COURSE MATERIALS:

Potter, P. A., & Perry, A. G. (2009). *Fundamentals of Nursing* (7th ed.). St. Louis, MO: Mosby.

Potter, P. A., & Perry, A. G. (2006). 8 CD Skill Demo Set to accompany text.

Ogden, S. J. (2007). *Calculation of Drug Dosages* (8th ed.). St. Louis, MO: Mosby.

Ochs, G. (2009). *Study Guide & Skills Performance Checklists to accompany Fundamentals of Nursing* (7th ed.). St. Louis, MO: Mosby.

Saunders. (2007). *Nursing Drug Handbook*, St. Louis, MO: Mosby.

Ladwig, G. B., & Ackley, B. J. (2006). *Guide to Nursing Diagnosis*. St. Louis, MO: Mosby.

EVALUATION CRITERIA:

The course grade will be determined by grades earned in the didactic and laboratory components of the course. Clinical experiences will be graded on a pass/fail basis. All components of the course (lab, clinical, and didactic) must be passed in order to pass the course.

The grade will be calculated as follows:

3 Math Tests	=	P/F
ATI's	=	5% of course grade
2 Tests @ 7.5% each	=	15% of course grade
1 Test @ 15%	=	15% of course grade
Final Exam	=	30% of course grade
Weekly Lab Evaluations	=	20% of course grade
Final Lab Check-off & CT	=	15% of course grade--Must obtain 80% or 4/5 points on check-off & CT to pass lab component of course.

The weekly lab evaluation scores will consider level of skill performance, critical thinking exercises, and ability to critically reflect on and support self-evaluations of behaviors and class objectives.

EVALUATION:

A minimum grade of "C" (75%) is required to progress to the next nursing course.

DEPARTMENTAL GRADING SCALE

A	=	95 – 100	C-	=	72 – 74
A-	=	92 – 94	D+	=	69 – 71
B+	=	89 – 91	D	=	65 – 68
B	=	85 – 88	D-	=	62 – 64
B-	=	82 – 84	F	=	<62
C+	=	79 – 81			
C	=	75 – 78			

ATI Exams:

There will be a charge for these exams. The student will be required to take the exams listed on the schedule by the dates specified. There will be one non-proctored and one proctored exam.

Test Taking Rules:

There will be 3 tests during the course, and 1 Final Exam. The date these tests must be taken is designated in the course schedule. The first test can be taken 3 consecutive times to attempt to achieve a better grade if the student did not receive a passing grade. Each test will be a different version. The second test will allow 2 attempts; also different versions. The third test will only allow 1 attempt. The highest grade that can be earned on a retake is 75%. The final exam will be closed book, proctored and will be taken during the final lab session.

Exam make-ups are at the instructor's discretion. The student must give the instructor prior notice of an absence from an exam to be given consideration for a make-up.

### Math Tests:

The Math textbook is to be used and reviewed independently by students. Instructors will occasionally ask to review a student's workbook in the lab setting. Questions for assigned chapters must be completed with work shown to support the answers. It is up to the student to review assigned chapters as needed to pass the math tests. There will be 3 math tests. These will be completed in lab, with an allotted time of 40 minutes. In addition, students will receive prior supplemental handouts to be completed and submitted on math test days. Failure to submit a completed handout with work shown to support the answers will result in a 10% deduction from that scheduled day's math test. If you do not pass with the required grade, you will need to schedule a proctored retake with the laboratory coordinator until you receive a passing score. These will be pass/fail with an 80% for the first test and 90% on the second and third test required to receive a pass.

### Laboratory Check-offs, Final Check-off and Critical Thinking Scenario:

Laboratory check-offs will be done by peers, the lab instructor, or lab coordinator. Check-offs will be evaluated by the instructor or lab coordinator on a 1-5 scale based on criteria listed on #4 of the lab evaluation tool. A check-off receiving less than 3 points will need to be repeated. Final check-offs must be passed with 4/5 points to pass lab. The final critical thinking scenario must be passed with 4/5 points.

### ATTENDANCE:

Ferris State University nursing students are expected to attend all classroom and clinical/lab learning experiences. Clinical performance is the application of theoretical information to practice. Clinical experiences are dependent on the census on any given day and are not always guaranteed. For this reason the student needs to be present to take advantage of as many experiences as possible. Absences and/or tardies from either class or clinical/lab may result in a lowered grade and thus may jeopardize one's progression in the program. It is the student's responsibility to meet with his/her advisor prior to registration or as soon as possible if there is a conflict foreseen, i.e. athletics, to determine a schedule that minimizes absences.

In the event that a student must miss a clinical/lab experience for an acceptable reason such as but not limited to:

- a sanctioned game in which a student athlete needs to participate
- a death in the family/or a close personal relation
- hospitalization or illness verified with a health care provider excuse and diagnosis
- subpoenaed to testify in a court case or jury duty

the professor will consider these excused absences and will work with the student to provide an alternative learning experience so the student can meet course objectives. Verification by the professor of all excused absences is necessary. The professor will deal with all other absences on an individual basis. Three (3) tardies in clinical equal one (1) absence.

*It is the consensus of the nursing faculty that a student must fulfill a minimum of 90% of clinical attendance requirements to be adequately evaluated for success in meeting course objectives. It may not be possible for some students to demonstrate success in less than 100% of the clinical time.*

### COURSE OBJECTIVES:

1. Demonstrates the ability to perform fundamental psychomotor skills at the manipulation level within the skills lab. (nursing role development)
2. Develops knowledge of evidence-based practice as a foundation for skill development. (theory & evidence-based for practice)
3. Adjusts skill performance to maintain safety, care, and comfort. (context for nursing care)
4. Describes the importance of selecting client outcomes and nursing interventions from an evidence-based perspective. (research)
5. Demonstrates the nursing process in the performance of technical nursing skills. (cognitive growth)
6. Identifies own accountability in the performance of fundamental psychomotor and cognitive skills. (advancement of profession)

### UNIT OBJECTIVES:

The student will be able to apply knowledge related to:

1. The nursing process in a broad range of patient situations and across the lifespan.
2. Essential nursing interventions including documentation, communication, teaching, vital signs, basic physical assessment, asepsis, safety, hygiene, and medication administration.
3. Provision of nursing care that supports physiological function including elimination, nutrition and oxygenation.
4. Use of introductory nursing theory and research to enhance practice.

### SPECIFIC LEARNER-CENTERED GOALS:

At the end of this course the student will:

1. Have an understanding of rationale for and theoretical basis for fundamental nursing skills. (Foundational Knowledge: Evaluated by Tests, Exam, and ATIs)
2. Be able to apply this information in simulated skill performance in the lab setting and case studies online. (Application: Evaluated by Weekly Lab Evaluations & Critical Thinking Scenarios, and Weekly Online Case Studies)
3. Be able to integrate fundamental skills knowledge into a wide range of nursing practice settings and diverse client groups by identifying differences in approach. (Integration: Evaluated by Weekly Lab Evaluations & Worksheets, and CT scenarios)
4. Be able to identify personal feelings and comfort level regarding provision of care to diverse clients and the affect on nursing care. (Human Dimension: Evaluated by Online Discussion, Weekly Worksheets, and Lab Evaluations)
5. Have an interest in providing safe and optimal care to patients and working to improve level of skill knowledge and performance. (Caring: Evaluated by Lab Evaluations and Online Discussion)
6. Be able to identify skill areas in nursing practice that could be improved and how to access evidence-based practice resources. (Learning How to Learn: Evaluated by Online Discussion, Lab Evaluations, and Worksheets)

STUDENT RESPONSIBILITIES:

1. Read the assigned readings and review demo CDs prior to coming to class and be prepared to practice and check-off on skills in an informed manner.
2. Actively engage in group and class assignments both in the lab and in the online environment.
3. Ask/answer questions and offer input into lab and online discussions.

INSTRUCTOR RESPONSIBILITIES:

1. Provide active learning assignments that will allow the student to apply concepts from foundational knowledge base.
2. Engage students in online discussion and provide laboratory experiences that will aid in clarifying concepts from the readings.
3. Promote student critical reflection and integration of concepts to diverse clients across the lifespan.

TENTATIVE SCHEDULE: The instructor for this course reserves the right to change, at any time, the schedule of assignments, required material to be completed and/or read, dates assignments are due, and other course student responsibilities with the issuance of a notice with the effected changes and date of implementation.

WEEEEK/DATE	Content	Assignment/Activity
Week 1: Sept. 2 - 5  (Labor Day: Monday Lab will combine this material with Weeks 2 & 3. Be prepared with material for next week.)	-Safety -Moving & Positioning -Range of Motion -Intake & Output	**Each week the assigned Chapters also include any corresponding check-offs in the Procedure Checklists book as listed in online Module Weekly instructions. Chapter 37 Chapter 38 Chapter 47 Also read pages: 538 (Hypotension), 625-631 (Musculoskeletal System), & 981-984 (I & O) View Basic Skill CDs: Disk 3--Safety & Restraints Disk 1--Body Mechanics & Exercise Disk 2--I/O  MATH TEST 1 If don't pass with 80%, review Chapters 1-5 and Chapter 7 (with attention to page 36--rounding and page 124-- Roman numerals).
Week 2: Sept. 8 - 12	-Documentation -Facilitating Hygiene -General Survey & Vital Signs -AM & HS Care -Medication Math	Chapter 26 Chapter 32 Chapter 34 Chapter 39 Chapter 45 (Read pages 1162-1163, Skill 45-3 only!) Also read pages: 198 (Table 14-1), 314-315 (Professional Nursing Code of Ethics), 348-349 (Elements of Professional Communication), 562-566 (General Survey), & 599-602 (Inspection, Palpation, & Auscultation) View Basic Skill CD: Disk 3--Personal Hygiene & Grooming Disk 1--Bathing & Bedmaking Disk 2--Review Measurements section as needed,



		<p>and under Normal Elimination, view section on assisting with a urinal, a bedpan, and providing catheter care.</p> <p>Math: Chapter 6</p>
<p>Week 3: Sept. 15 - 19</p>	<p>-Pre &amp; Post Op Nursing -Perioperative Nursing -NG Tube Care</p>	<p>Chapter 50 Chapter 47 (Review Material) Also read pages: 800-802 (Acute Care), 942 &amp; 951 (Maintenance &amp; Promotion of Lung Expansion), 1073-1077 (Acute Pain Management—STOP at Topical Analgesics), &amp; 1286-1287 (Complications of Wound Healing) View Intermediate Skill CD: Disk 2--Pre &amp; Post Op Nursing Care</p> <p>Math: Chapters 9, 10, &amp; 19</p>
<p>Week 4: Sept. 22 - 26</p>	<p>-Preparing a Sterile Field -Surgical Handwashing &amp; Gowning -Suctioning &amp; Trach Care -Oxygenation</p>	<p>Chapter 34 Chapter 40 Also read page 1247 (Respiratory System) View Intermediate Skill CD: Disk 1--Oxygenation (Also view Instructor CD of suctioning &amp; trach care) Disk 3--Suctioning</p> <p>Math: Chapter 8</p>
<p>Week 5: Sept. 29 - Oct. 3</p>	<p>-Urinary Elimination -Specimen Collection</p>	<p>Chapter 45 Also read pages 1196-1202 (Acute Care) View Intermediate Skill CD: Disk 3--Urinary Catheter Management (Also view Instructor CD of urinary catheter) Disk 2--Specimen collection (midstream)</p> <p>Math: Chapters 12 &amp; 14</p> <p>TEST #1</p>
<p>Week 6: Oct. 6 - 10</p>	<p>-Enteral Nutrition -Wound Care</p>	<p>Chapter 44 Chapter 48 Also read pages: 646-648 (Defenses Against Infection), 718 (Box 35-17), &amp; 1070-1073 (Non-pharmacological Pain-Relief Interventions) View Intermediate Skill CD: Disk 1--Enteral nutrition (enteral feedings &amp; feeding tube irrigation sections only) Disk 3--Wound Care (Also view Instructor CD for dressing change) Disk 2--Specimen Collection (wound culture, labeling, and evaluating sections only) View Basic Skill CD: Disk 3--Preventing &amp; Treating Pressure Ulcers</p> <p>PEG TUBE DEMO IN CLASS!</p> <p>Math: Chapters 11 &amp; 13</p>

<p>Week 7: Oct. 13 - 17</p>	<p>-Bowel Elimination -Specimen Collection</p>	<p>Chapter 46 Also read pages: 925 (Table 40-6), &amp; 1391-1393 (Intraoperative Surgical Phase) View Intermediate Skill CD: Disk 1--Ostomy Care Disk 2--Specimen Collection (fecal occult blood and sputum collection)</p> <p>Math: Chapter 15</p> <p><b>**NON-PROCTORED ATI**</b></p>
<p>Week 8: Oct. 20 - 24</p>	<p>-IV Insertion</p>	<p>Chapter 41 (read up to page 1021—STOP at Blood Replacement) View Advanced Skill CD: Disk 1--Administering IV Fluid Therapy (initiating &amp; troubleshooting sections only) Disk 2--Vascular Access</p> <p>MATH TEST 2</p>
<p>Week 9: Oct. 27 - 31</p>	<p>-Medication Administration: IVPBs &amp; IVP</p>	<p>Chapter 41 (read 1021 to 1027—START at Blood Replacement) Chapter 35 (pages 755-770—Intravenous Administration) Also review last week's reading Chapter 41 if necessary View Advanced Skill CD: Disk 1--Intravenous Meds and review troubleshooting if necessary View Intermediate Skill CD: Disk 1--Managing Intravenous Fluid Therapy Also view Instructor CD demo of IVP &amp; IVPB med administration.</p> <p>Math: Chapter 14</p>
<p>Week 10: Nov. 3 - 7</p>	<p>-Central Line Care -Blood Administration</p>	<p>Review Chapter 35, pages 755-770 (Intravenous Administration) Also read pages: 992 (Table 41-9), 1021-1024 (Blood Replacement &amp; Transfusions), 1112 (Box 44-11), 1122-1125 (Parenteral Nutrition), 1376-1377 (Diagnostic Screening) Read course pack materials on central line care &amp; blood administration.</p> <p>DEMOS will be done IN CLASS! Math: Chapter 16</p> <p>TEST #2</p>
<p>Week 11: Nov. 10 - 14</p>	<p>-Medication Administration: Injections -Medication Math</p>	<p>Chapter 35 (read 735-770) Read Course Materials View Advanced Skill CD: Disk 1--Injections only</p>

		(Also view Instructor CD for injections)  <b>**PROCTORED ATI** -- DATE &amp; TIME TBA</b>
Week 12: Nov. 17 - 21	-Medication Administration: Oral, Topical, Rectal, Vagina -Miscellaneous	Chapter 24 Chapter 43 Chapter 35 (read up to page 735—STOP at Parenteral Medications) Also read pages: 132-134 (Implementing Family-Centered Care), 328-329 (Advance Directives), 336-337 (Physicians' Orders & Risk Management), 479-480 (Care After Death), 1133 (Surgical Procedures & Medications), 1344-1345 (Sensory Alterations), & 1358 (Communication) View Advanced Skill CD: Disk 2--Nonparenteral Meds & Safe Med Admin.  TEST #3
Week 13: Nov. 24 - 26	Thanksgiving Break No Skill Check-offs	Open Lab Practice
Week 14: Dec. 1 - 5	-Medication Math -NG Tube Insertion	Chapter 46 (pages 1199 & 1203-1209) Also read 1113-1116 (Skill 44-2) View CD on NG Insertion or Instructor Demo in Class  MATH TEST 3
Week 15: Dec. 8 - 12	Final Check-offs	Final Lab Check-offs by appointment
Week 16: Dec. 15 - 19	Finals Week	FINAL EXAM

## GENERAL POLICIES:

### *Classroom Rights and Responsibilities*

*As a student at Ferris, you have a right to:*

1. be treated as an adult
2. be treated with respect
3. know the instructor's expectations for you in the class
4. know the grading scale
5. obtain a written syllabus
6. know all class policies (attendance, etc.)
7. know the instructor's office hours
8. know all safety procedures (if applicable)

As a student at Ferris, your responsibilities include:

1. attending class on a regular basis according to the requirements set forth in the instructor's course materials
2. being on time for class
3. being prepared for class
4. using appropriate language in class
5. taking responsibility for your own learning
6. adhering to the academic honesty policies
7. respecting all points of view, and everyone's rights and feelings

## Classroom Etiquette

Students are expected to be attentive and engaged in classroom activities. Cell phones, pagers, "side bar" talking, or sleeping are unacceptable in the classroom. Please read the Disruptive Behavior Policy below from Student Handbook.

## Disruptive Behavior Policy Statement

The College of Allied Health Sciences strives to maintain a positive learning environment and educational opportunity for all students. Consequently, patterns of behavior which obstruct or disrupt the learning environment of the classroom or other educational facilities will be addressed.

1. The instructor is in charge of the course. This includes assignments, due dates, methods and standards of grading, and policies regarding attendance, tardiness, late assignments, outside conferences, etc.
2. The instructor is in charge of the classroom. This includes the times and extent to which he/she allows questions or discussion, the level of respect with which he/she and other students are to be treated, and the specific behaviors he/she will allow within his/her classes. Open discussion of an honest opinion about the subject of a course is encouraged, but the manner in which the class is conducted is a decision of the instructor.

3. An instructor is entitled to maintain order in his/her class and has an obligation to other students to do so. Toward that end, an instructor is authorized and expected to inform a student that his/her behavior is disrupting a class and to instruct the student to stop that behavior. If the student persists, the instructor is authorized to direct the student to leave the class. If the student fails to comply with a directive to leave the class, the instructor may call Public Safety to assist with the student's removal.
4. If a student persists in a pattern of recurrent disruptive behavior, then the student may be subject to administrative action up to and including an involuntary withdrawal from the course, following administrative review by the Allied Health Sciences Dean's Office, and/or University disciplinary proceedings.
5. Disruptive behavior cannot be sanctioned by a lowered course grade (e.g., from a B to a C) except insofar as quality of classroom participation has been incorporated into the instructor's grading policy for all students. (Note: Academic misconduct, which is covered by other regulations, can be a legitimate basis for lowering a grade or failing the student.)
6. Students as well as employees are bound by the University's policy against harassment in any form. Harassment will not be tolerated.
7. The office of the student's dean will be notified of any serious pattern or instance of disruptive behavior.

### Honesty Policy

The purposes of this policy are to encourage a mature attitude toward learning to establish a sound academic morale, and to discourage illegitimate aid in examinations, laboratory, and homework. Cheating is defined as using or attempting to use, giving or attempting to give, obtaining or attempting to attain, products or prepared materials, information relative to a quiz or examination or other work that a student is expected to do alone and not in collaboration with others. Plagiarism (copying) of themes or other written work shall also be considered an infraction. Students are required to present the results of their own work except under circumstances in which the instructor may have requested or approved the joint effort of a number of students. The penalty for the first offense of willful cheating consists of the student receiving a zero for the assignment in which the infraction occurs. However, cheating on quizzes or examinations means failure in the course. The student may appeal the decision to the Disciplinary Committee. Further offenses may result in suspension or dismissal from the University.

Refer to Student Handbook for information on:

1. Religious Holidays
2. Disabilities Services
3. Student Dignity
4. Racial Harassment
5. Sexual Harassment
6. Harassment Concerns
7. Consensual Relationships Between University Employees and Students

LAB and ONLINE SEMINAR COURSE EVALUATION CRITERIA  
NURS 241 – Ferris State University School of Nursing

Lab Evaluation Tool

1. Lab instructors will score the student's performance from 1-5.
2. Students will receive an academic probation if an average of 3 is not obtained on all objectives at the formative evaluation.
3. An average of 4 on all objectives must be obtained for the last half of the semester at the summative evaluation.
4. Lab absences, if not excused, will receive a score of zero for each objective for that day.

Grading Key

5 = Strongly agree: strongly meets objectives, independent, does not need any reminders or encouragement

4 = Agree: meets objectives, rarely needs reminders

3 = Marginal-borderline: needs occasional reminders and encouragement to meet objectives

2 = Disagree: needs consistent reminders and encouragement to meet objectives

1 = Strongly disagree: consistently does not meet objectives

Formative Evaluation

The process of ongoing collection and sharing of information about a student's performance throughout the greater portion of the course. The purpose of this evaluation is to help the student improve his or her lab performance in a goal-oriented and problem-solving manner. The faculty member determines those lab behaviors that are being achieved and those that are not being achieved. The faculty member will provide feedback to the student concerning his or her performance at midterm. At midterm, a formal discussion will occur between the student and the faculty member to identify and build on strengths as well as to identify areas for growth. A score of zero will be given when the student is absent, unless excused.

### Summative Evaluation

The process of assigning a final grade of satisfactory in the lab component of the course is based on the student receiving an average of 4 for each course objective for the last half of the semester. Failure to obtain an average of 4 for each objective constitutes a lab/seminar failure. Twenty percent (20%) of the overall grade for the course will be based on the weekly lab evaluation score. Students must pass both the online seminar and the lab components of the course in order to pass the course.

### Lab and Online Seminar Objectives & Behaviors in Detail

#### 1. PARTICIPATES FULLY IN LAB AND ONLINE

Behaviors: Takes initiative in higher learning process, seeks out learning opportunities, identifies own strengths and areas for growth, demonstrates preparation by asking/answering questions and adding to discussions. Arrives on time and attends all labs unless excused for an acceptable reason.

#### 2. USES TIME EFFECTIVELY AND EFFICIENTLY IN LAB AND ONLINE

Behaviors: When finished or waiting for skills station, keeps busy by working on academic assignments or practicing skills from prior labs. Stays for entire lab session without requesting to leave early. Seeks to complete check-offs in timely manner, and is sometimes among first to check off. Written work is complete (all questions answered), shows critical reflection, and is submitted on time.

#### 3. MAINTAINS PROFESSIONAL BEHAVIOR

Behaviors: Approaches instructor if upset about an issue to discuss situation and takes accountability for one's own role in solving problems/issues. Practices professional courtesy and tact to all instructors and peers, & retains self-control under stress. Requests help as appropriate. Stays focused on learning, and keeps personal conversations to a minimum.

#### 4. EXHIBITS COMPETENCE IN LABORATORY SETTING

Behaviors: Shows evidence of having reviewed skills CDs and practices in lab prior to checking off. Requires minimal or no cueing when performing check-offs with instructor. Maintains patient (mannequin/peer) dignity during/after procedures. Leaves practice settings neat/orderly.

### FERRIS STATE UNIVERSITY

### BSN PROGRAM

Date: \_\_\_\_\_

I have read the Course Syllabus for NURS 241 and the instructor presented the syllabus material with opportunities to ask questions. I understand what is expected of me in order to successfully complete this course.

Print Student's Name: \_\_\_\_\_

Student's Signature: \_\_\_\_\_

NURS 250: Health Promotion in Nursing  
Spring 2009

COURSE DESCRIPTION: Introduction to health promotion concepts, change process, and the health promotion model for individuals, groups, and communities along the lifespan. Concepts of client education will focus on nutrition, exercise, stress management, social support and evidence-based complementary healing methods as therapeutic nursing modalities.

INSTRUCTOR:

Name Michelle Teschendorf RNC, MSN  
Campus Address VFS 307  
Phone # (231) 591-2292  
E-mail address Preferred method-FerrisConnect for course related questions  
otherwise teschem@ferris.edu  
Home # (616) 844-4426  
Cell # (314) 398-7082

COURSE SCHEDULE:

Monday & Wednesday – 9-10:50 (mixed delivery)

REQUIRED COURSE MATERIALS:

Edleman, C.L., & Mandle, C.L. (2006) *Health promotion throughout the life span* (6th ed.) St. Louis, MO: Mosby.  
American Psychological Association. (2001). Publication Manual. (5th ed.).  
Washington, DC: Author.

EVALUATION:

Participation	20%
Metacognition Journal and Self Assessment of Reasoning	5%
Health Promotion Assessment and Interventions for Self Paper	15%
Group Presentation on Selected Topic	15%
Service Learning Plan	10%
Quizzes	5%
Mid term exam	15%
Final exam	15%
Total	100%



### ASSIGNMENTS POLICY:

- You must complete all assignments in order to pass the class.
- All assignments are due on or before due date (the date indicated on the schedule in the course materials).
- Due dates may be re-negotiated on an individual basis if necessary and if there is a sound convincing excuse.
- Re-negotiated due dates may result in reduced grade or the grade of incomplete.
- Assignments will be refused and not accepted if submitted late unless negotiated and arrangements have been made with the instructor before the due date.
- Assignment grades will be reduced and marked down by 10 points for each day they are late.

