

RN to BSN

Academic Program Review 2009

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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- RN-BSN program

Health of the program

The mission of the bachelor's of science in nursing RN-BSN completion 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.

Demand for the completion program remains strong, especially with the addition of a fully on-line opportunity. Current trends in health care facilities and the demand for nurses with baccalaureate degrees or higher means that enrollment in the program will remain strong throughout the current decade.

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. In addition to the faculty, there are three support staff who are shared with other off campus programs. These individuals have the responsibility for student advising and recruiting. Removing the responsibility for these functions from faculty has resulted in increased access for students and increased retention in the program while allowing faculty to utilize their expertise for instruction of students.

Future Goals

Programmatic faculty will continue to enhance their efforts in demonstration of student learning through programmatic and course level assessment. Within the next two academic years, the program will offer a RN-MSN track to further meet the needs of the current population of nurses and the demand of the health care industry.

Adequacy of Resources

The phenomenal growth in the RN-BSN program is stretching its current resources. Because nursing faculty, both full-time and part-time are shared among the three programs (pre-professional BSN, RN-BSN and MSN), growth in one of the areas impacts the other two. The current numbers of faculty are sufficient to meet the needs of the currently enrolled students, however, should additional growth occur, additional faculty resources will be needed.

Likewise, the infrastructure and equipment are sufficient to meet current needs, however, it is at its maximum capacity and will need to be closely monitored to assure continued program quality. The continued quality of the on-line offerings will require the university to commit to a mechanism for evaluation of instruction by students.

Increased enrollment in the RN-BSN program, along with others in the CAHS has resulted in additional stressors placed on courses in the College of Arts and Sciences, especially for on-line sections of 300-400 level courses in the cultural enrichment and social awareness categories. If the program is to continue to grow it will become necessary for there to be resolution of the issue of accessibility of courses for on-line students enrolled in fully on-line programs.

TO: Ferris State University Academic Program Review Panel
FROM: Dr. Julie Coon, Director of the School of Nursing
RE: Analysis of the RN to BSN Completion Program
DATE: July 20, 2009

Health of the RN to BSN Completion program

The RN to BSN program enjoys a high level of program “health” as demonstrated by several variables:

- It is a program of high consumer demand that offers a variety of program formats that meet the needs of Registered Nurses who seek a baccalaureate degree
- The program has innovative faculty who have readily adapted the program to be responsive to a wider consumer population
- The program has been allocated additional resources to support the rapid growth in enrollment
- The program is fully accredited by the National League for Nursing Accreditation Commission (NLNAC).

Demand for the Program: The RN to BSN program has been in existence since 1983 when it was launched as a campus based program for registered nurses who desired a bachelor’s degree in nursing. The program quickly found a market niche in the arena of off campus programming and launched its first off campus offering in 1985. As a leader within the University in the offering of site-based programming the RN to BSN program quickly grew to include multiple sites throughout the State with a unique model of instructional delivery. The program was offered on a part time basis (6 credits per semester) on one designated evening per week. RNs from around the state clamored for the program which quickly gained the reputation as the most consumer-friendly BSN completion program in the State. The program was offered in hospitals and on community college campuses. By the mid to late 90’s many other BSN completion programs began to duplicate the Ferris delivery model which served as a catalyst for the faculty to explore new innovations to retain the previously established market share. It became evident that many students entering a BSN completion program were doing so as a conduit to a graduate program, thus the demand for a more efficient program became evident. A curricular revision in 2000 resulted in a leaner more accelerated program model that eventually adapted to a blended delivery format by 2003-04. The blended delivery format was so popular that it was inevitable that the program would launch a fully online format which started in fall 2007.

The implementation of the fully online programming option has resulted in a virtual enrollment explosion for the program. In addition to the site based blended delivery cohorts the program had been providing, the demand for fully online instruction surpassed initial expectations. In Fall 2007, one fully online section was scheduled, but the demand quickly grew to the need for four sections to accommodate almost 80 new students. Another 60 new online students were admitted in spring 2008. That pattern has maintained in the 2008-09 academic year and at the writing of this letter there are more than 100 students in the admission pipeline to begin the online program in fall 2009. The online option has essentially doubled the total enrollment of this program.

The current landscape in the nursing profession supports the assumption that this program will continue to remain in high demand as the discipline has identified a need for a more educated nursing workforce. In Michigan, many hospitals have started what is known as the Magnet journey. Magnet status has only been granted to 5 hospitals in the state, and is a public recognition of the hospital's commitment to nursing excellence. Hospitals that have achieved this honor reflect a workforce mix that has a higher proportion of nurses prepared at the baccalaureate or graduate levels. In addition, 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. These two significant factors serve to support the need for more RN to BSN completion programs in Michigan as well as for the expansion of the programs that currently exist.

Quality of the Faculty: The ability of the RN to BSN program to be as responsive, flexible and adaptive to a rapidly changing workforce demand is a clear reflection on the faculty who were collectively instrumental in the ongoing evaluation and modification of the program to meet the current demand. The faculty in the School of Nursing have served as leaders within CAHS and the University in the arena of online instruction. As a collective group, they were the first program to have all faculty trained in FerrisConnect so that they could launch both newly revised BSN programs in the fall of 2007. Their longstanding experience with online instruction prior to the move to FerrisConnect made this transition relatively easy. As new faculty join the School of Nursing, the seasoned faculty members serve as mentors for all methods of instruction, but the online domain is especially important to support quality and consistency in the RN to BSN program. In addition to the full-time FSU nursing faculty, we have been fortunate to also find excellent adjunct faculty who have proven to be effective online instructors as well, which is significant in view of the number of online sections now being offered in this program.

Allocation of New Resources: This will be discussed in more detail in the section on the analysis of the adequacy of resource allocation, but it is significant to note that in response to the enrollment increase of this program as well as other CAHS programs, Dean Haneline was successful in attaining significant additional personnel to address the workload associated with increased growth. The addition of a clerical student support position as well as two full-time dedicated advisors for CAHS off campus programs reflects the impact off campus growth has had within the College. It is significant to note that with the RN to BSN program leading the College in that growth, the Dean was also able to establish four new faculty positions to support this program. These positions were approved as 12 month, three year continuing positions, which reflects the confidence in the continued growth of this program.

Program Accreditation: The RN to BSN program has been fully accredited since 1989, reflecting quality and adherence to established national nursing education standards.

Future Goals of the RN to BSN Completion Program:

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

- To review the curriculum against the newly revised 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 design and delivery to address changing needs of prospective students.
- To prepare for ongoing program accreditation with a site visit anticipated in 2013.

Curricular Review: As a newly revised 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. Both undergraduate BSN programs were designed with the American Association of Colleges of Nursing's (AACN) *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 undergraduate nursing programs to review the current curricula 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 Program Models: There is a proposal to be submitted in fall 2009 to the UCC for the creation of a new track, which would be a RN to MSN accelerated program. This new program is designed to address the growing demand for the MSN program also offered in the School of Nursing. The new track would allow a student who has completed the first 17 nursing (NURS) credits of the RN to BSN program, as well as all the general education requirements for the BS degree, to apply for an accelerated admission to the MSN program. The student would have to meet admission requirements for the MSN program, and if admitted would bypass the last 10 credits of nursing in the RN to BSN program. Upon completion of the MSN courses, the student would be awarded both the BSN and the MSN degree.

Ongoing Accreditation Planning: As noted previously, the RN to BSN program is accredited by the NLNAC. The BSN (RN) 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 RN to BSN Completion 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.

Personnel Resources: As noted previously, the enrollment in the RN to BSN completion program has increased substantially over the past couple of years, primarily with the implementation of the fully online delivery option. While we anticipated a positive response to this instructional delivery approach, we were not prepared for the overwhelming interest, resulting in an overall increase in 1.6 FTE of teaching load just for the online component of that program. It was also our sense that the addition of online delivery would result in a decrease of site based blended programming. However, that has not been the case. We have now had requests from hospitals to start new site-based cohorts at those locations.

Last year we launched a cohort of 40+ students at the MidMichigan Medical Center in Midland, which was a new site and we will launch a new site at Holland Hospital this fall, with an anticipated cohort of 30+ students. These are new sites that are added to our existing ongoing sites where the program continues to be in demand in a blended format: Travers City, Flint, Kalamazoo and Grand Rapids. At the present time, we are also considering requests to bring the program to Gratiot Medical Center in Alma. While the enrollment fluctuates from semester to semester, we have increased from about 150-200 students in all sites to more than 400 students that are either site-based or online. The anticipated teaching load for this program for the fall 09 Semester is 66 credits or 5.5 faculty FTE. This program also has .25 release time dedicated to program coordination. While this is one program where we frequently do hire adjuncts, the challenge has been the increased “launching” load for this program, which really needs to be assigned to full-time faculty if we hope to retain students in the program. Where we were typically offering only 2-3 sections of the introductory courses each semester, we now offer about 4-6 sections.

Equipment Resources: The RN to BSN program is not an equipment intensive program. As an online or blended delivery site based program, it is important for faculty to have appropriate and adequate technology in the form of computer support and software. This has been an adequate resource for the program with the computer replacement system the University has provided over the past several years.

Infrastructure Resources: As an online and / or blended site based delivery program model, the RN to BSN program does not require significant infrastructure resources. There are three areas of concern in this category. The first is the lack of online sections of courses to meet the general education requirements for the BS degree. Students need upper division courses in the areas of Social Awareness and Cultural Enrichment and most want these courses in an online format. Unfortunately, very few sections are dedicated to online students each semester, resulting in the need for these students to seek these electives elsewhere or to delay program completion if they need to take them from Ferris for financial aid reasons.

Another concern is in regard to a lack of support for the purpose of assessing readiness for online learning and for assisting students to gain the skills necessary for effective online learning, especially for students at a distance. It would be recommended that the University consider site based workshops to help students develop computer competency and information literacy skills to prepare them to be successful in the online learning environment.

The final area of concern is in regard to the current inadequate support for course evaluation by students. The Student Assessment of Instruction (SAI) process is both cumbersome and ineffective in terms of yielding any useful data for tenure track or post tenure review faculty. The CAHS tenure policy and department process requires non tenured faculty to conduct the SAI in all sections they are assigned to teach. Unfortunately we have experienced very poor responses to the SAI in the online courses. If the University is committed to the expansion of online course sections, finding a way to effectively administer anonymous student surveys should be identified as a priority.

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. The School of Nursing has enjoyed the added revenue generated from incentive money attained from off campus programming efforts over the years. This revenue source has comprised the 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 RN to BSN Completion 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 One: Overview of Program

A. Program Goals

1. **Goals of Program:** The program goals are reflected in the statement of goals and philosophy. For the complete document see Appendix 1- A. The goals are reflected in the purpose statements:
 - a) Deliver nursing programs that prepare nurses to practice in the rapidly changing health care environment.
 - b) Instill standards of practice and professional performance as essential components of practice.
 - c) Incorporate best practices in nursing and education.
 - d) Recruit and retain a diverse population of students and faculty.
2. **Establishment of goals:** The purpose statements were developed by the faculty as a whole and were most recently reviewed in June, 2008. The most recent revision was in 2004, as the School of Nursing was in the process of moving forward to develop a bachelor's level pre-licensure program.
3. **How goals prepare students for careers:** The goals were developed and revised to prepare registered nurses to assume leadership roles in nursing to meet the demands of an increasingly complex health care system. There are several significant studies indicating improved patient outcomes related to the ratio of BSN prepared nurses in an institution. See Appendix 1-B
4. **Change of goals:** The goals are reviewed every other year and were reviewed in spring 2007 and again this spring (2009) to be sure they were still relevant. Slight changes were made at those times.
5. **Relationship of program goals to University mission and College strategic plan:** The program goals are consistent with both the University's mission and that of the College of Allied Health Sciences. The following table is adapted from the most recent accreditation report to address this item. The program goals were developed from the University's goals and mission statement and with each review or revision the faculty reviewed anew the University core documents to ensure any needed revision remained consistent with these core documents. In the same way the various structural level strategic plans are consulted and used to focus the goals and activities of the RN to BSN program on a regular basis. Table 1-A demonstrates the consistency of the program goals to the stated mission of the University and the College. The table is adapted from the 2005 NLN accreditation report.

Table 1-A

FSU Mission Statement	College of Allied Health Sciences	Nursing Programs Mission Statement
<p>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.</p>	<p>Building Upon the mission, vision and values of Ferris State University, the College of Allied Health Sciences' mission is to prepare students for successful careers in the various programs contained within the college, to foster responsible citizenship and to promote lifelong learning. The college will depend upon partnerships with healthcare providers and facilities to prepare students for rapidly changing careers. The college's vision is to be a recognized leader in the provision of career-oriented allied health education. It strives to be the preferred choice for students who seek to pursue a career in one of the disciplines offered by the college by offering programs that align themselves with the needs of the agencies that it serves in a student-centered environment that fosters life-long learning, leadership and continued intellectual development. To fulfill its vision, the College of Allied Health Sciences embraces the core values of the university by fostering opportunities for collaboration, respect for diversity, demand for excellence, and opportunity for students to learn to function in an ethical community.</p>	<p>The Nursing Education Programs will provide a framework for the application of <u>innovative strategies to facilitate student's acquisition and utilization of the core values, knowledge, and behaviors</u> encompassed within the <u>professional levels of nursing</u>.</p> <p>Nursing Programs Purposes:</p> <ul style="list-style-type: none"> • Deliver nursing programs that prepare nurses to practice in the <u>rapidly changing health care environment</u> • Instill professional ethics and standards as an essential component of practice • Incorporate <u>best practices in nursing and education</u> • Recruit and retain a diverse population of students and faculty

B. Program Visibility and Distinctiveness:

1. **Unique features of program:** The RN to BSN program is one of the longest existing programs in Michigan. Unlike several of the other programs the Ferris program does not mix students from the pre-licensure program with practicing nurses and recognizes that the RN to BSN student enters with a license in nursing and a body of knowledge from a previous educational experience and current practice. With the debut of a fully online option in Fall 2007, the Ferris program offers a greater flexibility and accessibility than many other programs. Ferris offers one of fifteen RN to BSN programs listed on the Michigan Department of Community Health web site. In addition there are many fully online programs that are offered nationally. The unique features of the Ferris RN to BSN program include
 - a) The option to take classes in a blended or fully online format. Many students opt to start in a blended format and migrate to online classes as they gain proficiency learning in an online environment.
 - b) The School of Nursing has partnered with clinical agencies to offer the program onsite when the demand is adequate to support a cohort and the teaching resources are adequate.
 - c) Students begin immediately in nursing classes rather than begin with general education classes.
 - d) The only pre-requisites to admission are a current RN license and the educational preparation required for the license i.e. an associate degree or diploma in nursing. Other competing schools often require specific science courses which students perceive as a significant barrier to returning to school.
2. **Program's ability to attract quality students:** The program has long been able to attract quality students. The very nature of the program mandates the students have had a level of higher education success as pre-licensure programs in nursing are rigorous. Students in the program and the graduates are some of the best recruiters for the program. There are many career days in community colleges and education fairs in health care organizations. We find the personal contact very effective in standing out at such events.
3. **Competing Institutions:** The main competitors for RN to BSN students seem to be University of Michigan-Flint, University of Phoenix, Davenport University, Grand Valley State University and in some areas the University of Detroit Mercy. All of the programs are similar in accepting registered nurses into the programs and granting a BSN upon successful completion of the requirements. The differences among the various programs include clinical requirements, repetition of previous course work, transfer credits accepted, availability of needed courses, and flexibility of program offerings. Table 1-B lists programs that compete in Michigan at some level.

Table 1-B Schools in Michigan Offering an RN to BSN Program according to RN to BSN.com and Supplemented with Information from Program Web-sites.		
School	Michigan Campus Sites	Online
Andrews University	Berrien Springs	No
Davenport University	Grand Rapids, Midland, Warren	Yes
Eastern Michigan University	Ypsilanti, Brighton, Detroit, Jackson, Livonia, and Monroe	No
Ferris State University	Big Rapids	Yes
Finlandia University *	Hancock	No
Grand Valley State University	Grand Rapids	No
Lake Superior State University	Sault Ste. Marie	Yes
Madonna University	Livonia	No
Michigan State University	East Lansing	No
Northern Michigan University	Marquette	No
Oakland University	Rochester	Yes
Saginaw Valley State University	University Center	No
Sienna Heights University	Adrian	No
Spring Arbor University	Spring Arbor	No
University of Detroit Mercy	Detroit	Yes
University of Michigan	Ann Arbor	No
University of Michigan-Flint	Flint	No
University of Phoenix *	Detroit	Yes
Wayne State University	Detroit	No
Western Michigan University	Kalamazoo	No

* University of Phoenix not listed on Michigan Board of Nursing site, is a valid competitor, no information on Finlandia site about RN to BSN program other than a link to a blank page.

The Ferris program compares favorably with the competitor schools. Prospective students disclose much about the barriers they perceive in the questions they ask. Many students ask about acceptance of transfer credits and the Ferris policy is seen as a less burdensome policy than many others. Many of the adult students are savvy shoppers when they elect to return to school. They look at the length of the program, repetition of content, required clinical time, and generally reflect the descriptions of adult learners in higher education literature. Several years ago in a curriculum change the faculty decided to no longer continue to use directed electives. The response to that has been positive in that students are able to select courses that meet their needs and interests and to find courses that are available if they are unable to take a directed elective when offered.

In the past we found when other programs moved to fewer courses and less clinical time we needed to review our offerings to remain competitive. We took a hard look at the professional literature and feedback from our advisory committee and sorted essentials from the established traditions that were no longer relevant.

C. Program Relevance

1. Labor Market Analysis

Job Outlook:

According to the Bureau of Labor Statistics, U.S. Department of Labor, *Occupational Outlook Handbook, 2008-09 Edition*, the market demand for registered nurses is going to be robust during the years analyzed from 2006-2016. It is projected that the number of job openings for registered nurses, created by both a large increase in new jobs and the filling of positions created by nurses leaving the occupation, will make nursing a field with employment growing “much faster than the average for all occupations through 2016.” With this very positive job outlook, which is predicted both nationally and within Michigan (see the tables located at the end of *Labor Market Analysis* section), it is vital that Ferris State University provide education to nurses that will maintain and improve the available workforce that will be operating within the current health care system.

While the positive job outlook for registered nurses is encouraging regarding the employability of graduates, there is a downside to this situation as there is, and has been, a much publicized shortage of nurses. This nursing shortage is being addressed on national and state levels, as well as in individual institutions. The design of the RN to BSN program has been specifically tailored to encourage practicing nurses to increase their educational level from the associate’s degree level to the bachelor’s level. The program design encourages improvement in the available nursing workforce through education while attempting to maintain employment of nurses so as not to further reduce the number of practicing nurses.

Need for Baccalaureate Education:

Over half of registered nurses ages 25 to 44 have at least a bachelor’s degree, according to data found from *Career InfoNet’s Occupation Profile* of registered nurses (displayed in tabular format at the end of the *Labor Market Analysis* section). In order for graduates to have a competitive position in the marketplace, it is crucial that they meet or exceed the requisite educational level for the field. In addition, studies have shown that nurses educated at the bachelor’s level rather than the associate’s level provide higher quality patient care (Aiken, L. H. et al., 2003a; Aiken, L. H., et al., 2003b; Trossman, S., 2008; Friese, C. R. et al., 2008). Many articles support the assertion that nurses should be educated at the baccalaureate level (Taylor, D. L., 2008; Goode, C. J. et al., 2001; Trossman, S., 2008; Spencer, J., 2008; Rosseter, R. J., 2008a, Wawrzynski, M. S. & Davidhizar, R., 2006). Reasons for supporting the bachelor’s degree as the minimum educational level for nurses include meeting the demands of the present and rapidly changing health care system, improved critical thinking skills, greater potential for upward mobility within the profession, improved professionalism, better patient care, and improved health outcomes. Accordingly, the largest employer of RNs, the Department of Veterans Affairs, has required that nurses must possess a minimum of a bachelor’s degree to be promoted beyond an entry level position, and has also devoted \$50 million over a 5 year time frame to assist nurses with pursuing higher levels of education (Rosseter, R. J., 2008a).

National nursing associations, including the *American Association of Colleges of Nursing (AACN)*, *American Organization of Nurse Executives (AONE)*, and *American Nurses Association (ANA)* support the bachelor's degree as the minimum educational level for practicing nurses. Also, government agencies/advisory boards are encouraging the acquisition of bachelor's degrees by nurses because of the various benefits that can be shown from this educational level versus the associate's degree level. For example, the *National Advisory Council on Nurse Education and Practice (NACNEP)*, in their *Sixth Report to the Secretary of Health and Human Services and Congress*, "strongly recommends prioritizing funding for initiatives to increase the proportion of BSNs in the nursing workforce. This includes giving funding preference to pre-baccalaureate (associate degree/diploma) education programs that demonstrate a plan to foster baccalaureate preparation with partnerships between baccalaureate and pre-baccalaureate programs" (2008, p. 13). This is exactly the sort of initiative that we are involved in at Ferris State University with the RN to BSN program. However, *NACNEP* acknowledges the nursing workforce shortage and addresses the perceived incongruence between recommending an infusion of nurses into the workforce while also promoting prolonged education by addressing the various educational opportunities available such as accelerated nursing programs and online programs, both offered at Ferris State University, that facilitate both higher education and more working nurses.

For further information regarding the benefits of educating nurses at the baccalaureate level, please see the AACN Fact Sheet, entitled *The Impact of Education on Nursing Practice*, located in Appendix 1-C, and also available online at: <http://www.aacn.nche.edu/Media/pdf/EdImpact.pdf>

Nursing Shortage/Shortage of Baccalaureate Educated Nurses: A shortage of nurses has been a recurring problem in the United States in recent history (Gunn, I. P., 2000). The *U. S. Bureau of Labor Statistics* projects that there will be more than a million new and replacement nurses needed by the year 2016 (as cited in *AACN Nursing Shortage Fact Sheet*, 2008, online). Even though there is a current nursing shortage, rather than sacrifice quality for quantity in regards to nurses, many institutions prefer to hire baccalaureate educated nurses because of the previously discussed advantages seen with this level of educational attainment. So, while the nursing shortage is bleak, with an estimated shortage of 18,000 nurses within the state of Michigan alone by the year 2015 (Boyd, L., 2008), it is imperative that nurses be educated at a level that is desired or required by many institutions. For example, magnet hospitals tend to have a higher percentage of baccalaureate educated nurses, as well as better nurse-to-patient ratios that have shown to be important factors in reducing patient mortality (Gunn, I. P., 2000). As previously mentioned the largest employer of nurses, the Department of Veterans Affairs, is now encouraging nurses to pursue higher education and mandates a minimum educational level of a bachelor's degree for promotion within the system (Rosseter, R. J., 2008a). Indeed, in Michigan, some hospitals are requiring their nurses to have a bachelor's degree (Munson Medical Center), and those hospitals on the journey to Magnet status are encouraging their nurses holding associate's degrees to continue their education and pursue a bachelor's degree. Also, there is a documented preference of Chief Nursing Officers for hiring baccalaureate educated nurses for numerous reasons, including their communication skills, performance abilities, critical thinking skills, and more (Goode, C. J. et al., 2001).

There is not only a shortage of clinical nurses; there is also a shortage of nurse educators. Baccalaureate educated nurses may wish to take the next step and pursue a master's degree, the minimum educational level required by many schools of nursing to educate bachelor's level nurses. There is a deleterious cycle that occurs when students attempt to get into nursing school, but are unable to because of insufficient numbers of nurse educators available at the university level. As stated by Shipman and Hooten, "Qualified students try to get into nursing schools, only to be turned away due to faculty shortages. Once a student is turned away, they may opt for another career. The nursing shortage will continue unless the educational system educates enough nurses. Nursing schools are not graduating enough nurses to keep up with the demand" (2008, p. 521). In Michigan, the need for more nurse educators has been recognized, and Governor Granholm has allocated 6.5 million in new funding to the **Michigan Nursing Corps** – an initiative created by the Governor to help address the nursing shortage "with the goal of rapidly producing nursing educators so schools can admit more nursing students and reduce the long wait periods currently experienced by nursing students" (Boyd, L., 2008, online).

The tables at the end of this section that provide the estimated job growth and job openings for nurses help to highlight the number of nurses that will be needed to adequately staff health care facilities. For further information regarding the nursing shortage, please see the AACN's *Nursing Shortage Fact Sheet*, located in Appendix 1-D, and also available online at: <http://www.aacn.nche.edu/media/pdf/NrsgShortageFS.pdf>.

As is clearly demonstrated by the market analysis, the RN to BSN program fulfills a critical need by educating nurses at the baccalaureate level, and by providing a stepping stone to nurses that has many benefits, and may encourage further education that will lead to more nurses meeting the qualifications to be nurse educators. Individual institutions, states, and the country are clearly in need of more well-educated nurses and nurse educators, a goal that the Ferris State University RN to BSN program helps to realize.

Nursing Occupation Trends Tables

The following tables present summary data as presented on the Career InfoNet Occupation Information website,

http://www.acinet.org/acinet/occ_intro.asp?id=1&nodeid=1, which aggregates information from national and state government agencies.

State and National Trends

(From:

http://www.acinet.org/acinet/occ_rep.asp?next=occ_rep&Level=&optstatus=111111111&jobfam=29&id=1&nodeid=2&socode=291111&stfips=26&x=59&y=6

Retrieved, November 21, 2008)

United States	2006	2016	Percent Change	Job Openings ¹
Registered nurses	2,504,700	3,092,000	+ 23 %	100,080
Michigan	2004	2014	Percent Change	Job Openings ¹
Registered nurses	83,320	100,870	+ 21 %	3,500

¹Job Openings refers to the average annual job openings due to growth and net replacement.

Note: The data for the State Employment Trends and the National Employment Trends are not directly comparable. The projections period for state data is 2004-2014, while the projections period for national data is 2006-2016.

State and National Wages for Registered Nurses

(From:

http://www.acinet.org/acinet/occ_rep.asp?next=occ_rep&Level=&optstatus=11111111&jobfam=29&id=1&nodeid=2&soccode=291111&stfips=26&x=59&y=6

Retrieved, November 21, 2008)

Location	Pay Period	10%	25%	Median	75%	90%
United States	Yearly	\$42,000	\$49,800	\$60,000	\$73,200	\$87,300
Michigan	Yearly	\$44,300	\$52,100	\$59,800	\$68,900	\$77,500

Distribution of Educational Attainment

(From:

http://www.acinet.org/acinet/occ_rep.asp?next=occ_rep&Level=&optstatus=11111111&jobfam=29&id=1&nodeid=2&soccode=291111&stfips=26&x=59&y=6

Retrieved, November 21, 2008)

Occupation	Percent of employees aged 25 to 44 in the occupation whose highest level of educational attainment is-		
	High School or Less	Some College	Bachelor Degree or More
Registered nurses	1%	42.7%	56.2%
Health Diagnosing and Treating Practitioners	1.3%	11.4%	87.4%
Healthcare Practitioners and Technical	9.9%	31%	59.1%
Total, All Occupations	38.8%	29.1%	32.1%

Reference for above tables: State of Minnesota. (2008). *Career InfoNet occupation information: Occupation profile for Registered Nurses*. Retrieved November 21, 2008, from http://www.acinet.org/acinet/occ_rep.asp?next=occ_rep&Level=&optstatus=11111111&jobfam=29&id=1&nodeid=2&socode=291111&stfips=26&x=59&y=6

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2. **Program's response to forces of change:** The RN to BSN program recognized the increased need for BSN prepared nurses in Michigan and the increase support for BSN education by employing agencies as more hospitals and medical centers began to value Magnet Status. Magnet hospitals need an increased ration of BSN prepared nurses to meet the requirements of Magnet accreditation. Increasingly the SON found the site based cohort model becoming problematic as students often found the lack of flexibility of that model to adapt to the demands of their lives. The SON is also able to meet the educational needs of registered nurses in areas not able to support a cohort.