### ATTENDANCE POLICY and PARTICIPATION:

- Ferris State University nursing students are expected to participate in all learning experiences. Absences from discussion or consistent lateness will result in a lowered grade and thus may jeopardize one's progress in the program.
- Students are expected to participate in all classes.
- Students are expected to participate appropriately in all classes.
- If students are absent; they are expected to obtain the content of the class from a peer not from the instructor.
- Students are expected to attend and participate appropriately in all classes and on-line discussions. Given the role of discussion in this course, timely participation is necessary. Participation is to be as an informed discussant demonstrating an openness and willingness to engage in meaningful dialogue and discourse in an atmosphere of professionalism and respect. Absences from online discussions will result in lowered participation grade.
- Knowing that there is a strong association between class participation and class performance (grades), grades for on-line discussions will be issued each week of the discussions.
- Knowing that there is a strong association between class attendance and class performance (grades), attendance will be taken every time we meet. You will lose 5 points for each absence; 2.5 points if tardy or leave early at instructor's discretion.
- If circumstances are such that participation is not possible, contact the instructor as soon as possible to explore alternatives.

## Grade Scale

A	95-100
A-	92-94
B+	89-91
B	85-88
B-	82-84
C+	79-81
C	75-78
C-	72-74
D+	69-71
D	65-68
D-	62-64
F	Less than 62

### COURSE OBJECTIVES:

1. Examines the role of the professional nurse in the promotion of health across the lifespan.
2. Applies knowledge and selected concepts from nursing, change, health promotion and wellness theoretical concepts to clients.
3. Uses diversity concepts to analyze how cultural and other variances affect the health of clients across the lifespan.
4. Critically examines health promotion strategies from an evidenced-based perspective.
5. Uses the nursing process as a framework for addressing health promotion practice.
6. Examines health promotion strategies within a legal/ethical framework.

### GENERAL POLICIES:

ADA, Harassment, Religious holidays, Disruptive Student, Plagiarism, and other College/ University standardized policies are in your student handbook.

### ACADEMIC POLICIES:

1. Refer to the Student Handbook
2. Ferris State University complies with the Americans with Disabilities Act, and students with special needs should contact the instructor or the Special Needs Counselor on-campus.

### PLAGIARISM:

According to Webster, plagiarism is “the taking of ideas, writings, etc. from another and passing them off as one’s own”. This practice is not acceptable to the University, the College, the Nursing Program, nor to this instructor.

Judicial services will be notified of any suspected incident of academic misconduct. See Student Handbook for further information.

Proposed Schedule\*

Date	Topic	Readings (other readings may be added as the semester progresses.)	Assignments Due
Monday, Jan 12	Orientation What is Health?		
Wednesday, Jan 14	Objectives for Promotion and Prevention	Chapter 1	
Monday, Jan 19	NO CLASS		
Wednesday, Jan 21	Service Learning		
Monday, Jan 26	Online: Emerging Populations & Health	Chapter 2	Online Quiz
Wednesday, Jan 28	Health Policy and the Delivery System	Chapter 3	
Monday, Feb 2	Online: Therapeutic Relationship	Chapters 4	Online Quiz
Wednesday, Feb 4	Health Promotion & the Individual	Chapter 6	Service Learning Plan
Monday, Feb 9	Online: Health Promotion & the Family	Chapter 7	Online Quiz
Wednesday, Feb 11	Health Promotion & the Community	Chapter 8	
Monday, Feb 16	Online: Nursing Wellness Diagnosis	Sparks & Taylor (available on home page)	Online Quiz
Wednesday, Feb 18	Overview of Growth & Development	Chapter 15	
Monday, Feb 23	Online: Infant	Chapter 17	Online Quiz
Wednesday, Feb 25	Ethics	Chapter 5	Health Promotion Assessment & Interventions for Self Paper
Monday, March 2	Online: Toddler	Chapter 18	Online Quiz
Wednesday, March 4	Midterm Exam		Write first Metacognition Journal & Self Assessment of Reasoning entry
Spring Break !!!			

Monday, March 16	Online: Preschool Child	Chapter 19	Online Quiz
Wednesday, March 18	Epidemiology		
Monday, March 23	Online: School-age Child	Chapter 20	Online Quiz
Wednesday, March 25	Complementary and Alternative Medicine		
Monday, March 30	Online: Adolescent	Chapter 21	Online Quiz
Wednesday, April 1	Group Presentations: Nutrition	Chapter 11	Group 1 & 2
Monday, April 6	Online: Young Adult	Chapter 22	Online Quiz
Wednesday, April 8	Group Presentations: Exercise Sleep & Rest	Chapter 12	Group 3 & 4
Monday, April 13	Online: Middle Adults	Chapter 23	Online Quiz
Wednesday, April 15	Group Presentations: Stress Management	Chapter 13	Group 5 & 6
Monday, April 20	Online: Older Adults	Chapter 24	
Wednesday, April 22	Group Presentations: Social Support		Group 7 & 8
Monday, April 27	Online: Challenges in the 21st Century	Chapter 25	Online Quiz
Wednesday, April 29	Group Presentations: Health Education & Screening Safe Sex	Chapters 9 & 10	Group 9 & 10 Write second Metacognition Journal & Self Assessment of Reasoning
FINAL	Date and Time TBA		

\*The instructor for this course reserves the right to change, at any time, the schedule of assignments, required material to be completed and/or read, dates assignments are due, and other course student responsibilities with the issuance of a notice with the effected changes and date of implementation.

## Assignment Guidelines Grading Criteria

### PARTICIPATION/ONLINE DISCUSSION

I consider this class a scholarly discussion class. In order for there to be discussion, more than one person must participate. For the classes will be meeting online, “Attendance” will be evaluated by your online participation. Each week, you will need to have an initial response for each question posted to your assigned group AND have a responding comment at least twice within your assigned group discussion. The initial weekly discussion will be posted on Wednesday and your initial response needs to be completed by Saturday at midnight. Your responding comments to your group’s initial comments must be completed by the next Tuesday at midnight. Please do not post your initial discussion and replies on the same day. As stated at the beginning of this paragraph, this is a discussion class. The reason for this request is that discussion must allow for a back and forth communication and if you do all your posting at the same time, there will be not time for questions, comments, or challenges to your postings.

Your discussion will be graded for both quantity and quality. Initial postings should be scholarly and have at least one reference. The references may be the textbook, a journal article, or a reliable web site. In other words: no Wiki. Also, I do not consider “I agree” postings as discussion. For housekeeping purposes, please keep the discussion in the discussion groups and any general information that you want to share with the entire group in the “Open Discussion” board.

I will be patient and gentle as you start out and learn this learning method. You do need to participate online. Bottom line is if you never go online and get 99 on every assignment you will get a C- in the course and have to retake it. I don’t see that happening to any of you but wanted to lay out the worst case scenario.

In class participation will be graded by attendance and evaluations of participation.

## METACOGNITION JOURNAL

The purpose of this assignment is twofold:

1. To assist the student in developing critical thinking and meta-cognitive abilities
2. To provide a format for the student to critically examine the health promotion issues discussed in class.

It is to be a self-assessment of the student's critical thinking process throughout the course.

In order to do this, the student will submit a journal based on the course content. The journal will provide a self assessment of the student's critical thinking process throughout the course.

Format: The journal will have two entries. Each entry should have the following headings:

**Significant Content:** Describe the content that is significant to you from the past weeks discussion. Just the facts without analysis.

**Thoughts and Feelings:** Describe your thoughts and feelings about the topics/issues. Do not analyze your thoughts and feelings in this section.

**Point of View or Assumptions:** Describe your point of view or assumptions about the topics/issues before you did the assigned reading or took part in the class activities.

**Analysis of Thinking:** Analyze your thinking about the first three criteria using the elements of reasoning. Keep in mind the purpose of the assignment (and of your thinking). Remember the intellectual standards of clarity, accuracy, precision, relevance, depth, breadth, logic, and significance. Some of the following questions may help you get started. For each week you will find topics suggested on the calendar portion of the web site. Your entry must be related to the course content. Remember this is a cognitive, not affective journal.

- What basis did I have for my assumptions?
- What influenced my point of view on this topic?
- What impact have the readings and discussion had on my assumptions or point of view?
- What other assumptions or viewpoints might be equally valid?
- What are the implications or consequences of my thoughts if generalized?
- What conceptual theories or models are relevant to this topic and how do they apply?
- What can I infer from this discussion?
- What further information do I need to understand this more thoroughly?
- How is this topic relevant to my practice of nursing?
- What is the question at issue in examining this subject matter?

Metacognition Journal Grading Rubric

STUDENT NAME \_\_\_\_\_

ASSESSMENT CRITERIA	POINTS POSSIBLE	POINTS EARNED
Significant Content	20	
Thoughts & Feelings	20	
Point of View or Assumptions	20	
Analysis of Thinking	20	
Spelling & Grammar	10	
APA Format	10	
TOTAL	100	

Comments:

PERSONAL HEALTH PROMOTION ASSESSMENT AND INTERVENTION PAPER

Purpose: The purpose of this assignment is for each student to internalize the health promotion concepts in a way that is personally meaningful for his/her own health promotion. Paper should not exceed 10 pages, including the title page, abstract, and references. (Appendix are excluded.)

Assignment Directions: This paper is based on the Nursing Process-ADPIE (Assessment, Diagnosis, Planning, Implementation, and Evaluation). You will be developing a plan of care for your own health. In order to meet the objectives of the course and this assignment each student will:

1. Begin your health assessment with the Health Beliefs Survey listed first in the "Assessment Tools To Consider" section of this document.
2. Complete a head-to-toe health history and assessment of yourself. Identify strengths and weaknesses.
3. With the knowledge you have gained from your self-assessment, assess one weak component of his/her own health using at least two additional instruments to fully assess that component of health promotion. Students may use instruments included in this course web page or those found in professional journals and textbooks. Rationale must be provided for the choice of each instrument. Why did you choose to use the particular instrument? Does it have good reliability, validity etc?
4. Students must assess their readiness for change in areas of health weakness based on the Transtheoretical Model.
5. After all of the results are available the results must be analyzed. What is the significance of the findings of the assessment?
6. A wellness-oriented diagnosis congruent with the findings must be developed or selected. (See Well Diagnosis chapter on Home page by Sparks & Taylor.)
7. A personal health promotion plan that is congruent with the assessment and diagnosis will be developed and implemented.
8. Outcomes of the self-interventions will be measured and reported.
9. This is to be a formal scholarly paper. It requires APA format with professional references. Any journals, food logs, copies of instruments or other documentation should be included as appendices.

Health Promotion Assessment and Intervention Paper  
Grading Rubric

STUDENT NAME \_\_\_\_\_

ASSESSMENT CRITERIA	POINTS POSSIBLE	POINTS EARNED
Appropriately assessed own health status.	10	
Appropriate use of the assessment tools for the health promotion component with rationale for use.	10	
Rationale provided and sourced for “Readiness for Change”	5	
Analysis is appropriate and reflects critical thinking.	10	
Diagnoses congruent with assessment findings.	10	
Health plan follows principles of health promotion and stage of change	10	
Implementation is documented with evidence based information.	10	
Outcome measures are recorded and appropriate.	5	
Long-term outcomes are included.	5	
APA: Title page, Running Head, Margins, Headers with page numbers, Use of headings	10	
Grammatical: Spelling, Typing, Grammar, Neatness, Sentence Structure & Paragraphing.	5	
Critical Thinking using Elements of Reasoning in the Analysis with Application of Intellectual Standards. (Not to be used as outline points)	10	
TOTAL POINTS	100	

COMMENTS:



GROUP PRESENTATION

Each student will take part in a group presentation in a selected area of health promotion. The duration of the presentation will be 40-45 minutes. You will be allowed to sign up for one of the following topics:

<p>April 1-Nutrition</p> <ul style="list-style-type: none"> <li>Nutrition overview</li> <li>The Food Pyramid</li> <li>Vitamins and Minerals</li> <li>Dietary supplements</li> <li>Macronutrients and Micronutrients</li> </ul>	<p>April 1-Nutrition</p> <ul style="list-style-type: none"> <li>Children’s nutrition</li> <li>Adolescent’s nutrition</li> <li>Nutrition and aging</li> <li>Women’s Nutrition</li> <li>Dieting</li> </ul>
<p>April 8-Exercise</p> <ul style="list-style-type: none"> <li>Exercise overview</li> <li>Exercise and children</li> <li>Exercise and adults</li> <li>Exercise and elderly</li> <li>Types of Exercise</li> </ul>	<p>April 8-Sleep &amp; Rest</p> <ul style="list-style-type: none"> <li>Sleep overview</li> <li>Sleep deprivation</li> <li>Influences of lack of sleep on work environments</li> </ul>
<p>April 15-Stress Management</p> <ul style="list-style-type: none"> <li>Stress overview</li> <li>Mind-body connection</li> <li>Prevention of stress</li> </ul>	<p>April 15-Stress Management</p> <ul style="list-style-type: none"> <li>Stress management techniques</li> <li>Occupational stress</li> </ul>
<p>April 22-Social Support</p> <ul style="list-style-type: none"> <li>Social support overview</li> <li>Theories and theorists</li> <li>Social interaction</li> </ul>	<p>April 22-Social Support</p> <ul style="list-style-type: none"> <li>Social support among adolescents</li> <li>Social support and elderly</li> <li>Support groups</li> <li>Social support systems and networks</li> </ul>
<p>April 29-Health Education and Screening</p> <ul style="list-style-type: none"> <li>Routine &amp; required screenings</li> <li>Learning theories</li> <li>Aims of health education</li> </ul>	<p>April 29-Safe Sex</p>

Students will form into groups of five and select one of the topics. All topics must be covered. Each group may choose to present an overview of the topic area as the primary focus of the presentation or they may choose to give a brief overview of the benefits of the particular area and then focus on a more in depth examination of a sub topic in the area. For example in exercise the group may look at the overall benefits of exercise but focus on adding weight training or aerobic exercise to one’s health promotion behaviors. Remember these presentations are to focus on health promotion! Prior to the presentation, the following must be given to the instructor:

1. A reference list with at least 10 professional references.
2. An additional reference list with any non-professional or lay references should be in an annotated format and only those strongly recommended should be included. Web sites may be included but the content does not need to be printed for distribution. Please label the two lists appropriately.
3. Develop 3-5 objectives for the presentation.
4. An outline should be complete with at least three levels.
5. The individual evaluations of the group members. (Each member will complete a Group Member Participation Rubric on each of their group members. The evaluation rubric is included in this packet.)

Please notify the instructor at least one full week in advance of any unusual A-V requests.

Please notify the instructor and the class in advance if you are planning any physical participation requiring modifications in attire.

Your grade will be based on both content and delivery of the material. Fifty percent of your grade will come from the instructor and the other 50% from your classmates, divided equally between your group members and the class. Please see the three grading rubrics included in this packet for this presentation (Faculty evaluation, Peer evaluation, and Group member participation).

NURS 250 FACULTY EVALUATION OF HEALTH PROMOTION  
GROUP PRESENTATION

TOPIC \_\_\_\_\_

PARTICIPANT(S) \_\_\_\_\_

DATE \_\_\_\_\_

EVALUATORS: \_\_\_\_\_ GROUP PEER (25%) \_\_\_\_\_ CLASS (25%)  
 \_\_\_\_\_ INSTRUCTOR (50%)

CONTENT CRITERIA	POINTS POSSIBLE	POINTS AWARDED
Provides reference sheet in APA and outline to instructor and peers. Minimum of 10 professional references.	10	
Covers critical data in area of presentation.	15	
Provides practical useful information for audience in area of health promotion	10	
Uses evidence based information.	10	
Relates data presented to appropriate concepts.	10	
Age, ethnic, and cultural considerations evident.	10	
PRESENTATION CRITERIA	POINTS POSSIBLE	POINTS AWARDED
Organizes the presentation in a logical manner. Communicates ideas clearly	5	
Demonstrates collaboration among presenters	5	
Demonstrates originality & creativity	5	
Makes provisions for class discussion	5	
Responds to questions in a knowledgeable manner	5	
Uses a variety of presentation methods, including audiovisual and media technology as appropriate.	5	
Adheres to suggested timelines: 40-45 minutes or as directed.	5	
<b>TOTAL POINTS</b>	<b>100</b>	

Comments:

NURS 310 PEER EVALUATION OF HEALTH PROMOTION  
GROUP PRESENTATION

TOPIC \_\_\_\_\_

PRESENTER(S) \_\_\_\_\_

EVALUATOR \_\_\_\_\_

CONTENT CRITERIA	POINTS POSSIBLE	POINTS AWARDED
Covers critical data in area of presentation.	10	
Provides practical useful information for audience in area of health promotion	10	
Uses evidence based information.	10	
Relates data presented to appropriate concepts.	10	
Age, ethnic, and cultural considerations evident.	10	
PRESENTATION CRITERIA	POINTS POSSIBLE	POINTS AWARDED
Organizes the presentation in a logical manner. Communicates ideas clearly	10	
Demonstrates originality & creativity	10	
Makes provisions for class discussion	10	
Responds to questions in a knowledgeable manner	10	
Uses a variety of presentation methods, including audiovisual and media technology as appropriate.	10	
<b>TOTAL POINTS</b>	<b>100</b>	

Comments:

### GROUP MEMBER PARTICIPATION RUBRIC

Directions: Complete for each group member

Name of person you are evaluating: \_\_\_\_\_

Score	Excellent-5	Good-4	Average-3	Poor-2
	Did a full share of the work or more	Did an equal share of the work	Did almost as much work as others	Did less work than others
	Took the initiative in helping the group to get organized	Worked agreeably with group members concerning times and places to meet	Could be coaxed into meeting with other group members	Did not meet members at agreed times and places
	Provided many ideas for group project	Participated in discussions about group project	Listened to others; on some occasions, made suggestions	Seemed bored with conversations about the group project
	Assisted other group members	Offered encouragement to other group members	Seemed preoccupied with own part of project	Took little pride in group project
	Work was ready on time or sometimes ahead of time	Work was ready very close to the agreed time	Work was usually late but was completed in time to be graded	Some work never got completed and other members completed the assignment
	Clearly communicated desires, ideas, personal needs and feelings	Usually shared feelings and thoughts with other group members	Rarely expressed feelings, preferences	Never spoke up to express excitement and/or frustration
	Expressed frequent appreciation for other group members	Often encouraged and appreciated other group members	Encouraged and appreciated other group members. Seemed to take the work of others for granted.	Group members often wondered "What is going on here?"
	Gave feedback to others that dignified	Gave feedback in ways that did not offend	Sometimes hurt feelings of others with feedback	Was openly rude when giving feedback
	Accepted feedback from others willingly	Reluctantly accepted feedback	Argued own point of view over feedback	Refused to listen to feedback

SERVICE LEARNING PROPOSAL

Service Learning Grading Rubric

*STUDENT NAME* \_\_\_\_\_ *SITE* \_\_\_\_\_

DATE SUBMITTED \_\_\_\_\_ ADVISOR \_\_\_\_\_

PROPOSAL COMPONENT	POINTS POSSIBLE	POINTS EARNED
INTRODUCTION Introduce assignment. Purpose of paper,	10	
AGENCY DESCRIPTION What is role of agency, not just name? Should be sourced.	10	
VOLUNTEER ROLE DESCRIBED What will you do or how will this be determined?	10	
OBJECTIVES AS R/T PROGRAM What do you hope to learn or how will you benefit AND how will your service benefit the community?	20	
ACTIVITIES TO MEET OBJECTIVES What specifically do you anticipate your activities will be?	10	
EVALUATION PLAN How will you evaluate your own learning and the effects of your activities on the community?	15	
AGENCY CONTACT INFORMATION / INSTRUCTOR APPROVAL Include all pertinent information for contact. Name, title, phone, street address, email	5	
FORMAT: <ul style="list-style-type: none"> <li>▪ Title page w/ Running head</li> <li>▪ Abstract</li> <li>▪ Margins</li> <li>▪ Headers</li> <li>▪ Headings</li> <li>▪ Reference</li> </ul>	20	
WRITING <ul style="list-style-type: none"> <li>▪ Sentence Structure</li> <li>▪ Grammar</li> <li>▪ Punctuation</li> <li>▪ Typing / Absence of Errors</li> </ul> -Clarity	20	
<b>TOTAL</b>	<b>100</b>	

COMMENTS:

FERRIS STATE UNIVERSITY  
COLLEGE OF ALLIED HEALTH SCIENCES  
SCHOOL OF NURSING

NURS 340  
Community Health Nursing  
Syllabus

Course Description:

Introduction to the nurse's role in the delivery of health care to the community as client in a variety of community based settings. Epidemiology, public health issues, community service, and other community related concepts will be addressed.

Credits: 3 CREDITS = 3 + 0 = 3 hours of Didactic per wk or 45 total hours / Semester

Course Objectives:

1. Describe the various roles of nurses in community practice.
2. Use nursing and public health research to identify best practices for community nursing.
3. Compare and contrast the role of the nurse in community based nursing practice as distinguished from care of aggregate or communities as clients.
4. Evaluate public health and nursing research as it applies to community nursing.
5. Demonstrate the ability to use foundational knowledge in approach to community nursing practice.
6. Develops awareness of roles and responsibilities of citizen/nurse by developing a proposal for a service learning project and submitting 3 journals.

Instructor Information:

Catherine M. Balanda

Office: VFS 309

Office Hours: 1:30p.m. to 2:30p.m. Tuesdays and 11:00a.m. to 12:00 pm on Thursdays  
Additional Hours by Appointment

Office #: 231-591-2295

E-mail address: [balandc@ferris.edu](mailto:balandc@ferris.edu)

Required Text(s):

Maurer, F.A. & Smith, C.M. (2005). *Community/Public health nursing practice: Health for families and populations*. (3<sup>rd</sup> ed.). Elsevier, Saunders: St. Louis.  
ISBN 0-7216-0354-8.

American Psychological Association. (2001). *Publication Manual*. (5th ed.).  
Washington, DC: Author.

Evaluation Criteria:

<u>Assignment</u>	<u>points</u>	<u>percentage</u>
Weekly Quizzes (ten)	100	10%
Public Policy Position paper (group assignment)	100	10%
Community Assessment (group assignment)	300	30%
Presentation of Community Assessment (each person in group must present)	100	10%
Service learning proposal	100	10%
Service Learning Journals	Pass/fail	
Final Exam	150	15%
ATI-one proctored exam + one non proctored exam, must meet proficiency level 2 for proctored exam.	50 points	5%
On line discussions (ten)	100 points	10%

Grading Scale:

A	=	95-100	C-	=	72-74
A-	=	92-94	D+	=	69-71
B+	=	89-91	D	=	65-68
B	=	85-88	D-	=	62-64
B-	=	82-84	F	=	61 or below
C+	=	79-81			
C	=	75-78			

ASSIGNMENTS POLICY:

- You must complete all assignments in order to pass the class.
- Make sure to attach the Grading Criteria (if any) with each assignment you submit.*
- All assignments are due on or before due date (the date indicated on the schedule in the course materials, late assignments will have 10% /week penalty).
- Due dates may be re-negotiated on an individual basis if necessary and if there is a sound convincing excuse.
- Re-negotiated due dates may result in reduced grade or the grade of incomplete.
- Assignments will be refused and not accepted if submitted late unless negotiated and arrangements have been made with the instructor before the due date.

Journals are pass/fail. You must complete 15 hours prior to end of this class and must submit journals.