- C. **Why students come to FSU:** There are many reasons why students come to Ferris to complete the BSN after obtaining an ADN in a community college. Many have been nurses for many years and now find they are ready to advance in their careers and need a BSN to do that. Others are new graduates who planned to continue to complete the BSN following their graduation from an ADN program. They report selecting the FSN RN to BSN program for the following reasons:
1. Acceptance of previous course work with minimal repetition of previous learning.
 2. The positive reputation of FSU RN-BSN nursing graduates in the practice setting.
 3. Admission into nursing sequence without taking general education courses first.
 4. Ease of the admission process.

D. Program Value

1. **Benefit of program, facilities, and personnel to University:** The RN to BSN program benefits the university by offering a quality program that produces successful graduates. These graduates practice throughout the state in leadership positions and often select the FSU program to prepare for graduate school. The growth of this program is a significant part of the growth in enrollment in the CAHS. Faculty of this program serve on multiple FSU committees as evidenced on individual CVs.
2. **Benefit of program, facilities, and personnel to students:** The RN to BSN program is fully accredited through the National League for Nursing Accreditation Commission (NLNAC) The faculty used the most recent curriculum revision various guidelines for baccalaureate nursing education were used including the guidelines of NLNAC for baccalaureate nursing programs were use to assure compliance with the accrediting criteria of both of the major accrediting bodies for nursing education as well as professional practice standards.
 - a) **Value of program to employers as assessed by program personnel:** Anecdotal reports from employers indicate that FSU RN to BSN graduates are well prepared for the practice setting in both clinical and other leadership roles. In the last two years both Mid Michigan Medical Center and Holland Hospital have approached the SON requesting an onsite offering of the RN to BSN program. The only way we had to survey employers was through contact with graduates. In our request to 314 graduates we included the information to the employer survey. We had only 6 responses from graduates and none from employers.
 - b) **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.
 - 1) Faculty Scholarship & Service Examples
 - i. Faculty presentations at conferences on topics ranging from the use of Structured Learning Assistance (SLA), study abroad, educating 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.
 - v. Faculty act as reviewers for a variety of articles and texts in their individual fields of expertise.
 - 2) 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).

3. **Services to general public groups:** Students participate in activities external to the university. Students are required to complete 20 service learning hours during the course of the program. The students have completed their hours in a variety of settings including volunteering at free clinics, teaching health related content in schools, initiating or working in parish nurse programs, offering education, organizing health fairs or booths at fairs, volunteering as camp nurses for short term children's camps, etc. These activities not only provide 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.

Section Two: Collection of Perceptions

The RN to BSN APR committee developed the surveys using existing program surveys as guides editing them to reflect the unique aspects of the RN to BSN program. The completed surveys were sent to Institutional Research and Testing for feedback and the final versions were put into electronic format. Graduates were sent postcards requesting their participation with the URL for the survey on the postcard. Because most students in the program report they do not use their Ferris e-mail and with the change to g-mail the committee decided not to try to e-mail graduates. Most of the students in the program are in a stable life situation and are not moving frequently.

- A. **Graduate Follow-up Survey:** Postcards requesting participation were sent to 314 graduates with 6 replies. The replies are reported below. A copy of the graduate survey is in Appendix 2-A. The results of the surveys are reported below. Of the 314 survey request postcards sent to graduates from the last five years only 6 surveys were completed.

When did you graduate					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	2005	3	50.0	50.0	50.0
	2006	1	16.7	16.7	66.7
	2007	1	16.7	16.7	83.3
	2008	1	16.7	16.7	100.0
	Total	6	100.0	100.0	

Where did you attend classes					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Big Rapids	3	50.0	50.0	50.0
	Niles	1	16.7	16.7	66.7
	Flint	2	33.3	33.3	100.0
	Total	6	100.0	100.0	

Are you currently working in nursing					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	6	100.0	100.0	100.0

Are you working					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Pool or contingency only	1	16.7	16.7	16.7
	Part time	1	16.7	16.7	33.3
	Full time (greater than 30 hrs/wk)	4	66.7	66.7	100.0
	Total	6	100.0	100.0	

Are you currently working in another field					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	5	83.3	83.3	83.3
	Yes	1	16.7	16.7	100.0
	Total	6	100.0	100.0	

Please describe					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		5	83.3	83.3	83.3
	Certified Bariatric Nurse/ Bariatric Clinic	1	16.7	16.7	100.0
	Total	6	100.0	100.0	

The following questions ask about the role at the time of program entry.

Staff nurse					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not Selected	2	33.3	33.3	33.3
	Selected	4	66.7	66.7	100.0
	Total	6	100.0	100.0	

Manager					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not Selected	5	83.3	83.3	83.3
	Selected	1	16.7	16.7	100.0
	Total	6	100.0	100.0	

Educator					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not Selected	6	100.0	100.0	100.0

Role: Other-Specified					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not Selected	4	66.7	66.7	66.7
	long term care, staff development, infection control nurse	1	16.7	16.7	83.3
	Working in the PACU	1	16.7	16.7	100.0
	Total	6	100.0	100.0	

The following questions ask about the current role as a graduate of the RN to BSN program.

Current role: Staff nurse					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not Selected	2	33.3	33.3	33.3
	Selected	4	66.7	66.7	100.0
	Total	6	100.0	100.0	

Current role: Manager					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not Selected	5	83.3	83.3	83.3
	Selected	1	16.7	16.7	100.0
	Total	6	100.0	100.0	

Current role: Educator					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not Selected	4	66.7	66.7	66.7
	Selected	2	33.3	33.3	100.0
	Total	6	100.0	100.0	

Current Role: Other Specified					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		5	83.3	83.3	83.3
	Teaching part time along w/ reg. Bariatric Nurse position	1	16.7	16.7	100.0
	Total	6	100.0	100.0	

Have you/are you planning to start a graduate program					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	1	16.7	16.7	16.7
	Yes, but I have not yet applied to a program	2	33.3	33.3	50.0
	Yes, I have been accepted into a program	1	16.7	16.7	66.7
	Yes, I am currently enrolled in a program	1	16.7	16.7	83.3
	Yes, I have a Master's in Nursing	1	16.7	16.7	100.0
	Total	6	100.0	100.0	

Considering a doctorate					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	1	16.7	100.0	100.0
Missing	System	5	83.3		
	Total	6	100.0		

Which of the following					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	PhD Nursing	1	16.7	100.0	100.0
Missing	System	5	83.3		
	Total	6	100.0		

Current salary					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	\$40,001-50,000 (\$20-25/hr)	3	50.0	60.0	60.0
	\$60,001-70,000 (\$30-35/hr)	1	16.7	20.0	80.0
	\$70,001-80,000 (\$35-40/hr)	1	16.7	20.0	100.0
	Total	5	83.3	100.0	
Missing	System	1	16.7		
	Total	6	100.0		

The following questions are designed to measure changes related to terminal program outcomes.

Changes: Assumed more leadership in same role					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not Selected	4	66.7	66.7	66.7
	Selected	2	33.3	33.3	100.0
	Total	6	100.0	100.0	

Changes: Moved into a formal leadership position					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not Selected	5	83.3	83.3	83.3
	Selected	1	16.7	16.7	100.0
	Total	6	100.0	100.0	

Changes: Have not changed my role					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not Selected	4	66.7	66.7	66.7
	Selected	2	33.3	33.3	100.0
	Total	6	100.0	100.0	

Changes: Presented nursing information at a conference					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not Selected	5	83.3	83.3	83.3
	Selected	1	16.7	16.7	100.0
	Total	6	100.0	100.0	

Changes: More likely to seek info from professional resources					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not Selected	3	50.0	50.0	50.0
	Selected	3	50.0	50.0	100.0
	Total	6	100.0	100.0	

Changes: More aware of cultural considerations in work setting					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not Selected	4	66.7	66.7	66.7
	Selected	2	33.3	33.3	100.0
	Total	6	100.0	100.0	

Currently a member of a nursing-related organization					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	2	33.3	33.3	33.3
	Yes	4	66.7	66.7	100.0
	Total	6	100.0	100.0	

Nursing-related organization					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		2	33.3	33.3	33.3
	AANA	1	16.7	16.7	50.0
	Amer. Soc. for Metabolic & Bariatric Surgery	1	16.7	16.7	66.7
	MNA	1	16.7	16.7	83.3
	NGNA, NLN	1	16.7	16.7	100.0
	Total	6	100.0	100.0	

Are you involved in community activities related to nursing					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	4	66.7	66.7	66.7
	Yes	2	33.3	33.3	100.0
	Total	6	100.0	100.0	

Please identify the organization					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		4	66.7	66.7	66.7
	Amer. Lung Assoc. and Amer. Red Cross Volunteer	1	16.7	16.7	83.3
	Healthy Community Project. This initiative has a five-year plan to implement programs and activities in the community to improve the condition of a broad variety of health indicators.	1	16.7	16.7	100.0
	Total	6	100.0	100.0	

What is your role in the organization					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		4	66.7	66.7	66.7
	Healthcare professionals committee member.	1	16.7	16.7	83.3
	Volunteer for events sponsored by the two organizations, first aid stations, phone banks etc.	1	16.7	16.7	100.0
	Total	6	100.0	100.0	

Since beginning, describe self					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	A nurse who is no more likely to seek out current research related to my area of practice than I was prior to beginning	2	33.3	33.3	33.3
	A nurse who is more likely to seek out current research related to my area of practice than I was prior to beginning the	2	33.3	33.3	66.7
	A nurse who is more likely to seek out current research related to any area of health care	2	33.3	33.3	100.0
	Total	6	100.0	100.0	

Since beginning, describe self					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No change in awareness of the social and political factors that influence health care	1	16.7	16.7	16.7
	More aware of the social and political factors that influence health care	5	83.3	83.3	100.0
	Total	6	100.0	100.0	

Since beginning, describe self					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No change in awareness of social and cultural areas of society	1	16.7	16.7	16.7
	More aware of social and cultural areas of society	5	83.3	83.3	100.0
	Total	6	100.0	100.0	

Since beginning, describe self					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No change in awareness of my own thinking and decision making	1	16.7	16.7	16.7
	More aware of my own thinking and decision making	5	83.3	83.3	100.0
	Total	6	100.0	100.0	

How satisfied with level of preparation					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Somewhat Satisfied	1	16.7	16.7	16.7
	Very Satisfied	5	83.3	83.3	100.0
	Total	6	100.0	100.0	

Additional comments					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		3	50.0	50.0	50.0
	After the completion of the program, I was more aware of the history of nursing as well as the theoretical approaches to nursing. This gave meaning to the practice of professional nursing. This awareness motivated me to continue my education.	1	16.7	16.7	66.7
	I've just started my clinicals for my nurse anesthesia program and I am still applying a lot of the basic learning skills I acquired from Mary Cary as well as my leadership knowledge from BSN program with Susan Fogarty! Rock on Ferris!	1	16.7	16.7	83.3
	I thought the Associate's program was very beneficial to my current position. The RN to BSN program was interesting at times, but I did not find that I had gained as much knowledge at the completion of the program as I had hoped. It was a completely different feel than the Associate's, and perhaps they are not fair to compare.	1	16.7	16.7	100.0

With a response of less than 2% it is inappropriate to attempt to draw conclusions about the success of the program. However, anecdotal reports and conversations with graduates indicate many more have pursued graduate study either in the Ferris MSN program or elsewhere. Several have reported moving into paid positions as a result of their service learning experiences and we frequently hear of graduates who have moved into leadership positions as managers or as clinical instructors in the community colleges.

- B. **Employer survey.** The only way to connect with employers is through the graduates. The postcard sent to 314 graduates included a request to give the card to the graduate's immediate supervisor and asked the supervisor to respond to the online survey. The URL was included on the postcard. There were no employer surveys received. The experiential evidence indicates employer satisfaction with Ferris RN to BSN graduates. The SON has been invited to offer the program on site at Mid-Michigan Medical Center on both the Midland and Alma campuses, at Bronson Medical Center, at Genesys Medical Center and most recently at Holland Hospital. See copy of survey in Appendix 2-B
- C. **Graduating student exit survey.** Over time we have found we get the most thoughtful feedback in a discussion format in either a face to face or online format. The discussion is framed with two questions; what have been the strengths of the program and what areas need improvement. There has been a change in the focus of the feedback since the inception of the portfolio. The feedback now shows an awareness of professional growth, as opposed to focusing on particular courses that individual students liked or did not like. The graduating students report awareness of using principles learned, of seeking both formal and informal leadership roles. They report a greater awareness of the factors that influence the health care system. Their dissatisfaction has been primarily with inconsistent advising, with changes in schedules of course offerings and frustrations with knowing who to contact with problems. They report finding the relationships between the regional offices and main campus confusing.
- D. **Student survey.** A copy of the survey tool is available in Appendix 2-C. The results of the survey are reported below.

I am currently					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	An on-line student	23	79.3	79.3	79.3
	A student in a mixed delivery nursing class	6	20.7	20.7	100.0
	Total	29	100.0	100.0	

On-line students were asked					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	I started and have continued on-line	18	62.1	78.3	78.3
	I started in a mixed delivery site and moved to on-line	2	6.9	8.7	87.0
	I am taking an on-line class or classes but plan to return to a mixed delivery site	1	3.4	4.3	91.3
	My cohort was moved to an on-line format	2	6.9	8.7	100.0
	Total	23	79.3	100.0	
Missing	System	6	20.7		
Total		29	100.0		

I became eligible to take the NCLEX-RN					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Less than 1 year ago	1	3.4	3.4	3.4
	1-5 years ago	9	31.0	31.0	34.5
	6-10 years ago	8	27.6	27.6	62.1
	11-15 years ago	3	10.3	10.3	72.4
	16-20 years ago	4	13.8	13.8	86.2
	More than 20 years ago	4	13.8	13.8	100.0
	Total	29	100.0	100.0	

I am currently employed					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Par time in a non nursing role	1	3.4	3.4	3.4
	Full time in a non nursing role	1	3.4	3.4	6.9
	Part time in nursing	6	20.7	20.7	27.6
	Full time in nursing	21	72.4	72.4	100.0
	Total	29	100.0	100.0	

I am					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Single	4	13.8	13.8	13.8
	Married/Partnered	25	86.2	86.2	100.0
	Total	29	100.0	100.0	

I have					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No children or dependents	7	24.1	24.1	24.1
	1-2 children or dependents	14	48.3	48.3	72.4
	3-4 children or dependents	7	24.1	24.1	96.6
	5-6 children or dependents	1	3.4	3.4	100.0
	Total	29	100.0	100.0	

I identify myself as					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Caucasian American/White	28	96.6	96.6	96.6
	Hispanic American/Mexican American/Cuban/Puerto Rican/Latin American	1	3.4	3.4	100.0
	Total	29	100.0	100.0	

Courses are available when I need them					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	2	6.9	6.9	6.9
	Somewhat Disagree	4	13.8	13.8	20.7
	Somewhat Agree	6	20.7	20.7	41.4
	Strongly Agree	17	58.6	58.6	100.0
	Total	29	100.0	100.0	

Courses are based on realistic pre-requisites					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	1	3.4	3.6	3.6
	Somewhat Disagree	2	6.9	7.1	10.7
	Somewhat Agree	10	34.5	35.7	46.4
	Strongly Agree	15	51.7	53.6	100.0
	Total	28	96.6	100.0	
Missing	System	1	3.4		
Total		29	100.0		

Syllabi for NURS courses provide course objectives/outcomes					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	1	3.4	3.4	3.4
	Somewhat Disagree	1	3.4	3.4	6.9
	Somewhat Agree	4	13.8	13.8	20.7
	Strongly Agree	23	79.3	79.3	100.0
	Total	29	100.0	100.0	

Syllabi for NURS courses describe what you learn					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	1	3.4	3.4	3.4
	Somewhat Disagree	2	6.9	6.9	10.3
	Somewhat Agree	4	13.8	13.8	24.1
	Strongly Agree	21	72.4	72.4	96.6
	Don't Know/Not Applicable	1	3.4	3.4	100.0
	Total	29	100.0	100.0	

Teaching methods meet your expectations					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	2	6.9	7.4	7.4
	Somewhat Disagree	2	6.9	7.4	14.8
	Somewhat Agree	15	51.7	55.6	70.4
	Strongly Agree	8	27.6	29.6	100.0
	Total	27	93.1	100.0	
Missing	System	2	6.9		
Total		29	100.0		

Course content meets your expectations					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	1	3.4	3.4	3.4
	Somewhat Disagree	3	10.3	10.3	13.8
	Somewhat Agree	13	44.8	44.8	58.6
	Strongly Agree	12	41.4	41.4	100.0
	Total	29	100.0	100.0	

Nursing course content is relevant and current					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	1	3.4	3.4	3.4
	Somewhat Disagree	2	6.9	6.9	10.3
	Somewhat Agree	6	20.7	20.7	31.0
	Strongly Agree	19	65.5	65.5	96.6
	Don't Know/Not Applicable	1	3.4	3.4	100.0
	Total	29	100.0	100.0	

Nursing instructors know the subject matter/nursing guidelines					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	1	3.4	3.4	3.4
	Somewhat Disagree	1	3.4	3.4	6.9
	Somewhat Agree	2	6.9	6.9	13.8
	Strongly Agree	24	82.8	82.8	96.6
	Don't Know/Not Applicable	1	3.4	3.4	100.0
	Total	29	100.0	100.0	

Nursing instructors are available for help when needed					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	1	3.4	3.4	3.4
	Somewhat Disagree	4	13.8	13.8	17.2
	Somewhat Agree	10	34.5	34.5	51.7
	Strongly Agree	14	48.3	48.3	100.0
	Total	29	100.0	100.0	

Nursing instructors provide instruction in a way that helps you learn					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	2	6.9	6.9	6.9
	Somewhat Disagree	2	6.9	6.9	13.8
	Somewhat Agree	9	31.0	31.0	44.8
	Strongly Agree	16	55.2	55.2	100.0
	Total	29	100.0	100.0	

Required non-nursing courses meet professional growth needs					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	1	3.4	3.4	3.4
	Somewhat Disagree	5	17.2	17.2	20.7
	Somewhat Agree	11	37.9	37.9	58.6
	Strongly Agree	11	37.9	37.9	96.6
	Don't Know/Not Applicable	1	3.4	3.4	100.0
	Total	29	100.0	100.0	

Technical support services are available to meet your needs					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	1	3.4	3.4	3.4
	Somewhat Disagree	4	13.8	13.8	17.2
	Somewhat Agree	9	31.0	31.0	48.3
	Strongly Agree	11	37.9	37.9	86.2
	Don't Know/Not Applicable	4	13.8	13.8	100.0
	Total	29	100.0	100.0	

Registration support services are available to meet your needs					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	1	3.4	3.4	3.4
	Somewhat Disagree	3	10.3	10.3	13.8
	Somewhat Agree	10	34.5	34.5	48.3
	Strongly Agree	12	41.4	41.4	89.7
	Don't Know/Not Applicable	3	10.3	10.3	100.0
	Total	29	100.0	100.0	

Advising services prior to admission met your needs					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	3	10.3	10.7	10.7
	Somewhat Disagree	6	20.7	21.4	32.1
	Somewhat Agree	7	24.1	25.0	57.1
	Strongly Agree	10	34.5	35.7	92.9
	Don't Know/Not Applicable	2	6.9	7.1	100.0
	Total	28	96.6	100.0	
Missing	System	1	3.4		
Total		29	100.0		

Advising services following admission met your needs					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	3	10.3	10.3	10.3
	Somewhat Disagree	4	13.8	13.8	24.1
	Somewhat Agree	6	20.7	20.7	44.8
	Strongly Agree	13	44.8	44.8	89.7
	Don't Know/Not Applicable	3	10.3	10.3	100.0
	Total	29	100.0	100.0	

Information/library services meet your needs					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	1	3.4	3.4	3.4
	Somewhat Disagree	2	6.9	6.9	10.3
	Somewhat Agree	6	20.7	20.7	31.0
	Strongly Agree	17	58.6	58.6	89.7
	Don't Know/Not Applicable	3	10.3	10.3	100.0
	Total	29	100.0	100.0	

Changes: Assumed more leadership in the same role I was in					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not Selected	23	79.3	79.3	79.3
	Selected	6	20.7	20.7	100.0
	Total	29	100.0	100.0	

Changes: Moved into a formal leadership position					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not Selected	26	89.7	89.7	89.7
	Selected	3	10.3	10.3	100.0
	Total	29	100.0	100.0	

Changes: Have not changed my role in respect to leadership					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not Selected	16	55.2	55.2	55.2
	Selected	13	44.8	44.8	100.0
	Total	29	100.0	100.0	

Changes: Have presented nursing information at a conference					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not Selected	25	86.2	86.2	86.2
	Selected	4	13.8	13.8	100.0
	Total	29	100.0	100.0	

Changes: More likely to seek info from professional resources					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not Selected	9	31.0	31.0	31.0
	Selected	20	69.0	69.0	100.0
	Total	29	100.0	100.0	

Changes: More aware of cultural considerations in my work setting					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not Selected	17	58.6	58.6	58.6
	Selected	12	41.4	41.4	100.0
	Total	29	100.0	100.0	

Currently a member of a nursing-related organization					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	13	44.8	44.8	44.8
	Yes	16	55.2	55.2	100.0
	Total	29	100.0	100.0	

Currently a member of a health-related organization					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		29	100.0	100.0	100.0

Nursing-related organizations					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		15	51.7	51.7	51.7
	AACN	1	3.4	3.4	55.2
	ADA American Diabetes Association AADE American Association of diabetes Educators Cannot remember the name: association of nursing educators	1	3.4	3.4	58.6
	AHNA	1	3.4	3.4	62.1
	American Nurses Association	1	3.4	3.4	65.5
	AORN	2	6.9	6.9	72.4
	APIC	1	3.4	3.4	75.9
	AWHONN	2	6.9	6.9	82.8
	ENA	1	3.4	3.4	86.2
	ENA, IAFN	1	3.4	3.4	89.7
	GLRIN	1	3.4	3.4	93.1
	NSO	1	3.4	3.4	96.6
	SWAMPA	1	3.4	3.4	100.0
	Total	29	100.0	100.0	

Involved in community activities related to nursing					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	13	44.8	44.8	44.8
	Yes	16	55.2	55.2	100.0
	Total	29	100.0	100.0	

Identify the organization					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		17	58.6	58.6	58.6
	American Red Cross	1	3.4	3.4	62.1
	Barry County Free Clinic	1	3.4	3.4	65.5
	Catherines Care Center	1	3.4	3.4	69.0
	City on a Hill Free Health Clinic	1	3.4	3.4	72.4
	Hospice	1	3.4	3.4	75.9
	I work at a community hospital	1	3.4	3.4	79.3
	Loving Hands Free Medical CLinic	1	3.4	3.4	82.8
	Michigan Association of School Nursing	1	3.4	3.4	86.2
	SANE program	1	3.4	3.4	89.7
	SCYR - Sunny Crest Youth Ranch	1	3.4	3.4	93.1
	Ski Patrol of West Michigan	1	3.4	3.4	96.6
	Work with MidMichigan Medical Center in community stroke awareness education and stroke risk clinic.	1	3.4	3.4	100.0
	Total	29	100.0	100.0	

What is your role in the organization					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		16	55.2	55.2	55.2
	Alpine volunteer patroller	1	3.4	3.4	58.6
	CPR/AED/First Aid Instructor	1	3.4	3.4	62.1
	Helper	1	3.4	3.4	65.5
	Member	1	3.4	3.4	69.0
	Nurse presenter and educator	1	3.4	3.4	72.4
	Nurse Volunteer	1	3.4	3.4	75.9
	Nursing competency and patient education	1	3.4	3.4	79.3
	Office / Therapeutic Interaction with Ranchers	1	3.4	3.4	82.8
	Sexual Assault Nurse Examiner	1	3.4	3.4	86.2
	Staff Development	1	3.4	3.4	89.7
	Staff nurse	1	3.4	3.4	93.1
	Volunteer	1	3.4	3.4	96.6
	Volunteer RN	1	3.4	3.4	100.0
	Total	29	100.0	100.0	

Since beginning, describe self					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	A nurse who is no more likely to seek out current research related to my area of practice than I was prior to beginning	3	10.3	10.3	10.3
	A nurse who is more likely to seek out current research related to my area of practice than I was prior to beginning the	14	48.3	48.3	58.6
	A nurse who is more likely to seek out current research related to any area of health care	12	41.4	41.4	100.0
	Total	29	100.0	100.0	

Since beginning, describe self					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No change in awareness of the social and political factors that influence health care	6	20.7	20.7	20.7
	More aware of the social and political factors that influence health care	23	79.3	79.3	100.0
	Total	29	100.0	100.0	

Since beginning, describe self					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No change in awareness of social and cultural areas of society	7	24.1	24.1	24.1
	More aware of social and cultural areas of society	22	75.9	75.9	100.0
	Total	29	100.0	100.0	

Since beginning, describe self					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No change in awareness of my own thinking and decision making	5	17.2	17.2	17.2
	More aware of my own thinking and decision making	24	82.8	82.8	100.0
	Total	29	100.0	100.0	

Additional comments					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		20	69.0	69.0	69.0
	I do not believe the stats course offers enough resources to actually learn the topic thoroughly.	1	3.4	3.4	72.4
	I have found the program stimulating and meeting my needs. Most of the professors are great. I have trouble making contact with Nursing office. My calls are not returned when I have questions. Without face to face contact I feel that objectives and expectations are sometimes vague.	1	3.4	3.4	75.9
	I really would have liked the opportunity to take classes such as EHSM 315 and NURS 300 in a face to face venue. If I choose to go on for my MSN it will not be through FSU due to the fact of the on-line nature of the classes delivery	1	3.4	3.4	79.3
	I think this program has really opened my eyes to social, political, and cultural issues. I have always read my monthly nursing journals but was never one to go looking for current research, now I am. I also share the things I learn with my staff, so this is a benefit to others as well. I feel confident in sharing my new knowledge with physicians too.	1	3.4	3.4	82.8
	I would like the instructor available more often to answer questions, a more timely return on graded assignments, less complicated group assignments (it is very difficult to work as a group over the internet and some people have an advantage if they do live or work nearby). Some recorded lectures via web or phone or a WebEx's would be beneficial.	1	3.4	3.4	86.2
	Love the program!	1	3.4	3.4	89.7
	My only recommendation for improvement to the program is that the research project for NURS 350 be reviewed as to the appropriateness of it in an online setting.	1	3.4	3.4	93.1
	Some of the expectations would be appropriate for pre-licensure, full time students, but are overwhelming to manage as a full time practicing nurse with a family. I think the program could be just as effective in meeting academic goals without being so overwhelming. I know that is why we have lost many students from our original group. Especially with the research/statistics combination in the summer, it has been very difficult to manage all of the expectations.	1	3.4	3.4	96.6

The on-line setting met my needs and did well. Other than one instructor, I have been very pleased with the program. Without mentioning names, the area of improvement that I would suggest is more attentiveness to the blackboard to answer questions and give input as requested on part of the students. communication is the key in nursing as well as nursing education. I recommend this program to others as it fits in well with everyday life, and was challenging. I have learned the value of research and importance of education in nursing practice.	<i>1</i>	<i>3.4</i>	<i>3.4</i>	<i>100.0</i>
Total	<i>29</i>	<i>100.0</i>	<i>100.0</i>	

E. **Faculty Perceptions.** The faculty survey is available in Appendix 2-D All current faculty actively teaching in the RN to BSN program were surveyed.

Faculty status					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Tenure/tenure track	<i>4</i>	<i>66.7</i>	<i>66.7</i>	<i>66.7</i>
	Full time contract	<i>1</i>	<i>16.7</i>	<i>16.7</i>	<i>83.3</i>
	Part time adjunct	<i>1</i>	<i>16.7</i>	<i>16.7</i>	<i>100.0</i>
	Total	<i>6</i>	<i>100.0</i>	<i>100.0</i>	

How long have you taught in nursing					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	2-Less than 5 years	<i>2</i>	<i>33.3</i>	<i>33.3</i>	<i>33.3</i>
	More than 10 years	<i>4</i>	<i>66.7</i>	<i>66.7</i>	<i>100.0</i>
	Total	<i>6</i>	<i>100.0</i>	<i>100.0</i>	

How long have you taught at Ferris					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Less than 2 years	<i>1</i>	<i>16.7</i>	<i>16.7</i>	<i>16.7</i>
	2-Less than 5 years	<i>3</i>	<i>50.0</i>	<i>50.0</i>	<i>66.7</i>
	More than 10 years	<i>2</i>	<i>33.3</i>	<i>33.3</i>	<i>100.0</i>
	Total	<i>6</i>	<i>100.0</i>	<i>100.0</i>	

Are you currently teaching for other nursing programs					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	6	100.0	100.0	100.0

Are you currently employed in other nursing roles					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	2	33.3	33.3	33.3
	No	4	66.7	66.7	100.0
	Total	6	100.0	100.0	

Do you teach					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	On-line only	2	33.3	33.3	33.3
	On-line and blended delivery courses	4	66.7	66.7	100.0
	Total	6	100.0	100.0	

Adequately prepared to teach assigned courses					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	6	100.0	100.0	100.0

Adequately prepared to teach in FerrisConnect					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	5	83.3	83.3	83.3
	No	1	16.7	16.7	100.0
	Total	6	100.0	100.0	

Adequately prepared to complete the course assessment					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	6	100.0	100.0	100.0

Have adequate input into program development					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Somewhat Agree	3	50.0	50.0	50.0
	Strongly Agree	3	50.0	50.0	100.0
	Total	6	100.0	100.0	

RN to BSN program adequately prepares nurses					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Somewhat Agree	2	33.3	33.3	33.3
	Strongly Agree	4	66.7	66.7	100.0
	Total	6	100.0	100.0	

School of Nursing uses student feedback appropriately					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Somewhat Agree	4	66.7	66.7	66.7
	Strongly Agree	2	33.3	33.3	100.0
	Total	6	100.0	100.0	

Program uses effective assessment measures					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Somewhat Agree	5	83.3	83.3	83.3
	Strongly Agree	1	16.7	16.7	100.0
	Total	6	100.0	100.0	

Adequate academic advising for students prior to enrollment					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Somewhat Agree	4	66.7	66.7	66.7
	Strongly Agree	2	33.3	33.3	100.0
	Total	6	100.0	100.0	

Adequate academic advising for students after initial enrollment					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Somewhat Agree	3	50.0	50.0	50.0
	Strongly Agree	3	50.0	50.0	100.0
	Total	6	100.0	100.0	

Program use feedback of advisory committee appropriately					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Somewhat Disagree	1	16.7	16.7	16.7
	Somewhat Agree	3	50.0	50.0	66.7
	Strongly Agree	2	33.3	33.3	100.0
	Total	6	100.0	100.0	

Adequate administrative support					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Disagree	1	16.7	16.7	16.7
	Somewhat Agree	3	50.0	50.0	66.7
	Strongly Agree	2	33.3	33.3	100.0
	Total	6	100.0	100.0	

Adequate support staff and services					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Somewhat Disagree	1	16.7	16.7	16.7
	Somewhat Agree	3	50.0	50.0	66.7
	Strongly Agree	2	33.3	33.3	100.0
	Total	6	100.0	100.0	

Adequate access to instructional technology					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Somewhat Agree	4	66.7	66.7	66.7
	Strongly Agree	2	33.3	33.3	100.0
	Total	6	100.0	100.0	

Instructional staff adequate to meet outcomes					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Somewhat Agree	5	83.3	83.3	83.3
	Strongly Agree	1	16.7	16.7	100.0
	Total	6	100.0	100.0	

Adequate financial support					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Somewhat Agree	4	66.7	66.7	66.7
	Strongly Agree	2	33.3	33.3	100.0
	Total	6	100.0	100.0	

Program's strengths					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		4	66.7	66.7	66.7
	flexibility, availability, builds on previous knowledge and experience of students, works with agencies to help them meet need for increased BSN prepared nurses	1	16.7	16.7	83.3
	Students have the ability to do the program totally on-line.	1	16.7	16.7	100.0
	Total	6	100.0	100.0	

Program's weaknesses or challenges					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		4	66.7	66.7	66.7
	Fast growth in online hard to keep up and maintain quality.	1	16.7	16.7	83.3
	We are using adjunct faculty and never meet with them. We don't really have any idea what they are teaching in their course. If something is changed in a course, I wonder how everyone teaching the course knows and if they are implementing it in their sections.	1	16.7	16.7	100.0
	Total	6	100.0	100.0	

Additional comments					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		5	83.3	83.3	83.3
	Recent addition of off campus support and advisors is a big plus. Not sure will see that reflected in responses at this time.	1	16.7	16.7	100.0
	Total	6	100.0	100.0	

- F. **Advisory Committee Perceptions:** Hard copy surveys were sent to all current members of the School of Nursing Advisory Board. Five responses were received. All three of the programs in the School of Nursing are currently in the process of Academic Program Review and the Advisory Board was surveyed about perceptions for all three programs. The full set of responses is included to provide context.

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. All programs in the SON are scheduled for Academic Program Review in the current cycle

BSN programs relevant					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	5	100.0	100.0	100.0

MSN programs relevant					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	5	100.0	100.0	100.0

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	

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	

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	

Employment prospects are positive					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	5	100.0	100.0	100.0

Programs viewed positively in MI					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	5	100.0	100.0	100.0

Programs prepare grads for life-long learning					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	5	100.0	100.0	100.0

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	

Faculty committed to excellence					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	5	100.0	100.0	100.0

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	

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	

Nursing curricula regularly reviewed					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	5	100.0	100.0	100.0

Advisory Board well informed about programs					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	5	100.0	100.0	100.0

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	

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	

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	

Accelerated 2nd 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	

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	

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		

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	

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	

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 our curriculum, faculty, and administration provide quality education for our students. They feel the Board is included in program changes.

Two or three strengths					
		Frequency	Percent	Valid Percent	Cumulative Percent
		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	

Areas need improvement					
		Frequency	Percent	Valid Percent	Cumulative Percent
		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	

Comments/suggestions					
		Frequency	Percent	Valid Percent	Cumulative Percent
		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	

Elaboration					
		Frequency	Percent	Valid Percent	Cumulative Percent
		<i>4</i>	<i>80.0</i>	<i>80.0</i>	<i>80.0</i>
Valid	Ferris offers strong nursing programs, and remains focused on addressing community need for well qualified nurses	<i>1</i>	<i>20.0</i>	<i>20.0</i>	<i>100.0</i>
	Total	<i>5</i>	<i>100.0</i>	<i>100.0</i>	

Discussion: Participation in the SON Advisory Board has decreased over the past few years. The SON will try to improve attendance and participation in the next academic year. The members, who do attend, are very supportive of our programs and provide valuable information about the service end of health care.

Section Three: Program Profile

A. **Profile of Students:** All information reported in this section is taken from Institutional Testing and Research resources.

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
2003-2004	126	11	115	27	9	0	0	0	89	1	40
2004-2005	182	17	165	25	16	1	1	6	132	1	38
2005-2006	183	12	171	24	13	1	1	5	140	0	39
2006-2007	237	23	214	16	11	2	2	7	201	0	37
2007-2008	352	31	321	34	17	1	1	6	290	1	37

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

Term	Blank	Resident	Midwest Compact	Non-Resident
2003-2004	0	126	0	0
2004-2005	0	181	0	1
2005-2006	0	182	1	0
2006-2007	0	237	0	0
2007-2008	0	351	0	0

c) **Full-time and part-time:** Almost all of the students are part time students and working full time. The primary exception to this demographic are the FSU ADN graduates who completed all required non-nursing courses for the BSN while enrolled in the ADN program and completed full time in a blended program offered on campus one day a week. That option has been discontinued with the May 08 graduation of the last ADN class and the offering of a full time blended option on campus. With online offerings some students arrange a full time schedule to accelerate their progress through the curriculum; others take a full time load for a semester or two in order to meet personal or employer goals.

AY	Full Time	Part Time
2003-2004	12	114
2004-2005	28	154
2005-2006	22	161
2006-2007	39	198
2007-2008	32	320

d) **Attend classes:** In the past the on-campus full-time offering was a day time offering. The blended off-campus classes generally begin at 4:00 PM and there are no weekend classes offered. When students have been queried about weekend offerings they made it clear they preferred weekday evenings. Many staff nurses must work some weekend shifts and find it less problematic to negotiate a regular weekday evening off than to negotiate increased non-working weekends.

e) **Enrollment:**

AY	Fresh On	Fresh Off	Soph On	Soph Off	Junior On	Junior Off	Senior On	Senior Off
2003-2004	0	7	0	4	0	13	0	102
2004-2005	0	5	0	4	0	17	0	156
2005-2006	6	1	2	4	13	19	61	92
2006-2007	2	0	4	4	31	34	196	1
2007-2008	0	0	2	2	35	36	312	2

The count for on campus students and off campus students do not correlate with actual class enrollment for years 2006-2007 and 2007-2008.

2. **Online or mixed delivery:** All courses are offered either fully online or in a blended format. No classes are offered completely face to face. The movement based on student enrollment is to a greater portion of enrollment online and site based cohorts opting for a greater proportion of blended courses in an online format.

- a) **Impact of above information on curriculum, scheduling, and/or delivery methods:** The data is somewhat misleading under enrollment indicating a large on campus enrollment. In fact the largest enrollment is in online sections of classes. Many students who start in a blended site based cohort migrate to an online option as they become comfortable in an online learning environment or when due to life circumstances they must deviate from the schedule in a site based cohort. This has made it somewhat problematic to continue site based cohorts if enrollment declines due to expected attrition and to migration to online courses. Students are informed the SON will move students to a fully online option if enrollment drops. The positive aspect of the online offerings and scheduling has been the return of students who stopped out for a variety of reasons. In addition, the greater online presence allowed offering nursing electives which better meet student learning needs. In the past all students took an advanced health assessment course which was useful only if they were in a clinical setting. Many students are in staff education, patient education, management and other non-clinical positions and find the elective options better meet their needs.

3. **Quality of Students**

- a) **GPA's and ACT scores of currently enrolled students:**

AY	Avg. GPA	Min. GPA	Max GPA	Avg. ACT	Min. ACT	Max. ACT
2003-2004	3.58	2.50	4.0	22.95	17	30
2004-2005	3.50	2.0	4.0	21.77	15	32
2005-2006	3.54	2.1	4.0	22.85	16	33
2006-2007	3.57	2.5	4.0	21.98	15	30
2007-2008	3.58	1.85	4.00	21.44	14	29

Most of the students entering the program do not have ACT or SAT scores sent to Ferris as they are not FTIACs. It is likely that most of these scores are from FSU ADN graduates who completed the RN to BSN program

and from those students who requested ACT scores be sent to establish their quantitative competence.

- b) **GPA's and ACT scores of students graduating:** The ACT/SAT caveat from above needs to be considered here.

Graduates	Avg. GPA	Min. GPA	Max GPA	Avg. ACT	Min. ACT	Max. ACT
2003-2004	3.61	2.50	4.0	20.25	16	25
2004-2005	3.61	3.108	4.0	23.50	19	27
2005-2006	3.59	2.93	4.0	22.31	16	29
2006-2007	3.63	2.29	4.0	24.22	17	33
2007-2008	3.53	1.85	4.00	22.65	17	30

- c) **Measures to evaluate quality of students entering program:** All students entering the program have successfully completed a pre-licensure program and passed the NCLEX-RN in order to work as registered nurses or be accepted into the program. New graduates who have not yet received the results of the NCLEX-RN are permitted to enroll with an undeclared major for one semester pending the results of the exam. If they are not able to pass the exam they must step out of the RN to BSN program until they are registered nurses. One of the goals of the Ferris RN to BSN program is to contribute to the needed increase in the ratio of BSN prepared nurses in the work force.
- d) **Significance of scholarships or fellowships:** The majority of the students receive full or partial reimbursement from their employers. In addition they generally work with their Nursing Education or Workforce Development programs within their employing agencies to locate financial support for continuing their educations. Some recent graduates from community colleges still qualify for financial aid and are most likely to continue at least at a half time load to defer current loans and to continue to qualify for financial aid if they can find appropriate classes that meet graduation requirements. Increasingly students are applying for financial aid as other sources of support are waning in the current economic downturn. Others are timing their education to qualify for funds as their children enter college. This need for financial aid through traditional sources can be problematic for online learners starting the RN to BSN program. They are generally not enrolled at Ferris in time for early registration and if they need to have enough credits to qualify for financial aid there are not suitable online classes available after early registration. If they take the courses elsewhere they do not qualify for financial aid. This results in prospective Ferris students selecting other programs or deciding they cannot return to school. A number have qualified for other scholarship and grant funds.
- e) **Scholarly/creative activities:** All students in the RN to BSN program must meet the SON service learning requirement of a minimum of 20 hours of service. The activities have included volunteering in a registered nurse capacity in free clinics, volunteering as parish nurses or to create a parish nurse program in a congregation, providing health

education in public and parochial schools, organizing an activity in a community health fair and meeting the unmet needs of clients they encounter in their paid employment by creating services or educational materials needed. They do this outside of their paid time. In addition all students as of Fall 09 will complete NURS 495, a clinical practicum with a focus on taking on and completing a project. In a more scholarly vein the students now have the opportunity to present their scholarly work in the Kappa Epsilon at Large Chapter of Sigma Theta Tau International Nursing Honor Society research event. In the Fall of 2008 the first group of Ferris students were inducted into the honor society following the induction of Ferris School of Nursing as a member of the at-large chapter.

- f) **Other accomplishments of students:** This is difficult information to capture for this program as the students are off-campus in a blended format or fully online. Most of them work full time, have families and commitments in their communities. In the physical or virtual classroom they focus on the work to be done to meet their goal of a BSN. Increasingly they report they have entered the RN to BSN program as a step toward graduate study or because they want to teach in the clinical setting for a local community college and a minimum of a BSN is required. Increasingly employers are requiring a BSN for any position beyond a staff nurse level. Munson Medical Center is a leader in this area as they now require any new registered nurse hired with less than a BSN obtain the BSN within ten years of hire or leave Munson. This new policy went into effect January, 2009. The activities are primarily related to their lives outside the academic setting.

3. Employability of Students

- a) **Graduates employed full-time after one year:** Students enter the program employed and rarely leave their employment without an offer for a better position.
- b) **Starting salaries:** Below is data published by the Bureau of Labor Statistics on average salaries for registered nurses.

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:** This is not relevant as most students are working full time throughout their time in the RN to BSN program. Some drop down to part time to ease the stress of the many demands in their lives.
 - d) **Career assistance:** The students generally have their own career plans firmly in mind and need little help. Career services has been contacted to present at off campus sites but have been unable to accommodate the schedules in recent semesters. They have provided the information on resumes, interviews and other career building tools to the students.
 - e) **Graduates continued employment:** All of the respondents reported employment.
3. **Geographic distribution of employed graduates:** As members of a shared profession the faculty continue to have contact with graduates. The survey results were too small to provide data but the contact with graduates in the professional context indicates many of the graduates from the RN to BSN program remain in Michigan. At this time they are clustered near the sites of previous off campus cohorts.
4. **Students seeking additional education:** Due to the limited response to the survey it would not be appropriate to speculate on numbers pursuing graduate education. Faculty input about graduates requesting references for graduate education and the number of students from the FSU RN to BSN program who have been accepted into and are in progress or have graduated from the Ferris MSN program confirms that a fair number of students do seek graduate education. All registered nurses in Michigan holding a current license must have continuing education to renew the license.
- a) **Where graduates seek additional education:** This information is not available. Again from anecdotal reports and requests for references we are aware of students not only at Ferris but at University of Michigan, Michigan State University, Grand Valley State University, VanderBuilt University, University of Phoenix, Wayne State University, and Andrews University.
- B. **Enrollment:** Admission into the RN to BSN program is an ongoing process. Students can start the sequence of nursing courses fall or spring semesters. Those who apply in the spring for fall often take general education courses in the summer. NURS 324 and NURS 325 are pre or co-requisite to all other NURS courses. In the past when all students were in site based cohorts NURS 324 was offered on an “as needed” basis to assist late entering students in joining a cohort in their geographic area. This usually meant a small class and students trying to take a heavy load in the summer while maintaining employment. With the availability of an online option the need to assist students who are place bound has been eliminated.

1. **Anticipated fall/spring enrollment:** In the fall 2009 semester two site based cohorts are planned. Traverse City is planned to meet the Munson need for BSN prepared nurses. AS previously noted Munson requires a BSN of all nurses within 10 years of initial employments as of January, 2009. In addition a cohort is planned for Holland Hospital. The SON was contacted by the Workforce Development staff as part of their research in promoting an increase in BSN prepared nurses to meet Magnet Hospital status requirements. They invited the Ferris SON to offer the program on the Holland Hospital campus and have been active in recruiting nurses from the surrounding area to the program. In addition to the site based classes, four sections of the first two NURS classes are currently scheduled.
2. **Enrollment or credit hour changes since last review:** Enrollment in 2002-2003 was 176 students. At that time the program was delivered in site based cohorts. Current enrollment is 389. At this time the program is offered in fewer sites but is offered fully online.
3. **Since last program review, how many students apply annually.** We have not tracked applications. In the past many of the students inadvertently applied to the pre-licensure program when they went to the Ferris web site and clicked on the *Apply Here* link which did not provide an easy way to find the link to apply to the RN to BSN program. We do have application and registration information for the past two years. See below.
4. **Annual applications to program and percentage of students admitted:** Most of the students who apply are qualified and are admitted. With the site based cohort model there was more emphasis on recruiting to fill the cohort at the time it was scheduled to start. There were always students who seemed to decide it was time to return to school in the last week or two before school started or right after the beginning of the semester. The SON set a deadline application date of August 1 and December 1 for starting the following semester with a requirement of all materials received by the 15th of the respective month. Since the launching of the online option interest has increased and the plan is push back the deadlines in order to provide enough sections of the classes needed and to advise students who are not able to register in the first classes of the sequence. Many students apply and do not follow through to register for classes. The new advisors have been following up with those students in an attempt to increase registration. Many of the RN to BSN applicants were automatically registered for classes in their ADN programs and are unaware of the need to register.
5. **Percentage of students who enroll after admission:** In the fall of 2008 we had 182 applications resulting in 131 registrations at two sites and online. Of those 131 - 112 have returned for two semesters. As of early summer 2009 we have had 169 apply with 103 registered. The final date to apply is August 1, with all supporting materials due by August 15. We do not guarantee a spot for all applicants who are accepted. With the addition of a temporary position of Student Support for Online and Off Campus Students in the College of Allied Health and the later addition of two Academic Advisors through the CPTS it will soon be possible to have this information. The College of Allied Health Sciences has grown markedly in the last few years and the growth has been primarily online and off-campus.

The growth has been supported with adjunct and full time temporary positions. Faculty became less able to meet the advising needs and need for support of nontraditional returning students. Many faculty are teaching overloads, teaching summers, seeking additional degrees.

6. **Enrollment goals:** The SON enrollment goals are to start any site based cohorts with classes at or near cap. The cap for the initial class is set at 30 with acceptance over cap as often students withdraw at the last moment. Currently we plan to start two site based cohorts each fall semester and one each spring semester. We plan to enroll 80 new students online each fall semester and 60 each spring semester.

C. **Program Capacity:** The capacity of the program is not limited by the accrediting body. The capacity is determined by faculty resources as the same faculty teaches in the pre-licensure program and those with graduate status teach in the masters program. The nature of the learning in the RN to BSN program with a focus on critical thinking, socialization to a professional role, preparation for graduate study make large on-line classes using computer assisted methods inappropriate. In order to provide a quality learning-centered education the caps must be low enough for the instructor to interact with the students. The nursing shortage seems to be familiar to most people, less well know is the shortage of nursing faculty to teach students and nursing faculty prepared to teach effectively online. Fortunately, in the last few years, we have been able to add 2 tenure-track and 4 - 12 month 3 year temporary positions to cover our increasing enrollment.

D. **Retention and Graduation**

1. **Annual attrition rate:** The annual attrition rate has not been kept as these students are a very fluid group. Very little attrition is related to academic failure. Most students who do not complete the program with the cohort have personal or financial reasons for delaying completion. At this time with the recent addition of support for online and off campus students we are able to contact students when they do not register for needed classes to encourage continued progress in the program.
2. **Retention strategies:** In the last year the College of Health Sciences has been able to devote additional resources to retaining online and off-campus students. They include the hiring of a full time Student Support position. The person in that position helps students negotiate the return to school, registration, finding books, getting into the correct classes and sections, and has helped coach them in the role of a successful student. In the Spring of 2009 two addition advisor positions were funded through CPTS and these positions have already made a difference. The advisors have been able to contact students who applied and were accepted but not registered. They have not had time to influence retention but certainly will as they are already checking with students who haven't registered for fall semester. They have also reviewed files of students who made progress in the program and stopped out for whatever reason.

- a) **Trends in number of degrees awarded:** The actual number of degrees awarded has been much smaller than would be expected by the program enrollment. Many graduates finish the sequence of nursing courses still needing to meet general education requirements. The years represented in this report predate graduation numbers influenced by the fully online currently offered. The most common requirement missing is the quantitative competency. Only recently has FSU offered MATH 117 online. Often meeting this requirement meant taking two courses at a local community college. We found many of the RN to BSN students placed out of math courses at the time of entry into their pre-licensure nursing program but did not have academic credit for the lower level course (MATH 110). Recently the newly hired CAHS advisors have been reviewing the graduation pending files and contacting former students to offer assistance in completing degree requirements. Prior to this time there has not been adequate staff to devote to this.

AY	Number of Graduates
2003-2004	80
2004-2005	51
2005-2006	61
2006-2007	63
2007-2008	62

- b) **Graduation within prescribed time:** The sequence of nursing courses spans seven semesters with 4-7 credits per semester. This schedule includes ENGL 321, CAHS 315, and slots for 3 general education electives. If students enter needing more electives to meet general education requirements it may take longer. Those who have taken more general education courses may need less time. A small number of students wish to speed up or slow down their progress through the program and as mentioned create a plan for completion in NURS 325.
5. **Average length in program:** Most students who complete the program, complete in 8-10 semesters. In the last year there has been an increase of students who have had graduation pending for several years to contact the SON to inquire what they need to finally graduate. Most have completed the nursing sequence. Two factors seem to be triggering this interest. Employers are asking for official transcripts to validate degrees and as more Michigan hospitals apply for Magnet Status they are encouraging their employees to seek degrees beyond the ADN or are posting new positions with a BSN as a required rather preferred qualification.

E. Access

1. **Accessibility of program to students:** The added option of the online option in the fall of 2007 made the program accessible to students in areas of the state where the population would not support a site based cohort or where there was not adequate interest to start a site based cohort. The online option also allows nurses to begin the program when it fits into their needs not when we offer a cohort in their area. The only negative aspect is for those students who strongly prefer at least some face to face contact the online option makes it more difficult to attract enough students to start a cohort.
2. **Effects of actions on program:** In order for the students to be successful in a courses offered in a blended or fully online format they must be conversant with the relevant hardware and software. They must have access to high speed internet. At this time it is up to nursing faculty to help students acquire the skills they need to be successful in the FerrisConnect environment. The program coordinator has offered an orientation to the RN to BSN program at the regional centers in the past and most recently offered the session at different times through WebEX. Attendance has been a small percentage of students registered in the first semester online sections. The link to the recording of the WebEX session was sent to all students. In the site based start most of the faculty teaching in the first semester of the program spend time orienting students to the FerrisConnect environment and to online learning. If a computer lab is available at the course site the instructor reserves it for a session or two to coach students as needed.
3. **Advancing or hindering program goals:** The initiation of the online program is in line with the program goals. This option increases the possibility of obtaining a BSN to more nurses in the state, allows for more flexibility in completing the degree when their lives do not go according to plan and they need stop out for a semester or two and still complete the degree. The change in graduation rates does not yet reflect this as the seven semester program will reach the seven semester mark in December 2009. The capstone course is offered online for the first time Fall 2009. For a few nurses the decrease in site based cohorts may hinder their pursuit of a BSN. Those nurses are often social learners and/or lack confidence in their ability to function in an online environment. This is often related to their lack of confidence in their computer skills or ability to acquire those skills. They would benefit from workshops at the regional sites or at community college that would build both their skills and confidence.

F. Curriculum

1. **Program requirements: (Appendix 3-A):** Students must pass all nursing courses and CAHS core courses with a C or better. Less than a C in any two nursing courses is cause for dismissal from the nursing program.

a) **General education courses:**

Directed General Education Courses	Rationale
MATH 115 or MATH 117	Quantitative competence is an important part of understanding the complex economic factors in nursing and health care.
ENGL 150, 250, and 321	Effective professional communication is a key component of professional practice and the role of an effective member of society.
COMM 105, 121, or 221 or other transfer courses meeting FSU communication competence requirements.	Understanding of communication skills and essential components of effective communication is essential both to professional practice and participation in the larger society.
7 credits of Scientific Understanding which must include a lab course.	Nurses must have an understanding of basic science in order to comprehend health and disease concepts. RN to BSN students have generally met these requirements in previous education.
EHSM 315	An understanding of epidemiology and statistics is the basis for understanding nursing research and community health.
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 in professional practice and as members of society are more effective when they have an understanding of the factors that comprise culture.

b) **Hidden pre-requisites:** There are no hidden pre-requisites. When a prospective student initially applies to the RN to BSN program the application process includes submission of official transcripts. At that time an advisor evaluates the transcripts and sends a copy of the transcript evaluation to the program applicant. In the admission advising process students are alerted to any problematic areas that might interfere with progression in the program. The most frequent lack is an ENGL 250 equivalent. Students are advised to take the course prior to starting if they can or to alter their plans to take it before ENGL 321.

2. **Significant revisions:** There was a significant change in the curriculum to bring the pre-licensure program and the RN to BSN programs into alignment and to facilitate the online option for the RN to BSN program. The changes involved renumbering of courses to avoid dual offerings of essentially the same course, revisiting and revising course outcomes, eliminating Advanced Health Assessment as a required course in the RN to BSN program while retaining it as an elective and adding other electives in nursing to meet the varied learning needs of the RN to BSN students. In addition, NURS 325 Professional Nursing Skills Development was added to the curriculum. This course fills two needs in the RN to BSN curriculum. It makes the program more transfer friendly to those students who start an RN to BSN program elsewhere and wish to transfer to FSU and it provides a framework for offering the essential skills and knowledge needed to be successful as a professional nursing student. The content includes information literacy, an orientation to critical thinking, learning centered education, professional writing using the APA Style Manual, and creating an individual plan to meet degree requirements including a service learning project.
3. **Curricular or program changes:** There is a proposal to revise course outcomes for NURS 340 Community Health Nursing.
4. **Plans for revision:** There is a proposal under consideration to include an RN to MSN option. Prospective students would apply to the current RN to BSN program and have the option to apply to the MSN program without completing the last few courses of the RN to BSN program. This is becoming a common offering and is a frequent question from prospective students. This would be an option as would continuing to complete the BSN continue to be an option.