## ATTENDANCE POLICY and PARTICIPATION:

- Ferris State University nursing students are expected to attend all learning experiences. Absences from class or consistent lateness will result in a lowered grade and thus may jeopardize one's progress in the program.
- Students are expected to attend all classes.
- Students are expected to participate appropriately in all classes.
- Recognizing that there is a strong association between class attendance and class performance (grades), attendance will be taken every time we meet. You will lose 5 points for each absence; 2.5 points from the final grade if tardy or leave early at instructor's discretion.
- Participation points will not be granted if the student is not present for the entire class.
- If students are absent; they are expected to obtain the content of the class from a peer not from the instructor.
- Students are expected to attend and participate appropriately in all classes and on-line discussions. Given the role of discussion in this course, timely participation is necessary. Participation is to be as an informed discussant demonstrating an openness and willingness to engage in meaningful dialogue and discourse in an atmosphere of professionalism and respect.
- Absences from class and online discussions may result in lowered participation grade.
- If circumstances are such that attendance or participation is not possible, contact the instructor as soon as possible to explore alternatives. In the event of inclement weather, students are advised to check the Ferris Connect course discussion board for information on course cancellation
- Make sure to shut off your electronic devices, including the cell phones before entering the class

### ATI

First non proctored exam, take on your own at home. Bring in proof of test results for 20 points proficiency level 3, 17 points level 2 and 15 points level 1.

First proctored exam, will take in flite library according to schedule. If proficiency level 3, no remediation required, 30 points. Level 2 = 20 points, after turn in remediation note cards, get additional 5 points. If proficiency level 1, 10 points, after turn in remediation note cards get additional 5 points. You must do note cards (3x5) that summarize in 2-4 sentences content of specific topic you got wrong and turn them in for partial credit to be given.

### Online Discussion:

### Discussion Groups

- You will work in small groups to discuss questions related to the topics scheduled for the one hour that we meet on-line.
- Your group leader will need to post their response to the questions/learning module assigned for that class by the Friday after class meets. The leader's response should explain or clarify the question. The group leader will get full participation points for his/her class (10 points). If the group leader is late (after

Friday midnight) with his/her response, the entire group will receive a 2 point deduction. After the group leader responds on time, the rest of the group will be awarded 5 points.

- In addition, every student (except group leader) needs to respond to at least two (2) other groups leaders responses posted by members in the other group by the class Tuesday midnight after class meets. Your response should include the rationale for your reply. Simply saying, “I agree”, “I disagree”, or “ditto” is not considered a substantive response. If you are late, you will be given no points your responses.
- For the class online discussions; 5 points are assigned for your groups leaders initial response and 5 points for your two responses (2.5 points each response)**
- Each class you need to answer the questions in your assigned group and comment on your peers answers at least twice.
- Please keep the discussion in the numbered discussion groups and any general information that you want to share with the entire group in the Main bulletin board.
- Only postings in the appropriate area will be given credit.
- Only postings of significant content will be given credit.
- Housekeeping questions and social comments are not considered significant content.
- A thoughtful question that stimulates discussion is significant.
- I will be monitoring the discussions and participating on occasion

In NURS 340, Community Nursing, students will begin the service learning onsite hours after they have submitted their proposal. Students will maintain reflective journals for each 5 hours of service (see Appendix). These will be placed in the student’s portfolio under service learning and will be reviewed by the instructor for NURS 340 at an end of the semester portfolio review or sooner as requested by the instructor. Students will also be required to maintain an agency validation and timesheet of service learning to be signed by an agency representative (see Appendix).

#### SYLLABUS CHANGE:

The instructor reserves the right to make changes as necessary to this syllabus. If changes are necessitated during the term of the course, the instructor will immediately notify students of such changes both by individual email communication and posting both notification and nature of change(s) on the course bulletin board.

#### GENERAL POLICIES:

ADA, Harassment, Religious holidays, Disruptive Student, Plagiarism, and other College/ University standardized policies are in your student handbook.

#### ACADEMIC POLICIES:

Refer to the Student Handbook Ferris State University complies with the Americans with Disabilities Act, and students with special needs should contact the instructor or the Special Needs Counselor on-campus.

PLAGIARISM:

According to Webster, plagiarism is “the taking of ideas, writings, etc. from another and passing them off as one’s own”. This practice is not acceptable to the University, the College, the Nursing Program, nor to this instructor.

Judicial services will be notified of any suspected incident of academic misconduct. See Student Handbook for further information.

CLASSROOM RIGHTS AND RESPONSIBILITIES:

As a student at Ferris, you have a right to:

1. Be treated as an adult
2. Be treated with respect
3. Know the instructor’s expectations for you in the class
4. Know the grading scale
5. Obtain a written syllabus
6. Know all class policies (attendance, etc.)
7. Know the instructor’s office hours
8. Know all safety procedures (if applicable)

As a student at Ferris, your responsibilities include:

1. Attending class on a regular basis according to the requirements set forth in the instructor’s course materials
2. Being on time for class
3. Being prepared for class
4. Wearing appropriate clothing to class
5. Using appropriate language in class
6. Taking responsibility for your own learning
7. Adhering to the academic honesty policies
8. Respecting all points of view, and everyone’s rights and feelings

See the Appeals Procedure as outlined in the Student Nurse Handbook

Proposed Schedule

Week/Format	Weekly Topic/Activities	Assignments Each week also read assigned web links
Class # 1 9/3/08	Course Orientation Introduction to Community Health Nursing	Smith & Mauer Chapter(s) 1 & 2 Smith & Mauer Chapter(s) 18, & 19 Groups will be formed. Topics will be discussed.  Review class expectations. Review service learning requirements.  Service learning contact sheet due today.
Class # 2 9/10/08	<u>Tools for Practice</u> <u>Culture and Values</u>	Turn in Service Learning Proposal. Late proposals will received reduced grade by 10% for each day late.  Discussion Questions regarding culture/values. On line quiz.

Class # 3 9/17/08	Core Concepts Epidemiology/Communicable Disease	Smith & Mauer Chapter(s) 7,8 Chapter(s) 9  Answer the online discussion questions. Group leader response due Friday, rest of responses due Tuesday.  Online quiz.
Class # 4 09/24/08	Public Policy and Community Health/Public Health Health Care System and Finance	Smith & Mauer Chapter(s) 3, 4  Answer the online discussion questions. Group leader response due Friday, rest of responses due Tuesday.  Online quiz.
Class # 5 10/1/08	Public Policy and Community Health/Public Health Health Promotion and Risk Reduction	Smith & Mauer Chapter(s) 17 (p 418-419 on National Health)  Answer the online discussion questions. Group leader due Friday, rest of responses due Tuesday.  Online quiz.  <i>Non proctored ATI exam due. Print answer sheet and turn in for credit.</i>
Class # 6 10/8/08	Home Health Nurse, School Nurse, Rural & Mental Health.	Work on the Policy Paper /Group work. Read Chapters 30-33  Answer the online discussion questions. Group leader response due Friday, rest of responses due Tuesday.  Online quiz.
Class # 7 10/15/08 Online	Community as Client Creating Community Change	Smith & Mauer Chapter(s) 14-16  Answer the online discussion questions Group leader due Friday, rest of responses due Tuesday.  Online quiz.
Class# 8 10/22/08	<u>Violence: A social and family Problem</u>	Continue group work on the Community Assessment Report  Smith & Mauer Chapter(s) Chapter 13 & 22 and online  Online quiz.  Answer the online discussion questions Group leader due Friday, rest of responses due Tuesday.  Position Paper is Due: <u>Submit via FerrisConnect assignment drop box</u>
Class # 9 10/29/08	<u>Family as Client</u>	Smith & Mauer Chapter(s) 10, 11, 12,  Answer the online discussion questions Group leader due Friday, rest of responses due Tuesday.  Online quiz.

Class # 10 11/5/08	Disasters in the community	Smith & Mauer Chapter(s); including chapter # 21  Continue group work on the Community Assessment Report.  Answer the online discussion questions. Group leader response due Friday, rest of responses due Tuesday.  Online quiz.
Class# 11 11/12/08	<u>Vulnerable Aggregates -Special Populations</u>	Smith & Mauer Chapter(s)20, 23, 24,27,  Answer the online discussion questions. Group leader due Friday, rest of responses due Tuesday.  Online quiz.
Week # 12 11/19/08	HOSPICE NURSING	ALL SERVICE LEARNING JOURNALS DUE BEFORE THANKSGIVING BREAK!!!!  Portfolio review of journals. Read chapters 28, and pg. 748-752.  <u>Proctored ATI exam from 1:30 pm to 3 pm in FLITE Library</u>
Week # 13 11/26/08	NO CLASS-THANKSGIVING BREAK	HAVE FUN !!!!
Week #14 12/3/08	<u>Presentations of Community Assessment</u>	Community Assessment Report is Due: <u>Bring to class, submit to teacher prior to presentation. Presentation due today as well.</u>
Week 15 12/10/08	<u>Presentations of Community Assessment</u> Student evaluations.	Community Assessment Report is Due: <u>Bring to class, submit to teacher prior to presentation. Presentation due today as well.</u>  <u>All remediation due today.</u>
FINALS WEEK  FINAL EXAM 12/17/08 TIME TO BE ANNOUNCED	On line exam for final.	

APA Format Evaluation

The Ferris State University Nursing Programs require APA format in all written papers. Some common problems are listed below with corresponding page numbers. These are areas that you may want to refer to *Publication Manual* (5<sup>th</sup> Ed.) for guidance in completing the format of your paper(s).

Title page.....See pages 10-12 & example on page 306  
 Page numbers & Headers.....See page 288  
 Abstract (content).....See page 12  
 Level of Headings.....See pages 113 & 289  
 Use of numbers.....See page 122  
 Seriation.....See pages 292 & 115  
 Use of quotations.....See page 292  
 Quotation marks.....See page 82  
 Reference Citation in text.....See pages 207—214  
 Reference List.....See examples Chapter 4, beginning on page 215  
 Online publications.....See page 271  
 Citing of secondary sources.....See page 247

Please use spell & grammar check prior to submitting your completed paper. Have someone else read your paper for clarity/errors before turning in or make an appointment with the writing center to go over your paper with you.

Public Policy Position Paper

*This is a group assignment.* Directions: Select an area of public policy related to families or communities. The list in your course materials may give you some ideas. Describe the issue and support its relevance as a public health issue of concern to communities or families. Take a position from the viewpoint of a nursing consultant and support that viewpoint. At least half of the references must be from professional literature; of the references from professional literature at least 1/3 must be from print sources.

Appropriate topic selected: Yes \_\_\_ No \_\_\_\_\_ (If no, paper will not be graded).

Grading Criteria: Student Name \_\_\_\_\_

Criteria Not Met-----Met	0	5	10	15	20
Issue is clearly explained and supported as a public policy issue. Relevance to public health is evident. Scope of issue is presented--relevant stats, etc.					
Opposing viewpoints related to the issue are presented and analyzed without bias.					
One position is selected as the favored position for public policy from the point of view of a community nursing consultant. Important to keep concepts of nursing and community in mind here.					
That position is clearly explained and supported with evidence from professional literature. Consequences of taking alternate positions may add to support for position-- i.e. if not provide early screening may result in higher costs.					
APA Considerations, Intellectual Standards, Critical Thinking (Intellectual Standards: Clarity, Accuracy, Precision, Relevance, Depth, Breadth, Logic) (Elements of Reasoning: (Purpose of Thinking, Point of View, Question at Issue, Information, Interpretation & Inference, Concepts, Assumptions, Implications & Consequences)					

Comments: \_\_\_\_\_ Total Score \_\_\_\_\_

## Community Assessment Paper

*This is a group assignment.*

Length of report: 15-20 pages.

*Marking will be based on the following format (equivalent marks shown in brackets).*

1. Abstract (5%)
2. Description of the Chosen Community/Aggregate (10%)
  - a) Define the community concept
  - b) Describe how the community / aggregate meets the criteria of your chosen concept of community
  - c) Identify relationships between the major health issues of this group and your chosen definition of community
3. Methodology (10%)
  - a) Identify and justify the choice of health assessment guide/tool
4. Results - Community Assessment Data (15%)
  - a) Present data using the chosen guide/tool, to provide a comprehensive review of the community's health
  - b) Describe the community, provide current, objective demographic statistical and health data using epidemiological data
  - c) Identify community perception of their health, health needs, attitudes towards health, health care, and self-responsibility for health.
5. Analysis of Data (20%)
  - a) Interpret data pointing out community strengths
  - b) Explain how socio-political determinants are influencing the community's health
  - c) Provide brief conclusions as to the meaning / significance of the data to the community
  - d) Document three (3) health / social issues as statements with etiology and evidence for each issue (*Make sure that the 3 health/social issues you have identified are evident in your assessment data*)
6. Recommended Nursing Plan for Highest Priority Issue (select only one of the 3 you have identified) (20%). For this issue you are asked to address the following:
  - a) Briefly explain your prioritization of the health/social issue you have selected
  - b) Include realistic behavioral and measurable nursing objectives / expected outcomes
  - c) Describe at least 4 interventions
  - d) Include brief suggestions of how interventions would be evaluated
7. Summary and/or Conclusion (10 %)
8. Reference List (You are required to provide at least 5 References in your assignment). (10 %) Students must use the APA guide as referencing format. Poorly referenced work will not be marked.

Topic	<i>Poorly done &gt; 5 errors</i>	Fairly done >5 errors	Well done minimal errors
Abstract	<i>5 pts</i>	10 pts	15 pts
Definition of community	<i>10</i>	15	30
methodology	<i>10</i>	15	30
results	<i>15</i>	30	45
Analysis	<i>20</i>	30	60
Nursing Plan with 4 interventions	<i>20</i>	30	60
Summary and/or conclusion	<i>10</i>	15	30
Reference list	<i>10</i>	15	30
			300 pts

Community Assessment Presentation Criteria

*This is a group assignment.* The purposes of the assignment are:

1. To share your learning and experiences in your community assessment project. Each member of your group is expected to speak in front of the class. Deductions will be made for each member who does not speak well.
2. To analyze learning that occurred in the community assessment project within the framework of community concepts.

Student \_\_\_\_\_ Evaluator \_\_\_\_\_  
Date \_\_\_\_\_ Advisor \_\_\_\_\_

Content	Points Available	Points Awarded
Introduction which includes a summary of the original project, community information including description and demographics, perceptions of health, needs and any significant related issues.	20	
Summary of results of community assessment, benefits to the population served.	30	
Summary of own learning as a result of community assessment.	30	
Presentation skills/clarity/use of appropriate media.	10	
Provision for and use of discussion.	10	
Total	100	

Comments:



Appendix

SERVICE LEARNING AGENCY CONTACT FORM

Agency Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Contact Address: \_\_\_\_\_

\_\_\_\_\_

Description of Agency and Type of Service Learning Student will be engaged in:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Agency Representative (Agreeing to student volunteer):

\_\_\_\_\_

Printed or typed name

\_\_\_\_\_

Signature

SERVICE LEARNING PROPOSAL

STUDENT NAME \_\_\_\_\_ SITE \_\_\_\_\_

DATE SUBMITTED \_\_\_\_\_ ADVISOR \_\_\_\_\_

PROPOSAL COMPONENT	POINTS POSSIBLE	POINTS EARNED
INTRODUCTION Introduce assignment, Purpose of paper.	10	
AGENCY DESCRIPTION What is role of agency, not just name? Should be sourced.	10	
VOLUNTEER ROLE DESCRIBED What will you do or how will this be determined?	10	
OBJECTIVES AS R/T PROGRAM What do you hope to learn or how will you benefit AND how will your service benefit the community?	20	
ACTIVITIES TO MEET OBJECTIVES What specifically do you anticipate your activities will be?	10	
EVALUATION PLAN How will you evaluate your own learning and the effects of your activities on the community?	15	
AGENCY CONTACT INFORMATION / INSTRUCTOR APPROVAL Include all pertinent information for contact. Name, title, phone, street address, email	5	
<b>TOTAL POINTS FOR CONTENT</b>	<b>60</b>	
<b>FORMAT:</b> <ul style="list-style-type: none"> <li>▪ Title page w/ Running head</li> <li>▪ Abstract</li> <li>▪ Margins</li> <li>▪ Headers</li> <li>▪ Headings</li> <li>▪ Reference</li> </ul>	20	
<b>WRITING</b> <ul style="list-style-type: none"> <li>▪ Sentence Structure</li> <li>▪ Grammar</li> <li>▪ Punctuation</li> <li>▪ Typing / Absence of Errors</li> </ul> -Clarity	20	
<b>TOTAL FORMAT POINTS</b>	<b>40</b>	
<b>TOTAL POINTS OVERALL</b>	<b>100</b>	

COMMENTS:



FERRIS STATE UNIVERSITY  
 COLLEGE OF ALLIED HEALTH SCIENCES  
 SCHOOL OF NURSING  
 Clinical Nursing 2 NURS 352  
 Spring 2009

**COURSE DESCRIPTION:**

Application of holistic nursing care to clients experiencing a variety of health states across the lifespan including pediatric, adult, and geriatric clients. Clinical experiences will occur in acute care and community settings.

Credit Hours: 5 (0+15)

Pre-requisites: Completed all first level nursing courses and NURS 340, 341, and 342

Corequisites: NURS 350 and 351

**COURSE COORDINATOR:**

Name: Arlene Morton MSN, RN

Campus Address: VFS 304

Phone: 231-591-2293

E-mail address: mortona@ferris.edu

Office hours: TBA

**COURSE SCHEDULE:**

Clinical time: 0700 to 1430 for M/S

Class day: Monday and Tuesdays for M/S, Peds weekends

Clinical Sites: Spectrum Health Butterworth campus, Devos Children's Hospital, and Home Care Agencies

**REQUIRED COURSE MATERIALS:**

Texts required in NURS 350 and NURS 351.

Texts from previous nursing courses

**EVALUATION:**

A minimum grade of "Pass" (Credit) is required to progress to the next nursing course.

7 Clinical Evaluation tools 4 Critical Thinking Summaries	Pass/fail Must have an average of 3 on all course objectives from mid-term to final to pass.
1 Peds Preceptor Evaluation 1 Home Care Preceptor Evaluation	Pass/fail
Ferris Connect discussions on Home Care experience	Pass/fail
Simulation Exercises	Pass/fail
Dosage calculation exam	90% or > Pass
Service learning project 3 journals and hours completed	Pass/fail

### DEPARTMENTAL GRADING SCALE

A	=	95 – 100	C-	=	72 - 74
A-	=	92 - 94	D+	=	69 – 71
B+	=	89 – 91	D	=	65 – 68
B	=	85 – 88	D-	=	62 – 64
B-	=	82 - 84	F	=	<62
C+	=	79 – 81			
C	=	75 - 78			

### EVALUATION EXPLAINED

1. 7 Evaluation Tools : Students are to make an electronic copy of the evaluation tool in this syllabus and complete the weekly evaluation tool while in med/surg. The student will identify behaviors that meet each of the 6 objectives. The clinical instructor will then comment and score. The clinical instructors will provide information on how this is to be submitted.
2. 4 Critical Thinking Summaries : Students are to make an electronic copy of the critical thinking summary in this syllabus and submit a total of 4 to your med/surg clinical instructor. The clinical instructors will provide information on how this is to be submitted.
3. 1 Peds preceptor evaluation : Students are to bring their Peds evaluation to clinical on their Peds weekends. It is the student's responsibility to ensure that they are completed by their preceptors. Students must submit the evaluation to Arlene Morton no later than one week after their experience.
4. 1 Home Care preceptor evaluation : Students are to bring their Home Care evaluation form to clinical on their Home Care days. It is the student's responsibility to ensure that they are completed by their preceptors. Students must submit the evaluation to Arlene Morton no later than one week after their experience.
5. Home Care discussion in Ferris Connect : During the final week that students are in Home Care, they are to participate in a discussion in Ferris Connect. To receive a passing grade a student will need to clearly and thoughtfully articulate all points, use correct grammar and spelling, and make 2 thoughtful responses. Discussion should include :
  - a) Impressions of what you observed over the last 3 weeks.
  - b) How did the nurse use critical thinking during that time.
  - c) What enhanced your learning.Initial posting will be due by Thursday of the final week. Each student is then to respond to 2 peer postings by Sunday of the final week.
  - I. Section 303 initial postings due 2/5 and responses due 2/8
  - II. Section 304 initial postings due 3/5 and responses due 3/8
  - III. Section 301 initial postings due 4/2 and responses due 4/5
  - IV. Section 302 initial postings due 4/30 and responses due 5/3
6. Simulation Exercises :
  - a) On Monday of Simulation Week : Students are to complete :

Software for Nursing Education (SFN)

Choose one case scenario from 8 subject areas. You may use any references to assist you.

- Where:
  - VFS 327 – all computers
  - Flite 374 – 8 computers in the middle section
- How to access:
  - Click on PDS Nursing Scenarios icon
  - Install Programs
  - PDS Nursing Scenarios
  - Choose scenario (If it is light gray, then it is not installed)
- When finished:
  - Print score report and submit to Arlene Morton on Tuesday of simulation week.
  - A passing score is 75%

Scenarios: Choose 8 Case Studies

<p>Adult Health Nursing Concepts &amp; Skills</p> <ul style="list-style-type: none"> <li>○ Cardiovascular Health Problems 1 2 3 4</li> <li>○ Endocrine 1 2 3</li> <li>○ Gastrointestinal 1 2 3</li> <li>○ Hematologic 1 2 3</li> <li>○ Hepatic-Biliary 1 2 3</li> <li>○ Peripheral Vascular 1 2 3</li> <li>○ Respiratory 1 2 3</li> </ul>	<p>Clinical Nursing Concepts &amp; Skills</p> <ul style="list-style-type: none"> <li>○ Fluid &amp; electrolyte Balance 1 2</li> <li>○ Acid-base balance 1 2 3 4</li> </ul> <p>Pediatric Nursing Concepts &amp; Skills</p> <ul style="list-style-type: none"> <li>○ Chronic pediatric health problems 1 2</li> <li>○ Pediatric respiratory health problems 1 2</li> </ul>
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7. On Tuesday of Simulation Week :
  - a) Each student is to find an evidence based article on a designated topic and bring it to the lab.
  - b) On campus SimMan lab activity from 3PM to 6PM.
  - c) Passing grade will be based on student’s active participation in all activities.
  
8. Service Learning : 3 reflective journals will be required this semester (see Service Learning Reflective Journal Guidelines). By the end of the semester, each student is to submit their Service Learning log of hours and activities.

ORIENTATION WEEK

Monday 1/12 : Meet in Pharmacy 303 from 8-12N. Activities include :

- 8-9 AM Peds orientation (Michelle Pietras)
- 9-9 :30 Home Care orientation (Vickie Hill, MCMC)
- 10-11 Orientation to course
- 11-12 Math test

Tuesday 1/13 : Meet in Pharmacy 303 from 8-12N. Activities include :

- 8-10 AM Skill stations
- 10-12N Med/Surg/Peds/Home Care critical thinking exercises.

ATTENDANCE:

Ferris State University nursing students are expected to attend all classroom and clinical/lab learning experiences. Clinical performance is the application of theoretical information to practice. Clinical experiences are dependent on the census on any given day and are not always guaranteed. For this reason the student needs to be present to take advantage of as many experiences as possible. Absences and/or tardies from either class or clinical/lab may result in a lowered grade and thus may jeopardize one's progression in the program. It is the student's responsibility to meet with their advisor prior to registration or as soon as possible if there is a conflict foreseen, i.e. athletics, to determine a schedule that minimizes absences.

In the event that a student must miss a clinical/lab experience for an acceptable reason such as but not limited to:

- a sanctioned game in which a student athlete needs to participate
- a death in the family/or a close personal relation
- hospitalization or illness verified with a health care provider excuse and diagnosis
- subpoenaed to testify in a court case or jury duty

the professor will consider these excused absences and will work with the student to provide an alternative learning experience so the student can meet course objectives. Verification by the professor of all excused absences is necessary. The professor will deal with all other absences on an individual basis. Three (3) tardies in clinical equal one (1) absence.

*It is the consensus of the nursing faculty that a student must fulfill a minimum of 90% of clinical attendance requirements to be adequately evaluated for success in meeting course objectives. It may not be possible for some students to demonstrate success in less than 100% of the clinical time.*

Proposed Schedule

Week	Activity	Date
1	Orientation on campus	
2		
3	Section 304 complete Peds evaluation	Due Wed 1/28
4	Section 303 complete Home Care evaluation Section 303 Home Care discussion Section 304 day 1 Simulation Case Studies	Due Wed 2/4 Initial due 2/5, responses due 2/8 Due Tues. 2/3
5	Section 303 day 1 Simulation Case Studies	Due Tues 2/10
6	Section 304 Service learning journals	Due Wed 2/18
7	Section 303 Service learning journals	Due Wed 2/25
8	Section 303 complete Peds evaluation Section 304 complete Home Care evaluation Section 304 Home Care discussion	Due Wed 3/4 Due Wed 3/4 Initial due 3/5, responses due 3/8
9		
10	Section 302 complete Peds evaluation	Due Wed 4/1
11	Section 302 day 1 Simulation Case Studies Section 301 complete Home Care evaluation Section 301 Home Care discussion	Due Tues. 3/31 Due Wed 4/1 Initial due 4/2, responses due 4/5
12	Section 301 day 1 Simulation Case Studies	Due Tues 4/7
13		
14	Section 301 complete Peds evaluation	Due Wed 4/29
15	Section 302 complete Home Care evaluation Section 302 Home Care discussion All sections submit Service Learning logs	Due Wed 4/29 Initial due 4/30, responses due 5/3 Due Wed 4/29

Proposed NURS 352 Clinical Rotation Spring 09 (SL = Service Learning, M/S = medical surgical units, HC = Home Care, Simulation TBA)

Section 301 6 N HC CHF Rhonda Bishop	1/12-13	MLK 1/19-20	1/26-27	2/2-3	2/9-10	2/16-17	2/23-24	3/2-3	Spring Break	3/16-17	3/23-24	3/30-31	4/6-7	4/18-19	4/25-26	5/2-3
		M/S	M/S	M/S	M/S	M/S	M/S	M/S		HC	HC	HC	S	PED	PED	SL
		M/S	M/S	M/S	M/S	M/S	M/S	M/S		HC	HC	HC	I	PED	PED	SL
	O	M/S	M/S	M/S	M/S	M/S	M/S	M/S		HC	HC	HC	M	PED	PED	SL
	R	M/S	M/S	M/S	M/S	M/S	M/S	M/S		HC	HC	HC	U	PED	PED	SL
	I	M/S	M/S	M/S	M/S	M/S	M/S	M/S		HC	HC	HC	L	PED	PED	SL
	E	M/S	M/S	M/S	M/S	M/S	M/S	M/S		HC	HC	HC	A	PED	PED	SL
	N	M/S	M/S	M/S	M/S	M/S	M/S	M/S		HC	HC	HC	T	PED	PED	SL
	T	M/S	M/S	M/S	M/S	M/S	M/S	M/S		HC	HC	HC	I	PED	PED	SL
		M/S	M/S	M/S	M/S	M/S	M/S	M/S		HC	HC	HC	O	PED	PED	SL
Section 302 6 HC CV Kiya Morgan		MLK 1/19-20	1/26-27	2/2-3	2/9-10	2/16-17	2/23-24	3/2-3	Spring Break	3/21-22	3/28-29	3/30-31	4/6-7	4/13-14	4/20-21	4/27-28
		M/S	M/S	M/S	M/S	M/S	M/S	M/S		PED	PED	S	SL	HC	HC	HC
	O	M/S	M/S	M/S	M/S	M/S	M/S	M/S		PED	PED	I	SL	HC	HC	HC
	R	M/S	M/S	M/S	M/S	M/S	M/S	M/S		PED	PED	M	SL	HC	HC	HC
	I	M/S	M/S	M/S	M/S	M/S	M/S	M/S		PED	PED	U	SL	HC	HC	HC
	E	M/S	M/S	M/S	M/S	M/S	M/S	M/S		PED	PED	L	SL	HC	HC	HC
	N	M/S	M/S	M/S	M/S	M/S	M/S	M/S		PED	PED	A	SL	HC	HC	HC
	T	M/S	M/S	M/S	M/S	M/S	M/S	M/S		PED	PED	T	SL	HC	HC	HC
		M/S	M/S	M/S	M/S	M/S	M/S	M/S		PED	PED	I	SL	HC	HC	HC
		M/S	M/S	M/S	M/S	M/S	M/S	M/S		PED	PED	O	SL	HC	HC	HC
Section 303 6 N HC CHF Rhonda Bishop		MLK 1/19-20	1/26-27	2/2-3	2/9-10	2/16-17	2/21-22	2/28- 3/1	Spring Break	3/16-17	3/23-24	3/30-31	4/6-7	4/13-14	4/20-21	4/27-28
		HC	HC	HC	S	SL	PED	PED		M/S	M/S	M/S	M/S	M/S	M/S	M/S
	O	HC	HC	HC	I	SL	PED	PED		M/S	M/S	M/S	M/S	M/S	M/S	M/S
	R	HC	HC	HC	M	SL	PED	PED		M/S	M/S	M/S	M/S	M/S	M/S	M/S
	I	HC	HC	HC	U	SL	PED	PED		M/S	M/S	M/S	M/S	M/S	M/S	M/S
	E	HC	HC	HC	L	SL	PED	PED		M/S	M/S	M/S	M/S	M/S	M/S	M/S
	N	HC	HC	HC	A	SL	PED	PED		M/S	M/S	M/S	M/S	M/S	M/S	M/S
	T	HC	HC	HC	T	SL	PED	PED		M/S	M/S	M/S	M/S	M/S	M/S	M/S
		HC	HC	HC	I	SL	PED	PED		M/S	M/S	M/S	M/S	M/S	M/S	M/S
		HC	HC	HC	O	SL	PED	PED		M/S	M/S	M/S	M/S	M/S	M/S	M/S
Section 304 6 HC CV Kiya Morgan		1/17-18	1/24-25	2/2-3	2/9-10	2/16-17	2/23-24	3/2-3	Spring Break	3/16-17	3/23-24	3/30-31	4/6-7	4/13-14	4/20-21	4/27-28
		PED	PED	S	SL	HC	HC	HC		M/S	M/S	M/S	M/S	M/S	M/S	M/S
	O	PED	PED	I	SL	HC	HC	HC		M/S	M/S	M/S	M/S	M/S	M/S	M/S
	R	PED	PED	M	SL	HC	HC	HC		M/S	M/S	M/S	M/S	M/S	M/S	M/S
	I	PED	PED	U	SL	HC	HC	HC		M/S	M/S	M/S	M/S	M/S	M/S	M/S
	E	PED	PED	L	SL	HC	HC	HC		M/S	M/S	M/S	M/S	M/S	M/S	M/S
	N	PED	PED	A	SL	HC	HC	HC		M/S	M/S	M/S	M/S	M/S	M/S	M/S
	T	PED	PED	T	SL	HC	HC	HC		M/S	M/S	M/S	M/S	M/S	M/S	M/S
		PED	PED	I	SL	HC	HC	HC		M/S	M/S	M/S	M/S	M/S	M/S	M/S
		PED	PED	O	SL	HC	HC	HC		M/S	M/S	M/S	M/S	M/S	M/S	M/S
		PED	PED	N	SL	HC	HC	HC		M/S	M/S	M/S	M/S	M/S	M/S	M/S



## COURSE OBJECTIVES:

1. Demonstrates the ability to coordinate care in various clinical situations across the lifespan. (nursing role development)
2. Provides care to clients across the life span in accordance with best practices. (theory & evidence base for practice)
3. Demonstrates an understanding of care of aggregates and communities. (context for nursing care)
4. Selects appropriate nursing research findings to apply to clinical practice across the life span. (research)
5. Demonstrates critical thinking in clinical practice with appropriate clinical judgments. (cognitive growth)
6. Demonstrates commitment to selected group in implementation of community project using best practices. (advancement of the profession)

## UNIT OBJECTIVES: The student will be able to apply knowledge related to:

1. Identify common nursing care needs of clients and adapts procedures to meet client needs.
2. Request help as appropriate and reports data outside normal parameters.
3. Provides organized nursing care to multiple clients
4. Apply critical thinking skills used by nurses in structured health care settings.
5. Apply the elements of reasoning as a framework for critical reflection of nursing experiences.
6. Use best practices when performing technical skills.
7. Identify use of NIC and NOC in community and clinical setting.
8. Identify nursing care provided to groups and communities.
9. Demonstrate an understanding of NIC and NOC.
10. Select appropriate nursing diagnosis, outcomes, and interventions.
11. Accurately evaluate outcomes and revise plan appropriately,
12. Apply critical thinking skills used by nurses in health care settings.
13. Apply the elements of reasoning as a framework for critical reflection of nursing experiences.
14. Clinical judgments reflect evidence of critical thinking.

## GENERAL POLICIES:

### *Classroom Rights and Responsibilities:*

*As a student at Ferris, you have a right to:*

1. Be treated as an adult
2. Be treated with respect
3. Know the instructor's expectations for you in the class
4. Know the grading scale
5. Obtain a written syllabus
6. Know all class policies (attendance, etc.)
7. Know the instructor's office hours
8. Know all safety procedures (if applicable)

As a student at Ferris, your responsibilities include:

1. Attending class on a regular basis according to the requirements set forth in the instructor's course materials
2. Being on time for class
3. Being prepared for class
4. Using appropriate language in class
5. Taking responsibility for your own learning
6. Adhering to the academic honesty policies
7. Respecting all points of view, and everyone's rights and feelings

Classroom Etiquette: Students are expected to be attentive and engaged in classroom activities. Cell phones, pagers, "side bar" talking, or sleeping are unacceptable in the classroom. Please read the Disruptive Behavior Policy below from Student Handbook.

#### Disruptive Behavior Policy Statement

The College of Allied Health Sciences strives to maintain a positive learning environment and educational opportunity for all students. Consequently, patterns of behavior which obstruct or disrupt the learning environment of the classroom or other educational facilities will be addressed.

1. The instructor is in charge of the course. This includes assignments, due dates, methods and standards of grading, and policies regarding attendance, tardiness, late assignments, outside conferences, etc.
2. The instructor is in charge of the classroom. This includes the times and extent to which they allow questions or discussion, the level of respect with which they and other students are to be treated, and the specific behaviors they will allow within their classes. Open discussion of an honest opinion about the subject of a course is encouraged, but the manner in which the class is conducted is a decision of the instructor.
3. An instructor is entitled to maintain order in his/her class and has an obligation to other students to do so. Toward that end, an instructor is authorized and expected to inform a student that his/her behavior is disrupting a class and to instruct the student to stop that behavior. If the student persists, the instructor is authorized to direct the student to leave the class. If the student fails to comply with a directive to leave the class, the instructor may call Public Safety to assist with the student's removal.
4. If a student persists in a pattern of recurrent disruptive behavior, then the student may be subject to administrative action up to and including an involuntary withdrawal from the course, following administrative review by the Allied Health Sciences Dean's Office, and/or University disciplinary proceedings.

5. Disruptive behavior cannot be sanctioned by a lowered course grade (e.g., from a B to a C) except insofar as quality of classroom participation has been incorporated into the instructor's grading policy for all students. (Note: Academic misconduct, which is covered by other regulations, can be a legitimate basis for lowering a grade or failing the student.)
6. Students as well as employees are bound by the University's policy against harassment in any form. Harassment will not be tolerated.
7. The office of the student's dean will be notified of any serious pattern or instance of disruptive behavior.

### Honesty Policy

The purposes of this policy are to encourage a mature attitude toward learning to establish a sound academic morale, and to discourage illegitimate aid in examinations, laboratory, and homework. Cheating is defined as using or attempting to use, giving or attempting to give, obtaining or attempting to attain, products or prepared materials, information relative to a quiz or examination or other work that a student is expected to do alone and not in collaboration with others. Plagiarism (copying) of themes or other written work shall also be considered an infraction. Students are required to present the results of their own work except under circumstances in which the instructor may have requested or approved the joint effort of a number of students. The penalty for the first offense of willful cheating consists of the student receiving a zero for the assignment in which the infraction occurs. However, cheating on quizzes or examinations means failure in the course. The student may appeal the decision to the Disciplinary Committee. Further offenses may result in suspension or dismissal from the University.

Refer to Student Handbook for information on:

1. Religious Holidays
2. Disabilities Services
3. Student Dignity
4. Racial Harassment
5. Sexual Harassment
6. Harassment Concerns
7. Consensual Relationships Between University Employees and Students

CRITICAL THINKING SUMMARY

Student \_\_\_\_\_ Client Dx \_\_\_\_\_ Age \_\_\_\_ Allergies  
\_\_\_\_\_

The MEDICAL DIAGNOSIS that brought the client to the hospital is:

*PATHOPHYSIOLOGY of diagnosed disease: (From text)*

SYMPTOMS typically seen with this diagnosis include (as identified in your text):

CLIENTS' SYMPTOMS of the diagnosed disease include:

NUTRITIONAL ASSESSMENT:

Height (actual or estimated) \_\_\_\_\_ Weight (actual or estimated) \_\_\_\_\_

Estimate Ideal Body Weight (Male: 105lb + 6 lb/inch > 5'. Female: 100lb + 5lb/inch > 5')

\_\_\_\_\_

Does this client have characteristics of a well-nourished person? Yes \_\_\_\_\_ No \_\_\_\_\_

Explain your answer.

PSYCHOSOCIAL STAGE OF DEVELOPMENT

What is the client's developmental stage?

Has he/she met the necessary accomplishments? Yes \_\_\_\_\_ No \_\_\_\_\_

Explain

How is this illness affecting the client's ability to meet these necessary accomplishments?

STRESS MANAGEMENT: Identify coping mechanisms used by this client during stress.

#### NURSING DIAGNOSIS/OBJECTIVES/INTERVENTIONS

Indicate below the 2 priority nursing diagnosis that are most relevant for your client.

#1 NURSING DIAGNOSIS (problem r/t)

*DEFINING CHARACTERISTICS (S/S) that support this diagnosis:*

OBJECTIVE/CLIENT OUTCOME for this diagnosis:

NURSING INTERVENTIONS that will assist the client to resolve the above identified diagnosis:

- 1.
- 2.
- 3.

#2 NURSING DIAGNOSIS (problem r/t)

*DEFINING CHARACTERISTICS (S/S) that support this diagnosis:*

OBJECTIVE/CLIENT OUTCOME for this diagnosis:

NURSING INTERVENTIONS that will assist the client to resolve the above identified diagnosis:

- 1.
- 2.
- 3.

**COMPLICATIONS:**

If this client's condition were to worsen, what would be the most likely reason and why?

How would you know this is happening?

What will you do if this happens?

**EVALUATION:**

Was the patient able to achieve the objectives identified on the first clinical day? yes no  
n/o

If no, list new objectives.

Did you choose the appropriate nursing diagnosis on the first clinical day? yes no

If no, list nursing diagnosis that would have been more appropriate.

Were the interventions appropriate? yes no n/o

If no, list more appropriate interventions.

**PHYSICIAN PRESCRIBED MEDICATIONS AND INTERVENTIONS**

<b>MEDS/IV'S/TX/DIET</b> (Include dose, route, frequency)	<b>REASON PRESCRIBED</b> (Drug Classification What is it treating?)	<b>NURSING IMPLICATIONS FROM TEXT</b> (Checking for adverse reactions, preparation & administration concerns)	<b>PATIENT DATA FROM YOUR ASSESSMENT</b> (What data is important to know before & after giving)

*Analysis of Diagnostic Tests*

DIRECTIONS:

1. List all diagnostic and laboratory tests pertinent to the patient's medical diagnosis or medical treatments (i.e. medications) and provide the patient values for each test. Explain why they are pertinent for this patient.
2. List any screening diagnostic and laboratory tests that are not within normal limits. Explain why these tests are increased or decreased in relation to your patient's medical condition.

Diagnostic/Lab Test	Patient Values	Analysis of Values



Ferris State University  
NURS 352  
*Clinical Course Evaluation*

The course evaluation tool addresses all objectives for the course. Clinical behaviors are listed under each objective.

#### Self Evaluation Tool

1. Each student is required to evaluate their performance weekly beginning the second week of class (after orientation) and submit it to their clinical instructor.
  - a) Students are to give specific examples of how they met each objective for that week and rationales for their behaviors.
  - b) Clinical instructors will score the student's performance from 1-5
  - c) Students will receive an academic probation if an average of 2 is not obtained on all objectives at the formative evaluation.
  - d) An average of 3 on all objectives must be obtained for the last half of the semester at the summative evaluation.
  - e) Unexcused clinical or lab absences will receive a score of zero for each objective for that day.

#### Grading Key

5 = Safe, effective, affective, accurate, consistent client care. Consistently uses NIC and NOC for client care. Uses appropriate resources.

4 = Accurate, effective, affective client care with occasional supporting cues. Maintains client focus. Independently reviews skills in lab when needed. Demonstrates understanding of NIC and NOC for client care.

3 = Effective, safe, affective majority of time, needs occasional directive & supportive cues, self-corrects. Demonstrates beginning understanding of NIC and NOC for client care.

2 = Needs continuous verbal & frequent physical cues to maintain safe, effective, affective care.

1 = Unsafe, inefficient, needs continuous verbal & physical cues, instructor performs behaviors.

N/O = No opportunity: Unable to demonstrate behavior due to lack of opportunity. Student must have demonstrated initiative in seeking out opportunity.

#### Critical Behaviors

The following are behaviors that constitute clinical failure.

1. Does not recognize unsafe behaviors when providing nursing care.
2. Unable to problem solve satisfactorily for level of education.
3. Violates the ANA Code for Nurses or Ferris Student Code of Ethics.
4. Does not achieve an average of 3 on each course objective for the last half of the semester.

#### Definition of Terms:

1. Unsafe: Behaviors that could potentially harm the patient, self, or another
2. Effective: Produces a decided, decisive, or desired effect.
3. Affective: Ability to incorporate cultural, attitudinal, and emotional elements into nursing.
4. Cues: Instructor assistance, direction
5. Supportive: Encouraging and reinforcing. ("That's right", "Keep going")
6. Directive: Verbal or physical assistance that indicates what to do or say next or corrects an ongoing activity.
7. Inefficient: Wasteful of time and/or energy that results in a low quality of patient care.
8. Appropriate Resources: PDAs, texts, staff nurses, pharmacists, physicians

#### Formative evaluation:

The process of ongoing collection and sharing of information about a student's performance throughout the greater portion of the course. The purpose of this evaluation is to help the student improve his or her clinical performance in a goal-oriented and problem-solving manner. Both the faculty member and the student contribute to the data in order to determine those clinical behaviors that are being achieved and those that are not being achieved. The faculty member will provide feedback to the student concerning his or her performance every week. At mid-course a formal discussion will occur between the student and the faculty member to identify and build on strengths as well as to identify areas for growth. If there are some clinical skills the student is not achieving, a Referral Form to Develop Skills will be developed. A score of zero will be given when the student is absent.

#### Summative evaluation:

The process of assigning a final grade of satisfactory in the course based on the student receiving an average of 3 for each course objective for the last half of the semester. Failure to obtain an average of 3 for each objective constitutes a clinical failure.

STUDENT \_\_\_\_\_ FACULTY \_\_\_\_\_ WEEK \_\_\_\_\_

1. Demonstrate the ability to coordinate care in various clinical situations across the lifespan.

Behaviors: Identifies common nursing care needs of clients and adapts procedures to meet client needs, requests help as appropriate and reports data outside normal parameters, provides organized nursing care to multiple clients, applies critical thinking skills used by nurses in structured health care settings, applies the elements of reasoning as a framework for critical reflection of nursing experiences.

Student Comments	Faculty Comment	Score

2. Provides care to clients across the life span in accordance with best practices

Behaviors: Uses best practices when performing technical skills, identifies use of NIC and NOC in community and clinical setting.

Student Comments	Faculty Comment	Score

3. Selects appropriate nursing research findings to apply to clinical practice across the life span.

Behaviors: Critical Thinking Summary reflects an understanding of NIC and NOC, selects appropriate nursing diagnosis, outcomes, and interventions, accurately evaluates outcomes and revises plan appropriately.

Student Comments	Faculty Comment	Score

4. Demonstrates critical thinking in clinical practice with appropriate clinical judgments.

Behaviors: Applies critical thinking skills used by nurses in health care settings, applies the elements of reasoning as a framework for critical reflection of nursing experiences, clinical judgments reflect evidence of critical thinking.

Student Comments	Faculty Comment	Score

### Weekly Goals Report

Goals must be well thought-out and appropriate for clinical site and clinical course. To meet goals student should provide evidence of having:

- Used appropriate resources
- Identified own learning needs
- Sought out new learning experiences

My goals for next week are:

How I met my goals from last week:

Insights gained

*FORMATIVE EVALUATION SUMMARY*  
Complete Week 3 of M/S Rotation  
NURS 352

Name: \_\_\_\_\_

Clinical Rotations: \_\_\_\_\_

Clinical Instructor(s): \_\_\_\_\_

Total # days absent: \_\_\_\_\_ # Days Tardy or Left Early: \_\_\_\_\_ # of Cancelled Clinics \_\_\_\_\_

Student Strengths:

Growth Potential:

FORMATIVE EVALUATION GRADE: \_\_\_\_\_ PASSING \_\_\_\_\_ PROBATION  
\_\_\_\_\_ FAILING

INSTRUCTOR RECOMMENDATIONS FOR PROBATION OR FAILING GRADE:

STUDENT COMMENTS (OPTIONAL):

\_\_\_\_\_  
INSTRUCTOR SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE

Forward original to Arlene Morton for the student records

SUMMATIVE EVALUATION SUMMARY  
(Complete at the end of M/S rotation)  
NURS 352

Name: \_\_\_\_\_

Clinical Rotations: \_\_\_\_\_

Clinical Instructor(s): \_\_\_\_\_

Total # days absent: \_\_\_\_\_ # Days Tardy or Left Early: \_\_\_\_\_ # of Cancelled Clinics \_\_\_\_\_

Student Strengths:

Growth Potential:

FORMATIVE EVALUATION GRADE: \_\_\_\_\_ PASSING \_\_\_\_\_ PROBATION  
\_\_\_\_\_ FAILING

INSTRUCTOR RECOMMENDATIONS FOR PROBATION OR FAILING GRADE:

STUDENT COMMENTS (OPTIONAL):

\_\_\_\_\_  
INSTRUCTOR SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE

Forward original to Arlene Morton for the student records

Ferris State University  
Bachelor Degree Nursing Students: Pediatric Rotation  
Clinical Preceptor evaluation Form

Student Name: \_\_\_\_\_

This form needs to be completed and turned in to the course coordinator (Arlene Morton) in order to receive credit for the rotation.

Attendance:

Week 1: \_\_\_\_\_ Dates: \_\_\_\_\_ Preceptor: \_\_\_\_\_

Week 2: \_\_\_\_\_ Dates: \_\_\_\_\_ Preceptor: \_\_\_\_\_

1. The student was professional as demonstrated by being punctual, dressed appropriate, prepared, appropriate interpersonal skills and behavior with staff, pts, families and peers, participated and sought experiences.

Week 1: S \_\_\_\_ N \_\_\_\_ U \_\_\_\_ Comments: \_\_\_\_\_

Week 2: S \_\_\_\_ N \_\_\_\_ U \_\_\_\_ Comments: \_\_\_\_\_

2. The student exhibits ability to communicate properly with staff, follows directions, and asks knowledgeable questions.

Week 1: S \_\_\_\_ N \_\_\_\_ U \_\_\_\_ Comments: \_\_\_\_\_

Week 2: S \_\_\_\_ N \_\_\_\_ U \_\_\_\_ Comments: \_\_\_\_\_

3. The student adhered to the agency's policies, protocols, procedures, and routines.

Week 1: S \_\_\_\_ N \_\_\_\_ U \_\_\_\_ Comments: \_\_\_\_\_

Week 2: S \_\_\_\_ N \_\_\_\_ U \_\_\_\_ Comments: \_\_\_\_\_

4. The student participated actively and appropriately in a non-judgmental, safe, and ethical manner.

Week 1: S \_\_\_\_ N \_\_\_\_ U \_\_\_\_ Comments: \_\_\_\_\_

Week 2: S \_\_\_\_ N \_\_\_\_ U \_\_\_\_ Comments: \_\_\_\_\_

Criteria for evaluation of clinical levels.

Satisfactory (S) characteristics include: confident, organized, prepared, performs consistently, effective communication, follows directions and practices in a safe manner within limits of ability, scope of practice and under direction of the nurse.

Unsatisfactory (U) characteristics include: unsafe, unprepared, unorganized, inappropriate and inconsistent performance, ineffective, unorganized, overly anxious, poor communication, late arrival or leaves early, inadequately utilizes resources, does not practice or understand boundaries.