G. Quality of Instruction

1. **Student and alumni perceptions of quality of instruction:** The majority of current students who responded to the survey report satisfaction with the quality of instruction. The comments related to instruction were primarily positive. The alumni response was very limited and it is difficult to draw conclusions from the responses. It is notable that the comments related to instruction were positive.
2. **Advisory committee and employer perceptions of quality of instruction:** The advisory board reported positive perceptions of the quality of instruction.
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 learning centered education, a focus on critical thinking and encouraging professional growth and development of faculty and students. With the growth of the number of online students we are working to enhance the online learning experience by providing an orientation to online learning, information about the resources to enhance online learning skills prior to starting the program and a practice course that is available prior to the first class.

There is also an effort to provide consistent measurement of learning outcomes in different sections of the same courses and in the capstone course in the program.

4. **Professional development activities of faculty that enhance learning environment:** Faculty have been very involved in professional development activities. They have attended many of the sessions offered by the Faculty Center for Teaching and Learning including Ferris Connect, Tegrity, Classroom Performance Systems, New Faculty Orientations, CAHS Best Practices, WebEX, Rubrics Rock and other programs that add to an enhanced learning environment. Most faculty have attended off-campus conferences including Lilly Conferences, National League for Nursing Educators' Conferences and conferences in their areas of specialization to keep content current.
5. **Efforts to increase the interaction of students with faculty and peers:** Because the SON is using the Learning Centered approach in the curriculum, interaction between faculty and student is encouraged. In the blended site based cohorts faculty generally schedule onsite office hours prior to face to face class sessions. In addition faculty employ various strategies online to encourage interaction among students and between faculty and students such as a Community Café or Water Cooler discussion board for general social discussion. Some faculty schedule regular online office hours or provide information about phone appointments.
6. **Infusion of current research and practice into teaching and learning:** Evidence based practice and use of current research are directly tied to a terminal program outcome and each course has a learning outcome related to research and best practices. Student assessment is tied directly to meeting outcomes. Each course includes assignments and activities relating to current research in the relevant area.
7. **Effects the actions described in (5) and (6) have had on quality of teaching and learning:** The initial courses in the RN to BSN program are taught by full time or long term adjunct faculty whenever possible to insure a consistent message about the SON outcomes and standards. New faculty are expected to and supported in attending new faculty orientation and are assigned experienced faculty as mentors to support them not only in adapting to FSU but to support them in learning centered teaching and the expectation that current research and best practices are part of course content. The SON has long had a culture of sharing resources and faculty frequently put colleagues into their FerrisConnect courses to share examples their work.

H. Composition and Quality of Faculty

1. Tenured and tenure track faculty

a) Rank and qualifications: Faculty CVs in Appendix 3-B

Tenured Faculty/Qualifications	Rank
Marietta Bell-Scriber RN, PhD	Professor
Susan Fogarty RN, MSN	Associate Professor
Tenure Track Faculty	
Denise Hoisington, RN, MSN, PhD	Associate Professor
Lisa Singleterry, RN, MSN, (doctoral student)	Assistant Professor
Sharon Colley, RN, MSN, PhD	Assistant Professor
Michelle Teschendorf, RN, MSN, PhD ABD	Assistant Professor

b) **Promotions or merit awards since last review:** Marietta Bell-Scriber was promoted to professor, Arlene Morton and Susan Fogarty received Merit Awards since the last Academic Program Review.

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. See individual vitas for details.

2. Workload

a) **Normal annualized teaching load:** 12 credit hours are considered a full load per college policy. At least ½ of the faculty average 1 to 5 credits of overload per semester.

b) **Release time activities:** Of the faculty currently teaching in the RN to BSN program Susan Fogarty received one quarter release time for coordination of the RN to BSN program and Marietta Bell Scriber received one quarter release time to coordinate the MSN program.

3. Recruitment

a) **Normal recruiting process for new faculty:** New faculty are recruited using the procedure approved by the university. Once the approval to hire faculty has been obtained, a search committee is formed. The committee is chaired by a faculty member within the program 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 is conducted. Qualified applicants are then invited to campus for interviews. During the interview process, the applicants are required to make a 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 PhD or PhD ABD and teaching experience in nursing or staff development is preferred. However, it should be noted that with a graduate nursing program, it is important to strive to hire tenure track faculty who hold a doctorate or who are enrolled in and making good progress in a doctoral program.
 - c) **Diversity goals:** The program would like a more diverse faculty but with the acute shortage of qualified nursing faculty at the state and national levels, the emphasis has been on attracting faculty with the required credentials. The pool of candidates with advanced degrees in nursing is somewhat homogenous.
 - 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 prepared at the doctoral level or who are in 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 faculty are required to take advantage of the FCTL's New Faculty Transition Program, and their assignments are made to allow them to attend the sessions. A new faculty member will be assigned a nursing faculty mentor who provides information specific to Allied Health and the School of Nursing.
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 expected 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 service salaries. This limits the pool of nurses with graduate degrees who are interested in nursing education as full time employment and as adjunct.

- c) **Reward structure currently in place that supports faculty productivity in teaching, research, and service:** Research and faculty development grants can be obtained through the University. Developing online courses has been rewarded in the past with additional pay or release time for course development. Due to University budget cuts, this option is no longer available. There are no University rewards for service. Faculty members are not given release time for research. Most faculty teach overload so have little time to devote to research. Faculty must be given credit hour release time that supports productivity in teaching, research, and service. This will require additional faculty.
- 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 at this time to the RN to BSN program.

7. **Non-Tenure Track and Adjunct Faculty**

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

1) **Full-time non-tenure track faculty:**

12 Month 3 Year Contract	Courses Taught	Years of Service
Mary Alkire RN, PhD	Transition into Professional Nursing, Spirituality in Nursing Practice,	One year
Susan North RN, MSN	Health Promotion, Community Health Nursing	One year
Sandra Rogers, RN, MSN *	Health Promotion, Senior Seminar, Clinical Practicum	One Year
9 Month Temporary		
Catherine Balanda, RN, MSN, FNPC	Health Assessment, Community Health Nursing,	Two Years
Adjunct		
Peggy Bruns	Health Promotion	
Barbara Jamison	Transition into Professional Nursing	
Jo Doerr	Health Assessment	
Dana Lehmann	Clinical Practicum	

* Non tenure track and full time CVs in Appendix 3- C. Sandra Rogers resigned at the end of spring semester and did not respond to requests prior to that time for an updated vita.

2) **Adjunct faculty:** Are listed above. These instructors taught in the RN to BSN program in the last academic year. Some of them have taught in other SON programs. Dr. Jamison is new to Ferris but the others have taught for the SON frequently in past years.

3) **Retention of non-tenure track faculty:** Many of the non-tenure track faculty may also teach for other institutions and/or have a full time position in the clinical area. At this time we have a cadre of regular adjunct who teach in the SON on a regular basis.

- b) **Percentage of program courses taught by faculty in (a):** The percentage of courses taught by non-tenured/tenure track faculty varies by semester. In the Spring Of 2009, 45% of RN to BSN sections were taught by tenured/tenure track faculty, 32% by adjunct faculty, and 23% by full time non-tenure track faculty. In the RN to BSN program every attempt is made to have tenured/tenure track faculty teach the first courses as students have many questions about the program and need support as they adjust to a return to school. This is particularly important as first semester students are often unaware of their lack of facility in the online environment and need support to master online learning.
- c) **Qualifications for faculty in (a):** All of the full time non-tenure track faculty and adjunct faculty have a minimum of a Masters in Nursing. Two of the non-tenure track faculty members have earned doctorates.
- d) **Use of non-tenured faculty:** The use of non-tenure track and adjunct faculty is appropriate in many of the courses in the RN to BSN program. The nursing courses in this program are offered both online and in a blended format each semester and use of non-tenure track and adjunct faculty allows for the varied demand for the courses from one semester to another. It serves both the students and program well to have a cadre of part-time adjunct faculty as well as the full time non-tenure track positions with faculty who are qualified to teach in the various programs and tracks in the SON.
- e) **Accreditation body's position of use of non-tenured and adjunct faculty:** The National League for Nursing Accreditation Commission (NLNAC) and the State Board of Nursing require that all faculty, who teach didactic courses must hold a minimum of a MSN. 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 RN to BSN program does not provide general education courses.
- 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 S& E budget for the School of Nursing programs is divided among the pre-licensure programs, RN to BSN program, MSN program and administration. A review of the findings specific to the RN to BSN program demonstrates the difficulty in speaking directly to productivity and cost for the RN to BSN program. The issues related to this difficulty include:

- 1. The numbers for all of the nursing programs are merged into totals for reporting.
- 2. The administrative restructuring in 2005-2006 split the results.
- 3. Most faculty teach in multiple programs.

The result of these factors make: it difficult to tease out the costs for any one of the programs. The pre-licensure program tracks have a high cost related to State Board of Nursing requirements for faculty student ratios in the clinical settings of 1:10. The most recent available numbers are reported below.

Productivity History for Nursing Programs				
	2003-2004	2004-2005	2005-2006	2006-2007
Student Credit Hours (Reported for fall and winter/spring)	3343.00	3532.00	1824.00* 1580.00*	4100
Full Time Equated Faculty	11.59	10.39	4.89* 3.80*	9.50
SCH/FTEF	288.40	340.04	372.85 415.89	431.71

Cost Data: The only available data is from a 2003-2004 report for the Associate Degree in Nursing which we no longer offer. The costs for the RN to BSN program cannot be inferred from this data as it includes costs for the more expensive clinical instruction.

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 were together in one department. Below is a list of costs per department within the College of Allied Health. Nursing and Dental Hygiene were the lowest.

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.

Variables Tracked	Why Assessed
Student Professional Portfolios prepared during the program and presented in the capstone course	Documents the students' attainment of program's terminal outcomes and the means of attainment.
Service learning project	Demonstrates a commitment to the advancement of the image of nursing knowledge and participation in interdisciplinary practice.
Annual Alumni Survey – Employment Rate	Reflects changes in employment with attainment of BSN.
Graduate Survey	Reflects student's perception of their quality of learning and professional advancement related to completion of RN to BSN program.
Student Survey	Reflects demographic data for all students enrolled in the program related to gender and ethnicity.

- 2. Trend data for variables in (1).** The use of portfolios to track outcomes is new with the most recent curriculum revision. Only the full time on-campus cohort comprised primarily of new ADN Ferris graduates have completed the revised program in its entirety. Other graduates have been introduced to the portfolio requirement as various stages in their progression through the program. Students complain about the work of the portfolios but the portfolios reflect learning and attainment of both course and program outcomes. Many nurses use portfolios in their employment as a part of their yearly evaluation process and find it useful to relate their academic achievement with their professional success. The Service Learning Project is a part of the portfolio. Many students document a continued commitment to their service beyond the program requirements and plan to continue the service beyond graduation.

As a group the faculty is working to find better ways to assess outcomes. We have had very low responses to alumni and graduate surveys. Students and graduates report feeling overwhelmed by the number of surveys they are asked to complete and unless there are consequences for skipping them they do not see this as a good use of their time.

- 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 faculty found in reviewing the data that some improvement is needed in the methods used to measure outcomes.

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

The first group of students to graduate in the revised curriculum, other than the full time on-campus students, will graduate in December of 2009. This group is more reflective of the typical student in the RN to BSN program. That is they have been out of school for awhile and have been part-time students while working full time. The full time on-campus students have been primarily new graduates from Ferris who completed all of the non nursing courses required for the RN to BSN program while waiting to begin the clinical sequence in the previous ADN program. Most of them work full time while going to school full time and their focus seems to be primarily on adjusting to the role of a graduate nurse and less on the transition from an ADN graduate to one as a BSN graduate. As a faculty we have been evaluating the use of evaluation methods for the portfolio that more fully assesses the measurement of program outcomes.

L. **Administration Effectiveness**

1. **Adequacy of administrative and clerical support for the program:**

Administrative and clerical support for the program is adequate.

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. In addition the Dean recognized the greatest growth in the College of Allied Health Sciences has recently been off-campus and online. The traditional methods of advising and student support were not effective when the students did not come to campus to access these services. In the last year and a half three positions have been created to support the students in an efficient and timely manner, to advise on a consistent and timely basis, to recruit and to free faculty to focus on teaching.

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 email, phone, or face-to-face formats. Concerns are addressed in a timely manner.

As previously mentioned the SON has long had a culture of sharing resources. All course syllabi and supporting documents are housed on the CAHS share drive.

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 generally works well.
4. **Student's ability to take courses they need in a timely manner:** Students who stay with a planned cohort are able to take needed classes in a timely manner. There has been good cooperation with those departments offering required and elective courses taken by students in the RN to BSN program. Those students who stop out or wish to accelerate may have some difficulties getting the courses they need when they want them. We have identified a few small barriers and will attend to those in planning future offerings. The addition of the online option has enabled students to plan ahead and take into account those life events that may require alterations in their initial plan of degree completion.

Section 4: Facilities and Equipment

A. Instructional Environment

1. **Adequacy of classrooms, labs, and technology:** The majority of instruction in the RN to BSN program is online as all courses are in a blended or fully online format. Almost all of the non-nursing courses offered by FSU are currently offered in an online format. In the past the SON offered a full time option in a blended format to meet the needs of the FSU ADN graduates, many of whom completed all of the non-nursing courses required for the BSN while waiting to begin their clinical sequence. With the closure of that program we do not anticipate the continued demand for a full time on campus option. The largest need is in technology support for returning non-traditional students who have never taken an online class and are unaware of the reality of expectations in computer and software expectations for an online student.

At present, blended programs are offered both in educational settings which generally have most of the technology of Smart Classrooms on campus and in health care agency educational facilities which generally have comparable resources. One challenge in off-campus sites is use of computer labs for group instruction. The increased access of wireless access and students with lap tops is decreasing the impact of this lack.

2. **Condition of current facilities impact on program delivery:** Students who avail themselves of TAC and various resources generally are successful in making the transition to online learning. One consequence of the student lack of preparedness and the lack of a mandatory level of competence in required hardware and software is a demand on faculty time to support students through the learning process while also meeting course outcomes. At this time students are put into a practice FerrisConnect course prior to the first semester in the fully online first semester courses, they are offered an orientation to online learning via WebEX and the tutorials for FerrisConnect are linked in first semester courses.
3. **Projected needs with respect to instructional facilities:** None anticipated at this time.
4. **Current plans for facilities improvements:** None planned
5. **How proposed changes or improvements to facilities would enhance program delivery:** N/A

B. Computer Access and Availability

1. **Computing resources that are allocated to the program:** There are no computing resources specifically allocated to the RN to BSN program. The program coordinator at this time holds one of the FSU WebEX licenses to facilitate web-conferencing with prospective and current students. In the past there were two SON lap top computers that faculty could use when teaching at distance sites but most of the distance sites have Smart Classroom technology available making this unnecessary. In those rare sites without the computer in place most faculty use their personal laptops. The SON laptops have not been replaced and are out of date.

2. **How resources are used:** The WebEX license is used for live orientation to online learning and to the RN to BSN program. It has been used to schedule interactive coaching and advising sessions with individual students. Several faculty are in the process of adding Tegrity functions to online courses. Most of the FSU computers provided to faculty do not have Web Cams or microphones for audio enhancement of online resources.
3. **Adequacy of resources and need for additional resources:** Current resources related to hardware and software are adequate. Additional FSU support for readiness for online learning and proof of competence in required hardware and software would allow faculty to concentrate on meeting program outcomes, decrease student frustration and increase retention.
4. **Acquisition plan to address these needs:** To our knowledge there is not a plan to require competence or offer support to achieve competence in place prior to enrollment in a blended or fully online course. The College of Allied Health Sciences core competencies include computer competency and these competency are built into the assignments in the RN to BSN program.
5. **Efficacy of online services available to program:** All program faculty have been using the FerrisConnect platform for teaching from the time it was first available. One of the program faculty was one of the original users and trainers in the conversion from WebCT to FerrisConnect. In order to facilitate the transition of new faculty into online teaching they are expected to take the FerrisConnect training and are provided a course shell by experienced faculty as well as assigned a mentor.
6. **Adequacy of computer support:** Computer support is good. The student employees as well as the regular technicians at TAC are polite and efficient. Classroom problems are responded to quickly. It may take longer for technical support problems but that too is usually done efficiently and in a timely manner.
 Response for Ferris Connect problems has not always been as efficient and timely. It is not always clear who should be contacted with a particular problem.
 Incoming students for online courses or programs often overestimate their computer skills or their ability to pick it up quickly. It would be helpful and increase retention to require proficiency prior to enrollment in an online course and to offer workshops on campus and at regional centers to provide remediation to those prospective online students who are not proficient.

C. Other Instructional Technology

1. **Other types of instructional technology that are allocated to program:**
 The RN to BSN program is not highly dependent on specialized technology beyond a current computer and a high speed internet connection and these are present in the FSU setting and the SON and CAHS makes the information available to prospective students on the web site and in other communications.
2. **How these resources are used:** N/A
3. **Adequacy of these resources:** N/A
4. **Acquisition plan to address needs:** N/A
5. **Impact of adequacy of other types of instructional technology resources and support of these resources on the program:** N/A

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 our program.
2. **Service and instruction availability provided by the library faculty and staff:** In the blended offerings of the program the Health Science Librarian and Distance Education Librarian have done onsite information literacy presentations. They currently are working on offering the presentation for fully online students via WebEX.
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 us of any purchases that are pending. We are encouraged to have input into some of the selections that are added to the collections.

Section 5: Summary

CONCLUSIONS

The RN to BSN program has been in existence for over twenty years. It was started as part of the long standing Ferris effort to serve the population of Michigan with a well-educated work force in the vital areas needed by the state. The majority of nurses are educated in associate degree programs and for many years Ferris had an excellent associate degree program. As the needs of the population changed and the best evidence indicated a need for more bachelors prepared nurses Ferris supported the effort to provide a ladder program to assist current practicing nurses to attain a professional education and move into leadership roles in nursing and health care. At the time the RN to BSN program originated common practice for nurses prepared at the diploma or ADN level aspiring to a BSN required much repetition of previously learned content including science courses with labs and clinical experiences. This was a significant barrier to further education for most nurses.

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.

Building Upon the mission, vision and values of Ferris State University, the College of Allied Health Sciences' **mission** is to prepare students for successful careers in the various programs contained within the college, to foster responsible citizenship and to promote lifelong learning. The college will depend upon partnerships with healthcare providers and facilities to prepare students for rapidly changing careers.

The college's **vision** is to be a recognized leader in the provision of career-oriented allied health education. It strives to be the preferred choice for students who seek to pursue a career in one of the disciplines offered by the college by offering programs that align themselves with the needs of the agencies that it serves in a student-centered environment that fosters life-long learning, leadership and continued intellectual development.

To fulfill its vision, the College of Allied Health Sciences embraces the **core values** of the university by fostering opportunities for collaboration, respect for diversity, demand for excellence, and opportunity for students to learn to function in an ethical community.

The need for nurses is well established and will continue into the future with the aging of the baby boomers and the effort to extend health care to more Americans. In addition there is an increased demand for nurses with professional degrees at a time when the greatest growth in pre-licensure nursing programs is at the ADN level.

B. Program Visibility and Distinctiveness

The RN to BSN program has been both visible and distinctive over time. It is visible through the presence of its director and faculty as active members in various organizations and with its presence over many years at various off campus sites at community colleges, at university centers and in classrooms at hospitals and medical centers. The program coordinator and director have represented the program at various professional venues including at career days for nursing or health related students in community colleges and at nursing education venues at hospitals and medical centers. The recent addition of advisor positions for off campus and online students in CAHS in cooperation with CPTS can only increase the visibility of the program. The real visibility of the program occurs in ways we only hear about indirectly when prospective students report they heard about Ferris RN to BSN program from colleagues who are students or graduates of the program.

The School of Nursing website provides clear information about the SON programs and generates frequent inquiries as well as providing a resources for current students.

The Ferris RN to BSN program is distinctive in recognizing students come into the program holding a license as a registered nurse and have met very rigorous standards to earn and maintain that license. They are adult learners and have adult focus on learning. They do not value repetition of previous content to meet specific course rather than programmatic requirements. Many other RN to BSN programs still require specific science courses rather than acknowledge that nurses have taken adequate science content and have retain and have updated much of the scientific understanding as a basis for practice. The Ferris RN to BSN program recognizes that the students entering the program are working nurses who value acquiring new knowledge and skills using learning strategies that allow them to maintain employment and carry out family responsibilities.

C. Program Value

Media continues to publish the growing need for nurses but less attention has been paid to the need for an increase in the ratio of BSN and higher degrees nurses in the work force. Employers of nurses have become increasingly aware of that and the increase in Magnet Hospitals in Michigan will further increase the trend to require a BSN for any but entry level staff nurse positions over time, at least in larger institutions. As previously mentioned, Munson Medical Center has mandated a BSN in ten years as a condition of employment for new nurses as of January, 2009. The primary value of the RN to BSN program is to health care consumers and employers of nurses. Consumers have better health care related outcomes with a higher proportion of BSN prepared nurses in the workforce. There have been several studies supporting this. The Ferris RN to BSN program contributes to the increase in the proportion of BSN prepared nurses from the current pool of practicing nurses. Employers are increasingly recognizing the value of nurses prepared at the BSN and higher level and seeking to hire more BSN prepared nurses and supporting current nurses in their quest to obtain a BSN.

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, our AAS in nursing program was 126 below the highest cost program. The RN to BSN is less costly than the pre-licensure program as the State Board of Nursing does not mandate faculty to student ratios for clinical courses in post licensure programs. Since the inauguration of the online option we have been able to move sites with low enrollment to online courses and made better use of SON resources. We are currently examining the schedule for offering courses to enable students to have access to most NURS courses each semester as the online students are more likely to take off a semester or want to speed up than previous site based students.

D. Enrollment

Enrollment has markedly increased with the advent of the online option. Several planned site based cohort starts have been postponed or cancelled because students expecting to start with the next cohort found out about the online option and opted for online to better accommodate their lives and learning needs. Significant potential barriers to the continued growth include lack of institution support for potential students needing remediation in computer skills and lack of access to online general education courses for potential incoming students.

E. Characteristics, Quality, and Employability of Students

Students entering the RN to BSN students are all graduates of an ADN or diploma nursing program and have met the criteria to take the nationally standardized NCLEX-RN. In order to move past the first semester they must hold a valid license as a registered nurse. Nearly all of the students are part-time students with full time jobs who have family and community responsibilities. They must meet the CAHS and SON standards to continue in the program and to graduate. The more long term faculty are aware of a perceived increase in the number of students who pursue graduate study.

F. Quality of curriculum and Instruction

The curriculum was developed from the mission and goals of the School of Nursing using NLN guidelines for baccalaureate nursing education and the Essentials of Baccalaureate Education. The program continues to improve the quality of the nursing education by using best practices in education. Best practices include a learning centered approach to education, a focus on critical thinking and understanding and evaluating research for best practices implications as well as broadening the scope of practice beyond the care of sick individuals to the roles needed to influence practice and the health care system.

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 recognize faculty's willingness to help them be successful. Courses outcomes are assessed at the end of each semester as well as the methods used for the assessment of outcomes. The ongoing assessment process guides course revisions and periodically for more significant curricular changes.

G. Composition and Quality of the Faculty

There are two tenured and five tenure-track faculty who currently teach in the RN to BSN program. All of the tenure track faculty who do not currently hold an earned doctorate are working in doctoral programs in nursing or education. During the 2008-2009 academic year, there were also 4 non-tenure-track full time MSN faculty who taught in the program.

A number of adjunct faculty are used for their expertise in content areas and to meet the needs of a growing program. The tenure/tenure track or full time faculty who also teach in the courses share resources and help support adjunct in their roles. The SON has been able to develop a cadre of regular adjunct who teach for Ferris on a fairly regular basis.

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, are involved as members of their communities and completed research.

Appendix A

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Ferris State University
School of Nursing

PURPOSE STATEMENTS:

1. Deliver nursing programs that prepare nurses to practice in the rapidly changing health care environment.
2. Instill standards of practice and professional performance as essential components of practice.
3. Incorporate best practices in nursing and education.
4. Recruit and retain a diverse population of students and faculty.

PHILOSOPHY:

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

The faculty considers health to be a state of physiological, psychological, sociocultural, and spiritual well-being and is the goal of all nursing activity. Health is a dynamic state as defined by the individual in different realms of well-being.

The faculty views society as the context within which the client and nursing interact. Society is composed of multiple subsystems designed to provide for the basic human needs of protection, education and enculturation. The basic unit of this social structure is the family, as defined by the individual. Families and individuals unite into groups and communities based on commonalties or needs. Diverse societal norms and characteristics serve as a basis for nursing practice.

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

The faculty believes that nurses in society fill multiple roles caring for diverse clients in a variety of settings. The setting and scope of practice are determined by academic preparation and experience.

The faculty believes that the Associate Degree or Diploma prepared nurse provides direct nursing care of clients with an apparent or impending health need precipitating client problems. The nurse prepared at this level employs critical thinking and the nursing process to collaboratively guide the provision of care for clients in a structured setting.

The faculty believes that the Bachelor's prepared nurse provides direct and indirect nursing care for diverse clients with health promotion, risk reduction and disease management needs. The nurse prepared at this level guides the provision of comprehensive nursing care for clients including individuals, families, groups, and communities in a variety of structured and unstructured settings.

The faculty believes that the Master's prepared nurse provides leadership to directly influence nursing practice. The nurse prepared at the graduate level has acquired advanced specialized knowledge and skills to provide or guide practice in a variety of settings.

The faculty believes learning is an internal, self-directed, lifelong process resulting in behavioral change. Individuals learn in a variety of ways, building on previous knowledge and skill. Faculty has a responsibility to design, facilitate, and evaluate learner-centered experiences. Critical thinking and problem solving stimulate changes in behavior resulting in students' and graduates' fulfillment of their ethical, legal, and societal nursing responsibilities.

The faculty believes that educational experiences designed to promote professional behaviors include professional development and service which are considered to be intrinsic elements of nursing. It is further believed that these behaviors are learned through guided experiences and through modeling of behaviors by faculty.

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

Approved May 6, 2004
Revised May 4, 2007
Reviewed June 23, 2008

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

UNDERGRADUATE MISSION

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.