Needs Improvement (N) characteristics include the need to improve on any characteristic listed in the satisfactory range. Student is functioning in a safe manner but needs to focus on development of identified area.



Ferris State University  
Bachelor Degree Nursing Students: Home Care  
Clinical Preceptor evaluation Form

Student Name: \_\_\_\_\_

This form needs to be completed and turned in to the course coordinator (Arlene Morton) in order to receive credit for the rotation.

Attendance:

Week 1: \_\_\_\_\_ Dates: \_\_\_\_\_ Preceptor: \_\_\_\_\_

Week 2: \_\_\_\_\_ Dates: \_\_\_\_\_ Preceptor: \_\_\_\_\_

Week 3: \_\_\_\_\_ Dates: \_\_\_\_\_ Preceptor: \_\_\_\_\_

1. The student was professional as demonstrated by being punctual, dressed appropriate, prepared, appropriate interpersonal skills and behavior with staff, pts, families and peers, participated and sought experiences.

Week 1: S \_\_\_\_ N \_\_\_\_ U \_\_\_\_ Comments: \_\_\_\_\_

Week 2: S \_\_\_\_ N \_\_\_\_ U \_\_\_\_ Comments: \_\_\_\_\_

Week 3: S \_\_\_\_ N \_\_\_\_ U \_\_\_\_ Comments: \_\_\_\_\_

2. The student exhibits ability to communicate properly with staff, follows directions, and asks knowledgeable questions.

Week 1: S \_\_\_\_ N \_\_\_\_ U \_\_\_\_ Comments: \_\_\_\_\_

Week 2: S \_\_\_\_ N \_\_\_\_ U \_\_\_\_ Comments: \_\_\_\_\_

Week 3: S \_\_\_\_ N \_\_\_\_ U \_\_\_\_ Comments: \_\_\_\_\_

3. The student adhered to the agency's policies, protocols, procedures, and routines.

Week 1: S \_\_\_\_ N \_\_\_\_ U \_\_\_\_ Comments: \_\_\_\_\_

Week 2: S \_\_\_\_ N \_\_\_\_ U \_\_\_\_ Comments: \_\_\_\_\_

Week 3: S \_\_\_\_ N \_\_\_\_ U \_\_\_\_ Comments: \_\_\_\_\_

4. The student participated actively and appropriately in a non-judgmental, safe, and ethical manner.

Week 1: S \_\_\_\_ N \_\_\_\_\_ U \_\_\_\_ Comments: \_\_\_\_\_

Week 2: S \_\_\_\_ N \_\_\_\_\_ U \_\_\_\_ Comments: \_\_\_\_\_

Week 3: S \_\_\_\_ N \_\_\_\_\_ U \_\_\_\_ Comments: \_\_\_\_\_

Criteria for evaluation of clinical levels.

Satisfactory (S) characteristics include: confident, organized, prepared, performs consistently, effective communication, follows directions and practices in a safe manner within limits of ability, scope of practice and under direction of the nurse.

Unsatisfactory (U) characteristics include: unsafe, unprepared, unorganized, inappropriate and inconsistent performance, ineffective, unorganized, overly anxious, poor communication, late arrival or leaves early, inadequately utilizes resources, does not practice or understand boundaries.

Needs Improvement (N) characteristics include the need to improve on any characteristic listed in the satisfactory range. Student is functioning in a safe manner but needs to focus on development of identified area.

School of Nursing Course Assessment Form

Course: NURS 352 Section: 301, 302, 303, 304 Semester: Spring 09 Instructor: Arlene Morton

Course Learning Outcome	Assessment Method	Criterion for Success	Results
Demonstrates the ability to coordinate care in various clinical situations across the lifespan. (nursing role development)	Clinical evaluation tool	90 % will obtain an average of 3 on objectives 1, 2, 4	
	Simulation activities	90% will achieve 75% on Case Studies. 90% will actively participate in SimMan exercises	
Provides care to clients across the life span in accordance with best practices. (theory & evidence base for practice)	Clinical evaluation tool	90 % will obtain an average of 3 on objectives 2, 3	
	Simulation activities	90% will achieve 75% on Case Studies. 90% will actively participate in SimMan exercises	
Demonstrates an understanding of care of aggregates and communities. (context for nursing care)	Home Care Discussion	90% will meet criteria for passing grade (clear, well thought out posting using appropriate grammar & spelling; including 2 responses	
Selects appropriate nursing research findings to apply to clinical practice across the life span. (research)	Clinical evaluation tool	90 % will obtain an average of 3 on objectives 3	
	Simulation activities	90% will achieve 75% on Case Studies. 90% will actively participate in SimMan exercises	
Demonstrates critical thinking in clinical practice with appropriate clinical judgments. (cognitive growth)	Clinical evaluation tool	90 % will obtain an average of 3 on objectives 4	
	Simulation activities	90% will achieve 75% on Case Studies. 90% will actively participate in SimMan exercises	
Demonstrates commitment to selected group in implementation of community project using best practices. (advancement of the profession)	Service learning project	90% will have successfully completed 30 contact hours	

FERRIS STATE UNIVERSITY  
BSN PROGRAM

Date: \_\_\_\_\_

I have read the Course Syllabus for NURS 241 and the instructor presented the syllabus material with opportunities to ask questions. I understand what is expected of me in order to successfully complete this course.

Print Student's Name: \_\_\_\_\_

Student's Signature: \_\_\_\_\_

Statement of Confidentiality

I, \_\_\_\_\_, understand that it is normal & to be expected that I will come into deliberate (or inadvertent) possession of patient, facility, or departmental information that must be regarded as confidential. This information may be of financial, personal, or medical nature. I am aware of the serious nature of violating such confidentiality. I recognize and appreciate the serious nature of the privilege I have been accorded in having access to such information. I will hold this information in strictest confidence. Breaks in confidentiality could result in discipline that may include dismissal from the program.

FERRIS STATE UNIVERSITY  
 COLLEGE OF ALLIED HEALTH SCIENCES  
 SCHOOL OF NURSING  
 Accelerated Nursing Theory 3 NURS 441  
 Fall 2008

**COURSE DESCRIPTION:**

Introduction to theoretical concepts related to the nursing care of clients experiencing a variety of health states across the lifespan. These concepts will include health promotion and disease prevention related to the psychiatric disorders and neurologic and musculoskeletal systems.

Credit Hours: 4 (4+0)

Pre-requisites: Completed all first and second level nursing courses

Corequisites: NURS 440 and 442

**INSTRUCTORS:**

Name: Arlene Morton MSN, RN Campus Address: VFS 304 Phone : 2293 E-mail address: <a href="mailto:mortona@ferris.edu">mortona@ferris.edu</a> Office hours: TBA	Name: Sharon Colley MSN, RN Campus Address: VFS 306 Phone: 2288 Email: <a href="mailto:colleys@ferris.edu">colleys@ferris.edu</a> Office Hours: TBA
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**COURSE SCHEDULE:**

Lecture:

2-4-hour class periods per week

**REQUIRED COURSE MATERIALS:**

Lewis, D.M., Heitkemper, M.M., Dirksen, S.R. (2007).

Medical Surgical Nursing: Assessment and Management of Clinical Problems (7<sup>th</sup> ed.).  
 St. Louis: Mosby.

Silvestri, L.A., Comprehensive Review for NCLEX-RN, (3<sup>rd</sup> ed.), Philadelphia:  
 Saunders

Videbeck, (2006). Psychiatric Mental Health (3<sup>rd</sup> ed.), Lippincott.

Course Materials

All other textbooks required for prior nursing courses.

**EVALUATION:**

A minimum grade of “C” (75%) is required to progress to the next nursing course

**DIDACTIC:**

Immediate Mastery Quizzes	15%
In Class Group Work/Participation	10%
2 Exams	40%
Comprehensive Final	30%
6 LSRN exams average score	5%

#### DEPARTMENTAL GRADING SCALE

A	=	95 – 100	C-	=	72 - 74
A-	=	92 - 94	D+	=	69 – 71
B+	=	89 – 91	D	=	65 – 68
B	=	85 – 88	D-	=	62 – 64
B-	=	82 - 84	F	=	<62
C+	=	79 – 81			
C	=	75 - 78			

#### COURSE OBJECTIVES:

1. Analyzes collaborative leadership roles in the provision, delegation, and supervision of nursing care of clients experiencing selected psychiatric and medical disorders. (nursing role development)
2. Integrates theory and evidence-based knowledge to formulate nursing care for clients towards the goals of health promotion, health maintenance, and disease prevention. (theory & evidence base for practice)
3. Formulates a plan of coordinated care for diverse populations across the lifespan who have a variety of health states. (context for nursing care)
4. Analyzes current research for application to nursing practice. (research)
5. Develops critical thinking and ethical clinical judgment that is reflected in a formulated safe standard of care. (cognitive growth)
6. Formulates a commitment to the advancement of the nursing profession through dissemination of nursing knowledge to peers about quality care for a variety of health states. (advancement of the profession)

#### UNIT OBJECTIVES:

Nursing Care of Clients with Psychiatric Disorders: Weeks 1-4
Nursing Care of Clients with Chronic Neurologic System Disorders: Weeks 5-7
Nursing Care of Clients with Musculoskeletal Disorders: Week 8

Quiz/Exam Make-up: Quizzes are immediate mastery so will be given at the beginning of class and cannot be made-up if absent. To be successful at the quizzes/exams it is important that the student prepare before class. If a student is absent for an exam due to illness, the instructor must be notified before the exam and make-up will be at the discretion of the instructor. Exams taken late will receive a 10 point deduction in the grade per day.

Test Taking Rules: Students may not leave their seats until they have completed the exam. Only a calculator will be permitted on the desk while taking the exam.

Twenty four hours after taking an exam or quiz, the instructor will consider a student's challenge to a question. The student must provide evidence (Textbook page, scholarly resource, class handouts, etc) that their answer choice was correct. Students will receive a reply to their challenge at the next class period.

Collaborative testing: 60 minutes will be allotted for each student to take the exam individually, handing in an individual scantron. 20 minutes will be allotted for randomly assigned groups to collaboratively take the exam and produce a group scantron. For group scores of 95-100%, those members will be awarded a 1 question addition to their individual test score. For group scores of 92-94%, those members will be awarded a ½ question credit addition to their individual scores. Collaborative testing will not take place during the final exam.

Meds Publishing, LSRN Exams: Students will be assessed a \$70 fee per semester in order to take the online exams. This fee will cover the cost of an online NCLEX review course. You will need to use the same user ID and the same password as last semester. You will be allowed to do the practice exam until one week before the due date. The Assessment exam will be available one week before the due date, can be taken only once and will be the grade recorded.

#### CLASS STRUCTURE: STUDENT RESPONSIBILITY

Preparation for class: Each student is to review the course materials for that class and read those sections in the text. The student should be prepared to ask questions in class to further understand the information in the class content outline.

In class: The instructor will review the content and answer any student questions. Students will work in study groups to critically think about a specific case study, and determine appropriate nursing actions. Class discussion will follow.

#### Classroom Etiquette

We encourage students to actively participate in classroom discussions, group activities, and other learning opportunities. Students who text message, leave their cell phones on, participate in “side-bar” discussions, sleep, etc. disrupt the learning environment and will be asked to leave the class.

Student Nursing Course Evaluation: This evaluation form will be provided. Students are required to complete this form at the end of the course as directed by the instructor.

### TENTATIVE SCHEDULE

\*The instructor for this course reserves the right to change, at any time, the schedule of assignments, required material to be completed and/or read, dates assignments are due, and other course student responsibilities with the issuance of a notice with the effected changes and date of implementation.

Week	Day	Content	Assignment	Day	Content	Assignment
1	9/1	LABOR DAY HOLIDAY	NONE	9/2	Introduction to Psychiatric Nursing Foundation of PMHN Treatment Settings & Therapeutic Programs Neurobiological Theories Preparation for clinical Overview of Psychopharmacology Psychosocial Theories	Psych Chapter 1, 2, 3, & 4
2	9/8	Therapeutic Communication Client's Response to Illness Assessment Anxiety	Psych Chapters 5, 6, 7, 8, & 13	9/9	Somatoform Disorders Grief and Loss Mood Disorders Suicide	Psych Chapter 12, 15, & 19 LSRN Psych 1
3	9/15	Schizophrenia Personality Disorders	Psych Chapters 14 & 16	9/16	Eating Disorders Substance Abuse	Psych Chapters 17 & 18
4	9/22	Child/Adolescent Disorders Anger/Hostility & Aggression Abuse & Violence	Psych Chapters 10, 11, & 20	9/23	Cognitive/Geriatric Issues	Psych Chapter 21 TEST 1 over content to date LSRN Psych 2 & 3
5	9/29	Acute Intracranial Problems	M/S Chapter 57 Peds page 1496-1500, 1512-1514, 1522-1529	9/30	Chronic Neurologic Problems Peds page 1500-1512, 1517-1522	M/S Chapter 59
6	10/6	Peripheral Nerve & Spinal Cord Problems	M/S Chapter 61 Peds page 1514-1517	10/7	Exam 2 LSRN M/S Exam 10 Neurological	
7	10/13	Patient with Stroke	M/S Chapter 58	10/14	Musculoskeletal Disorders	M/S Chapter 63-64 Peds Chapter 50
8	10/20	Arthritis & Connective Tissue Disorders	M/S Chapter 65 LSRN Psych 4- Comp LSRN M/S Exam 9 (Musculoskeletal)	10/21	Comprehensive Final	



## ATTENDANCE:

Ferris State University nursing students are expected to attend all classroom and clinical/lab learning experiences. Clinical performance is the application of theoretical information to practice. Clinical experiences are dependent on the census on any given day and are not always guaranteed. For this reason the student needs to be present to take advantage of as many experiences as possible. Absences and/or tardies from either class or clinical/lab may result in a lowered grade and thus may jeopardize one's progression in the program. It is the student's responsibility to meet with their advisor prior to registration or as soon as possible if there is a conflict foreseen, i.e.; athletics to determine a schedule that minimizes absences.

In the event that a student must miss a clinical/lab experience for an acceptable reason such as but not limited to:

1. a sanctioned game in which a student athlete needs to participate
2. a death in the family/or a close personal relation
3. hospitalization or illness verified with a health care provider excuse.
4. subpoenaed to testify in a court case or jury duty

the professor will consider these excused absences and will work with the student to provide an alternative learning experience so the student can meet course objectives. Verification by the professor of all excused absences is necessary. The professor will deal with all other absences on an individual basis. Three (3) tardies in clinical equal one (1) absence.

*It is the consensus of the nursing faculty that a student must fulfill a minimum of 90% of clinical attendance requirements to be adequately evaluated for success in meeting course objectives. It may not be possible for some students to demonstrate success in less than 100% of the clinical time.*

## GENERAL POLICIES:

### *Classroom Rights and Responsibilities:*

*As a student at Ferris, you have a right to:*

1. Be treated as an adult
2. Be treated with respect
3. Know the instructor's expectations for you in the class
4. Know the grading scale
5. Obtain a written syllabus
6. Know all class policies (attendance, etc.)
7. Know the instructor's office hours
8. Know all safety procedures (if applicable)

As a student at Ferris, your responsibilities include:

Attending class on a regular basis according to the requirements set forth in the instructor's course materials

1. Being on time for class
2. Being prepared for class
3. Using appropriate language in class
4. Taking responsibility for your own learning
5. Adhering to the academic honesty policies
6. Respecting all points of view, and everyone's rights and feelings

Classroom Etiquette: Students are expected to be attentive and engaged in classroom activities. Cell phones, pagers, "side bar" talking, or sleeping are unacceptable in the classroom. Please read the Disruptive Behavior Policy below from Student Handbook.

### Disruptive Behavior Policy Statement

The College of Allied Health Sciences strives to maintain a positive learning environment and educational opportunity for all students. Consequently, patterns of behavior which obstruct or disrupt the learning environment of the classroom or other educational facilities will be addressed.

1. The instructor is in charge of the course. This includes assignments, due dates, methods and standards of grading, and policies regarding attendance, tardiness, late assignments, outside conferences, etc.
2. The instructor is in charge of the classroom. This includes the times and extent to which they allow questions or discussion, the level of respect with which they and other students are to be treated, and the specific behaviors they will allow within their classes. Open discussion of an honest opinion about the subject of a course is encouraged, but the manner in which the class is conducted is a decision of the instructor.
3. An instructor is entitled to maintain order in his/her class and has an obligation to other students to do so. Toward that end, an instructor is authorized and expected to inform a student that his/her behavior is disrupting a class and to instruct the student to stop that behavior. If the student persists, the instructor is authorized to direct the student to leave the class. If the student fails to comply with a directive to leave the class, the instructor may call Public Safety to assist with the student's removal.
4. If a student persists in a pattern of recurrent disruptive behavior, then the student may be subject to administrative action up to and including an involuntary withdrawal from the course, following administrative review by the Allied Health Sciences Dean's Office, and/or University disciplinary proceedings.
5. Disruptive behavior cannot be sanctioned by a lowered course grade (e.g., from a B to a C) except insofar as quality of classroom participation has been incorporated into the instructor's grading policy for all students. (Note: Academic misconduct, which is covered by other regulations, can be a legitimate basis for lowering a grade or failing the student.)
6. Students as well as employees are bound by the University's policy against harassment in any form. Harassment will not be tolerated.
7. The office of the student's dean will be notified of any serious pattern or instance of disruptive behavior.

## Honesty Policy

The purposes of this policy are to encourage a mature attitude toward learning to establish a sound academic morale, and to discourage illegitimate aid in examinations, laboratory, and homework. Cheating is defined as using or attempting to use, giving or attempting to give, obtaining or attempting to attain, products or prepared materials, information relative to a quiz or examination or other work that a student is expected to do alone and not in collaboration with others. Plagiarism (copying) of themes or other written work shall also be considered an infraction. Students are required to present the results of their own work except under circumstances in which the instructor may have requested or approved the joint effort of a number of students. The penalty for the first offense of willful cheating consists of the student receiving a zero for the assignment in which the infraction occurs. However, cheating on quizzes or examinations means failure in the course. The student may appeal the decision to the Disciplinary Committee. Further offenses may result in suspension or dismissal from the University.

Refer to Student Handbook for information on:

1. Religious Holidays
2. Disabilities Services
3. Student Dignity
4. Racial Harassment
5. Sexual Harassment
6. Harassment Concerns
7. Consensual Relationships Between University Employees and Students

### FERRIS STATE UNIVERSITY BSN PROGRAM

Date: \_\_\_\_\_

I have read the Course Syllabus for NURS 441 and the instructor presented the syllabus material with opportunities to ask questions. I understand what is expected of me in order to successfully complete this course.

Print Student's Name: \_\_\_\_\_

Student's Signature: \_\_\_\_\_

FERRIS STATE UNIVERSITY  
COLLEGE OF ALLIED HEALTH SCIENCES  
SCHOOL OF NURSING  
Nursing Theory 4 NURS 451  
ACCELERATED Fall 2008

**COURSE DESCRIPTION:**

Introduction to theoretical concepts related to the nursing care of clients experiencing a variety of health states across the lifespan. These concepts will include health promotion and disease prevention related to multisystem failure, altered immune responses, cancer, integumentary system and emergency care situations.

Credit Hours: 4 (4+0)

Pre-requisites: Completed all first and second level nursing courses, NURS 440, 441, 442

Corequisites: NURS 450 and 452

**INSTRUCTOR:**

Name: Lisa Singleterry RN, BSN, MSN

Campus Address: VFS 308

Office extension Phone; 3943

E-mail address [singlel@ferris.edu](mailto:singlel@ferris.edu)

Office hours: TBD

**COURSE SCHEDULE:**

Monday 1200-1350 case studies: independent learning  
1400-1550 exam or case review  
Tuesday 1200-1550 case review/class

**REQUIRED COURSE MATERIALS:**

Course pack

Lewis, D.M., Heitkemper, M.M., Dirksen, S.R. (2007). Medical Surgical Nursing: Assessment and Management of Clinical Problems (7<sup>th</sup> ed.). St. Louis: Mosby.

Silvestri, L.A., Comprehensive Review for NCLEX-RN, (3<sup>rd</sup> ed.), Philadelphia: Saunders

Course Materials

All other textbooks required for prior nursing courses.

**EVALUATION:**

A minimum grade of "C" (75%) is required to pass this course

DIDACTIC: 3 cumulative Exams 65%  
10 LSRN exams average score 10%  
Participation (Worksheets, Case studies, VT + pop quizzes) 25%

**DEPARTMENTAL GRADING SCALE**

A	=	95 – 100	C-	=	72 - 74
A-	=	92 - 94	D+	=	69 – 71
B+	=	89 – 91	D	=	65 – 68
B	=	85 – 88	D-	=	62 – 64
B-	=	82 - 84	F	=	<62
C+	=	79 – 81			
C	=	75 - 78			

NURS 451 Tentative schedule

Date	Week	Content /assignments	Reading	LSRN (10%)
10/27	1	Introduction Critical care	Lewis Section 12; +chapter 11	Immune system
10/28		Worksheet		Dermatologic
11/3	2	Respiratory failure		Disaster planning
11/4		Shock/SIRS/MODS Worksheet		Sensory
11/10*	3	Preparedness Packet-handed out		Genitourinary
11/11		Exam #1 (20%) Speaker	Lewis Section 9	Oncology
11/17	4	Urinary system VT-NKF		Comprehensive pharmacology
11/18		Case study		Comprehensive Med-Surg
11/24*	5	Exam #2 (15%)		Final #1
11/25		HESI		Final #2
12/1*	6	Burns /Visual/ auditory/skin	Lewis Section 4;	Final # 3
12/2		Case study VT-BURNS		Final #4
12/8*	7	Cancer/immunity/HIV	+chapters 15 &16	
12/9		Worksheet on article due Review		
12/15		Final (exam #3-30%) date TBA		

COURSE OBJECTIVES:

1. Analyzes collaborative leadership roles in the provision, delegation, and supervision of nursing care of clients experiencing selected medical disorders. (nursing role development)
2. Synthesizes theory and evidence-based knowledge to formulate nursing care for clients towards the goals of health promotion, health maintenance, and disease prevention. (theory & evidence base for practice)
3. Formulates a plan of coordinated care for diverse populations across the lifespan who have a variety of health states. (context for nursing care)
4. Analyzes current research for application to nursing practice. (research)
5. Demonstrates critical thinking and ethical clinical judgment that is reflected in a formulated safe standard of care. (cognitive growth)
6. Demonstrates a commitment to the advancement of the nursing profession through dissemination of nursing knowledge to peers about quality care for a variety of health states. (advancement of the profession)

Quiz/Exam/case study Make-up: No quiz or case study assignment may be made-up. Quizzes may be given anytime during the class period. If a student is absent for an exam a 26% grade reduction will automatically occur to the make-up exam. A make-up exam will be considered ONLY for accepted absence reasons outlined below.

Test Taking Rules: No student questions will be answered during the test. Students may not leave their seats until they have completed the exam.

Twenty four hours after taking an exam or quiz, the instructor will consider a student's challenge to a question. The student must provide evidence (Textbook page, scholarly resource, class handouts, etc) that their answer choice was correct. Challenges will be accepted up to one week after the exam or quiz is taken. Use the student test item protest form available in FerrisConnect.

Collaborative testing may be an option: 60 minutes will be allotted for each student to take the exam individually, handing in an individual scantron. 30 minutes will be allotted for randomly assigned groups to collaboratively take the exam and produce a group scantron. Multiple answer and fill in the blank questions, that are hand-graded, will not be part of collaborative testing. For group scores of 95-100%, those members will be awarded a 1 question addition to their individual test score. For group scores of 92-94%, those members will be awarded a ½ question credit addition to their individual scores. Collaborative testing will not take place during the final exam.

Health Education Systems Exit Exam (HESI): \$35 per exam. This fee will be added to your tuition bill. Students who do not achieve a score of 850, which is predictive of NCLEX success, will receive an incomplete in NURS 451 until they attend a NCLEX review course and bring proof of attendance to the instructor

Meds Publishing, LSRN Exams (10%): Students will be assessed a \$70 fee per semester in order to take the online exams. This fee will cover the cost of a NCLEX review course after graduation. You will need to use the same user ID and the same password as last semester. The comprehensive and final Assessment exams can be taken only once and will be the grade recorded. You will receive "zero" points if you do not complete all exams by the due date (only excuses that fall under the excused absence policy, outlined below, will be considered; notice computer problems are not listed as an excused absence: PLAN AHEAD).