PROFESSIONAL ROLES <ul style="list-style-type: none"> • Provider of Care • Designer / Manager / Coordinator / Collaborator of Care • Member of a Profession • Advocate 	CORE COMPETENCIES <ul style="list-style-type: none"> • Critical Thinking • Communication • Nursing Process • Evidence-Based Approach 	CORE KNOWLEDGE <ul style="list-style-type: none"> • Health Promotion, Risk Reduction & Disease Management • Illness & Disease Management • Information & Health Care Technologies • Ethics • Human Diversity Across the Lifespan • Global Health Care • Health Care Systems & Policy
FIRST LEVEL OUTCOMES	SECOND LEVEL OUTCOMES	TERMINAL OUTCOMES
<ol style="list-style-type: none"> 1. Demonstrate the ability to provide direct patient care in the areas of health promotion, risk reduction and disease prevention. (Role Development) 2. Demonstrate knowledge of the importance and meaning of nursing theory as a basis for practice. (Theory and Evidence Base for Practice) 3. Recognize the importance of addressing individual Differences in providing nursing care. (Context for Nursing Care) 4. Recognize the importance of selecting client outcomes and nursing interventions from an evidence-based perspective. (Research) 5. Demonstrate an understanding of the nursing process as a framework for problem solving and clinical decision making. (Cognitive Growth) 6. Incorporate professional nursing standards and accountability into practice. (Advancement of the Profession) 	<ol style="list-style-type: none"> 1. Demonstrate the ability to coordinate nursing care in the management of a variety of health situations. (Nursing Role Development) 2. Select approaches to nursing care that are evidence-based, reflecting best current practice across the lifespan. (Theory & Evidence Base for Practice) 3. Demonstrate an understanding of nursing care delivered to the community as client. (Context for Nursing Care) 4. Critique nursing research studies to determine their validity and application to nursing practice. (Research) 5. Demonstrate the ability to apply critical thinking in making appropriate clinical judgments for clients. (Cognitive Growth) 6. Demonstrate a commitment to the advancement of the image of the nursing profession. (Advancement of the Profession) 	<ol style="list-style-type: none"> 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) 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) 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) 4. Analyze research for application to nursing practice. (Research) 5. Demonstrate critical thinking and ethical clinical judgment in the application of the nursing process, reflecting a safe standard of care. (Cognitive Growth) 6. Demonstrate a commitment to the advancement of the image of the nursing profession through the dissemination of nursing knowledge and participation in interdisciplinary practice. (Advancement of the Profession)

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Fact Sheet:

AACN The Impact of Education on Nursing Practice

The American Association of Colleges of Nursing (AACN), the national voice for baccalaureate and graduate nursing programs, believes that education has a significant impact on the knowledge and competencies of the nurse clinician, as it does for all health care providers. Nurses with Bachelor of Science in Nursing (BSN) degrees are well prepared to meet the demands placed on today's nurse. BSN nurses are prized for their skills in critical thinking, leadership, case management, and health promotion, and for their ability to practice across a variety of inpatient and outpatient settings. Nurse executives, federal agencies, the military, leading nursing organizations, health care foundations, magnet hospitals, and minority nurse advocacy groups all recognize the unique value that baccalaureate prepared nurses bring to the practice setting. AACN encourages employers to capitalize on the education and experience provided by the varied educational programs leading to the registered nurse (RN) designation by using these nurses in different capacities. We also encourage BSN graduates to seek out employers who value their level of education and distinct competencies.

Different Approaches to Nursing Education

There are three routes to becoming a registered nurse: a 3year diploma program typically administered in hospitals; a 3year associate degree usually offered at community colleges; and the 4year baccalaureate degree offered at senior colleges and universities. Graduates of all three programs sit for the same NCLEXRN © licensing examination. Baccalaureate nursing programs encompass all of the course work taught in associate degree and diploma programs plus a more indepth treatment of the physical and social sciences, nursing research, public and community health, nursing management, and the humanities. The additional course work enhances the student's professional development, prepares the new nurse for a broader scope of practice, and provides the nurse with a better understanding of the cultural, political, economic, and social issues that affect patients and influence health care delivery. Throughout the last decade, policymakers and practice leaders have recognized that education makes a difference.

· In February 2007, the Council on Physician and Nurse Supply released a statement calling for a national effort to substantially expand baccalaureate nursing programs. Chaired by Richard "Buz" Cooper, MD and Linda Aiken, PhD, RN, the Council is based in the University of Pennsylvania's Leonard Davis Institute of Health Care Economics. In the statement, the Council noted that a growing body of research supports the relationship between the level of nursing education and both the quality and safety of patient care. Consequently, the group is calling on policymakers to shift federal funding priorities in favor of supporting more baccalaureate level nursing programs. This call was reaffirmed in a new statement released in March 2008.

www.physiciannursesupply.com/Articles/councilmeetingrelease.pdf

· In March 2005, the American Organization of Nurse Executives (AONE) released a statement calling for all registered nurses to be educated in baccalaureate programs in an effort to adequately prepare clinicians for their challenging and complex roles. AONE's statement, titled *Practice and Education Partnership for the Future*, represents the view of nursing's practice leaders and a desire to create a more highly educated nursing workforce in the interest of improving patient safety and providing enhanced nursing care.

· The National Advisory Council on Nurse Education and Practice (NACNEP), policy advisors to Congress and the Secretary for Health and Human Services on nursing issues, has urged that at least two thirds of the nurse workforce hold baccalaureate or higher degrees in nursing by 2010. Currently, only 47.2 percent of nurses hold degrees at the baccalaureate level and above.

· NACNEP found that nursing's role calls for RNs to manage care along a continuum, to work as peers in interdisciplinary teams, and to integrate clinical expertise with knowledge of community resources. The increased complexity of the scope of practice for RNs requires a workforce that has the capacity to adapt to change. It requires critical thinking and problem solving skills; a sound foundation in a broad range of basic sciences; knowledge of behavioral, social and management sciences; and the ability to analyze and communicate data. Among the three types of entry level nursing education programs, NACNEP found that baccalaureate education with its broader and stronger scientific curriculum best fulfills these requirements and provides a sound foundation for addressing the complex health care needs of today in a variety of nursing positions. Baccalaureate education provides a base from which nurses move into graduate education and advanced nursing roles.

· There is a growing consensus in the higher education community that a liberal arts education should be embedded in all the professional disciplines. Graduates with a liberal education are prized by employers for their analytical and creative capacities and demonstrate stronger skills in the areas of communication, assessment, cultural sensitivity, resourcefulness, the ability to apply knowledge, and scientific reasoning. Though some arts and science courses are included in ADN programs, the BSN provides a much stronger base in the humanities and sciences.

· There are 618 RN to BSN programs that build on the education provided in diploma and associate degree programs and prepare graduates for a broader scope of practice. In addition to hundreds of individual agreements between community colleges and four year schools, statewide articulation agreements exist in many areas including Florida, Connecticut, Arkansas, Texas, Iowa, Maryland, South Carolina, Idaho, Alabama, and Nevada to facilitate advancement to the baccalaureate level. These programs further validate the unique competencies gained in a BSN program. See <http://www.aacn.nche.edu/Media/FactSheets/AA.htm>.

- Registered nurses today work as a part of an interdisciplinary team with colleagues educated at the master's degree or higher level. These health professionals, including physicians, pharmacists, and speech pathologists, recognize the complexity involved in providing patient care and understand the value and need for higher education. For example, Occupational Therapists (OT) and Physical Therapists (PT) require education at the master's level, while OT and PT Assistants are prepared at the associate degree level. Since nurses are primarily responsible for direct patient care and care coordination, these clinicians should not be the least educated member of the health care team.

- According to a recent study published by Dr. Betty Rambur and her colleagues in the July/August 2003 issue of *Nursing Outlook*, increasing the proportion of baccalaureate prepared nurses in the registered nursing population may be essential to stabilizing the nursing workforce. Nurses prepared at the BSN level were found to have higher levels of job satisfaction which is key to nurse retention.

Recognizing Differences Among Nursing Program Graduates

There is a growing body of evidence that shows that BSN graduates bring unique skills to their work as nursing clinicians and play an important role in the delivery of safe patient care.

- In an article published in *Health Services Research* in August 2008 that examined the effect of nursing practice environments on outcomes of hospitalized cancer patients undergoing surgery, Dr. Christopher Friese and colleagues found that nursing education level was significantly associated with patient outcomes. Nurses prepared at the baccalaureate level were linked with lower mortality and failure to rescue rates. The authors conclude that "moving to a nurse workforce in which a higher proportion of staff nurses have at least a baccalaureate level education would result in substantially fewer adverse outcomes for patients."

- In a study released in the May 2008 issue of the *Journal of Nursing Administration*, Dr. Linda Aiken and her colleagues confirmed the findings from her landmark 2003 study (see below) which show a strong link between RN education level and patient outcomes. Titled "Effects of Hospital Care Environment on Patient Mortality and Nurse Outcomes," these leading nurse researchers found that every 10% increase in the proportion of BSN nurses on the hospital staff was associated with a 4% decrease in the risk of death.

- In the January 2007 *Journal of Advanced Nursing*, a study on the "Impact of Hospital Nursing Care on 30day Mortality for Acute Medical Patients" found that BSN prepared nurses have a positive impact on lowering mortality rates. Led by Dr. Ann E. Tourangeau, researchers from the University of Toronto and the Institute for Clinical Evaluative Sciences in Ontario studied 46,993 patients admitted to the hospital with heart attacks, strokes, pneumonia and blood poisoning. The authors found that: "Hospitals with higher proportions of baccalaureate prepared nurses tended to have lower 30day mortality rates. Our findings indicated that a 10% increase in the proportion of baccalaureate prepared nurses was associated with 9 fewer deaths for every 1,000 discharged patients."

- In a study published in the March/April 2005 issue of *Nursing Research*, Dr. Carole Estabrooks and her colleagues at the University of Alberta found that baccalaureate prepared nurses have a positive impact on mortality rates following an examination of more than 18,000 patient outcomes at 49 Canadian hospitals. This study, titled *The Impact of Hospital Nursing Characteristics on 30Day Mortality*, confirms the findings from Dr. Linda Aiken's landmark study in September 2003.

- In a study published in the September 24, 2003 issue of the *Journal of the American Medical Association (JAMA)*, Dr. Linda Aiken and her colleagues at the University of Pennsylvania identified a clear link between higher levels of nursing education and better patient outcomes. This extensive study found that surgical patients have a "substantial survival advantage" if treated in hospitals with higher proportions of nurses educated at the baccalaureate or higher degree level. In hospitals, a 10 percent increase in the proportion of nurses holding BSN degrees decreased the risk of patient death and failure to rescue by 5 percent. The study authors further recommend that public financing of nursing education should aim at shaping a workforce best prepared to meet the needs of the population. They also call for renewed support and incentives from nurse employers to encourage registered nurses to pursue education at the baccalaureate and higher degree levels.

- Evidence shows that nursing education level is a factor in patient safety and quality of care. As cited in the report *When Care Becomes a Burden* released by the Milbank Memorial Fund in 2001, two separate studies conducted in 1996 – one by the state of New York and one by the state of Texas – clearly show that significantly higher levels of medication errors and procedural violations are committed by nurses prepared at the associate degree and diploma levels as compared with the baccalaureate level. These findings are consistent with findings published in the July/August 2002 issue of *Nurse Educator* magazine that references studies conducted in Arizona, Colorado, Louisiana, Ohio and Tennessee that also found that nurses prepared at the associate degree and diploma levels make the majority of practice related violations.

- Chief nurse officers (CNO) in university hospitals prefer to hire nurses who have baccalaureate degrees, and nurse administrators recognize distinct differences in competencies based on education. In a 2001 survey published in the *Journal of Nursing Administration*, 72% of these directors identified differences in practice between BSN prepared nurses and those who have an associate degree or hospital diploma, citing stronger critical thinking and leadership skills.

- Studies have also found that nurses prepared at the baccalaureate level have stronger communication and problem solving skills (Johnson, 1988) and a higher proficiency in their ability to make nursing diagnoses and evaluate nursing interventions (Giger & Davidhizar, 1990).

- Research shows that RNs prepared at the associate degree and diploma levels develop stronger professional level skills after completing a BSN program. In a study of RNtoBSN graduates from 1995 to 1998 (Phillips, et al., 2002), these students demonstrated higher competency in nursing practice, communication, leadership, professional integration, and research/evaluation.

- Data show that health care facilities with higher percentages of BSN nurses enjoy better patient outcomes and significantly lower mortality rates. Magnet hospitals are model patient care facilities that typically employ a higher proportion of baccalaureate prepared nurses, 59% BSN as compared to 34% BSN at other hospitals. In several research studies, Marlene Kramer, Linda Aiken and others have found a strong relationship between organizational characteristics and patient outcomes.

- In the 2001 Employers' Survey conducted by the National Council of State Boards of Nursing, nurse employers expressed a clear preference for hiring experienced BSN graduates for nursing management and RN specialty positions.

- The fact that passing rates for the NCLEXRN[®], the national licensing exam for RNs, are essentially the same for all three types of graduates is not proof that there are no differences among graduates. The NCLEXRN[®] is a multiple choice test that measures the *minimum technical competency* for safe entry into basic nursing practice. Passing rates *should* be high across all programs preparing new nurses. This exam does not test for differences between graduates of different entry level programs. The NCLEXRN[®] is only one indicator of competency, and it does not measure performance over time or test for all of the knowledge and skills developed through a BSN program.

A New Model of Care: Differentiated Nursing Practice

Differentiated practice models are frameworks of clinical nursing practice that are defined or differentiated by level of education, expected clinical skills or competencies, job descriptions, compensation, and participation in decision making. These practice models have been implemented in acute care inpatient settings, rural community nursing centers, and acute care operating rooms. Differentiated practice outcomes include the opportunity for health care providers to capitalize on the education and experience provided by varied educational programs leading to RN licensure. The RN has the opportunity to practice to his or her potential, taking full advantage of educational preparation, while not being expected to practice beyond it. Often, differentiated models of practice are supported by a clinical "ladder" or defined steps for advancement within the organization based on experience in nursing, education, certifications, or other indicators of professional excellence.

- Evidence indicates that differentiated practice models foster positive outcomes for job satisfaction, staffing costs, nurse turnover rates, adverse events (i.e., patient falls and medication errors), nursing roles, and patient interventions and outcomes (Anderko, Robertson & Lewis, 1999; Anderko, Uscian & Robertson, 1999; Hutchens, 1994; Malloch, Milton & Jobes, 1990).

- AACN issued a joint publication in 1995 with the American Organization of Nurse Executives and the National Organization of Associate Degree Nursing on defining scopes of practice consistent with educational preparation. Through this landmark document, *A Model for Differentiated Nursing Practice*, stakeholder organizations acknowledged that education makes a difference in the roles new nurses are prepared to undertake. Graduates from BSN and ADN programs do not have the same education preparation; they are prepared to practice differently.

- Clinical settings across the country are differentiating practice and advertising positions that either require or prefer the BSN for employment. Tenet Healthcare, Kaiser Permanente, Catholic Healthcare and other large employers of registered nurses all offer positions best suited to the skill level of baccalaureate prepared nurses. Among the job titles frequently cited as requiring or preferring the BSN are case manager, clinical care coordinator, nurse manager, infection control nurse, quality improvement coordinator, and patient care manager.

- Employers further validate the skills that baccalaureate prepared nurses bring to the nursing workforce through higher compensation levels. According to a survey released by *Nursing2005* magazine in October 2005, BSN nurses earn salaries more than 10 percent higher than ADN nurses. Higher salaries for baccalaureate prepared nurses have also been recorded in surveys conducted by *RN* magazine and HRSA's National Sample Survey of Registered Nurses.

- Differentiated practice plans have been created and advanced by coalitions of nurse educators from all types of entry level RN programs in many states including North Carolina, Colorado, Arizona, New Mexico, Washington, Indiana, and the District of Columbia. These educators understand that different educational paths prepare students for different roles.

Public and Private Support for BSN Prepared Nurses

The federal government, the military, nurse executives, health care foundations, nursing organizations, and practice settings acknowledge the unique value of baccalaureate prepared nurses and advocate for an increase in the number of BSN nurses across clinical settings.

- The **National Advisory Council on Nurse Education and Practice (NACNEP)** calls for at least two thirds of the nurse workforce to hold baccalaureate or higher degrees in nursing by 2010. Currently, only 47.2 percent of nurses hold degrees at the baccalaureate level and above.

- New "**BSNin10**" proposals in New York and New Jersey have been introduced by state nursing associations to require the baccalaureate degree for all registered nurses with 10 years of graduation from an entry level RN program. Other states are considering similar proposals in the interest of ensuring a better educated workforce. See <http://www.aacn.nche.edu/Media/pdf/NJSNALetter.pdf> and <http://www.aacn.nche.edu/Government/Archives/NYSBONProposal.htm>.

- In the interest of providing the best patient care and leadership by its nurse corps officers, the **U.S. Army, U.S. Navy and U.S. Air Force** all require the baccalaureate degree to practice as an active duty Registered Nurse. Commissioned officers within the **U.S. Public Health Service** must also be baccalaureate prepared.

- The **Veteran's Administration (VA)**, the nation's largest employer of registered nurses, has established the baccalaureate degree as the minimum preparation its nurses must have for promotion beyond the entry level, and has committed \$50 million over a five year period to help VA nurses obtain baccalaureate or higher nursing degrees.

- Minority nurse organizations, including the **National Black Nurses Association**, **Hispanic Association of Colleges and Universities**, and **National Association of Hispanic Nurses**, are committed to increasing the number of minority nurses with baccalaureate and higher degrees.
- Based on a nationwide **Harris Poll** conducted in June 1999, an overwhelming percentage of the public – 76% – believes that nurses should have four years of education or more past high school to perform their duties.
- The **Pew Health Professions Commission** in a 1998 report called for a more concentrated production of baccalaureate and higher degree nurses. This commission was an interdisciplinary group of health care leaders, legislators, academics, corporate leaders, and consumer advocates created to help policymakers and educators produce health care professionals able to meet the changing needs of the American health care system.
- The **Helene Fuld Health Trust**, the nation’s largest private foundation devoted exclusively to student nurses and nursing education, announced in November 2001 that it would give funding preference to programs that offer BSN and higher degrees in nursing. The foundation cited “the increased complexity of and sophisticated knowledge required for health care delivery” as reasons for setting its funding priorities at the baccalaureate level.
- Countries around the world are moving to create a more highly educated nursing workforce. Canada, Sweden, Portugal, Brazil, Iceland, Korea, Greece and the Philippines are just some of the countries that require a four year undergraduate degree to practice as a registered nurse.

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AACN What We Still Need To Do About the Michigan Nursing Shortage?

Why Is There Still So Much To Do?

Old solutions to nursing shortages will not work in this new and complex environment of demographic extremes, emergency preparedness, health systems issues, and economic issues. These times call for bold, rapid actions and responses, such as the *2005 Accelerated Health Care Training Initiatives* and the *Michigan Nursing Corps*. The *Nursing Agenda for Michigan* includes the short-range, mid-range, and long-range action steps we must take to ensure an adequate supply of well-prepared, professional nurses -- the nurses who will care for Michigan residents in the future. See the complete *Nursing Agenda* online at www.micomon.org. Contact the Office of the Michigan Chief Nurse Executive at: (517) 241-9841. [May 2007]

Nursing Education Initiatives Needed in 2007/2008

- Governor Granholm has proposed the Michigan Nursing Corps, an initiative to prepare 500 new nursing educators to educate 3,000 nurses. This \$45 million three year initiative will:
 - Prepare 300 Master's degree nursing faculty in 12-month accelerated programs who will teach in Michigan's nursing schools & colleges.
 - Prepare 200 clinical nursing faculty through a certificate program and a uniform statewide curriculum; these clinical faculty will ensure the availability of clinical placements for nursing students
 - Produce 20 doctorally prepared nursing faculty to teach in Michigan universities, educating nurses seeking Master's degrees
 - Recruit and support 200 displaced Michigan workers with appropriate Bachelor's degrees to participate in one year accelerated BSN programs.
- Educate qualified Licensed Practical Nurses to become Registered Nurses through appropriately supported and structured nursing education programs.
- Work with the Michigan Center for Nursing and other healthcare partners to maximize clinical placements through a web-based clinical placement & student passport system to ensure that nursing students graduate in a timely manner.
- Develop appropriate education programs for new nursing graduates to begin their careers in home health services and community care delivery to meet growing needs.
- Develop sponsored regional workshops for nursing faculty and hospitals, to provide mutual updates on a) innovations in the hospital nursing environment and b) nursing research.
- Work with Michigan Community Colleges and Michigan Legislators to maximize the retention and success of currently enrolled Community College nursing students.

Nursing Recruitment and Retention Actions Needed in 2007/2008

- Improve the organization and design of nursing tasks to make them more efficient and effective, and to improve nurse retention.
- Improve the ergonomics of nursing tasks to improve the health and safety of patients and nurses.
- Work with Michigan hospitals to set up collaborative multidisciplinary teams to manage and deliver patient care and increase shared decision-making.
- Create a more respectful and supportive nursing workplace to improve retention of the existing nursing workforce.
- Develop sponsored workshops for mid-career nurses to facilitate adjustment to changing work design and work environment in healthcare systems.

Nursing Regulatory and Licensure Actions Needed in 2007/2008

- Convene a Task Force on Nursing Education and Regulation to review the status of nursing in Michigan in the light of national standards for: nursing education, including accreditation and unified curriculum; credentials; practice; and regulation. The Task Force will produce recommendations with respect to changes in nursing education and credentials, enhanced standards of nursing practice, and appropriate regulation.

What Have We Done About the Michigan Nursing Shortage?

What is the Problem?

Michigan and the nation have a rapidly worsening nursing shortage. The Michigan Department of Labor and Economic Growth estimates that by 2015, Michigan will need 18,000 additional RNs. A nursing shortage has implications for the availability and quality of healthcare, as well as the safety of patients and nurses. Education of new nurses is reduced by a shortage of qualified faculty (average age 51.1) and of clinical education sites and instructors; in 2006, Michigan nursing education programs turned away 4,200 qualified applicants. Recruitment and retention of practicing nurses requires changes in regulations, and a safer, more respectful and supportive nursing workplace.

What Have We Done So Far to Fix the Problem?

Michigan's strategic plan for addressing the nursing shortage, *The Nursing Agenda for Michigan: 2005-2010* was developed by the Coalition of Michigan Organizations of Nursing, COMON (www.micomon.org) and the Michigan Department of Community Health Office of the Chief Nurse Executive, (www.michigan.gov/mdch/ocne). The *Nursing Agenda* includes new approaches to a) nursing education, b) recruitment and retention of practicing nurses, and c) regulation and licensure of nurses. The implementation of this strategic plan has engaged the 38 Michigan nursing organizations of COMON, multiple State agencies¹, Regional Skills Alliances, the Michigan Legislature, educators, and health care stakeholders.

Nursing Education Initiatives in 2006/2008

- Governor Granholm allocated \$30 million over three years to the Accelerated Health Care Training Initiative², innovative programs to produce additional nursing graduates, including:
 - More than 210 second-degree bachelor's nursing graduates from nine (9) accelerated programs.
 - More than 650 nursing graduates from 15 accelerated programs.
 - Two hundred and thirty-nine staff nurses prepared as clinical instructors, so that students have more opportunities to gain clinical experience, and staff nurses are provided with an interesting new role and future opportunities.
 - Twenty-two students enrolled in a Doctor of Nursing Practice program, many of whom will become nursing faculty.
- The Michigan Legislature Joint Appropriations Subcommittee for Community Colleges called for a workgroup to increase the number of Community College nursing graduates, including strategies for maximizing graduation rates for existing nursing students
- Improved access to additional scholarships for nursing master's students, supported by \$250,000 added to funding for the Michigan Nursing Scholarship Fund (PA 444, SB 1371).
- Targeted access to nursing student scholarships supported by \$178,000 provided annually by Michigan nurses licensing fees (Nursing Professional Fund).
- Promoted diversity in the Michigan nursing population through faculty and education program development to improve recruitment and retention of diverse nursing students (supported by the W. K. Kellogg Foundation and MDCH).

The complete *Nursing Agenda for Michigan* is available at www.micomon.org. Contact the Office of the Chief Nurse Executive at (517) 241-9841. May 2007.

Nursing Recruitment and Retention Actions in 2006/2007

- Michigan Legislators have become more informed on nursing workforce issues, and have demonstrated through legislation their commitment to addressing the nursing shortage. A group of bills have been introduced in the Legislature to address workforce issues (see section on Nursing Licensure and Regulation).
- The Michigan Center for Nursing has implemented a campaign -- *It's a Guy Thing Too* -- to increase the recruitment and retention of male nurses.
- The *RN Career Transition: Nursing for Life* program³ assists nurses with planning and preparation for life-long nursing careers. The initiative also may attract regional and community resources to address nursing workforce issues at the local level.

Nursing Regulatory and Licensure Actions in 2006/2007

- The Michigan Legislature has introduced and is considering legislation in the following areas: improve **nurse staffing** (reduce nursing "burn-out" and increase patient safety) in hospitals by using measures of patient need (acuity) to determine appropriate staffing levels [HB 4340, SB 0063]; regulation of **nursing hours and overtime** [HB 4339]; and use of **patient lift equipment** to increase patient safety and reduce nursing injuries [HB 4013, SB 0377].
- Governor Granholm signed PA 398, HB 6253, and PA 643, HB 5750, which streamlined procedures for temporary licensure for nurses coming into Michigan with a license in another state. This improved the workforce availability of nurses moving to Michigan.

- The Michigan Legislature is moving toward passage of SB 0197, a bill that removes the requirement for a redundant examination for foreign nursing graduates. The companion bill [HB 4207] was passed unanimously by the House. These bills will improve the flow of qualified foreign nursing graduates into the Michigan healthcare system, and make Michigan more attractive to these nurses.
- A barrier to clinical experience for nursing students was removed through a policy revision for criminal background checks until a fully operational system is in place.

For more information, contact COMON at tthomps@mphi.org, or call the Office of the Michigan Chief Nurse Executive at (517) 241- 9841, or contact the organization listed below.

¹ Michigan Department of Community Health, Michigan Department of Labor and Economic Growth, Michigan Department of Education, and Michigan Economic Development Corporation.

² The AHCTII is one component of the MIOPPS program of the Michigan Department of Labor and Economic Growth.

³ *The RN Career Transition: Nursing for Life* program of the Michigan State University College of Nursing is funded by the Blue Cross & Blue Shield of Michigan Foundation in partnership with the Robert Wood Johnson Foundation.

Quarterly updates of this document are posted on the COMON website, www.micomon.org.

Actions to Avert a Crisis

Ten Things You Need to Know About the Nursing Shortage

1. Michigan and the nation are facing a 30-year shortage of nurses (Registered Nurses, Licensed Practical Nurses, and Advanced Practice Nurses).
2. Nurses are Michigan's largest licensed healthcare professional group – 145,996 licensed in 2005 [119,152 RNs; 26,844 LPNs].
3. Michigan's shortage of RNs (demand exceeds supply) will be 7,000 nurses in 2010, 18,000 nurses by 2015, and an estimated 30,000 nurses in 2020. Our healthcare system cannot function without adequate numbers of well-prepared nurses.
4. **Demand** for nurses will continue to increase as our population ages. Over the next thirty years, the Baby-Boom generation (76 million people now age 41-60) will require extraordinary amounts of healthcare.
5. **Demand:** The U.S. Census estimates that in 2030 Michigan's population will include 2,420,447 people age 65 and older, with 287,089 of those people age 85 and older.
6. **Demand:** The majority of healthcare is provided by professional nurses or those supervised by professional nurses in hospitals, psychiatric mental health & substance abuse centers, public health clinics, physician offices, industrial health clinics, nursing homes, home health, and other healthcare settings.
7. **Demand:** The availability of professional nurses is a major factor in all the strategic plans for national, state, and local responses to bio-terrorism, epidemics and pandemics, and natural disasters.
8. **Supply:** Over 92% of Registered Nurses are women. In the past 35 years, the range of occupations open to women has greatly expanded and fewer young women have entered nursing.
9. **Supply:** Nursing education's production of additional nurses is already declining, due largely to shortages of a) qualified nursing faculty (average age 51.1) and b) clinical education sites.
10. **Supply:** The nursing workforce is aging, with an average age of 46.1 years for Registered Nurses in Michigan. Many nurses have left the profession for other opportunities.