Average is 70% or higher = 10/10%

Average is < 70% on all tests (weighted 12/12) for a percentage out of 70.

Access code: twig612bake198	
Med-Surg immune system (2 attempts-best)	
Med-Surg dermatological (2 attempts-best)	
Disaster planning 1 (2 attempts-best)	
Med-Surg Sensory (2 attempts-best)	
Med-Surg Genitourinary (2 attempts-best)	
Med-Surg oncology (2 attempts-best)	
Comprehensive Exam Pharmacology (1-attempt)	
Comprehensive exam M/S (1 attempt)	
NCLEX Final 1 (1 attempt)	
NCLEX Final 2 (1 attempt)	
NCLEX Final 3 (1 attempt)	
NCLEX Final 4 (1 attempt) *if available	

All tests will be open starting October 27<sup>th</sup>. They are open until December 12 (the deadline).

### CLASS STRUCTURE: STUDENT CENTERED LEARNING

Preparation for class: Each student is to review the course materials for that week and read those sections in the text. The student should be prepared to ask questions in class to further understand the information in the class content outline.

In class: The instructor will review the content and collaborate to answer student questions. Students will work in study groups to critically think about a specific case study, and determine appropriate nursing actions. Class discussion will follow.

Student Nursing Course Evaluation: This evaluation form will be provided. Students are required to complete this form at the end of the course as directed by the instructor.

### ATTENDANCE:

Ferris State University nursing students are expected to attend all classroom and clinical/lab learning experiences. Clinical performance is the application of theoretical information to practice. Clinical experiences are dependent on the census on any given day and are not always guaranteed. For this reason the student needs to be present to take advantage of as many experiences as possible. Absences and/or tardies from either class or clinical/lab may result in a lowered grade and thus may jeopardize one's progression in the program. It is the student's responsibility to meet with their advisor prior to registration or as soon as possible if there is a conflict foreseen, i.e. athletics, to determine a schedule that minimizes absences.

In the event that a student must miss a clinical/lab experience for an acceptable reason such as but not limited to:

1. a sanctioned game in which a student athlete needs to participate
2. a death in the family/or a close personal relation
3. hospitalization or illness verified with a health care provider excuse.
4. subpoenaed to testify in a court case or jury duty

The professor will consider these excused absences and will work with the student to provide an alternative learning experience so the student can meet course objectives. Verification by the professor of all excused absences is necessary. The professor will deal with all other absences on an individual basis. Three (3) tardies in clinical equal one (1) absence.

*It is the consensus of the nursing faculty that a student must fulfill a minimum of 90% of clinical attendance requirements to be adequately evaluated for success in meeting course objectives. It may not be possible for some students to demonstrate success in less than 100% of the clinical time.*



## GENERAL POLICIES:

### *Classroom Rights and Responsibilities:*

*As a student at Ferris, you have a right to:*

1. Be treated as an adult
2. Be treated with respect
3. Know the instructor's expectations for you in the class
4. Know the grading scale
5. Obtain a written syllabus
6. Know all class policies (attendance, etc.)
7. Know the instructor's office hours
8. Know all safety procedures (if applicable)

As a student at Ferris, your responsibilities include:

Attending class on a regular basis according to the requirements set forth in the instructor's course materials

1. Being on time for class
2. Being prepared for class
3. Using appropriate language in class
4. Taking responsibility for your own learning
5. Adhering to the academic honesty policies
6. Respecting all points of view, and everyone's rights and feelings

Classroom Etiquette: Students are expected to be attentive and engaged in classroom activities. Cell phones, pagers, "side bar" talking, or sleeping are unacceptable in the classroom. Please read the Disruptive Behavior Policy below from Student Handbook.

Who am I and what are my expectations?

I believe nursing is an Art driven by science. Caring is the cornerstone of my philosophy of nursing. Caring is part of a person's being. A second philosophy I hold is that of adult learning and the belief that each of us constructs our own knowledge. I plan to provide you with several examples and experiences, but if you plan to rely on me alone for transmission of information *you* will not learn. I do not believe in the bulimia method of education; you cram a lot of information, transferred from me, into your head and throw it on the quiz or exam and leave it there. You will need to construct an understanding of concepts and apply them to situations that may not be like examples we had in class. You will need to apply your learning to ever-changing situations.

I would like you to know I have some expectations.

1. You are expected to read and follow directions; you are expected to read and follow doctor's orders in this profession. If you can't do it here, I am concerned you don't do it there.
2. This class meets ~3.2% of a week; it is valuable time to me. Missing a class or posting late is unavoidable on occasion. I view habitual patterns of this behavior as a poor work ethic. Absenteeism and tardiness cause moral issues in the workplace and may set a college up for abandonment. It is important to me that I see a reliable pattern of attendance.
3. If you are distracting others from learning, that is an issue.
4. I would like to add this course outcome:
  - a) All class related actions and interactions are congruent with the code of ethics.

5. The ANA code of Ethics
  - #1: “The nurse, in all professional relationships, practices with compassion and respect for the inherent dignity, worth, and uniqueness of every individual...” (p.4)
    - 1.5 Principals of respect extend to all encounters, including colleagues (peers and instructors). “This standard of conduct precludes any and all prejudicial actions, any form of harassment or threatening behavior, or disregard for the effect of one’s actions on others” (p.9)
6. The licensing board (Michigan Board of Nursing) expects professional behavior from someone they issued a license to 24/7.

### Disruptive Behavior Policy Statement

The College of Allied Health Sciences strives to maintain a positive learning environment and educational opportunity for all students. Consequently, patterns of behavior which obstruct or disrupt the learning environment of the classroom or other educational facilities will be addressed.

1. The instructor is in charge of the course. This includes assignments, due dates, methods and standards of grading, and policies regarding attendance, tardiness, late assignments, outside conferences, etc.
2. The instructor is in charge of the classroom. This includes the times and extent to which they allow questions or discussion, the level of respect with which they and other students are to be treated, and the specific behaviors they will allow within their classes. Open discussion of an honest opinion about the subject of a course is encouraged, but the manner in which the class is conducted is a decision of the instructor.
3. An instructor is entitled to maintain order in his/her class and has an obligation to other students to do so. Toward that end, an instructor is authorized and expected to inform a student that his/her behavior is disrupting a class and to instruct the student to stop that behavior. If the student persists, the instructor is authorized to direct the student to leave the class. If the student fails to comply with a directive to leave the class, the instructor may call Public Safety to assist with the student’s removal.
4. If a student persists in a pattern of recurrent disruptive behavior, then the student may be subject to administrative action up to and including an involuntary withdrawal from the course, following administrative review by the Allied Health Sciences Dean’s Office, and/or University disciplinary proceedings.
5. Disruptive behavior cannot be sanctioned by a lowered course grade (e.g., from a B to a C) except insofar as quality of classroom participation has been incorporated into the instructor’s grading policy for all students. (Note: Academic misconduct, which is covered by other regulations, can be a legitimate basis for lowering a grade or failing the student.)
6. Students as well as employees are bound by the University’s policy against harassment in any form. Harassment will not be tolerated.
7. The office of the student’s dean will be notified of any serious pattern or instance of disruptive behavior.

## Honesty Policy

The purposes of this policy are to encourage a mature attitude toward learning to establish a sound academic morale, and to discourage illegitimate aid in examinations, laboratory, and homework. Cheating is defined as using or attempting to use, giving or attempting to give, obtaining or attempting to attain, products or prepared materials, information relative to a quiz or examination or other work that a student is expected to do alone and not in collaboration with others. Plagiarism (copying) of themes or other written work shall also be considered an infraction. Students are required to present the results of their own work except under circumstances in which the instructor may have requested or approved the joint effort of a number of students. The penalty for the first offense of willful cheating consists of the student receiving a zero for the assignment in which the infraction occurs. However, cheating on quizzes or examinations means failure in the course. The student may appeal the decision to the Disciplinary Committee. Further offenses may result in suspension or dismissal from the University.

Refer to Student Handbook for information on:

1. Religious Holidays
2. Disabilities Services
3. Student Dignity
4. Racial Harassment
5. Sexual Harassment
6. Harassment Concerns
7. Consensual Relationships Between University Employees and Students

### FERRIS STATE UNIVERSITY BSN PROGRAM

Date: \_\_\_\_\_

I have read the Course Syllabus for NURS 451 and the instructor presented the syllabus material with opportunities to ask questions. I understand what is expected of me in order to successfully complete this course.

Print Student's Name: \_\_\_\_\_

Student's Signature: \_\_\_\_\_

Appendix G  
Faculty Curriculum Vitae

## Curriculum Vitae

Sharon L. Colley, RN, BSN, MSN, PhD.c.  
8861 S. Lakeola Road  
Reed City, MI 49677  
231-832-9255 (H)  
231-201-1126 (C)  
231-591-2288 (O)

## Education

Associate Degree in Nursing, 1990  
West Shore Community College  
Scottville, MI

Bachelor of Science in Nursing, 2000  
Ferris State University  
Big Rapids, MI

University of Phoenix On-Line  
Phoenix, AZ  
8 credits towards MSN in administration/education

Certificate in Nursing Education, 2004  
Ferris State University  
Big Rapids, MI

Master of Science in Nursing, May, 2006  
Ferris State University  
Big Rapids, MI

PhD in Leadership in Higher Education  
Western Michigan University  
Expected Completion June, 2009

## Experience

College of Allied Health Sciences  
Ferris State University  
Big Rapids, MI 49307  
August 2002 to present.

Nursing Faculty (August, 2006 to present). Taught various courses at both the ADN and BSN level. Teaching involved use of online course delivery, laboratory and classroom technology, and learner-centered approaches. Coordinated multi-faceted clinical skills course. Participated in curriculum development meetings as well as course development for, BSN program.

Nursing Clinical Lab Coordinator (August, 2002 to August, 2006). Assisted in student practice and check-offs in skills lab, set up patient simulations and designed and implemented computer scenarios with “Simman” mannequin, conducted summer nursing camps and open lab recruitment tours.

Adjunct Faculty (January 2004 to August 2006). Taught various courses in both the Core Curriculum and Associate Degree Nursing program.

Mecosta County General Hospital  
Big Rapids, MI 49307  
May, 1991 to March, 1995  
September, 2001 to August, 2002

Staff nurse working in various areas. Four years in ambulatory surgery, one year in med-surg-peds, and four months in rehab. Also cross-trained to cardiac rehab and various clinics.

Spectrum Health-Reed City Campus  
Reed City, MI 49677  
June, 2001 to December, 2001

Worked part time and then per diem as a staff nurse on a med-surg unit.

Muskegon Community College  
Muskegon, MI 49442  
January, 2000 to March, 2002

Adjunct faculty for psychiatric clinical rotations in associate degree nursing program.

Gerber Hospital  
Fremont, MI 49412  
May, 1990 to February, 2001

Worked as a charge nurse with weekend supervision of 16 bed psychiatric unit. Direct nursing care as well as delegation of duties to staff, leading group sessions, one-to-one meetings with patients and family members, care plan design and implementation, and decision making in all areas of patient care.

#### Courses Taught

As a faculty at Ferris State University I have taught various courses in the core curriculum, associate, and baccalaureate degree nursing programs including: FSUS 100 (University Seminar), CCHS 103 (Core Skills Lab), NURS 101 (Health Promotion), NURS 241 (Nursing Fundamentals), NURS 116 (Health Assessment), NURS 234 (Mental Health Nursing), NURS 230 (Transitions to Technical Nursing), NURS 240 (Concepts of Professional Nursing), NURS 324 (Transitions to Professional Nursing), NURS 312 (Advanced Health Assessment), NURS 325 (Professional Nursing Skills Development), NURS 324 (Transition to Professional Nursing), NURS 350 (Nursing

Research), NURS 441 Theory 4, NURS 450 (Nursing Senior Seminar), and 491 (Senior Capstone Practicum).

I co-designed and implemented an injection skills course for optometry students in collaboration with the optometry department at FSU.

At Muskegon Community College I was an adjunct faculty teaching psychiatric clinical rotations to second year associate degree nursing students.

#### Instructional Materials

Developed instructor course materials to address theory objectives for a core curriculum course. Revised course syllabi to reflect learner-centered activities and approaches in NURS 230, 324, 441, and 350. Revising 241 course materials to adapt to online format rather than traditional lecture.

As part of a grant proposal, I am working in collaboration with the Faculty Center for Teaching and Learning to develop course materials to use for faculty development related to learner-centered approaches for STEM programs at FSU.

Developed and implemented a proposal to create CD skill demonstrations as an adjunct learning tool for a nursing skills laboratory, and also participated in development of a similar CD for an online core curriculum skills course.

Developed 6 computerized Simman scenarios for 1<sup>st</sup> and 2<sup>nd</sup> year ADN students to use in development of skills and critical thinking.

#### Presentations

Handling Stress in the Workplace. July, 1998. Provided to mental health staff members as a two-part presentation.

The Environment Related to Nursing. May, 1999. Presented seminar as part of a BSN completion class.

#### Current Committee Work

College of Allied Health Sciences Graduate Programs Committee  
Master's of Science in Nursing Committee  
Strategic Planning Committee  
Academic Senate beginning 2009-2010  
Human Subjects Research Committee

## Research

Master's Thesis. (Winter 2006) Nursing Students' Perceptions of Short Psychiatric Clinical Experiences With and Without Preparatory Role-Play.

Current Research: Doctoral Dissertation – Nursing Faculty Experiences and Perceptions of an Implementation Process to a Learner-Centered Teaching Philosophy: A Case Study.

## Professional Development

Lilly Conference North, September 19 – 21, 2008, Traverse City, Michigan

Teaching Students the Skills They Will Need to Succeed in a Learner-Centered Classroom, July 15, 16, & 17, 2008, Ferris State University

## Honors

National Achievement Academy Award, 1990, West Shore Community College

Bachelors Degree in Nursing, Summa Cum Laude, Ferris State University, 2000

Masters Degree in Nursing, Summa Cum Laude, Ferris State University, 2006

Doctorate in Leadership in Higher Education, current GPA of 4.0.



Curriculum Vitae  
 Susan Fogarty, MSN, RN  
 809 Ives Avenue  
 Big Rapids, MI 49307  
 (231) 796-1439

Ferris State University  
 200 Ferris Dr., VFS 304B  
 Big Rapids, MI 49307-2740  
 (231) 591-5016  
[forgartys@ferris.edu](mailto:forgartys@ferris.edu)

PROFESSIONAL LICENSURE

Michigan State Board of Nursing, 4704075493 Expires 3/31/2011

EDUCATION:

1989	Wayne State University	MSN Major: Community Health Nursing. Functional Area: Nursing Education.
1976	Case Western Reserve	Primary Care Practitioner Certificate
1966	Mercy College of Detroit	Bachelor of Science in Nursing

ACADEMIC APPOINTMENTS

Institution	Title/Rank	Dates
Ferris State University	RN to BSN Program Coordinator	2005 to present
Ferris State University	Associate Professor	1993 to present
Ferris State University	Assistant Professor	1987 to 1993
Ferris State University	Adjunct Faculty	1986 to 1987

CLINICAL APPOINTMENTS

Agency	Title/Position	Dates
Detroit Health Department Detroit, Michigan	Senior Public Health Nurse. General community health and school nursing.	1966-1967 and 1968.
Mercywood Hospital Ann Arbor, Michigan	Psychiatric Nursing Instructor. Temporary position as didactic and clinical instructor for students from Mercy School of Nursing.	1967
Fort Worth Neuropsychiatric Hospital Fort Worth, Texas	Staff Nurse. Part-time position in 32-bed private psychiatric hospital.	1968
Texas Department of Health, Division of Tuberculosis Control Fort Worth, Texas	Public Health Nurse II. Case finding, case and contact follow up, and family and community education in a four county area.	1968-1970

Regional Health Care White Cloud and Baldwin, Michigan	Family Nurse Practitioner. Primary responsibility for managing selected caseload of family practice clients in a collaborative practice with physician and physician assistant colleagues.	1975-1987
Planned Parenthood of Western Michigan	Nurse Practitioner. Part-time position providing family planning and related women's health care services.	1978-1995
Healthy Beginnings Baldwin, Michigan	Nurse Practitioner. Occasional contract position in nurse managed prenatal clinic for low-income women at several sites.	1992-1996
District #5 Health Department	Nurse Practitioner. Occasional contract position in Breast and Cervical Cancer Screening Clinic sites	1992-1996

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## REFEREED WORKS

### NATIONAL CONFERENCE PRESENTATIONS (Refereed on basis of abstract)

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.

Presenter at Region V NAFSA: Association of International Educators detailing orientation program presenting information about drugs, date rape and sexual issues to Intensive English Program students. November 1995.

Poster presentation on "Teaching Nursing Online" at National League for Nursing Educational Summit, Anaheim, California September 2001

Paper Presentation: "Using the Study Abroad Experience to provide a Transcultural Nursing Experience for Undergraduate Students". NLN Education Summit in New York, NY September 2006.

## NON-REFEREED WORKS

### LOCAL OR REGIONAL PRESENTATIONS

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.

Presenter at Region V NAFSA: Association of International Educators about presenting information about drugs, date rape and sexual issues to Intensive English Program students. November 1995.

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

Presenter at Michigan Student Nurses Association Convention March 2002 on "Working With and Caring for Sexual Minorities."

Presenter: Multicultural Health Care: Building a Multicultural Society, Grand Rapids MI, Lakeshore Chapter of Michigan Nurses Association. 2002.

Presenter with Leroy Wright at Summer University, Ferris State University "The Face in the Mirror Makes Me Sick". Interactive discussion on self image and effective interaction with diverse populations.

## PUBLICATIONS

Fogarty, S. (2003) Providing Culturally Competent Care for the Invisible Minority. Michigan Nurse August.

Reviewer for E. F. Wywialowski Managing Client Care 3<sup>rd</sup> Ed. 2002.

Reviewer for chapter on Rural Nursing in Smith and Mauer Community Health Nursing, 2<sup>nd</sup> Edition, 1999.

Reviewer for Smith and Mauer Community Health Nursing: Health for Families and Communities 4<sup>th</sup> Edition, 2009

## PROFESSIONAL MEMBERSHIPS

American Nurses Association, Michigan Nurses Association, 1975-2005

Convention Planning Committee 1982-1985. Impartial Committee 2004.

Newaygo District Nurses Association 1975-1989, President 1987-1989.

Convention delegate 1987, 1988. Council of Nurses in Advanced Practice.

Lakeshore Chapter of the Michigan Nurses Association. Nominating Committee 1999-2001. Chapter Representative to Congress on Nursing and Health Care Economics 1999-2003. Delegate to MNA State Convention October 2002, 2003, 2004. President Lakeshore Chapter 2003-present.

Professional Nurses for Advanced Practice, Founding Member.

Sigma Theta Tau, Lambda Chapter, 1988-present. Kappa Epsilon Chapter 2005-present, Board Member, Faculty Advisor for Ferris State University.

American Public Health Association, 1989-present.

RN-AIM 2006-present

Michigan Public Health Association 2004-present

## HONORS AND AWARDS

Michigan Association of Governing Boards Faculty Excellence Award, 1996

MNA Bertha Lee Culp Human Rights Award, 2003.

## COMMUNITY OUTREACH

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 1993-2006

Board 1996-2005 Vice President 1999-2005 Chair Scholarship Committee 1998-2005.

Mecosta County Health Assessment Task Force. 2001-Present.

- Involved in planning of initial dental screening of school age children in Mecosta County public schools to establish base line data on dental disease in youth in county. Resulted in current proposal to establish dental clinic in Mecosta County.

- Current project is in second grant application process to Healthy Communities to increase use of multi-use trails and walkways in Big Rapids area. First grant was funded.

#### MAJOR COMMITTEES at Ferris State University

##### SCHOOL OF NURSING

Curriculum Committee, 1987-2007 Chair 1994-97  
 Policy, Procedure and Bylaws Committee 1987 -1994  
 Academic Program Review 2002-2003  
 Student Affairs 2005- 2006

##### COLLEGE

Leadership Council, 2005 –2008  
 Curriculum Committee, 1988-1996 & 2005-2007  
 Faculty Staff Development Committee 1987-1989, Chair 1988-1989.  
 Core Clinical Competencies Committee 1997.  
 Instructional Resources Committee 1996-2005  
 Dean's Advisory Committee 2000-2001,  
 Strategic Planning Committee 2001-2002.  
 Assessment Task Force 2007-present

##### UNIVERSITY

MAGB Faculty Award Committee, 1988-1991  
 Student Health Advisory Committee, 1993-1996  
 Student Life Committee 1995-1999, Chair 1995-1996  
 Diversity Action Team 1998-present, Chair 2001-2002 (formerly Diversity Incidents Team)  
 Faculty Advisor to Ferris Student Nurses Association 1996-2003  
 Faculty Advisor to DSAGA (Diverse Sexuality and Gender Alliance 1994-present  
 Diversity Strategic Planning Committee 2007-present  
 FAB 2008-present

##### OTHER SIGNIFICANT SCHOLARLY, RESEARCH, OR ADMINISTRATIVE EXPERIENCE

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.

Developed and coordinated the first Study Abroad program for nursing to Hammeenlinna, Finland facilitating NURS 499 with a transcultural nursing practicum. Lead five groups of students in Study abroad experience and oriented colleague to assume study abroad to Finland.

Initiated and coordinated Study Abroad in collaboration with Eastern Institute of Technology in Taradale, Napier, New Zealand in March 2007 and 2008.

Sabbatical in Fall 2006 semester to participate as a visiting professor of nursing in Hammeenlinna, Finland and to facilitate the establishment of a second Study Abroad experience for the FSU School of Nursing in Taradale, Napier, New Zealand.

Curriculum Vitae  
Denise L. Hoisington, RN, MSN, PhD  
8727 140<sup>th</sup> Avenue  
Stanwood, MI 49346  
231-823-2696  
[dhoisington@hughes.net](mailto:dhoisington@hughes.net)

## EDUCATION

Michigan State University, East Lansing, MI - 2000  
Ph.D. in Educational Administration: Higher, Adult and Lifelong Education focus in  
Teaching and Learning.  
Dissertation: "Learning Styles of Nursing Student and Use of the Internet"  
Honors: Graduated "with Honors", Phi Kappa Phi

Andrews University, Berrien Springs, MI - 1990  
M.S. in Nursing Administration, Care of the Adult  
Thesis: Difference in Learning Styles of Nursing Students  
Phi Kappa Phi and Sigma Theta Tau

Ferris State University, Big Rapids, MI - 1990  
M.S. in Occupational Education  
Honors: Graduated with Highest Distinction

Ferris State University, Big Rapids, MI – 1986  
B.S. Nursing

Ferris State University, Big Rapids, MI – 1976  
A.D. Nursing

## AWARDS

Phi Kappa Phi Multidisciplinary Academic  
Sigma Theta Tau International Honor Society of Nursing

## TEACHING/WORK EXPERIENCE

Ferris State University, Big Rapids, MI  
Associate Professor – 2007- Present  
Teaching: nursing courses including, basic skills lab, undergraduate research, statistics  
and epidemiology, Graduate course in Theory and Research, Undergraduate Computer in  
Health course

Teaching fully on-line course and in the classroom  
Academic Advising  
Developed Computers in Health Care course CAHS 300  
Initiated PDA initiative for undergraduate students

Presented PDA initiative, hardware, and software to FCTL and to  
CAHS Faculty Spring 09  
FSU Student Nurse Association faculty advisor 2008, 2009

#### Committees

Fall and Winter Ferris State University Health Screening Committee and supervision of  
students for health screening years 2007/08, 2008/2009  
School of Nursing MSN Committee 2008, 2009  
CAHS Graduate Committee 2008, 2009  
CAHS Strategic Planning Committee 2008, 2009  
School of Nursing MSN APR 2009

Inquiry into Education course through FCTL

Mecosta County Medical Center (MCMC), Big Rapids, MI  
Manager of Information Services (IS) – 1999 - 2007

Administrative Responsibilities: Preparation of Capital budget for all hospital  
Information Technology (IT) needs and operating budget for IS department. Chair of  
Information Systems (IS) Steering Committee and Core Information Systems Team.  
Collaboration with all departments in the integration of software programs including all  
financial and clinical applications. Collaborative efforts with Chief Financial Officer and  
Billing to get date for medicare, Medicaid and third party payers and cost accounting.