Nurses have taken the lead in addressing the nursing workforce crisis. The Coalition of Michigan Organizations of Nursing (COMON) has identified issues and recommended actions. **The Nursing Agenda for Michigan** has been shaped by the ideas and experience of hundreds of nursing leaders and practicing nurses from a wide range of nursing specialties; it was developed in collaboration with the Office of Michigan's Chief Nurse Executive (Michigan Department of Community Health) and other concerned organizations. For ten things we can do about the nursing shortage, turn this page over.

The Nursing Agenda for Michigan – Summary

Ten Things We Can Do About the Nursing Shortage

Recommended Short-Range Actions

Healthcare System and Work Changes

1. Promote safe working hours to improve both patient & nurse safety and retention of the existing nursing workforce.
2. Improve the organization and design of nursing tasks to make them more efficient and effective, and to improve nurse retention.
3. Improve the ergonomics of nursing tasks to improve the health & safety of patients and nurses.
4. Set up collaborative multidisciplinary teams to manage & deliver patient care and increase shared decision-making.
5. Create a more respectful and supportive nursing workplace to improve retention of the existing nursing workforce.

Nursing Education Changes

6. Increase availability of nursing faculty by a) adding slots in fast-track master's programs, b) recruiting additional faculty from clinical nursing and from both clinical and faculty retirees, and c) tapping into underutilized faculty capacity.
7. Add new nurses to the workforce by increasing the number of student slots available in second-degree accelerated nursing programs.
8. Maximize the use and availability of web-based instruction and other technologies in nursing education.

Regulatory & Licensure Changes:

9. Use an increased nursing license fee to provide assistance to the nursing workforce. For example, increase the outreach and responsiveness of the regulatory apparatus, so that licensure is not delayed.
10. Increase mentoring, support, and oversight for all stages of nursing careers, from student to retirement, by engaging and supporting qualified retired nurses in a multitude of roles.

Old solutions to nursing shortages will not work in this new and complex environment of demographic extremes, public health preparedness, health systems issues, and economic issues. These times call for bold, rapid actions and responses, such as the 2005 **Accelerated Health Care Training Initiatives**. The **Nursing Agenda for Michigan** includes the short-range, mid-range, & long-range action steps we must take to ensure an adequate supply of well-prepared, professional nurses — the nurses who will care for Michigan residents today and in the future.

See the complete **Nursing Agenda** online at:
www.michigan.gov/mdch/ocne

Contact the **Office of the Michigan Chief Nurse Executive**
Michigan Department of Community Health **517-241-9841**

January 2006

The Bottleneck in Nursing Education And What We Can Do to Fix It

What Is the Problem? Michigan and the nation have a rapidly worsening nursing shortage. The Michigan Department of Labor and Economic Growth estimates that by 2015, Michigan will need 18,000 additional RNs beyond those we would normally train. However, there is a bottleneck in nursing education that limits the number of students that can be admitted to nursing programs. In 2007, Michigan nursing education programs admitted 4600 qualified new students and turned away over 4,000 qualified applicants. Nationally, nursing schools across the country turned away over 150,000 qualified applicants.

What Can We Do To Fix It? Fixing the bottleneck in nursing education requires a simultaneous three-pronged approach. All three of these strategies must be implemented, or the “fix” will not work. To break through the bottleneck, we need to 1) rapidly increase the number of nursing faculty so that nursing education programs can increase the number of qualified applicants they can admit each year; 2) educate experienced practicing nurses to become clinical instructors for nursing students in their healthcare setting, and 3) expand learning laboratories that provide simulations and virtual clinical experiences. Simultaneous investment in nursing classroom faculty, clinical instructors, and learning laboratories is required to increase the graduation of new nurses.

1. **Nursing Education Faculty:** Production of new nurses is limited by shortages of credentialed faculty. The average age of nursing faculty is over 51 years, and more than half the faculty teaching in many Michigan nursing education programs could retire right now. Investment is recommended in a) the last two years of doctoral programs to educate 30 additional doctorally prepared nursing faculty needed to educate new Master in Nursing Education students; and b) one-year Accelerated Master’s programs to add 300 new MNE graduates in three years. Michigan schools of nursing are prepared to educate this number if resources are made available. Both of these investments would include tuition, stipend, and other costs for 330 new faculty.

30 doctoral students (10 students per year for three years) in the dissertation stage of their degrees receive awards of \$100,000 per student per year for two full-time years.

- Awards are made through Michigan accredited universities.
- Each doctoral student commits to finishing their doctorate in two full-time years.
- Each doctoral student agrees to teach in Michigan for five (5) years.
- Program cost is \$3 million for 30 new doctoral faculty members (\$1,000,000 per 10 faculty members).
- Each PhD, EdD, or DNP-prepared faculty will teach 10-20 new MNE students per year for five years in accredited Michigan nursing education programs.

300 accelerated program MNE students (100 students per year for three years) receive awards of \$80,000 per student for an accelerated MNE program requiring one year.

- Awards are made through Michigan accredited universities, which receive support for accelerated program costs.
- Each MNE student commits to finish their degree in one full-time year.
- Each MNE student agrees to teach in Michigan for five (5) years.
- Program cost is \$30 million for 300 new faculty members (\$10 million per 100 faculty members, including university start up costs and tracking system costs).
- Each MNE-prepared faculty member can open up 10 additional nursing program seats/year so that 1,000 additional RN nursing students can be admitted in the first year of teaching, 2,000 in the second year of teaching, and 3,000 in the third year, continuing through the eighth year. Over eight years, this would provide nearly 20,000 new seats in Michigan nursing programs (allowing for some MNE faculty attrition in years six through eight¹).

Adding MNE faculty into nursing programs at the rate of 100 per year for three years (1,980 total over eight years) takes into consideration the ability of nursing educational systems to both produce and absorb new faculty – and the ability of healthcare systems to absorb the additional nursing graduates as the demand for healthcare increases.

2. **Clinical Instructors:** Production of new nurses is limited not only by the shortage of college/school faculty but also by a shortage of clinical instructors -- these are experienced practicing nurses with Bachelor's degrees who, with additional training can provide the hands-on clinical experience required for the education of nurses. About 160 clinical instructors have been educated in the past year through the Michigan Accelerated Health Care Training Initiative (AHCTI). The cost of educating each clinical instructor is estimated to be \$15,000, which includes classroom instruction plus a semester of practice with students and patients. Each clinical instructor provides supervised clinical experience to nursing students, and frees regular nursing faculty to spend more time in the classroom. Educating 100 new Clinical Instructors per year for three years would provide 300 additional Clinical Instructors at a cost of \$4,500,000.
3. **Learning Laboratories:** Clinical experience sites are scarce, and nursing students often have to wait many months to get a clinical experience "slot". To prepare students for real-world clinical experience and speed up the process of orientation to the clinical environment, nursing technology laboratories provide clinical simulations and "virtual reality" experiences. Such laboratories may be shared by several nursing education programs, and either installed at a central location or installed in a mobile vehicle.

Two institutions of higher learning installed such laboratories through the AHCTI program, and are piloting this approach to enhanced clinical experience for nursing students. Establishing additional regional nursing technology laboratories to serve the rest of the state is estimated to require six additional laboratories (half of them mobile) at a cost of \$7,500,000, including start-up costs and staffing.

What Legislative or Regulatory Changes Are Needed to Implement these Strategies?

No regulatory changes are required to implement these strategies.

What Will This Cost Over Three Years?

- 30 PhD nursing faculty at a cost of \$3,000,000 (from FY07/08 to FY09/10) would result in education of 1,800 new MNE graduates over the five-year PhD teaching commitment.
- 300 MNE nursing faculty at a cost of \$30 million (from FY07/08 to FY09/10) would result in 1,000 additional seats in Michigan nursing programs in FY08/09, 2,000 in FY09/10, 3,000 in FY10/11 through FY12/13, and an average of 2,600 in FY13/14 through FY15/16, for an estimated total of 19,800 additional seats over an eight year period, assuming some faculty attrition in the last three years.
- 300 clinical instructors (10 healthcare facilities each prepare 10 clinical instructors per year for three years) at a total cost of \$4,500,000, would give Michigan the capacity to provide clinical experience to an additional 3,000 nursing students per year on a continuing basis.
- Six nursing technology laboratories (three of them mobile to serve more rural areas) at a total cost of \$7,500,000 will bring virtual clinical experience to nursing students at an earlier stage in their education, prepare students for the clinical environment, and decrease stress on a scarce resource, clinical experience sites. This will permit more students to graduate in a timely manner and enter the nursing workforce.

What Is the Return on the Investment – the Business Case?

Each newly graduated nurse entering the Michigan nursing workforce brings approximately \$120,000 per year (salary & fringes and other economic benefits) into the Michigan economy². The 300 new MNE nursing classroom faculty, 300 new clinical instructors, and six new nursing technology laboratories would generate a total of 19,800 new nurses in the healthcare workforce over an eight year period. At \$120,000 per year per nurse (with a 5% annual increase factor for raises, promotions, and inflation), these 19,800 new nurses in the workforce would generate \$12,481,982,955 in benefit to the Michigan economy over the eight-year period (FY10/11 – FY17/18) during which MNC-supported new RNs would be added to the healthcare workforce. (See spreadsheet attached.)

¹ A 20% attrition rate is applied to each MNE cohort in the year after they complete the required 5 years of teaching. There is a substantial market for MNE-prepared nurses as nurse-administrators; such positions carry much higher salaries than are available to nursing faculty. Therefore, the attrition rate may be higher. However, even those who take non-academic positions frequently continue to teach part-time.

Another approach to calculating economic benefit to the state is to estimate – conservatively -- that each new RN has a 20-year career. At \$120,000 per year in salary, fringes, and other economic benefits (with a 5% annual increase factor for raises, promotions, and inflation), each RN provides over \$3,900,000 in benefit to the community over 20 years. The 19,800 new RNs produced by the MNC initiative would bring \$78.6 billion to the economy of the state.

The total investment in these nursing graduates would include the \$33,000,000 for doctoral and masters faculty, \$4,500,000 for clinical instructors, and \$7,500,000 for nursing clinical laboratories, for a total of \$45,000,000. Therefore, an investment of \$45 million will yield a conservative economic benefit over 20 years of nearly \$78.6 billion for Michigan’s economy. The return on investment is \$1,746 (over 20 years) per dollar invested.

If we use 2007 dollars in calculating this benefit, the conservative 20 year total is \$2.4 million per nurse, and \$47.5 million for all 19,800 nurses. This gives a return on investment of \$1,056 per dollar invested, or \$53 per year per dollar invested (in 2007 dollars). See the spreadsheet referenced below for more details.

Considering the structural difficulties of educational and healthcare systems in absorbing the MNE graduates into faculty positions and the nursing graduates into clinical positions, spreading this process over three or even five years is desirable. An example in another state is the nursing faculty program funded by Maryland: The State of Maryland Legislature has committed \$9.5 M each year for ten years to prepare nursing faculty. This gives colleges, universities, and healthcare systems time to adjust. All indications are, however, that the graduates of these programs will be “snapped up” just as soon as they are available.

Sources

The Economic Impact of Health Care in Michigan- Michigan Health & Hospital Association, Michigan State Medical Society and Michigan Osteopathic Association, Third Edition June 2006

The Nursing Agenda for Michigan-Actions to Avert a Crisis 2006- The Coalition of Michigan Organizations of Nursing (COMON), Michigan Department of Community Health-Office of the Chief Nurse Executive.

Calculation of Return on Investment for the Michigan Nursing Corps, FY07/08 – FY17/18. A spreadsheet showing MNC production of nursing faculty and RN graduates over 10 years, plus the economic impact of added RNs in the healthcare workforce (return) compared to cost (investment). Michigan Department of Community Health-Office of the Chief Nurse Executive.

² A multiplier of 1.5 is applied to salary and fringes to reflect the indirect economic benefits of each nursing graduate. The multiplier is derived from *The Economic Impact of Health Care in Michigan, 2006*.

Richard Shur
Norma Simons

Quality Issues in Health Care Research and Practice

EXECUTIVE SUMMARY

- ▶ The Institute of Medicine's comprehensive program for quality improvement is based on many years of data observation, collection, and analysis.
- ▶ This work was performed by practitioner-researchers and efficiency consultants from many disciplines.
- ▶ The resulting recommendations are striking in their straightforward practicality and in their insistence that process factors determine output.
- ▶ According to Leape and colleagues (1991) "most adverse events are preventable...particularly those due to error or negligence."
- ▶ Leape et al. (1991) note that in industry, "an error rate that exceeds defined norms is deemed unacceptable" and urge that similar norms apply in medicine.
- ▶ As knowledge and technology improve, the results of quality undertakings are certain to foster health care's development into an endeavor in which errors are becoming increasingly rare events.

THE INSTITUTE OF MEDICINE (IOM) report, "To Err is Human" (Kohn, Corrigan, & Donaldson, 1999), was produced as part of the Institute's "Quality of Health Care in America" project. The goal is ambitious: The IOM intends to develop a strategy capable of producing a "threshold improvement" in the quality of American health care. The massive collection of data that has been marshaled to document the project's rationale and the resources required to sustain its purpose clearly suggest a sense of unease with the health care status quo.

Kohn et al. (1999) define health care quality as "the degree to which health services...increase the likelihood of desired health outcomes and are consistent with current professional knowledge" (p. 180). They cite remarkable progress made by industries that use systems approaches to enhance safety, reduce errors, and maximize quality and they note that health care "is decades behind... in terms of creating safer systems..." (p. 61). This critical assessment is consistent with, and to some degree is based upon, the classic studies of Brennan et al. (1991) and Leape et al. (1991), who used sampling statistics to estimate the number and types of

iatrogenic injuries among patients discharged from New York hospitals in 1984.

According to Leape and colleagues (1991), "most adverse events are preventable...particularly those due to error or negligence" (p. 380). They note that in industry, "an error rate that exceeds defined norms is deemed unacceptable" (p. 382) and urge that similar norms apply in medicine. Once norms are established, hospitals can "target their quality-assurance activities to the areas most likely to respond to such efforts" (p. 382). These include attending to the "systemic causes and consequences" of errors, stipulating error rates that will automatically trigger process review, collecting and acting upon risk profile data, and targeting high-risk procedures and patients for quality interventions.

The Cost of Adverse Events

Johnson et al. (1992) interviewed a sample of individuals who had suffered medical injuries in New York hospitals in 1984.

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RICHARD SHUR, PhD, was a Psychologist, Orchard Hills Psychiatric Center, Novi, MI, at the time this article was written.

NORMA SIMONS, MS, is Founder and Owner, Simons-White & Associates, Inc., Ann Arbor, MI.

Michigan Nursing Programs

Prepared by MDCH, Office of the Chief Nurse Executive (517/241-9841)

Boilerplate Report, P.A. 213 of 2008

2008 STATUS OF NURSING EDUCATION PROGRAMS IN MICHIGAN

55 of nursing degree programs at Michigan post secondary institutions

36 Programs, Associate Degree in Nursing (ADN)

19 Programs, Pre-licensure Baccalaureate in Nursing (BSN)

15 Programs, BSN completion programs (for ADN graduates)

9 Programs, Masters in Nursing or Nursing Education (MSN)

3 Programs, Doctorate in Nursing Program (PhD, RN)

1 Programs, Doctorate in Nursing Practice (DNP)

Nursing Seats

There are approximately 6,297 nursing seats available annually.

Nursing Faculty

Faculty needed to maintain and expand nursing education program seats.

The rapidly aging nursing faculty and nurses in practice demand action too.

Analysis of Barriers to Employment of Nurses.

This analysis assumes that the intent of the boilerplate is to identify barriers to the admission and completion of nursing education and timely entry into the healthcare workforce. There are problems and solutions at the following levels:

1. Program Admission

There are differences in admission policies particularly in ADN programs. Some schools have “open admission” policies that allow all interested students to apply and be admitted in turn. Other schools require “qualifying” criteria that make it more likely that a student will be able to successfully complete the program. In both cases, supported retention programs are needed in all schools to assure success and alleviate “wasted” seats that also create decreased faculty productivity. The looming faculty shortage is exacerbated by student attrition.

2. Faculty nursing education requires both classroom faculty and clinical (hospital, home care, long term care) faculty.

The Michigan Nursing Corps proposal (attached) identifies solutions for faculty needs for increasing nursing seats. It does not identify the need or numbers needed to replace retiring and resigning faculty.

Michigan nursing education programs (as well as at the national level) report that 50-75% of their faculty are eligible to retire today. Another 50% will be eligible to retire in the next 10 years.

This is the real crisis in the nursing shortage.

3. Clinical placements

Clinical placements have also been a barrier to timely completion of nursing education in Michigan. Some students and parents have reported as high as six years wait for clinical placements. This is a problem of lack of facilities and clinical faculty.

Progress has been made in this area through the Michigan Accelerated Healthcare Training Initiative (MiAHCTI). This 3 year program was a partnership of the Michigan Department of Community Health (MDCH) and the Michigan Department of Labor and Economic Growth (MDLEG). Community Partners include nursing programs, hospitals, long term care facilities and Regional Skills Alliances.

A web-based clinical placement and student “passport” system were funded in Southeast Michigan. This system is already opening up additional clinical slots. MiAHCTI also funded training for hospital nurses to become part time clinical instructors. Over 3,500 additional clinical slots and clinical instructors are now available across the state as a result of the MiAHCTI.

4. Technology in Nursing Education

A key area for quality, safety and nursing education capacity improvement is in high fidelity simulation and technology. The Michigan Nursing Corps proposal (attached) identifies outcomes and resources needed for such an investment. Community based and mobile units are needed to make these improvements.

Conclusion

While the current appropriation support for the Michigan Nursing Corps (2008 and 2009) helps prepare small numbers of classroom and clinical faculty, Michigan will not be able to maintain, much less increase nursing education capacity without an aggressive program to educate more classroom and clinical faculty.

The estimated number of nursing faculty needed now and into the future are:

Master’s Prepared Faculty Needed: 1,300

Doctoral Prepared Faculty needed: 400

Further data and analyses are needed to determine the number of Clinical Faculty needed.

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What is the Michigan Nursing Corps?

In her 2007 State of the State address, Governor Jennifer Granholm announced the **Michigan Nursing Corps (MNC)**.

“One area that demands our special attention is nursing. Today we have a nursing shortage in communities across our state. Yet we have waiting lists of people who are anxious to become nurses. Something’s wrong with this picture, and we are going to fix it. Tonight we are launching the Michigan Nursing Corps, an initiative to train new nurses. We will prepare 500 nursing educators to train 3,000 new nurses in just three years.”¹

Full funding for the MNC would total \$45 million, \$15 million per year for three years. In the Fiscal Year 2008 State budget, the Legislature approved \$1.5 million, funding that will seed MNC programs.

In her 2008 State of the State address, the Governor reinforced the importance of nursing and submitted an FY 2009 budget that includes \$10 million for a strong start on MNC programs. The MNC is a collaborative effort by two State agencies, Community Health (MDCH) and Labor & Economic Growth (MDLEG).

The Problem

There is a growing nursing shortage in Michigan and the United States. Michigan’s nursing education programs are bottlenecked in their ability to admit, educate and graduate all qualified applicants. Nursing education programs do not have enough classroom faculty, clinical faculty, or clinical experience infrastructure and sites to educate all the qualified people who want to become nurses. At the same time, our population is aging and will need much more health care in the future. The retirement of the “Baby Boom” generation has just begun.

- Michigan is expected to have a shortage of about 7000 Registered Nurses by 2010 and a shortage of 18,000 RN’s by 2015²
- In 2007, Michigan nursing education programs turned away over 4,000 qualified applicants due to the programs’ lack of capacity
- More than 50% of faculty at most Michigan nursing schools/colleges are eligible to retire today
- Nursing students often wait many months to get the clinical experience they need to graduate and enter the workforce.

The Solution

The Michigan Nursing Corps will provide new classroom faculty, clinical faculty, and clinical experience infrastructure and sites. These new resources will help to educate additional RN’s each year to take care of Michigan citizens. At full funding, the MNC would add from 1,000 to 3,000 RN’s per year to the Michigan nursing workforce.

The Process

The first components of the MNC will be implemented through a Request for Proposals process. This competitive process will select individuals and institutions to participate in one of three MNC model programs.

Eligibility

- Nurses in the last two years of a doctoral degree in Nursing will be eligible to receive financial support to complete their degree full - time.
- Nurses with a Bachelor of Science degree in Nursing (BSN) will be eligible to receive financial support to complete an accelerated one - year Master's degree in Nursing Education (MNE).
- Other practicing BSN nurses will be eligible to complete a clinical instructor certification course with Master's degree credits.
- Funded partnerships between selected nursing schools/colleges and hospitals will increase clinical experience infrastructure and sites available for nursing students' use.

Increase in Capacity

- In exchange for the financial support, the doctoral and MNE degree graduates will sign contracts to teach in Michigan nursing education programs for at least five years.
- Each new clinical instructor will supervise clinical experiences for about fifteen nursing students per year.
- The new clinical experience infrastructure and sites will permit nursing students to complete their education in a timely way and enter the nursing workforce.

The Outcome

With full funding, the three - year Michigan Nursing Corps initiative would result in 30 new doctoral and 300 new MNE - prepared nursing classroom faculty, each of whom contracts to teach in Michigan for five years.

- Each new MNE graduate would enable a nursing education program to increase admissions by 10 students per year.
- Assuming that most of the 300 new MNE faculty remain in nursing education beyond the contracted 5 years, an estimated 19,800 new seats would open up in Michigan nursing education programs over 8 - 10 years.³
- These additional nursing students would receive clinical experience supervision from 300 new clinical instructors, using expanded clinical sites and infrastructure (learning laboratories – some mobile - - with simulations and virtual experience).

At lower funding levels for the MNC, the capacity expansion for each new MNE is 10 nursing education seats per year for the five contracted years and each additional year the MNE continues to teach. The new doctoral and MNE faculty will meet the immediate need for additional nursing classroom faculty and, in years to come, will replace the large numbers of nursing faculty who will be retiring. The MNC is both a short - term and long - term investment in assuring a constant supply of high quality nurses for Michigan.

The Cost and Return on Investment

At full funding, the MNC will cost a total of \$45 million over three years.

- Each of the resulting 19,800 new nurses will bring **\$120,000 per year** into their community (salary, fringes, and other economic benefits)⁴.
- Over a 20 - year career, each nurse is estimated to bring over **\$3.9 million** in benefit to the Michigan economy.
- The 19,800 new nurses educated through the fully - funded MNC would bring **\$78.6 billion** in economic benefit to Michigan over the next twenty years, for a return (on the \$45 million investment) of \$1,746 per dollar invested, or \$87 per year per dollar invested.

Michigan needs to make this investment to improve the physical and economic health of its citizens and communities. For more information, please contact:

Jeanette Klemczak, Chief Nurse Executive
Michigan Department of Community Health
(517) 241-9841, klemczakj@michigan.gov

¹ <http://www.michigan.gov/gov/0,1607,7-168--161761--00.html> MNC Summary .2/23/08.V10

² *The Michigan Agenda for Nursing 2005-2010, 2006.*

³ *The Bottleneck in Nursing Education, 2007.* MNC Summary .2/23/08.V10

⁴ *The Economic Impact of Health Care in Michigan, 2006.*

Appendix B

RN to BSN Graduate Survey	B-1
RN to BSN Employer Survey	B-6
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School of Nursing RN to BSN Graduate Survey

All of the academic programs at Ferris State University complete a regular Academic Program Review. In Nursing, this is in addition to our Self Study and onsite visitors' evaluation to maintain our NLN Accreditation. It is very helpful for us to have your feedback on the program and your career and professional activities since you completed the program. Please take a few minutes to complete the survey. It is also useful to have the feedback from employers about their perceptions of Ferris BSN graduates. Please ask your immediate supervisor to go on-line and complete the brief employer survey.

Thank you for taking the time to help us continue in our efforts to provide meaningful education in nursing.

1. When did you graduate?

- 2003
- 2004
- 2005
- 2006
- 2007
- 2008

2. Where did you attend classes?

- Big Rapids
- Niles
- Grand Rapids
- Traverse City
- Flint

3. Are you currently working in nursing?

- No
- Yes

4. Are you working

- Pool or contingency only
- Part time
- Full time (greater than 30 hrs/wk)

5. Are you currently working in another field?

- No
- Yes

6. Please describe:

7. What was your professional role when you entered the RN to BSN program?
(Please indicate all that apply.)

- Not employed in nursing
- Staff nurse
- Manager
- Educator
- Other

Please Specify:

8. What is your current professional role? (Please indicate all that apply.)

- Not employed in nursing
- Staff nurse
- Manager
- Educator
- Other

Please Specify:

9. Have you or are you planning to start a graduate program?

- No
- Yes, but I have not yet applied to a program
- Yes, I have applied to a program
- Yes, I have been accepted into a program
- Yes, I am currently enrolled in a program
- Yes, I have a Master's in Nursing
- Yes, I have a non-Nursing Master's

10. Are you considering a doctorate?

- No
- Yes
- I have an earned doctorate

11. Which one of the following?

- PhD Nursing
- PhD Non-nursing
- DNP
- ND
- Other

Please Specify:

12. Are you considering a doctorate?

- No
- Yes
- I have an earned doctorate

13. Which one of the following?

- PhD Nursing
- PhD Non-nursing
- DNP
- ND
- Other

Please Specify:

14. What is your current salary? (hourly equivalent is based on a 40 hr/wk)

- Less than \$30,000 (less than \$15/hr)
- \$30,000-40,000 (\$15-20/hr)
- \$40,001-50,000 (\$20-25/hr)
- \$50,001-60,000 (\$25-30/hr)
- \$60,001-70,000 (\$30-35/hr)
- \$70,001-80,000 (\$35-40/hr)
- \$80,001-90,000 (\$40-45/hr)
- \$90,000-100,000 (\$45-50/hr)
- \$100,001-125,000 (\$50-62/hr)
- \$125,001 or more (More than \$62/hr)

15. What changes can you relate in your practice since beginning the Ferris RN to BSN program? (Please indicate all that apply.)

- I have assumed more leadership in the same role I was in prior to enrollment in the program
- I have moved into a formal leadership position since enrollment in the program
- I have not changed my role in respect to leadership behaviors since enrolling in the program
- I have presented nursing information at a conference
- I have published in a nursing journal
- I am more likely to seek information from professional resources to address practice concerns
- I am more aware of cultural considerations in my work setting

16. Are you currently a member of a nursing-related organization?

- No
- No, but I am a member of a health-related organization
- Yes

17. Please identify the health-related organization:

18. Please identify the nursing-related organization:

19. Are you involved in community activities related to nursing or health?

- No
- Yes

20. Please identify the organization:

21. What is your role in the organization?

22. Since beginning the RN to BSN program, would you describe yourself as:

(Please indicate only one.)

- A nurse who is less likely to seek out current research related to my area of practice than I was prior to beginning the program
- A nurse who is no more likely to seek out current research related to my area of practice than I was prior to beginning the program
- A nurse who is more likely to seek out current research related to my area of practice than I was prior to beginning the program
- A nurse who is more likely to seek out current research related to any area of health care

23. Since beginning the RN to BSN program, would you describe yourself as:

(Please indicate only one.)

- Less aware of the social and political factors that influence health care
- No change in awareness of the social and political factors that influence health care
- More aware of the social and political factors that influence health care

24. Since beginning the RN to BSN program, would you describe yourself as:

(Please indicate only one.)

- Less aware of social and cultural areas of society
- No change in awareness of social and cultural areas of society
- More aware of social and cultural areas of society

25. Since beginning the RN to BSN program, would you describe yourself as:
(Please indicate only one.)

- Less aware of my own thinking and decision making
- No change in awareness of my own thinking and decision making
- More aware of my own thinking and decision making

26. 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

27. Please use this space for additional comments.

Thank you for your time and participation.

School of Nursing RN to BSN Employer Survey

Thank you for taking the time to complete this survey as a part of our ongoing review process in the School of Nursing at Ferris State University. The nurse who gave you the card with the link to the survey is a graduate of the Ferris State University RN to BSN program. The goal of this program is to help associate degree and diploma prepared nurses continue to advance in nursing. Please answer the following questions which are based on the program objectives. If you have additional questions about the nursing programs at Ferris State University, please check out our web site.

Please answer the questions keeping in mind the nurse or nurses you supervise who are graduates of the Ferris State University RN to BSN program.

- 1. The graduate(s) from the FSU RN to BSN program demonstrate(s) leadership skills**
 - Less than other comparably educated nurses I supervise
 - About the same as other comparably educated nurses I supervise
 - Greater than other comparably educated nurses I supervise

- 2. Would you describe the graduate(s) from the FSU RN to BSN program as**
 - A nurse who is less likely to seek out current research related to his/her area of practice than other comparably educated nurses
 - A nurse who is no more likely to seek out current research related to his/her area of practice than other comparably educated nurses
 - A nurse who is more likely to seek out current research related to his/her area of practice than other comparably educated nurses
 - A nurse who is more likely to seek out current research related to any area of health care than other comparably educated nurses

- 3. Would you describe the graduate(s) from the FSU RN to BSN program as**
 - Less aware of the social and political factors that influence health care than other comparably educated nurses
 - No difference in awareness of the social and political factors that influence health care than other comparably educated nurses
 - More aware of the social and political factors that influence health care than other comparably educated nurses

- 4. Would you describe the graduate(s) from the FSU RN to BSN program as**
 - Less aware of social and cultural areas of society than other comparably educated nurses
 - No difference in awareness of social and cultural areas of society than other comparably educated nurses
 - More aware of social and cultural areas of society than other comparably educated nurses

- 5. Would you describe the graduate(s) from the FSU RN to BSN program as**
- Less aware of his/her own thinking and decision making than other comparably educated nurses
 - No difference in awareness of his/her own thinking and decision making than other comparably educated nurses
 - More aware of his/her own thinking and decision making than other comparably educated nurses

- 6. How satisfied are you with the level of preparation of the RN to BSN graduates from the Ferris State University nursing program?**
- Very Dissatisfied
 - Somewhat Dissatisfied
 - Somewhat Satisfied
 - Very Satisfied

- 7. Is there any other feedback you would like to offer about your perceptions of the graduates from Ferris State University's RN to BSN program (or any additional comments in general)?**

Thank you for your time and input.

School of Nursing RN to BSN Current Students Survey

All academic programs at Ferris State University are reviewed on a regular basis. At this time, the programs in the School of Nursing are scheduled for the program review in the Fall 2009. It is important to us to have feedback from students currently enrolled in the program. All answers are anonymous and only aggregate data will be reported. Thank you for taking the time to answer these questions. We are asking questions both to document the demographics of the students in the RN to BSN program and to learn your perception of the program.

1. I am currently (Please select the one that describes your primary status)

- An on-line student
- A student in a mixed delivery nursing class

2. On-line student:

- I started and have continued on-line
- I started in a mixed delivery site and moved to on-line
- I am taking an on-line class or classes but plan to return to a mixed delivery site
- My cohort was moved to an on-line format

3. I am currently enrolled in

- NURS 310
- NURS 350
- A NURS elective

4. Elective:

- NURS 300
- NURS 314
- NURS 315
- NURS 317

5. I became eligible to take the NCLEX-RN

- Less than 1 year ago
- 1-5 years ago
- 6-10 years ago
- 11-15 years ago
- 16-20 years ago
- More than 20 years ago

6. I am currently employed

- Not employed
- Part-time in a non-nursing role
- Full-time in a non-nursing role
- Both in a nursing and non-nursing role
- Part-time in nursing
- Full-time in nursing

7. I am

- Single
 Married/Partnered

8. I have

- No children or dependents
 1-2 children or dependents
 3-4 children or dependents
 5-6 children or dependents
 7 or more children or dependents

9. I identify myself as

- African-American/Black
 American Indian/Native American/Alaskan Native
 Asian American
 Caucasian American/White
 Hispanic American/Mexican American/Cuban/Puerto Rican/Latin American
 Other

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

	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree	Don't Know/ Not Applicable
Courses are available when I need them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Courses are based on realistic prerequisites	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Course syllabi for NURS courses provide course objectives or outcomes. These are available to students.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The course syllabi for NURS courses describe what you learn in each class	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teaching methods meet your expectations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Course content meets your expectations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nursing course content is relevant and current	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nursing instructors know the subject matter and professional nursing guidelines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nursing instructors are available for help when needed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nursing instructors provide instruction in a way that helps you learn	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Required non-nursing courses such as ENGL 321 and EHSM 315 meet your professional growth needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Technical support services are available to meet your needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Registration support services are available to meet your needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Advising services prior to admission met your needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Advising services following admission met your needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Information/library services meet your needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The following questions relate to curriculum outcomes

11. What changes can you relate in your practice since beginning the Ferris RN to BSN program? (Please indicate all that apply.)

- I have assumed more leadership in the same role I was in prior to enrollment in the program
- I have moved into a formal leadership position since enrollment in the program
- I have not changed my role in respect to leadership behaviors since enrolling in the program
- I have presented nursing information at a conference
- I have published in a nursing journal
- I am more likely to seek information from professional resources to address practice concerns
- I am more aware of cultural considerations in my work setting

12. Are you currently a member of a nursing-related organization?

- No
- No, but I am a member of a health-related organization
- Yes

13. Please identify the health-related organization:

14. Please identify the nursing-related organization:

15. Are you involved in community activities related to nursing or health?

- No
- Yes

16. Please identify the organization:

17. What is your role in the organization?

**18. Since beginning the RN to BSN program, would you describe yourself as:
(Please indicate only one.)**

- A nurse who is less likely to seek out current research related to my area of practice than I was prior to beginning the program
- A nurse who is no more likely to seek out current research related to my area of practice than I was prior to beginning the program
- A nurse who is more likely to seek out current research related to my area of practice than I was prior to beginning the program
- A nurse who is more likely to seek out current research related to any area of health care

**19. Since beginning the RN to BSN program, would you describe yourself as:
(Please indicate only one.)**

- Less aware of the social and political factors that influence health care
- No change in awareness of the social and political factors that influence health care
- More aware of the social and political factors that influence health care

**20. Since beginning the RN to BSN program, would you describe yourself as:
(Please indicate only one.)**

- Less aware of social and cultural areas of society
- No change in awareness of social and cultural areas of society
- More aware of social and cultural areas of society

**21. Since beginning the RN to BSN program, would you describe yourself as:
(Please indicate only one.)**

- Less aware of my own thinking and decision making
- No change in awareness of my own thinking and decision making
- More aware of my own thinking and decision making

22. Please use this space for additional comments.

Thank you for your time and participation.

School of Nursing RN to BSN Faculty Survey

This survey is a part of the Academic Program Review process for the RN to BSN program for the School of Nursing at Ferris State University. It has been sent to all faculty who taught any nursing courses in the RN to BSN program during spring semester 2009. Please answer and submit promptly. Thanks so much.

1. Faculty status

- Tenure/tenure track
- Full time contract
- Part time adjunct

2. How long have you taught in nursing?

- Less than 2 years
- 2-Less than 5 years
- 5-10 years
- More than 10 years

3. How long have you taught at Ferris?

- Less than 2 years
- 2-Less than 5 years
- 5-10 years
- More than 10 years

4. Are you currently teaching for other nursing programs?

- Yes
- No

5. Are you currently employed in other nursing roles?

- Yes
- No

6. Do you teach

- On-line only
- On-line and blended delivery courses
- Only blended delivery courses

7. Do you think you are adequately prepared for the courses you are assigned/requested to teach?

- Yes
- No

8. Do you feel adequately prepared to teach in the FerrisConnect platform?

- Yes
- No

9. Do you think you are adequately prepared to complete the course assessment?

- Yes
- No

10. Please indicate your level of agreement with each of the following questions.

	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree	Don't Know/ Not Applicable
Do you have adequate input into program development?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you think the RN to BSN program adequately prepares nurses for the current practice setting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you think the School of Nursing uses student feedback appropriately related to the RN to BSN program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you think the RN to BSN program uses effective assessment measures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you think the RN to BSN program provides adequate academic advising for students prior to enrollment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you think the RN to BSN program provides adequate academic advising for students after initial enrollment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the RN to BSN program use the feedback of the advisory committee appropriately?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the RN to BSN program have adequate administrative support?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the RN to BSN program have adequate support staff and services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there adequate access to instructional technology to meet program outcomes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are instructional staff adequate to meet program outcomes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the RN to BSN program have adequate financial support?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. What are the RN to BSN program's strengths?

12. What are the RN to BSN program's weaknesses or challenges?

13. Please use this space for additional comments.

Thank you for your time and feedback.

Appendix C

Program Requirements	C-1
Faculty Vitae –	
<u>Tenured</u>	
Marietta Bell-Scriber	C-2
Susan Fogarty	C-10
Arlene Morton	C-14
<u>Tenure Track</u>	
Sharon Colley	C-20
Denise Hoisington	C-24
Lisa Singleterry	C-27
Michelle Teschendorf	C-30
<u>Full-time Temporary and Adjunct Faculty</u>	
Mary Alkire	C-33
Catherine Balanda	C-40
Peggy Bruns	C-42
Mary Jo Doerr	C-45
Barbara Jamison	C-48
Dana Lehmann	C-51
Susan North	C-52

FERRIS STATE UNIVERSITY
RN to BSN COMPLETION PROGRAM CURRICULUM GUIDE

REQUIRED		COURSE TITLE – PRE-REQUISITES IN ()	CRED	GRADE	REQ. MET
NURSING MAJOR: 66 CREDITS REQUIRED					
		Basic Nursing Program – Nursing Credits: ADN or Diploma	40	NA	
		RN License Expiration date: _____ Renewed _____	NA	NA	
NURS	324	Transition into Professional Nursing (Permit by Program Major)	3		
NURS	325	Professional Nursing Skills Development (Permit by Major)	1		
NURS	310	Population Based Health Promotion (Permit by Major)	3		
NURS	340	Community Nursing (Permit by Major, EHSM 315)	3		
NURS	350	Research in Nursing (Permit by Major, EHSM 315)	3		
NURS	ELEC	Select from NURS 300,314,316 or 318 (Permit by Major)	3		
NURS	440	Leadership in Nursing (Permit by Major)	3		
NURS	450	Nursing Capstone (Permit by Major)	3		
NURS	491	Nursing Clinical Practicum (Permit by Major)	4		
COMMUNICATION COMPETENCE – 12 CREDITS REQUIRED					
COMM		Select from COMM 105, 121, 200, 201, 221, or 251	3		
ENGL	150	English 1 (none)	3		
ENGL	250	English 2 (ENGL 150)	3		
ENGL	321	Advanced English Composition (ENGL 250)	3		
SCIENTIFIC UNDERSTANDING – 7 Minimum CREDITS REQUIRED					
ELEC		Includes lab	4		
ELEC			3		
QUANTITATIVE SKILLS – 3 CREDITS OR PROFICIENCY REQUIRED					
MATH	115 117	Intermediate Algebra (MATH 110) or Contemporary Math (MATH 110) or Math ACT score of 24 or higher	(3)		
*SOCIAL AWARENESS – 9 CREDITS REQUIRED					
Select 3 courses from at least two of the approved areas. See website for current list.					
ELEC		Social Awareness Foundation Course	3		
ELEC		Social Awareness Elective	3		
ELEC		Social Awareness Elective (200 level or higher)	3		
*CULTURAL ENRICHMENT – 9 CREDITS REQUIRED					
Select 3 courses from at least two of the approved areas. See website for current list					
ELEC		Cultural Enrichment Elective	3		
ELEC		Cultural Enrichment Elective	3		
ELEC		Cultural Enrichment Elective (200 level or higher)	3		
CAHS CORE CURRICULUM REQUIREMENTS – COURSE OR PROFICIENCY					
CCHS	101	Orientation to Health Care (none) or RN license	3	NA	
CCHS	102	Safety Issues in Health Care (none) or RN license	1	NA	
CCHS	103	Clinical Skills (none) or RN License	1	NA	
EHSM	315	Epidemiology & Statistics	3		
*OTHER / ELECTIVE CREDIT					
*One course must meet the GLOBAL CONSCIOUSNESS Requirement – from Social Awareness or Cultural Enrichment					
		Course meeting global conscious (from one of above categories)	NA	NA	
		Elective courses not meeting other requirements – total credits		NA	
		Total credits at 300 level or higher (40 minimum required)		NA	
		Total FSU Credits (30 minimum required)		NA	
		Total Program Credits (120 needed for BS Degree)		NA	
		Service Learning Project Complete	NA	NA	
		Grade of 2.0 or “C” in all NURS courses	NA	NA	
NURSING PROGRAM REQUIREMENTS FOR PROGRESSION / GRADUATION					
<ul style="list-style-type: none"> 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 					

Marietta Joyce Bell-Scriber, PhD, FNP-BC

Ferris State University

200 Ferris Dr., VFS 317
Big Rapids, MI 49307-2740
(231) 591-3987
bell-scm@ferris.edu

Home

11300 Bonasa Dr.
Rockford, MI 49341
(616) 866-2746
rscriber@chartermi.net

PROFESSIONAL LICENSURE

Michigan State Board of Nursing, License 4704085607
Michigan State Board of Nursing, Nurse Practitioner Specialty Certification

EDUCATION

Institution	Degrees	Date
Michigan State University	PhD in Higher Adult Learning and Education	5/05
Michigan State University	Post-Master's Certificate: Family Nurse Practitioner	8/97
Grand Valley State University	M. S. Nursing	12/94
Ferris State University	B. S. Nursing	3/90
Saginaw General Hospital	Diploma	8/69

CERTIFICATIONS

American Nurse's Credentialing Center: Board Certified- Family Nurse Practitioner, CERT# 0277061-22, 1997-2012
Emergency Nurse's Association: Certified Emergency Nurse, 1991- 2000
American Heart Association: Basic CPR Instructor, 1983- 2002
Emergency Nurse's Association: National Trauma Nurse Core Course- Provider & Instructor- 1993-1995
Certification and Educator for Intra-Aortic Balloon Pumping, 1989- 94
American Heart Association: Advanced Cardiac Life Support Provider- 1981- 1993

ACADEMIC APPOINTMENTS

3/07-Present **Professor-tenured**, Ferris State University, School of Nursing, Big Rapids, MI
8/01-3/07 **Associate Professor-tenured**, Ferris State University, School of Nursing, Big Rapids, MI
2-12/2000 **Adjunct Faculty**, Grand Valley State University, Northwestern Michigan University Center, Traverse City, MI
Nov-Dec-'95 **Adjunct Faculty**, Spring Arbor College, Northwestern Michigan University Center, Traverse City, MI

CLINICAL APPOINTMENTS

- January 7, 2008
-present **Family Nurse Practitioner**, Health Intervention Services, Grand Rapids, MI (Work in collaboration with Dr. VanderMolen, Director, in a non-profit health care center serving the urban community of Grand Rapids to provide primary care services to the medically uninsured, a majority of whom are Hispanic patients (65%).
- April-June, 2002 **Consultant**, Munson Medical Center, Traverse City, MI (Performed Northflight Chart review and analysis with recommendations for quality improvement)
- 7/98- 8/01 **Cardiovascular Outreach Coordinator**, Munson Medical Center Traverse City, MI (Coordinated a smooth transfer process for cardiovascular patients)
- 9/97-7/98 **Family Nurse Practitioner**, Urgent Care, Traverse City, MI (Worked in collaboration with the Urgent Care physicians to provide a full spectrum of primary care services, occupational medicine, and urgent care to patients.)
- 12/94-9/97 **Cardiovascular Clinical Nurse Specialist**, Munson Healthcare (Program development and coordination of Cardiac Home Care Program; Consultation regarding cardiac clinical problems in Munson Home Services (all branches- Traverse City, Otsego, Tolfree & West Shore)
- 12/94-12/95 **Nurse Clinician**, Cardiothoracic Surgeons of Grand Traverse, Traverse City, MI (Assisted with clinical hospital management of patients who have received cardiothoracic surgery)
- 6/93-12/94 **CTU/CTSU Unit Manager**, Munson Medical Center, Traverse City, MI (Designed and managed 17-bed combined intensive and step-down cardiothoracic surgical unit)

Previous to 1993 available on request

REFEREED WORKS

NATIONAL JOURNAL ARTICLES

- Bell-Scriber, M. & Morton, A.** (2009, March/April). Clinical Instruction Institute: Train the trainer. *Nurse Educator*, 34(2), 84-87.
- Bell-Scriber, M.** (2008, May/June). Warming the nursing education climate for traditional-age learners who are male. *Nursing Education Perspectives*, 29(3), 143-149.
- Bell-Scriber, M.** (Manuscript in process). Encounters with other cultures: Combining Finnish and American students in a workshop to increase cultural competence.

BOOK CHAPTERS

- Bell-Scriber, M.** (2010). Chapter 29: Sensory: Vision and hearing. In Youngkin, E. Q., & Raines, D. A. (Eds.). *Promoting health from preconception through maturity: A unique nursing role*. Philadelphia, PA: F.A. Davis.
- Bell-Scriber, M.** (2009). Teaching in Cambodia: Lessons learned. Manuscript accepted as a contributing author for *Giving through teaching: How nurse educators are changing the world*, co-published by NLN Foundation and Springer Publishing Company.
- (2007). Chapter 56: Nursing Management: Stroke in *Lewis, Heitkemper, Dirksen* (Eds.) *Medical-Surgical Nursing: Assessment and Management of Clinical Problems* (7th ed.). *Edited and reviewed*.

STATE JOURNAL ARTICLES

- Gardner (Bell-Scriber), M.** (1996). Do male and female spouses differ in their perceptions and adaptation to their partner's open heart surgery? Michigan Nurse, 69 (9), 22-23.

NATIONAL CONFERENCE PRESENTATIONS (Refereed on basis of abstract)

- Bell-Scriber, M.** (November, 2007). *Micro-Inequities: A Barrier to a Warm Nursing Education Climate for Minority Students Who are Male or of an Ethnic Minority*. 2007 AACN Bachelor's Education Conference. New Orleans, LA.
- Bell-Scriber, M. & Morton, A.** (November, 2007). *Clinical Instruction Institute: Preparing Effective Teachers*. 2007 AACN Bachelor's Education Conference. New Orleans, LA.
- Bell-Scriber, M.** (September, 2006). *Warming the Nursing Education Climate for Students who are Male or of an Ethnic Minority*. National League for Nursing Education Summit 2006: Transformation Begins With You. New York, NY.
- Bell-Scriber, M. & Morton, A.** (September, 2006). *Clinical Nursing Instruction: Train the Trainer*. National League for Nursing Education Summit 2006: Transformation Begins With You. New York, NY.
- Bell-Scriber, M.** (September, 2005). *Feeding Their Young, Instead of Eating Their Young: England's Mentorship Program for Nursing*. National League for Nursing Education Summit 2005: Navigating Toward New Horizons. Baltimore, MD.
- Bell-Scriber, M.** (February, 2005). *Designing and Teaching a Course for Advanced Specialty Role Practice*. 2005 AACN Master's Education Conference. San Diego, CA.

NON-REFEREED WORKS

INTERNATIONAL TEACHING EXPERIENCES

- Bell-Scriber, M.** (March 7-March 22, 2008). *Health Volunteers Overseas: To improve the education of the Cambodian nurses through nursing lectures and clinical instruction. Topics: EKG Interpretation; Pericardiocentesis & Cardioversion Procedures.* Sihanouk Hospital Center of HOPE, Phnom Penh, Cambodia.
- Bell-Scriber, M.** (May 12-May 16, 2008). *Encounters with Other Cultures: Increasing One's Cultural Competence. International Workshop to provide the opportunity for Finnish and American students to engage in a critical and reflexive examination of culture. Participants participated in interactional and shared experiences to explore and understand the uniqueness of self and others as cultural human beings.* HAMK Wellbeing Summer School 2008, Hameenlinna, Finland.

INTERNATIONAL PRESENTATIONS

- Bell-Scriber, M.** (April, 2007). *The Impact of Disaster on Nurse Responders.* HAMK University of Applied Sciences, Hameenlinna, Finland.
- Bell-Scriber, M. & Fogarty, S.** (April, 2006). *Nursing in the U.S.* International Day Presentation. HAMK University of Applied Sciences, Hameenlinna, Finland.
- Bell-Scriber, M.** (June, 2004). *Nursing Education in the United States.* Leadership and Management class. University of Plymouth. Plymouth, U.K.

OUT OF STATE PRESENTATIONS

- Bell-Scriber, M. & Morton, A.** (October, 2008). *Clinical Faculty Orientation Workshop,* Great Oaks School of Practical Nursing, Dayton, Ohio.
- Bell-Scriber, M. & Morton, A.** (January, 2007). *Clinical Faculty Orientation Workshop,* RETS School of Nursing, Centerville, Ohio.

LOCAL OR REGIONAL PRESENTATIONS

- Bell-Scriber, M., & Morton, A.** (August, 2009). *Clinical Faculty Orientation Workshop,* Big Rapids, MI.
- Bell-Scriber, M., & Morton, A.** (January, 2008). *Clinical Faculty Orientation Workshop,* Big Rapids, MI.
- Bell-Scriber, M., & Morton, A.** (August, 2007). *Clinical Faculty Orientation Workshop,* Big Rapids, MI.
- Bell-Scriber, M., & Morton, A.** (January, 2007). *Clinical Faculty Orientation Workshop,* Big Rapids, MI.
- Bell-Scriber, M., Fogarty, S., & Morton, A.** (October, 2006). *Building Critical Thinking in our Health Professional Students: Having the Right Tools.* Flint, MI.
- Bell-Scriber, M., & Morton, A.** (August, 2006). *Clinical Faculty Orientation Workshop,* Big Rapids, MI.
- Bell-Scriber, M., Cairry, M, & Morton, A.** (January, 2006). *Clinical Faculty Orientation Workshop.* Grand Rapids, MI.
- Bell-Scriber, M., Morton, A., & Poindexter, K.** (January, 2005). *Clinical Faculty Orientation Workshop.* Grand Rapids, MI.
- Bell-Scriber, M.** (December, 2004). *Feeding our Young, Instead of Eating our Young: England's Mentorship Program for Nursing.* Graduate Colloquium, Michigan State University, Lansing, MI.

- Bell-Scriber, M.,** Morton, A., & Poindexter, K. (September, 2004). *Clinical Faculty Orientation Workshop*. Grand Rapids, MI.
- Bell-Scriber, M.** (May, 2004). *Nursing Classroom Climate: Cold or Warm?* Dissertation proposal defense. Michigan State University, Lansing, MI.
- Bell-Scriber, M.** (February, 2002). *Risk Factor Education: Targeting the Difference in Subcultures*. Michigan Student Nurse's Association, Lansing, MI.
- Bell-Scriber, M.** (March, 2001). *Signs and Symptoms of Stroke*. Kiwanis Club of Traverse City, MI.

PUBLICATIONS (Note- publication under previous married name of Gardner)

- Gardner (Bell-Scriber), M.,** Drake, D., Stirling, M., & Smith R. (1995). *Resource Manual for Nurses Caring for Open Heart Surgery Patients at Home*. Traverse City, MI: Munson Healthcare, Inc.

VIDEOS

- (2001). *Now That You Have Heart Disease.....* Co-written and Professional Consultation provided. Produced by Munson Health Network in cooperation with Brauer Productions, Inc., Traverse City, MI.
- (2001). *Healthwise: Early Cardiovascular Care Education Program*. Writing and Professional Consultation provided. Produced by Munson Health Network in cooperation with Brauer Productions, Inc., Traverse City, MI
- (1996). *Recovering From Open Heart Surgery*. Co-written, Edited, and Professional Consultation provided. Produced by Munson Heart Network and Munson Home Services in cooperation with Brauer Productions, Inc., Traverse City, MI
- (1995). *Preparing For Open Heart Surgery*. Provided Writing, Narration, Direction, and Editing. Produced by Munson Medical Center, Traverse City, MI

PROFESSIONAL MEMBERSHIPS

- American Nurses Association-2006-present
- Sigma Theta Tau- 1993- present
- National League for Nursing- member – 2001-present
- Health Volunteers Overseas-2008-present
- Michigan Nurses Association- 1992-94, 1997-98, 2000-2006
- MNA Lakeshore Chapter-2003-2006
- MNA Congress on Practice- 2005-2006
- Alternate Delegate to MNA Convention 2005
- Michigan State University Alumni Association- 2005-2006
- National Organization for Associate Degree Nursing- 2001-2004
- International Alliance of Teacher Scholars, Inc.- 2002-2003
- Advance Practice Council, Michigan Nurses Association- 1997-98
- American Association of Critical Care Nurses- 1993-1997

HONORS AND AWARDS

Professional Development Grant, "Enhancing a Global Perspective in Teaching and Learning at Ferris State University", Ferris State University-2008

Walter F. & Mary Jane Johnson Dissertation Research Award Scholarship-2005

University Graduate Continuing Fellowship Award-Michigan State University-2005

Phi Kappa Phi-2005

University Graduate Continuing Fellowship Award- Michigan State University- 2004

Member of Kappa Epsilon Chapter of Sigma Theta Tau International Honor Society for Nursing- 1993- present

Recipient of Excellence in Nursing Research Award sponsored by Butterworth Hospital and Grand Valley State University, April 1995 for graduate thesis

Graduate Research was one of three selected by GVSU for poster presentation at National

Research Conference in Kansas City, Missouri in 1996

Merit awards for exemplary performance at MMC- 1987, 1990, 1991

Salary bonuses for excellence in performance at MMC- 2000-2001

COMMUNITY OUTREACH

Member of Spectrum Health Nursing Research Council, Spectrum Health, Grand Rapids, MI- 2007 to present

Member of MCNEA/MACN/MONE Task Force to increase nursing faculty in Michigan- 2006 to present

Faculty Champion and member of Michigan Nursing Faculty Summit on Diversity, October, 2006 and May, 2007 in East Lansing, Michigan. A collaboration of the Office of the Chief Nurse Executive, Michigan State University College of Nursing, and Lansing Community College, the purpose is to identify issues and develop strategies to increase recruitment and improve retention of a diverse student population in Michigan's nursing education programs.

Member of MI Voluntary Registry for Licensed Health Professionals in the event of an accidental, normal, or intentional emergency, or other public or health care disaster- 2005 to present.

Evaluator of Functional and Full-Scale Bioterrorism Exercise for District 1 Regional Medical Response Coalition (9 regional counties in Michigan) held July 26-28, 2006 in Lansing, MI. This real-time bioterrorism exercise involved organizations representing emergency management, public health, hospitals, and Emergency Medical Services. The exercise provided an opportunity for response organizations to test and evaluate disaster response processes, systems, knowledge, and skills.