Health Insurance Portability Accountability Act (HIPAA) Co-chair HIPAA Core  
Implementation Team, including organizational assessment, GAP analysis, risk  
assessment, policy implementation and HIPAA Security Officer.

Participation in two successful accreditation visits by JCAHO (Joint Commission  
Accreditation of Health-Care Organizations) as the management of Information chapter  
leader.

Development of department competencies and Quality Improvement programs for  
Information Services Department; as well as policy and procedure development for the  
facility related to technology and MCMC's information systems.

Developed MCMC's Information Management Plan and Strategic Plan

Seminars – HIPAA Summit, Multiple Michigan Hospital Association legal and risk audio  
conferences, HIPAA Seminars, Meditech User Group (MUSE) in-services

Multiple other Audio and Video Conferences and Seminars, Health Information  
Management Society member, MUSE member

Teaching Responsibilities: HIPAA rules and regulations, monthly new hire orientation  
and yearly mandatory in-services, Board of Trustee updates, Continuing Medical  
Education presentation

Projects Implemented: HIPAA privacy and Security; Valco document scanning, Access E-forms; Hardware and software upgrades and updates.

I am currently collaborating on the implementation of a PACs (Picture Archiving and Communication System) system for Medical Imaging.

Collaborating on the implementation of a practice management system for a large local office practice, including interfaces to the main Health Care Information system.

Leader for the implementation team for patient records scanning, Accounts Receivable scanning, paperless Registration and Forms Automation.

Ferris State University, Big Rapids, MI

Lecturer and Clinical Nursing Instructor – 1987-1999

Developed course syllabi, overall course structures, and administered all grades. Content areas taught: Pharmacology, Fundamentals, Research and Statistics, Medical Surgical Nursing, Geriatrics, Leadership, Assessment, Nursing Theory.

Grand Valley State University, Allendale, MI

Adjunct Instructor – Grand Valley State University, Allendale, MI

Clinical facilitator for MSN students

Montcalm Community College and Grand Rapids Community College

Substitute Instructor – Part-time clinical facilitator in hospitals for nursing students.

Mecosta Medical Center, Big Rapids, MI

Clinical Nursing: 1976 – 1982; 1986 – 1999

Registered Nursing – Staff Nurse with experience in Intensive Coronary Care Unit (ICCU), Operating Room, Recovery room, Ambulatory Care, Emergency room, Medical Surgical Nursing, EKG Instructor, Cardio Pulmonary Resuscitation instructor

Curriculum Vitae  
Arlene M. Morton, MSN, RN, FNP  
Associate Professor

10005 E. Sapphire Circle  
Traverse City, MI 49684  
(231) 879-3349  
(231) 796-2242

Ferris State University  
200 Ferris Dr., VFS 304B  
Big Rapids, MI 49307-2740  
(231) 591-2293  
mortona@ferris.edu

PROFESSIONAL LICENSURE

Michigan State Board of Nursing, Registered Nurse License #4704069363

EDUCATION:

1996	Valparaiso University	Completed all credits in Family Nurse Practitioner program. FNP certification 1997 to 2008
1990	Purdue University	Master of Science Major: CNS: Adult Health Nursing
1987	Indiana University	Bachelor of Science in Nursing
1963	Henry Ford Hospital School of Nursing	Diploma in Nursing

CERTIFICATIONS

American Nurse's Credentialing Center: Board Certified- Family Nurse Practitioner, 1997-2008

ACADEMIC APPOINTMENTS

Place	Title/Rank	Dates
Ferris State University	Associate Professor	2005 to present
Ferris State University	Assistant Professor	2000 to 2005
Indiana University South Bend	Lecturer	1994 to 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	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/Charge Emergency Room	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

### NATIONAL CONFERENCE PRESENTATIONS

Morton, A. & Bell-Scriber, M. (November, 2007). *Clinical Instruction Institute: Preparing Effective Teachers*. 2007 AACN Bachelor's Education Conference. New Orleans, LA.

Morton, A. & Bell-Scriber, M. (September, 2006). *Clinical Nursing Instruction: Train the Trainer*. National League for Nursing Education Summit 2006: Transformation Begins With You. New York, NY.

Morton, A. & Hodges, J. (October 2004). *Staff Educating Nursing Students Experience, an Innovative Intersection between Academia and Practice*. National Conference on Professional Nursing Education and Development

Morton, A. & Walters, K. (October 2004). *Combining Structured Learning Assistance and NCLEX Review, A Success Story*. National Conference on Professional Nursing Education and Development

### OUT OF STATE PRESENTATIONS

#### *OUT OF STATE PRESENTATIONS*

Morton, A. & Bell-Scriber, M. (October, 2008). *Clinical Faculty Orientation Workshop*, Great Oaks School of Practical Nursing, Dayton, Ohio.

Morton, A. & Bell-Scriber, M. (January, 2007). *Clinical Faculty Orientation Workshop*, RETS School of Nursing, Centerville, Ohio.

### LOCAL OR REGIONAL PRESENTATIONS

Morton, A. & Bell-Scriber, M (August, 2009). *Clinical Faculty Orientation Workshop*, Big Rapids, MI

Morton, A. & Bell-Scriber, M. (January, 2008). *Clinical Faculty Orientation Workshop*, Big Rapids, MI

Morton, A. & Bell-Scriber, M. (August, 2007). *Clinical Faculty Orientation Workshop*. Big Rapids, MI

Morton, A. & Bell-Scriber, M. (January, 2007). *Clinical Faculty Orientation Workshop*. Big Rapids, MI

Morton, A. & Bell-Scriber, M. (October, 2006), *Building Critical Thinking in our Health Professional Students: Having the Right Tools*, Mott Community College, Flint, MI

Morton, A. (May 9, 2006). *Building Blocks For Clinical Education*. 2006 Spring Conference Kirkland Community College, West Branch, MI

Bell-Scriber, M., Cairy, M, & Morton, A. (January, 2006). *Clinical Faculty Orientation Workshop*. Grand Rapids, MI

Cairy, M. and Morton, A. (November, 2005). *Head-to-Toe: Inter-Professional Diabetes Education for Tomorrow's Providers: Nursing Perspective*, Ferris State University, Big Rapids, MI

Morton, A. & Bell-Scriber, M. & Poindexter, K. (January, 2005). *Clinical Faculty Orientation Workshop*. Grand Rapids, MI

Morton, A. (May, 2005). *Staff Educating Nursing Student's Experience, an Innovative Intersection Between Academia and Practice*. Michigan Center for Nursing/ Lansing Michigan

Morton, A. & Bell-Scriber, M. & Poindexter, K. (September, 2004). *Clinical Faculty Orientation Workshop*. Grand Rapids, MI

Morton, A. (February, 2002). *Peace Corps Nursing*. Michigan Student Nurse Association

Morton, A. (May 2001) *Health Care and Teaching to Peace Corps Volunteers in Kiribati*. Mecosta County General Hospital

Morton, A. (April 2001). *Health Care and Teaching to Peace Corps Volunteers in Kiribati*, Ferris State University, Allied Health

## PUBLICATIONS

Morton, A. & Bell-Scriber, M. (2009, March/April). Clinical Instruction Institute: Train the trainer. *Nurse Educator*, 34(2), 84-87.

Morton, A. (2006). Improving NCLEX Scores with Structured Learning Assistance. *Nurse Educator*.

## PROFESSIONAL MEMBERSHIPS

American Nurses Association  
Member 1988-present

Registered Nurses Association in Michigan  
Member 2006-present

National League for Nursing  
Member 2004-present

Michigan Nurses Association  
Member 2000-2006  
Congress on Nursing Practice 2003-2005

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 AND AWARDS

Outstanding Professor Award – 2006 – Ferris State University Honors Students  
Tenure-2005  
Faculty Advisor Award – 2005- Michigan Nursing Students Association  
Secretary's Award for Innovations in Health Promotion and Disease Prevention, US  
Department of Health and Human Services, 2004  
Exceptional Merit Faculty/Staff Award, Ferris Foundation awarded \$4956, 2004  
Online course development stipend from UCEL, 2002  
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  
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  
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.  
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  
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

#### COMMUNITY OUTREACH

Continue to work with Interdisciplinary Wellness Clinic (Formally named Diabetes Health Care Clinic) team to assist nursing, pharmacy, and optometry students to develop a diabetic clinic and to submit a paper for the Secretary’s Award. Students won first place 2003-2004.

Mission trip to Biloxi Mississippi, March 2007, to assist in Katrina rebuilding.

Help to coordinate diabetic outreach activities for nursing students.

#### MAJOR COMMITTEES at Ferris State University

##### *SCHOOL*

Nursing Faculty Tenure Committee chair 2007

Ferris Student Nurse Association Advisor 2003-present

Curriculum Committee, Nursing 2000 to present  
Co-Chair 2002 and chair 2003-present

Chair Nursing Faculty Search Committee, 2002 to 2004

Search Committee, Nursing Spring 2001

Chair NCLEX Taskforce, Nursing 2001/2002

### *COLLEGE*

Faculty Affairs, 2006-present  
Leadership Council, 2005 – 2007  
Tenure Committee member 2006-present  
Curriculum Committee, 2003-2004  
Recruitment and Retention Committee, 2004 to 2005  
Alumni and Development Committee, 2004 to 2005  
Online Taskforce, Nursing 2001/2002  
Chair Instructional Resources, CAHS 2001/2003

### *UNIVERSITY*

Policy and Standards Committee 2007-present  
Academic Senate, Fall 2004 to 2006  
Academic Senate Elections Committee - 20005  
Distinguished Teacher Award Committee, 2003-2007  
Substance Abuse Committee Secretary, College 2002 to 2004

### *OTHER SIGNIFICANT SCHOLARLY, RESEARCH, OR ADMINISTRATIVE EXPERIENCE*

#### Mentorship:

Preceptor for 2 Ferris State University MSN students fall 2008  
Member of Education Master committee for Sonya Knoll fall 2008  
Preceptor for Michigan State University, MSN Nursing Education student fall 2006 semester.  
New faculty mentor, ongoing.  
Preceptor for RN-BSN student winter semester 04 whose interest is nursing education.  
Preceptor for MSN student fall semester 04 whose major is Nursing Education.  
Preceptor for MSN student fall semester 06 whose major is Nursing Education

#### Program Development:

Assisted with development of new BSN curriculum.  
Developed clinical faculty model of clinical instruction.  
Developed curriculum content grids for the Associate Degree in Nursing Program at Ferris using NCLEX categories as a guide to identify content appropriate for each nursing course. Adapted grids to new bachelor's degree in nursing program.  
Implemented a system of NCLEX review into existing Structured Learning Assistance courses.

#### Administrative:

Pre-licensure Program Coordinator 2003 to present  
Developed pre-nursing quota list spreadsheet.  
Improved tracking procedures for pre-nursing students.

TEACHING ASSIGNMENTS: FERRIS STATE UNIVERSITY

Associate Degree

NURS101 Health Promotion.  
NURS 201 Health Promotion.  
FSUS 100. Ferris Freshman Seminar  
NURS105 Pharmacology.  
NURS 106 Clinical Nursing 1  
NURS 116 Clinical Nursing 2  
NURS 226 Clinical Nursing 3  
NURS 236 Clinical Nursing 4

BSN

NURS 241 Technical Skills Lab  
NURS 243 Clinical Foundations  
NURS 240 Concepts in Professional Nursing  
NURS 300 Pathophysiology for Nursing Practice  
NURS 351 Theory 2  
NURS 352 Clinical Nursing 2  
NURS 441 Theory 3  
NURS 441 Clinical Nursing 3

RN-BSN

NURS 310 Health Promotion  
NURS 312 Physical Assessment..  
NURS 432 Nursing in Health Care Systems  
NURS 435 Community Health Nursing  
NURS 434 Senior Seminar  
NURS 499 Community Health Nursing

Master Degree

NURS 630 Clinical Instruction Institute

Curriculum Vitae  
Susan Elizabeth North  
921 West Beyer Road  
Ludington Michigan 49431  
231.757.9653-H  
231.357.0020-C  
[snorth@hughes.net](mailto:snorth@hughes.net)

### Summary of Competencies

- Clinical Nursing Using advanced nursing skills, provide assessment, planning, interventions, and evaluation for clients in all age groups and diverse settings: hospital, outpatient, long-term care, tribal health department, certified home care, hospice, and private duty home care. Case-manage clients with chronic disease and disability using client-centered methodology.
- Management Lead nursing team members by hiring, supervising, developing policies and procedure manuals. Promote agencies' referrals and revenues through grant-writing, marketing, public speaking and participation in professional and provider groups. Manage budgets.
- Teaching Assessment, planning, research, development, presentation, and evaluation of in-service education. Researched and developed final project for Master's degree on adult learning and low literacy education for entry level health care workers. Lead co-workers in development of competency for home care. Classroom, web-based, and online university teaching.
- Computer skills Continue to develop electronic communication, word processing, spreadsheet, and presentation software skills through continuing education and on-the-job training. Document clinical and quality assurance data on laptop and electronically transmit information following confidentiality guidelines.
- Quality Management Collaborated with state officials and MICQAR teammates to develop a computer-based tool to evaluate agency compliance with federal and state regulations for Medicaid community-based long-term care programs. Evaluated state-wide agencies for compliance with regulations. Trained in quality management by JCAHO and ACHC. Lead home care agency in meeting accreditation standards by prioritizing actions, planning strategies, researching issues and developing drafts of policies, procedures and educational materials. Present materials, incorporate feedback and disseminate final approved versions. Interface with accrediting agency.

## Professional Experience

- 1985-1989     Lansing Clinic Manager, Planned Parenthood of Mid-Michigan  
Responsible for start-up of gynecology practice and clinic's achievement of clinical, financial, and public relations goals. Hired, trained and supervised staff. Raised funds and awareness through public speaking.
- 1990-1991     RN, Memorial Medical Center, Ludington  
Rotated charge nurse role on post-surgical adult and pediatric floor.
- 1991-1993     Staff Development Director, Manistee Heights Care Center  
Nurse aide training, testing, certifying and supervision. Delivered in-services for all staff. Led quality, infection control and safety committees.
- 1994-1995     Health Planner, Little River Band of Ottawa Indians, Manistee  
Assessed tribal health needs. Integrated cultural concepts and quality management principles into five year plan for federal health funding. Obtained grants for culturally appropriate health education programs.
- 1993-1999     Munson Home Care & Hospice, Manistee;  
Sparrow Home Services & Hospice, Lansing  
Provided skilled home care and hospice nursing in client homes. Case managed clients of all ages with chronic diseases. Innovated weekend staffing position; exceeded productivity standards.
- 2000-2004     HHS Health Options for Life, Grand Rapids  
OBRA assessment and care recommendations for nursing home residents with mental health problems. Case management for Medicaid waiver MI Choice adult and geriatric clients: assessed holistic needs, facilitated person-centered planning, arranged and purchased services.
- 2004-2006     Mi Choice Quality Assurance Reviewer, University of Michigan  
Evaluated structural, process and outcome quality measures for agencies providing MI Choice Medicaid waiver community-based services. Identified and taught best practices and evidence-based standards of care.
- 2007-2009     Regional Nursing Director, Michigan Eldercare/Quality Coordinator,  
Harbor Home Healthcare  
Regional marketing, grant-writing, staffing and directing. Revised policies and procedures to reflect latest evidence and standards of nursing practice to prepare private duty agency for accreditation.
- 2009- Present     Full time faculty, Ferris State University, Big Rapids, MI  
Teaching in traditional RN, accelerated RN, and RN-to-BSN programs. Course development in gerontology for nursing and allied health electives.



### Education and Honors

1985	Associate Degree in Nursing	Lansing Community College Summa cum Laude
1994	Baccalaureate Degree in Nursing	University of Michigan, Traverse City Summa cum Laude Most Outstanding Student Award Most Creative and Innovative in Research Inducted, Sigma Theta Tau
1997	11 credits completed	Michigan State University Geriatric Nurse Practitioner Program
2004	Hartford Foundation Fellow	Geriatric Policy: Lead, Link & Learn MI Long Term Care Task Force
2008	Master of Science Degree	University of Michigan Community Care Nursing Summa cum Laude Most Outstanding Student nominee

### Professional Affiliations

Registered Nurse License, State of Michigan, # 4704157211  
American Geriatrics Society  
American Nurses Association  
Sigma Theta Tau, Rho chapter  
Registered Nurses Association in Michigan board member & Cyber Region liaison  
West Michigan Long Term Care Connections Provider Advisory Group

### Personal Information

Married for 29 years to David North.  
Mother of four children.  
Youth Director and Sunday school teacher at church.  
Hobbies include gardening, cooking, camping, reading, and numerous pets.

Curriculum Vitae  
 Susan J. Owens  
 6243 Deerfield  
 Grayling, MI 49738  
 (989) 344-0229

Ferris State University  
 200 Ferris Drive  
 Big Rapids MI 49307  
 231-591-2290  
 owenss3@ferris.edu

EDUCATION:

<u>Degree Granting Institution</u>	<u>Degree</u>	<u>Data Awarded</u>
Hope College	B.S.N.	1984
Northern Michigan University	M.S.N.	1994
Grand Valley State University	F.N.P.	2001
Indiana University, Indianapolis, IN	Ph.D.	Planned 2010

ACADEMIC APPOINTMENTS:

<u>Place</u>	<u>Title/Rank</u>	<u>Dates</u>
Kirtland Community College	Nursing Faculty	1994-2009
Ferris State University	Assistant Professor	2009

LICENSURE:

Licensed as a Registered Professional Nurse #4704150739 Michigan, 1984 – present

CLINICAL APPOINTMENTS:

<u>Place</u>	<u>Title/Rank</u>	<u>Dates</u>
Grand Traverse Community Hospital	Staff Nurse-Medical/Surgical	1984-1985
Grand Traverse Community Hospital	Staff Nurse-Emergency	1985-1990
Mercy Health Services North-Grayling	Level III Staff Nurse-Emergency	1990-1995
Mercy Health Services North-Grayling	Clinical Coordinator Emergency	1995-1997
District Health Department #10	Nurse Practitioner	2002-present

PROFESSIONAL SOCIETIES:

<u>Name</u>	<u>Dates</u>
American Nurses Association	1984-present
Michigan Nurses Association	1984-2005
Emergency Nurses Association	1988-2002
Registered Nurses Association in Michigan	2005-present
Sigma Theta Tau-Alpha Chapter	2008-present
Midwest Regional Research Association	2008-present

HONORS:

2005 Trends in Occupational Studies Outstanding Educator Award

2002 Michigan Campus Compact Contributions to Community Service-Learning.

TEACHING ASSIGNMENTS:

<u>Course</u>	<u>Credits</u>	<u>Title</u>	<u>Term</u>	<u>Enrollment</u>	<u>Student (5 max) Evaluation Mean</u>
ALH 11400 00 M	1.00	Math/Medication	Fall 05	21	4.6
ALH 15000 00	3.00	Basic Pharm	Fall 05	38	4.4
ALH 15000 00 M	3.00	Basic Pharm	Fall 05	21	4.5
ALH 15000 01	3.00	Basic Pharm	Fall 05	32	4.7
NUR 21400 00	2.00	Pharmacology	Fall 05	26	4.4
NUR 22001 60	3.00	Assessment	Fall 05	12	4.9
NUR 23200 90	2.00	Pediatrics	Fall 05	28	4.5
NUR 23300 90	1.00	Peds Clinical	Fall 05	9	4.6
NUR 12602 00	2.00	Care/Children	Winter 06	39	4.7
NUR 12602 00 M	2.00	Care/Children	Winter 06	28	4.6
NUR 12602 01	2.00	Care/Children	Winter 06	36	4.5
NUR 12692 01	2.00	Care/Children	Winter 06	39	4.6
NUR 23200 90	2.00	Pediatrics	Winter 06	22	4.5
NUR 23300 00	1.00	Peds Clinical	Winter 06	9	4.3
NUR 21400 00	2.00	Pharmacology	Winter 06	23	4.3
NUR 21400 01	2.00	Pharmacology	Winter 06	25	4.7
NUR 25508 01	1.00	Wellness Sem	Winter 06	1	4.6
ALH 12401 00 M	2.00	Wellness/Nutrit	Summer 06	24	4.5
ALH 12401 60	2.00	Wellness/Nutrit	Summer 06	2	4.6
ALH 12401 61	2.00	Wellness/Nutrit	Summer 06	4	4.7
NUR 25202 00	2.00	Prof Leadership	Summer 06	31	4.4
NUR 28000 60	8.00	Clinical Applic	Summer 06	2	4.8
ALH 11400 00 M	1.00	Math/Medication	Fall 06	24	4.7
ALH 15000 00	3.00	Basic Pharm	Fall 06	36	4.4
ALH 15000 00 M	3.00	Basic Pharm	Fall 06	25	4.6
ALH 15000 01	3.00	Basic Pharm	Fall 06	31	4.9
NUR 21400 00	2.00	Pharmacology	Fall 06	18	4.3
NUR 22001 60	3.00	Assessment	Fall 06	15	4.9
NUR 23200 90	2.00	Pediatrics	Fall 06	25	4.4
NUR 23300 90	1.00	Peds Clinical	Fall 06	9	4.2
ALH 12401 01	2.00	Wellness/Nutrit	Fall 06	38	4.6
ALH 12401 01	2.00	Wellness/Nutrit	Winter 07	38	4.6
NUR 12602 00	2.00	Care/Children	Winter 07	38	4.8
NUR 12602 00 M	2.00	Care/Children	Winter 07	29	4.7
NUR 12602 01	2.00	Care/Children	Winter 07	38	4.5
NUR 12692 01	2.00	Care/Children	Winter 07	40	4.6
NUR 21400 00	2.00	Pharmacology	Winter 07	19	4.3
NUR 21400 01	2.00	Pharmacology	Winter 07	21	4.4
NUR 23200 90	2.00	Pediatrics	Winter 07	13	4.6
NUR 23300 00	1.00	Peds Clinical	Winter 07	7	4.5
NUR 23300 01	1.00	Peds Clinical	Winter 07	6	4.6
NUR 25202 00	2.00	Prof Leadership	Summer 07	31	4.4

NUR 28000 60	8.00	Clinical Applic	Summer 07	2	4.9
NUR 10300 91	2.00	Nurse Essential	Fall 07	33	4.6
NUR 10900 90	2.00	Pharmacology I	Fall 07	34	4.4
NUR 10900 90 M	2.00	Pharmacology I	Fall 07	32	4.3
NUR 10900 91	2.00	Pharmacology I	Fall 07	34	4.6
NUR 22001 60	3.00	Assessment	Fall 07	15	4.9
NUR 23200 90	2.00	Pediatrics	Fall 07	30	4.3
NUR 24900 00	1.50	Ped/Wmn Clnc 2	Fall 07	10	4.3
Sabbatical			Winter 08		
NUR 28000 60	8.00	Clinical Applic	Summer 08	2	4.9
NUR 10900 90	2.00	Pharmacology I	Fall 08	31	4.0
NUR 10900 90 M	2.00	Pharmacology I	Fall 08	27	4.1
NUR 10900 91	2.00	Pharmacology I	Fall 08	29	4.3
NUR 20900 90	2.00	Pharmacology II	Fall 08	43	4.4
NUR 22001 60	3.00	Assessment	Fall 08	10	4.6
NUR 23200 90	2.00	Pediatrics	Fall 08	29	4.4
NUR 24900 00	1.50	Ped/Wmn Clnc 2	Fall 08	8	4.3
OIS 22000 60	2.00	Office Pharm	Winter 09	18	
NUR 21400 00	2.00	Pharmacology	Winter 09	17	
NUR 20900 90	2.00	Pharmacology II	Winter 09	31	
NUR 20900 91	2.00	Pharmacology II	Winter 09	19	
NUR 20900 90M	2.00	Pharmacology II	Winter 09	21	
NUR 22001 60	3.00	Assessment	Winter 09	15	
NUR 23200 90	2.00	Pediatrics	Winter 09	21	
NUR 24900 00	1.50	Ped/Wmn Clnc 2	Winter 09	6	
NUR 28000 60	8.00	Clinical Applic	Summer 08	2	

SERVICE:

Committee Service

Kirtland Community College representative for Michigan Nursing Faculty Summit-October 2006-2008

Instructional Council, Kirtland Community College, 2003-2005, 2008

Professional Service

RN-AIM Representative to the Michigan Association of School Nurses (MASN)-2008

Preceptor for MSN Nursing Education students-Fall 2006, Fall 2007, Fall 2008

Community Service

Health Director for Grayling Co-op Preschool 2006-2008

Coordinator for Nursing Service Learning at Kirtland Community College 2003-2009

Community representative for Think Tank, Crawford County Economic Development Partnership 2009-present

RESEARCH:

Owens, S (1994). The Effect of Triage Nurse Intervention for Non-Urgent Emergency Patients Waiting for Care. Thesis for degree of MSN, Northern Michigan University.  
Committee member for: Weaver, B (2003). The Effect of Therapeutic Touch for the Cardiovascular Rehabilitation Client. Thesis for degree of MSN, Saginaw Valley State University.

Committee member for: Nichols, P (2000). The Effect of Music Intervention for the Patient Experiencing a Minor Procedure in the Emergency Department. Thesis for degree of MSN, Grand Valley State University.

Hillman, W., Pavelek, N., Owens, S., Girard, K., Mogle, B. & Smith, J. (May, 2009). QSEN competencies. Poster presentation at Let's Talk about Nursing, Kirtland Community College, Grayling, MI.

Susan J. Owens  
*Faculty Signature*

June 8, 2009  
*Date*

Curriculum Vitae  
Lisa Singleterry  
517 E. Grand St.  
Hastings, MI 49508  
(269) 945-3571

Ferris State University  
200 Ferris Dr., VFS 308  
Big Rapids, MI 49307  
(231) 591-3943  
[singlel@ferris.edu](mailto:singlel@ferris.edu)

### EDUCATION

- May 2006 MICHIGAN STATE UNIVERSITY EAST LANSING, MI  
*Masters of Science in Nursing; Education*  
• Sigma Theta Tau
- December 2002 MICHIGAN STATE UNIVERSITY EAST LANSING, MI  
*Bachelor degree of Nursing, RN to BSN program*
- June 1988 METHODIST HOSPITAL SCHOOL OF NURSING LUBBOCK, TX  
*Diploma of Nursing*  
• State delegate, Texas Student Nurses Association

### EXPERIENCE

- 2007-present FERRIS STATE UNIVERSITY BIG RAPIDS, MI  
• ASSISTANT PROFESSOR
- 2007-2008 AY Listed below. Collaborative participation in curriculum revision applicable to Accelerated BSN program planned for SP 08  
• FALL 2007 (13 CREDIT LOAD)  
NURS 242 BSN year 1 (physical assessment)  
Lab instructor; 2 sections  
NURS 450 RN to BSN capstone  
Instructor: hybrid on-line 3 credits  
NURS 324: RN to BSN transition course  
Instructor: on-line 3 credits  
NURS 325 RN to BSN skills development  
Instructor: on-line 1 credit  
FSUS 100: Freshman seminar; 2 sections
- 2006-2007 FERRIS STATE UNIVERSITY BIG RAPIDS, MI  
• 9 MONTH TEMP

Teaching responsibilities for 2006-07 AY as listed below. Collaborative participation in curriculum revision applicable to a transition from ADN programming to a generic BSN program.

- FALL 2006 (12 CREDIT LOAD)
  - NURS 105: ADN year 1 (pharmacology)  
Lecture instructor; 2 credits
  - NURS106: ADN year 1 (fundamentals)  
1 clinical; 10 students/hospital setting  
1 Lab section; fundamental skills
  - NURS 324: RN to BSN transition course/Flint  
Instructor: on-line hybrid 3 credits
  - FSUS 100: Freshman seminar; 2 sections
  
- SPRING 2007 (15 CREDIT LOAD)
  - NURS 116: ADN year 1 (medical surgical 1)  
Lecture instructor; 3 credits  
2 lab sections; physical assessment
  - NURS 324: RN to BSN transition course/Kalamazoo  
Instructor; on-line hybrid 3 credits
  - NURS 491 RN to BSN practicum clinical  
Instructor; on-line; 4 credits

2001-Present

PENNOCK HEALTH SERVICES HASTINGS, MI

*(2003-2006) Nurse Educator, 20+ hours/week*

- Responsible for new nursing employee orientation to policy and procedure, equipment and social environment. Scheduling new employee placement to and follow-up with preceptors.
- Implementation of student nurse technician ladder progression program, August 2003.
- Education Committee chair. Initiation of application for Continuing Education through Michigan Nurses Association, accepted September 2005. Planner/presenter/record keeping for 4.6 CE.
- Staff development through monthly posters, interdepartmental interviews and annual skills fair. Coordination and presenting annual competency evaluation for unlicensed (March) and licensed personnel (September).
- Continuous Quality Improvement committee member. Bi-annual reporting for rhythm interpretation. Bi-monthly review of point of care glucose testing collaboratively with the laboratory.

*(2001-Present) ICU, Medical/Surgical float, contingency 8 hours/week*

- Each unit presents a unique challenge from primary to team nursing. Pennock is an 81-bed facility that offers a wide variety of experiences in patient population as well as diagnosis.

- 1989-2001 SPARROW HOSPITAL LANSING, MI  
*Neuro Trauma ICU, Registered Nurse, full time*
- This position was truly rewarding. I was primary care giver for critically ill individuals.
  - Critical thinking skills were highly developed in this area as well as excellent interpersonal conflict resolution capability.
  - The nature of this unit is stressful for families, striking a delicate balance connecting the care of the patient with the care of the family.

- 1987-1989 METHODIST HOSPITAL LUBBOCK, TX  
*Student Nurse Technician/Registered Nurse*

#### CERTIFICATIONS/ORGANIZATIONS

- Registered Nurse, State of Michigan, active status
- Registered Nurse, State of Texas, dormant status
- Michigan Nurses Association
- Advanced Cardiac Life Support (ACLS), expires Oct. 2008
- Trauma Nursing Core Course (TNCC), expired Jan. 2003

#### COMMUNITY ACTIVITIES

- Barry County Safe Kids, now Pennock Partner
- Docent Art Reach Program
- Faculty taskforce #4 MACN/MCNEA/MONE

#### *Continuing education presentations*

2004-2007 Approved by Michigan Nurses Association (MNA)

- As the nurse educator of Pennock Health systems I designed this educational program based on DRG frequency and staff requests for continuing education. As the committee chair I wrote, sought, and obtained approval from MNA for the following program:

Rhythms of the heart-3 part series (4.6 contact hours)

- *Refresh and Rejuvenate your rhythm interpretation (2.6 )*
- *Review of Atrial fibrillation; management and care review (1)*
- *Review of Congestive Heart Failure; management and care review(1)*

2007 to present Approved by Ferris State University

- As Assistant Professor I designed and teach the following educational programs on request for contact hours.

Refresh and rejuvenate your rhythm interpretation (3 contact hours)

Fundamentals of Pain; management for nurses (1 contact hour)



Curriculum Vitae  
MARGARET M. SMITH  
4136 22 Mile Road  
Sand Lake, MI 49343  
(616) 636-5079  
[margaretsmith1@sbcglobal.net](mailto:margaretsmith1@sbcglobal.net)

- EDUCATION
- MSN, University of Phoenix, Online, July 2007
- BSN, Ferris State University, Big Rapids, Michigan, May 1996
- AAS, Ferris State University, Big Rapids, Michigan, May 1994
- EXPERIENCE
- 5/08-present: NURSING FACULTY/CLINICAL COORDINATOR, Ferris State University, Big Rapids, MI  
Teach nursing courses--Med-Surg, PEDS, Pharmacology, and Technical Skills Lab--for accelerated and traditional pre-licensure BSN students.
- Arrange clinical site placements as well as adjunct clinical nursing faculty for accelerated and traditional pre-licensure BSN students.
- 11/07-present: CNA INSTRUCTOR, Walker Medical Instructional Services, Grand Rapids, MI  
Provide classroom, laboratory, and clinical instruction for a nurse aide training program.
- 5/05-10/07: STAFF DEVELOPMENT DIRECTOR, St. Mary's Rehabilitation and Health Center, Grand Rapids, MI  
Oriented new employees, conducted educational training, oversaw infection control, and performed clinical/supervisory duties as needed.
- 8/97-5/05: LPN INSTRUCTOR, Olympia Career Training Institute, Grand Rapids, MI  
Taught various nursing courses--A&P, Fundamentals, Geriatrics, Issues, Med-Surg, Nutrition, OB, PEDS, and Pharmacology--in both theory and clinical capacities.
- Developed/revised curriculum for nursing courses and set-up contacts for clinical sites.
- 7/96-7/97: RN SUPERVISOR/INFECTION CONTROL COORDINATOR, Porter Hills Presbyterian Village, Grand Rapids, MI  
Performed clinical duties and provided education as needed, supervised a 101-bed facility, i.e. assisted with emergency situations as well as communicated with residents, family members, physician, and staff.

Monitored implementation of infection control policies and procedures, analyzed reported infections, and conducted inservices as warranted related to infection control.

5/95-6/96

RN SUPERVISOR, St. Mary's Living Center, Grand Rapids, MI

Assessed patients' condition, administered prescribed drugs, provided treatments, observed patients' progress, and recorded pertinent observations.

#### WORKSHOPS

Train-the-Trainer, sponsored by MAHSA, January 7, 2008.

Pressure Ulcer Management, sponsored by Cross Country Education, August 22, 2007.

Joint Provider/Surveyor Training, sponsored by MPRO, October 10, 2006.

Elder Centered Programming, sponsored by Trinity Health, August 8, 2006.

Ergonomic Guidelines, sponsored by Trinity Health, August 22, 2005.

#### LICENSURE/ CERTIFICATE

Current RN license in the state of Michigan.  
Current Train-the-Trainer certification.

#### HONORS

Who's Who Among America's Teachers 2004 and 2005.  
Ferris State University Academic Honors Convocation 1993 and 1996.  
Ferris State University Dean's List 1992-1996.  
Who's Who Among Students in American Universities and Colleges.

#### MEMBERSHIPS

National League for Nursing, July 2007-present.  
Sigma Theta Tau, Omicron Delta Chapter, June 2007-present.

#### REFERENCES

Peggy Palermo, RN 616-364-8464 magicpeg@aol.com  
Suzette Bruha, RN 616-391-5720 -----  
Sheryll Russell, RN 616-453-7715 sheryllrussell@sbcglobal.net

Curriculum Vitae

Michelle Teschendorf RNC, MSN, PNCNS  
16709 Pond Creek  
Spring Lake, MI 49456  
616-844-4426 (H)  
314-398-7082 (C)  
231-591-2292 (O)

Formal Education –

Diploma 1974 Barnes Hospital School of Nursing St. Louis, MO Nursing  
BSN 1996 Missouri Western State College St Joseph, MO Nursing  
MSN 1999 St Louis University St. Louis, MO Nursing

Currently enrolled in PhD of Nursing program at St Louis University. Completed course work Spring 2006. Now working on dissertation.

Honors/Certifications

Register Nurse – current in Missouri and Michigan  
Advanced practice nurse status as a Perinatal Clinical Nurse Specialist in Missouri  
Certified as Inpatient Obstetric Nurse from National Certification Corporation  
DESE teaching certificate for the State of Missouri– expires 2008  
Honored Member Empire Who’s Who Professional and Executive Registry 2006-2007

Professional Experience

Professional Teaching Experience

<u>Year</u>	<u>Employer</u>	<u>City &amp; State</u>
2007-current	Ferris State University Assistant Professor teaching RNs returning for their BSN. The delivery format is both classroom and online.	Big Rapids, Michigan
Summer 2007	Grand Valley State University Clinical Instructor in the Accelerated BSN program.	Grand Rapids, Michigan
1999-2007	St. Louis Community College Assistant Professor 1999-2002. Courses taught included: Med-Surg in the second year; OB and Fundamentals in the first year. Associate Professor 2002-2005. Courses remained the same along with Nursing Management. Professor 2005-2007. Other responsibilities have included: member of the campus Curriculum Committee for the last 7 years; member of the Nursing Curriculum committee for the last 7 years and chair 2000-2003; and member of the campus Academic Council 2002-2004 with the position of Vice-chair in 2004.	St. Louis, MO
Summers 99-04	St. Louis University Clinical Instructor in the Accelerated BSN program.	St. Louis, MO
1996	Missouri Western State College Clinical Instructor for 1 <sup>st</sup> level BSN students.	St. Joseph, MO

### Professional Nursing Experience

- 1996-2005 St. John's Mercy Medical Center, Saint Louis, Missouri, Staff Nurse Labor and Delivery, Co-chair of LDR Practice committee, preceptor, and charge nurse. Assistant research coordinator for Nelcor fetal oxygen saturation monitoring.
- 1994-1996 Heartland Health System, Saint Joseph, Missouri; PRN staff nurse LDRP, member of Decision Making Team for Unit.  
  
Saint Luke's Hospital Berry Road, Kansas City, Missouri; PRN staff nurse LDRP.
- 1991-1994 Charleston Area Medical Center-Women's and Children Hospital, Charleston, West Virginia; Clinical Nurse III, Labor and Delivery, relief charge nurse, preceptor; Member: L&D Policy & Procedure Committee, Standards Council, OB Outreach Advisory Committee, Nursing Research Committee. Fetal Monitoring Instructor for University of West Virginia Medical School.
- 1984-1991 Maury Regional Medical Center, Columbia, Tennessee; Staff Nurse Labor & Delivery; charge nurse, preceptor.
- 1981-1984 Druid City Hospital, Tuscaloosa, Alabama; Childbirth Instructor, Staff Nurse NICU for first year, Coordinator Prenatal Department.
- 1979-1980 Northeast Medical Center, Humble, Texas; Staff and charge nurse, Med-Surg.
- 1978-1979 Parkway Hospital, Houston, Texas; Assistant Head Nurse Postpartum; Childbirth Instructor; Chairman Policy & Procedure Committee.
- 1975-1978 Lake County Hospital, Painesville, Ohio; Staff and charge nurse, Med-Surg.
- 1973-1974 Barnes Hospital, St. Louis, Missouri; Undergraduate Nurse; Staff Nurse, Neuro-Medical.

### Publications/Presentations

Chapter writer for Women's Health Nursing: Women during the reproductive years. E. Breslin & V. Lucas, Saunders (2003).

Co-author: Hydrotherapy during labor: an example of developing a practice policy. The American Journal of Maternal/Child Nursing, July/Aug. 2000.

Reviewer for AWHONN Competence Validation for Perinatal Care Providers by Kathleen Simpson and Patricia Creehan, Lippencott Publishers, 1997.

Professional Membership & Activities:

<u>Date</u>	<u>Organization Name</u>
1999	Sigma Theta Tau National Nursing Honor Society
1999	Missouri Community College Association
1994	American Nurses Association
1994	Missouri Nurses Association; previously held position of Secretary.
1991	AWOHN, Association of Women's Health, Obstetric and Neonatal Nurses

Appendix H  
Program Assessment Plan

Assessment Plan  
 Ferris State University  
 Program - Nursing (B.S.N)

**Program - Nursing (B.S.N)**

**Outcome: Professional Competency: Nursing Role Development**

Graduates of the program will demonstrate the ability to assume leadership roles in the provision, delegation and supervision of nursing care while retaining accountability for the quality of that care.

**Outcome Type:** Learning  
**Start Date:** 01/08/2009  
**Outcome Status:** Active

Means of Assessment			
Assessment Method	Criterion for Success	Assessment Schedule	Active
Professional portfolios are prepared during the program to reflect the attainment of designated learning outcomes and are presented in the capstone course, NURS 450 for evaluation. <b>Assessment Method Category:</b> Portfolio/E-Portfolio	90% of students completing the professional portfolio will earn a satisfactory (Pass) grade on the portion of the portfolio which reflects nursing role development.	Every year in the summer semester.	Yes
Students are evaluated in the clinical setting each semester in regard to their progressive role development. Students must earn a mean score of 3 or higher to reflect a satisfactory performance for each clinical competency. <b>Assessment Method Category:</b> Observations (e.g. Clinical or Field)	100% of students completing the program will earn a mean score of 3 or higher in the nursing role development clinical competency.	Every Year - Summer Semester	Yes

**Outcome: Professional Competency: Theory & Evidence Base for Practice**

Graduates of the program will demonstrate the ability to integrate theory and evidence-based knowledge from the arts, humanities, sciences and nursing to develop a foundation for practice.

**Outcome Type:** Learning  
**Start Date:** 01/08/2009  
**Outcome Status:** Active

Means of Assessment			
Assessment Method	Criterion for Success	Assessment Schedule	Active
Students prepare a professional portfolio organized by competency area, which is presented for final grading in the Nursing Capstone NURS 450. <b>Assessment Method Category:</b> Portfolio/E-Portfolio	90% of students who complete the portfolio will earn a satisfactory grade (pass) on the section relating to theory and evidence base for practice.	Every year - summer semester	Yes

**Outcome: Professional Competency: Context for Nursing Care**

Graduates of the program will demonstrate the ability to coordinate the health care of diverse populations across the lifespan toward achieving the goal of healthy individuals, families, groups and communities at the local and global levels.

**Outcome Type:** Learning  
**Start Date:** 01/08/2009  
**Outcome Status:** Active

Means of Assessment			
Assessment Method	Criterion for Success	Assessment Schedule	Active
Students prepare a professional portfolio with one section reflecting the variety of patient care experiences over the course of the program. The portfolio is presented for grading	90% of students completing the portfolio will earn a satisfactory (passing) grade for the section of	Every year - summer semester	Yes

Means of Assessment			
Assessment Method	Criterion for Success	Assessment Schedule	Active
in NURS 450 Nursing Capstone. <b>Assessment Method Category:</b> Portfolio/E-Portfolio	the portfolio pertaining to the context for nursing care during the program.		
Students are evaluated for a clinical competency in all areas of patient care. Students must earn a average rating of 3 or higher to pass the clinical competency. <b>Assessment Method Category:</b> Observations (e.g. Clinical or Field)	100% of students completing the program will earn a mean rating of 3 or higher in this competency for all clinical courses.	Every Year - Summer Semester	Yes

**Outcome: Professional Competency: Research Utilization**

Graduates of the program will demonstrate the ability to analyze research for application to nursing practice.

**Outcome Type:** Learning  
**Start Date:** 01/08/2009  
**Outcome Status:** Active

Means of Assessment			
Assessment Method	Criterion for Success	Assessment Schedule	Active
Students compile a professional portfolio during the program with one section that reflects the research utilization competency. The portfolio will contain samples of assignments which required the student to critique research for its application in a variety of practice situations. The portfolio is presented for grading in NURS 450 Nursing Capstone. <b>Assessment Method Category:</b> Portfolio/E-Portfolio	90% of students who complete the portfolio will earn a satisfactory (Pass) grade in the section of the portfolio pertaining to research utilization.	Every Year - Summer Semester	Yes

**Outcome: Professional Competency: Cognitive Growth**

Graduates of the program will demonstrate critical thinking and ethical judgement in the application of the nursing process, reflecting a safe standard of care.

**Outcome Type:** Learning  
**Start Date:** 01/08/2009  
**Outcome Status:** Active

Means of Assessment			
Assessment Method	Criterion for Success	Assessment Schedule	Active
Students are evaluated in the clinical setting in regard to their ability to demonstrate this competency during patient care situations and in simulation exercises. Students must earn an average rating of 3 or higher to be deemed satisfactory in the clinical setting. <b>Assessment Method Category:</b> Observations (e.g. Clinical or Field)	100% of students completing the program will earn a mean score of 3 or higher on all clinical evaluations relating to this competency.	Every Year for May Graduates - Summer Semester	Yes
Students complete a professional portfolio during the program which has one section designated to this competency. Students will include their clinical evaluations and other assignments related to this competency. <b>Assessment Method Category:</b> Portfolio/E-Portfolio	90% of students completing the portfolio will earn a satisfactory (Pass) grade on the section of the portfolio pertaining to critical thinking and ethical judgement.	Every Year - Summer Semester	Yes
ATI comprehensive exam - administered in the final semester of the program. Students are rated at Level 1, 2 or 3. Level 2 is predictive of success on the licensure exam (NCLEX-RN). <b>Assessment Method Category:</b>	90% of students taking the ATI comprehensive exam will score at the level 2 or higher.	Every year in the summer semester.	Yes



Means of Assessment			
Assessment Method	Criterion for Success	Assessment Schedule	Active
Test - External - Post or Pre/Post			

**Outcome: Professional Competency: Advancement of the Profession**

Graduates of the program will demonstrate a commitment to the advancement of the image of nursing knowledge and participation in interdisciplinary practice.

**Outcome Type:** Learning  
**Start Date:** 01/08/2009  
**Outcome Status:** Active

Means of Assessment			
Assessment Method	Criterion for Success	Assessment Schedule	Active
Students participate in a service learning project during the program. The project is presented as a graded assignment in NURS 450 Nursing Capstone. <b>Assessment Method Category:</b> Service Project/Service Learning	90% of the students who complete the Service Learning Project will earn a grade of 75% or higher on the presentation of the project.	Every Year - Summer Semester	Yes
Students prepare a professional portfolio during the program with 90% of students completing the one section dedicated to this competency, reflecting assignments which represent the student's learning in this area. The Portfolio is submitted in NURS 450 Nursing Capstone for evaluation. <b>Assessment Method Category:</b> Portfolio/E-Portfolio	90% of students completing the portfolio will earn a satisfactory (Pass) grade on the section of the portfolio pertaining to advancement of the profession of nursing.	Every year - Summer semester	Yes

**Outcome: Accreditation Outcomes**

The BSN program will meet accreditation standards as defined by the National League for Nursing Accrediting Commission (NLNAC)

**Outcome Type:** Other  
**Start Date:** 01/08/2009  
**Outcome Status:** Active

Means of Assessment			
Assessment Method	Criterion for Success	Assessment Schedule	Active
Pass rates for the National Council Licensure Examination for Registered Nurses (NCLEX-RN). Students are compared to the State and National averages each quarterly testing period. <b>Assessment Method Category:</b> Licensing/Certification Exam	NCLEX-RN pass rates for FSU graduates who are testing for the first time will meet or exceed state and national averages for the same testing period.	Every fall semester	Yes
Annual Alumni Survey - Employment Rate <b>Assessment Method Category:</b> Survey - Alumni (after one year)	95% of graduates will report that they are employed as Registered Nurses within 1 year of program completion.	Every year in the Summer semester.	Yes
Annual Alumny survey - Preparation for Employment <b>Assessment Method Category:</b> Survey - Alumni (after one year)	90% of graduates who respond to the survey report that they were well prepared to assume the practice role of the Registered Nurse.	Every Summer semester	Yes
Annual Alumni Survey will request the graduate to provide a survey to their employer. <b>Assessment Method Category:</b>	90% of employers who respond to the survey rate FSU nursing graduates' performance as average or above average.	Every Summer semester	Yes

Means of Assessment			
Assessment Method	Criterion for Success	Assessment Schedule	Active
Survey - Employer			
Student Satisfaction with BSN Program <b>Assessment Method Category:</b> Survey - Graduate (Current Year)	80% of students completing the graduate survey will report that they are satisfied or highly satisfied with their educational experience in the BSN program.	Every Fall semester for accelerated track BSN students. Every Spring semester for traditional track BSN students.	Yes
Program retention & Graduation Rates <b>Assessment Method Category:</b> Survey - Students	90% of students who are admitted to the nursing program will graduate at the end of their cohort cycle.	Every summer semester	Yes
Graduate survey report of lifelong learning activities that exceed maintaining licensure as a Registered Nurse. Examples include: 1) Advanced Certifications, 2) Enrollment in a graduate program or 3) other. <b>Assessment Method Category:</b> Survey - Alumni (after one year)	80% of graduates who respond to the survey report that they have engaged in ongoing professional development outside of routine licensure CE.	Every Spring Semester	Yes
Student Diversity - demographic data for all students enrolled in the program related to gender and ethnicity. <b>Assessment Method Category:</b> Survey - Students	At least 10% of the students enrolled in the BSN program in each academic year will represent gender or ethnic diversity.	Every summer semester semester	Yes