Member of RNRN an RN Response Network (affiliated with the California Nurses Foundation) in Oakland, California. Within hours of knowing the scope of a disaster, the organization deploys committed RNs as resources directly into hospitals, clinics, and mobile units.

Lead Faculty for Study Abroad to Finland-Summer 2008, *NURS 491, Clinical Practicum in Transcultural Nursing.*

Lead Faculty for Study Abroad to Finland-Spring 2007. *NURS 480 & 491, Senior Seminar & Clinical Practicum in Transcultural Nursing & NURS 740, Advanced Specialty Role Practicum*

Training as Faculty for Study Abroad to Finland-Winter 2006. *NURS 480 & 491, Senior Seminar & Clinical Practicum in Transcultural Nursing*

Provision of Mentorship to a Graduate Nursing Student Pursuing NP -2006-2007, *Grand Valley State University, Grand Rapids, MI*

Participation as Graduate Student in Study Abroad to England- Summer, 2004. Capstone Project: *Feeding Our Young, Instead of Eating our Young: England's Mentorship Program for Nursing*

MAJOR COMMITTEES

SCHOOL OF NURSING

Tenure Chair-2007-present
Chair-MSN Committee-2005-present
Chair-Faculty Search Committee-2005-2006
MSN Design Committee-2002-2005
Curriculum Committee- 2002-2005
Nursing Advisory Committee- 2002-present
Student Advisory Committee- 2002-present
NCLEX Improvement Taskforce-2001-02
Faculty Search Committee- 2001-02; 2007

COLLEGE

Chair-Graduate Committee- 2003-present
Curriculum Committee-2007-present
Leadership Council- 2005- present
Health & Safety Committee- 2004-2005
Core Curriculum Committee- 2002-2003
College of AHS Clinical Coordination Task Force- 2003-2004
Recruitment and Retention Committee- 2002-2003

UNIVERSITY

Search Committee for Dean of Optometry-2009
Advancement of Online Learning Taskforce-2005-2006
University Graduate & Professional Council 2005-present
Senate Diversity Committee-2004-2006

OTHER SIGNIFICANT SCHOLARLY, RESEARCH, OR ADMINISTRATIVE EXPERIENCE

2006- Item Writer for NLN Nurse Educator Certification Exam

2005-present-**MSN Program Coordinator**-Recruitment, Admission of Master's students, Curriculum Development, Accreditation, Coordination, Orientation, Advising, Tracking

Thesis Committees:

2006-2007 **Member;** *"A Qualitative Study on Nurse Retention"*
2006-2007 **Member;** *"Patient Satisfaction: A case study"*
2005-2006 **Chair;** *"Emergency room nurses: Their descriptions of the occurrences of culturally competent care of Hispanic patients"*
2005-2006 **Member;** *"Nursing students' perceptions of short psychiatric clinical experiences with and without preparatory role-play"*

2002-2004-Course Coordinator/Clinical Coordinator in the ADN program: NURS 106- Clinical Nursing I (Fundamentals)

2002-present-Advisor-Pre-nursing students; Nursing students- Associate; RN to BSN; MSN

Mentorship:

MSN student pursuing NP-2005-present

New Faculty-2002-present

Clinical Faculty at MCGH during Fall '03, Winter '04, Fall '04, Fall '05

Developed or Co-Developed/Teach in the MSN program-

NURS 500- Advanced Roles in Professional Nursing Practice

NURS 520- Health Care Delivery Systems & Nursing Practice

NURS 630- Teaching in the Clinical Setting

NURS 616- Increasing Cultural Competence in the Nurse Leader

NURS 710- Seminar: Thesis/Scholarly Project Preparation

NURS 720- Thesis/Scholarly Project Practicum

NURS 730- Seminar: Practicum Proposal Development

NURS 740- Advanced Specialty Role Practicum

Development/Teach in the RN-BSN program-

NURS 300-Pathophysiology for Nursing

NURS 310- Nursing Health Promotion

NURS 315- End-of-Life Nursing Care

NURS 316-Transcultural Nursing

NURS 318- Advanced Health Assessment

NURS 319- Disaster Nursing and Emergency Preparedness

NURS 324- Transition into Professional Nursing

NURS 350- Research in Nursing

NURS 440- Leadership in Nursing

NURS 450 & 491- Senior Seminar & Senior Capstone Courses-Study Abroad Option

Developed or Co-Developed/Teach in the BSN program-

NURS 242-Assessment Lab

NURS 350-Research in Nursing

NURS 300-Pathophysiology for Nursing

NURS 440-Leadership in Nursing

Development/Taught in the ADN program:

NURS 106- Clinical Nursing I (Fundamentals)

NURS 102- Cultural Diversity I

NURS 116- Clinical Nursing 2 (Med-Surg.) - Taught only

Pre-Nursing- FSUS 100 (Freshmen Seminar)

Curriculum Vitae
Susan Fogarty, MSN, RN

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fogartys@ferris.edu

Home
809 Ives Avenue
Big Rapids, MI 49307
(231) 796-1439

PROFESSIONAL LICENSURE

Michigan State Board of Nursing, 4704075493 Expires 3/31/11

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

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 3rd Ed. 2002.

Reviewer for chapter on Rural Nursing in Smith and Mauer Community Health Nursing, 2nd Edition, 1999.

Reviewer for Smith and Mauer Community Health Nursing: Health for Families and Communities 4th 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
 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	1981-1995
Providence Hospital Southfield, MI	Cardiac Care: Staff Nurse/Charge	1975-1979
St. Mary's Hospital Livonia, MI	Staff Nurse/Charge	1979-1981
St. John Hospital Detroit, MI	Emergency Room	1971-1974
St. John Hospital Detroit, MI	Staff Nurse/Charge	1971-1974
St. John Hospital Detroit, MI	Intensive Care	1964-1970
St. John Hospital Detroit, MI	Staff Nurse	1964-1970
St. John Hospital Detroit, MI	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

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

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 1st and 2nd 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.

Denise L. Hoisington, RN, MSN, PhD

8727 140th Avenue
Stanwood, MI 49346
231-823-2696

dhoisington@hughes.net

VITAE

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.

517 East Grand Street
Hastings, Michigan 49058
Home: (269) 945 3571

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

NURS 324: 1 Lab section; fundamental skills
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
Student Nurse Technician/Registered Nurse

LUBBOCK, TX

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

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 Nursing	St Joseph, MO
MSN	1999	St Louis University Nursing	St. Louis, MO

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
Honored Member Empire Who's Who Professional and Executive Registry 2006-2007
Certificate in University Teaching Skills from St Louis University

Professional Experience

Professional Teaching Experience

<u>Year</u>	<u>Employer</u>	<u>City & State</u>
2007-current	Ferris State University Assistant Professor. Teaching in the traditional BSN, accelerated BSN, RN to BSN, and MSN programs. 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 St. Louis, MO
Clinical Instructor in the Accelerated BSN program.

1996 Missouri Western State College St. Joseph, MO
Clinical Instructor for 1st level BSN students.

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

Reviewer for Promoting Health from Preconception through Maturity by Youngkin, FA Davis Publishers, 2010.

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
1994	American Nurses Association
1994	Missouri Nurses Association; previously held position of Secretary.
1991	AWOHNN, Association of Women's Health, Obstetric and Neonatal Nurses

Dr. Mary Alkire EdD, RN
(Formerly Mary Reuland)
mpalkire@gmail.com

Education:

- 1999 **EdD.**, Educational Policy and Administration, University of Minnesota, Minneapolis, MN. Focus: Educational leadership and policy. Dissertation, “Collaborative Learning as Professional Socialization”
- 1978 **MS.**, Nursing: University of Minnesota, Minneapolis, MN. Focus: Maternal Child Nursing and Nursing Education
- 1973 **BSN.**, Summa Cum Laude, Nursing: Northern Michigan University, Marquette, MI

Professional Experience:

- 5/08-currently Ferris State University, Big Rapids, MI. Full time Temporary Faculty
- 5/07-currently Walden University, Minneapolis, MN. Adjunct Faculty
- 9/01 – 5/07 Bethel University Nursing Department, St. Paul, MN. Associate Professor. Director of Graduate Nursing Program as of fall 2004
- 5/00 – 8/01 North Hennepin Community College, Brooklyn Park, MN. Dean of Sciences and Health Careers
- 8/99 – 5/00 Winona State University, Rochester Center, Rochester, MN. Associate Professor Nursing
- 8/88 – 8/99 College of St. Catherine, Minneapolis, MN. Associate Professor Nursing Tenured.
- Summer 1992, Medical College of Pennsylvania (sponsor), Minneapolis, Minnesota
- 1993 Instructor NCLEX Review Course
- 8/84 – 8/88 Bethel College, St. Paul, MN. Adjunct Nursing Faculty
- 8/78 – 8/80 Anoka Ramsey Community College, Anoka, MN. Nursing Instructor
- 5/75 – 8/77 Lutheran Deaconess Hospital, Minneapolis, MN. Staff Nurse
- 5/74 – 5/75 Trivilla of Golden Valley, Golden Valley, MN. Staff Nurse
- 5/73 – 5/74 Marquette General Hospital, Marquette, MN. Staff Nurse

Casual Positions:

2005 – 2007	St. John’s Hospital, St. Paul, MN. Administrative Supervisor.
1990-1992	Shriner’s Hospital for Crippled Children, Minneapolis, MN. Staff Nurse
1987-1989	St. Paul Children’s Hospital, St. Paul, MN. Staff Nurse
1980 – 1984	Self-employed Prenatal Educator
Summer 1978 and 1979	Unity Hospital, Fridley, MN. Staff Nurse

Licensure:

Michigan Board of Nursing-4704101520
Minnesota Board of Nursing-Registered Nurse R0766991
Minnesota Public Health Certificate 14464

Membership in Professional Organizations:

National League for Nursing
Minnesota Association of Colleges of Nursing

Publications:

Reuland, M. P. (2005, October). *Integrating project management into nursing education: A best practice model*. Paper presented at the annual meeting of The Adult Higher Education Alliance, Boston MA.

Reuland, M. P. (2005, February). *Project management: Developing leadership skills for the future*. Poster session presented at American Association of Colleges of Nursing Master’s Education Conference, San Diego; CA.

Reuland, M. P. (2000). *Collaborative learning as professional socialization*. Columbus, Ohio: ERIC Clearinghouse on Adult, Career, and Vocational Education (ERIC Document Reproduction Service No.ED440274).

Reuland, M.P. (2000, April). *Collaboration as professional socialization*. Paper presented at the annual meeting of The American Educational Research Association, New Orleans, LA.

Reuland, M. P. (2000, March). *Collaboration in the workplace: Nurses working together*. Paper presented at Shaping a National Agenda for Women in Higher Education, Minneapolis, MN.

Reuland, M. P. (1999). Collaborative learning as professional socialization. (Doctoral dissertation, University of Minnesota, 1999). *Dissertation Abstracts International*, 60-05(B), 2063.

Reuland, M.P. (1995) Mentoring: A method to meet the self-directed student's clinical needs, *Colleagues* 5 (2), 6-7.

Reuland, M. P. & Villafana, P. (1995). New faculty orientation and enrichment: Yesterday and today. *Colleagues*, 5 (1), 6.

Faculty Development Program Featured in:

Eldre, M. (1993). The issue of supply: Fostering senior faculty leadership at the College of St. Catherine. (pages 33-34). In *Making teaching community property*, Edited by Pat Hutchings. Washington, DC: American Association for Higher Education.

Item writer for:

Stein, Alice, and Miller, Judith, eds. NSNA NCLEX-RN Review, Delmar Publishers, 1994, second edition.

Reuland, M. P. (1991, January). *Telephone Triage -- Simulations for Student Nurses*. Poster session presented at the annual Nursing Education Conference, Orlando, FL.

Professional Presentations:

Alkire, M. P. (2009). *Spirituality in the workplace*. Eastern Upper Peninsula Women's Day of Renewal, St. Ignace, MI.

Reuland, M. P. (2006, September). *Integrating project management into nursing education: A best practice model*. National League for Nursing Annual Summit, New York, NY.

Reuland, M. P. (2005, May). *Using project management to develop leadership skills*. Fifth Annual Nursing Research Symposium, Bethel University Nursing Department, St. Paul, MN.

Reuland, M. P. (2005, February). *Project management: Developing leadership skills for the future*. American Association Colleges of Nursing Master's Education Conference San Diego, CA.

Reuland, M. P. (2004, October). *Fairy tales, fables, and stories*. Minnesota Association of Colleges of Nursing. St. Paul, MN. Accepted for presentation, however conference cancelled.

Reuland, M. P. (2004, May). *Assessment and evaluation in nursing education*. Hibbing Community College, Hibbing, MN.

- Reuland, M. P. (2003, November). *Using project management to develop leadership skills for the RN to BSN student*. Minnesota Association of Colleges of Nursing, Minneapolis, MN.
- Reuland, M.P. (2000, April). *Collaboration as professional socialization*. Paper presented at New Orleans, LA, American Educational Research Annual Conference, New Orleans, LA.
- Reuland, M. P. (2000, March). *Collaboration in the workplace: Nurses working together*. Paper presented at Women's Lives, Women's Voices, Women's Solutions: Shaping a National Agenda for Women in Higher Education, Minneapolis, MN.
- Reuland, M. P. (1999, July). *Test construction: Evaluating student learning*. Hibbing Community and Technical College, Hibbing, MN
- Reuland, M. P. (1999, June). *Qualitative research: Getting started*. University of Minnesota, Minneapolis, MN.
- Reuland, M. P. (1999, May). *Principles and methods of assessment and evaluation*. Bethel College, St. Paul, MN.
- Reuland, M. P. (1999, April). *Collaborative learning as professional socialization*. Leadership Academy, University of Minnesota, Minneapolis MN.
- Reuland, M. P. (1998, January). *Clinical evaluation: A discussion on current and future concerns*. College of St. Catherine, St. Paul, MN.
- Reuland, M. P. (1997, November). *Evaluation workshop: Classroom evaluation*. College of St. Catherine- Minneapolis, Minneapolis, MN.
- Reuland, M. P. (1997, October). *Evaluation workshop: Psychomotor skills*. College of St. Catherine-Minneapolis, Minneapolis, MN.
- Reuland, M. P. (1997, September). *Evaluation workshop: An introduction*. College of St. Catherine-Minneapolis, Minneapolis, MN.
- Reuland, M. P. (1995, October). *Increasing our understanding of current and upcoming students*. College of St. Catherine-Minneapolis, Minneapolis, MN.
- Reuland, M. P. (1995, December). *Beyond the lecture habit: Teaching through learning groups*. College of St. Catherine-Minneapolis, Minneapolis, MN.
- Reuland, M. P. (1994, April). *Evaluation workshop: item writing*. College of St. Catherine-Minneapolis, Minneapolis, MN.

Reuland, M. P. (1991, January). *Telephone triage: Simulations for student nurses*. Poster session presented at Nursing Education Conference, Orlando, FL.

Sabbatical

Granted for January-May 1998. Area of research during sabbatical: Collaborative Learning in Nursing Education: Meeting the Needs of the Health Care Workplace. Development of a curricular model to prepare nurses for collaboration in health care.

Research

- 2006-2007 Workplace Learning Preferences for Nurses. A collaborative research project with Hennepin County Medical Center
- 200-2007 Thesis advisor for graduate nursing students in master's program
- 2004-2007 Evaluation of Project Management to Develop Leadership Skills in RN – BSN Students.
- 1999 Dissertation: Collaborative Learning As Professional Socialization.
- 1997 Associate Degree Nursing Skills Necessary for Practice: A Comparative Study between Nurse Educators and Nurses in Practice. A collaborative research project with Susan Hyndman.
- 1996 Workload Issues and Concerns in Nursing Education.
- 1996 The Process of Collaboration in Faculty Study Groups: A Descriptive Case Study.

Grant Activity

North Hennepin Community College Foundation Grant, 2001, to explore ways to improve student learning for nursing students with Limited English Proficiency (LLP) and English as a Second Language.

Perkins III, 2001, development grant from MnSCU for chemistry faculty to explore new program options for chemical laboratory assistant certificate.

Participated as a member of the grant writing team for Bush Foundation. College of St. Catherine, 1994-1998. Grant received \$300,000 for three-year project on faculty development.

Grant funded by College of St. Catherine, January 1996. Topic: Curriculum Revision for Nursing Department: A Collaborative Effort.

Grant funded by College of St. Catherine-Minneapolis, August 1995. Topic: Development of Study Skills Component in Nursing Education.

Grant awarded by the College of St. Catherine-Minneapolis, May 1992. Topic: Development of Clinical Resource Center-Pediatric Setting.

Grant awarded by the College of St. Catherine-Minneapolis, May 1991. Topic: Clinical Decision-Making in the Pediatric Setting.

Professional, Consultative and Advisory Positions

Ferris State University, Big Rapids MI. Online course development NURS 317 Spirituality in Nursing and NUR 495 Leadership Practicum.

Bethel University, St Paul MN. Online course development NUR 498 Dimensions of Professional Practice I and NUR 665 Theoretical Basis of Promoting Organizational Health

Nova Southeast University, Ft. Lauderdale, FL: Online course development NSG 5340 Nursing Leadership and NSG 5230 Nursing Decisions in Complex Health Care Systems. 2007-2008.

NLN Advisory Task Force "Evaluation in All Domains of Learning" 2007-2008

Consultant for Hennepin Technical College: Needs Assessment for Nursing Program Expansion, 2007

NLN Annual Summit Program Planning Committee, 2004-2007.

Abstract Reviewer for NLN Educational Summit 2004, 2005, and 2006

Consultant for North Hennepin Community College: Online Nursing Education Course Development and State Articulation Plans, 2003.

Reviewer/screener for TIAA/CREF faculty development award: "The Hesburgh Award for Faculty Development to Enhance Undergraduate Teaching." 1995-2001

Reviewer: American Educational Research Association. Reviewer of proposals, 1996-1998 for Annual Conference.

Textbook review for Mosby Publishing Company, 1993-1995, 1997

Professional Test Item Writer 1993-1997, Visual Education Corporation. Princeton, New Jersey.

Professional Test Item Writer 1992-1998. Medical College of Pennsylvania. Philadelphia, Pennsylvania

Program Development and Evaluation:

Bethel University, St Paul MN. Task force for DNP program development.

Bethel University, St. Paul, MN. School Nurse Certificate

Bethel University Nursing Department, St. Paul, MN. CCNE accreditation

St Paul Public Schools, St. Paul, MN. AGAPE program: Adolescent prenatal education program.

St Paul Public Schools, St. Paul, MN. AGAPE program site assessment and evaluation.

North Hennepin Community College, Brooklyn Park, MN. Evening Weekend Nursing Program

North Hennepin Community College, Brooklyn Park, MN. Chemical Laboratory Assistant Certificate

North Hennepin Community College, Brooklyn Park, MN. NLN accreditation, NCA accreditation team

College of St. Catherine, Minneapolis Campus, Minneapolis, MN. Faculty Development Program and Faculty Mentoring Program

College of St. Catherine, Minneapolis Campus, Minneapolis, MN. NLN accreditation

Per Diem Registered Nurse
MECOSTA COUNTY MEDICAL CENTER
November 2001 to June 2004
Worked all areas of hospital as per diem nurse
On Call Hospice Nurse
HOSPICE OF MICHIGAN
August 1998-April 2002
Provided on call home hospice nursing on weekends and after hours
Community Health Nurse
HERITAGE HOME CARE
October 1997 to June 1998
Part Time Case Manager
SHANDS HOME CARE
August 1992 - October 1997
Assistant Administrator
August 1991 to August 1992
Clinical Nursing Supervisor
MERIDIAN HOME CARE
September 1988 to August 1991
Team Leader/Community Health Nurse
HENRY FORD HOME CARE (GREENFIELD HOME HEALTH CARE)
May 1986 to September 1988
Public Health Nurse
VISITING NURSE ASSOCIATION
August 1985 to April 1986
Registered Nurse/Charge Nurse
ST. JOHN HOSPITAL
May 1984 to August 1985

Certification

Michigan Board of Nursing-

Nursing and Nurse Practitioner License No. 4704150578, expires 3/2011
AANP certification- obtained June 1, 2004, renewed June 01, 2009
#Fo604084, expires 5/31/2014

BCLS expires 1/2011

ACLS expires 1/2011

Memberships

Sigma Theta Tau International

American Association of Nurse Practitioners

Michigan Council of Nurse Practitioners

PEGGY ANN BRUNS-HAHN, RN, MSN

12139 Palatial Dr.
Freeland, Michigan
48623

(989) 695-9430 - home
(989) 295-2448 - cellular
peggyhahn@charter.net

EDUCATION:

- Master of Science in Nursing, December 2004
Saginaw Valley State University, Saginaw, MI
Summa Cum Laude, GPA 3.93
- Bachelor of Science in Nursing, May 1999
Ferris State University, Big Rapids, MI
High Distinction Honors, GPA 3.71
- Associate Degree in Nursing, April 1993
Great Lakes Junior College, Midland, MI
Deans List, GPA 3.86
- Certificate in Practical Nursing, December 1991
Delta College, University Center, MI
- Associate Degree in Management, August 1990
Delta College, University Center, MI
- Certificate in Nursing Assistant Training, April 1990
Delta College, University Center, MI

TEACHING EXPERIENCE:

Saginaw Valley State University, University Center, MI

- **Adjunct Faculty-Nursing** 8/2003 – present
Clinical and simulated laboratory instruction-Practicum I (fundamentals), pediatrics and obstetrics. Developed Blackboard modules for lab and class support.
- **Graduate Assistant-Nursing** 1/2004 – 12/2004
Evaluation of undergraduate papers and work.

Delta College, University Center, MI

- **Adjunct Faculty-Nursing** 8/2003 – present
Clinical instruction-fundamentals, adult medical/surgical, pediatrics, and leadership.

PROFESSIONAL NURSING EXPERIENCE:

Covenant HealthCare, Saginaw, MI

- **Case Management Specialist** 2/2004 – present, 4/1997 – 6/1999
Appropriate utilization of resources, timely discharges, client satisfaction with discharge planning, successful appeals of denied cases, quality improvement review, resource analyst activities, and Midas electronic documentation.
 - **Staff Nurse** 1/2003 – 9/2003, 4/1993 – 4/1997
Pediatrics, post-partum, home health care, wound clinic, resource team, general surgical, pain clinic, and telemetry. Quality and safe patient care, teamwork, charge nurse responsibilities, preceptor, and equipment committee member.
 - **Institutional Review Board (IRB) Specialist** 6/1999 – 5/2003
Committee coordination, study reviews and audits, database creation and maintenance. Successful FDA audit without objectionable conditions, investigator education, and policy and procedure revision and maintenance.
 - **Licensed Practical Nurse-General Surgical** 12/1991 – 4/1993
-

PEGGY ANN BRUNS-HAHN, RN, MSN

WORK EXPERIENCE:

- Saginaw Public Schools, Saginaw, MI 10/1986 – 2/1989
Bridgeport Community Schools, Bridgeport, MI 10/1984 – 10/1986
- **Support Instructor-Marketing & Management**
Development of marketing magazine for student recruitment. One-on-one and small group teaching for disadvantaged students. Facilitated management and operations of school store. Advisor for nationally competitive Distributive Education Clubs of America (DECA) chapter. Numerous successful fundraisers, and marketing committee member.
 - **Graphic Artist** 6/1987 – 2/1989
Creative promotional and marketing campaigns for district wide student recruitment. Friendship Games commemorative book development and photographer.
 - **Yearbook Advisor** 8/1985 – 10/1986
- Barry Rankin's Award Winning Photography, Saginaw, MI
- **Photographer** 5/1984 – 12/1993
Award winning photographs of individuals, creative photography and printing of weddings, high school seniors, and individuals, Professional Photographers of Michigan member.
 - **Receptionist** 5/1984 – 10/1986

LICENSURE:

State of Michigan Registered Nurse License # 4704191807

RESEARCH EXPERIENCE:

Thesis: *Development of Evaluative Structure Package for Nursing Education: Outcome Measurement of Cohort and Trend Analysis Over Time*, December 2004.
Phenomenological Project: *Graduate Nursing Students' Perception to On-line Learning*, December 2003.

SCHOLARSHIP AWARDS:

Advanced Nurse Traineeship, Saginaw Valley State University, 2004
Great Lakes Junior College Nursing Scholarship, 1993

PROFESSIONAL MEMBERSHIPS:

Midwest Nursing Research Society (MNRS)
National League for Nurses (NLN)
Sigma Theta Tau International, Theta Chi Chapter

CERTIFICATION:

- Graduate Nursing Education Certificate Program, University of Northern Colorado, MI *Enrolled*
 - Secondary Teacher Certification, Saginaw Valley State University, MI *Enrolled*
 - Teaching and Learning in Web-based Courses, Indiana University, IN *August 2004*
 - Basic Cardiac Life Support (BCLS) *November 2004*
-

PEGGY ANN BRUNS-HAHN, RN, MSN

CONTINUING EDUCATION:

- DreamWeaver Web Site Development June 2004
- Balancing the Belmont: Human Subjects and Future Research September 1999
- ISD Tutorial Training Program May 1999
- The Effective Case Manager June 1998
- Principles of Orthopedic Rehabilitation September 1997
- Clinical Documentation Management Program (CDMP) May 1997
- Dysrhythmia Interpretation and Management June 1996

COMMUNITY SERVICE:

- Booster Club Member, Freeland Hockey Club 2004-present
- Parent Volunteer, Freeland Community School District 1996-present
- Concession Manager, Freeland Little League 2004

PUBLICATIONS:

- Bruns-Hahn, P., Huffman, J., & Roethlisberger, K., (2004). *Accuracy of Tympanic Thermometers* [Brochure]. Saginaw, MI.

PRESENTATIONS:

- Midwest Nursing Research Society, (April 3, 2005). *Development of Evaluative Structure Package for Nursing Education: Outcome Measurement of Cohort and Trend Analysis Over Time* [Poster]. Cincinnati, OH.
- Saginaw Valley State University, (April 28, 2005). *Development of Evaluative Structure Package for Nursing Education: Outcome Measurement of Cohort and Trend Analysis Over Time* [Symposium]. Saginaw, MI.

Mary Jo Doerr MSN, APRN, BC

11487 North Six Lakes Road ~ Six Lakes, Michigan 48886 ~ mjdoerr@hotmail.com
Home # (989) 365-3637 Cell # (989) 287-0731

OBJECTIVE

To educate future nurses by maintaining the highest standards of the nursing profession. To empower individuals to maintain quality education and client focused care to all individuals.

To ensure safety and provide the highest quality care to vulnerable individuals and communities by practicing nursing through a collaborative effort with other health care professionals.

To function as an Advanced Practice Nurse through the initiation and maintenance of health care to women by empowering individuals to make healthy life choices.

EXPERIENCE

1990–Present Mid-Michigan District Health Dept. Stanton, MI *Women's Health Nurse Practitioner (8/94–Present)*

- Family Planning and Breast & Cervical Control Programs
- Provide physicals, histories, and prevention education to all ages
- Provide all forms of birth control methods including Norplant and IUD insertion and removals
- Provide education, follow-up, and treatment of STD's, HIV, communicable diseases, and common medical conditions for both sexes
- Develop protocol manuals, program plans, and forms used within the programs
- Emergency preparedness training at the local health department level
- Participates in the Smallpox training program for the State of Michigan—Smallpox immunization obtained in March 2003

Nursing Director (3/91–8/94)

- Managed and directed Family Planning, WIC (Women, Infants, and Children), and EPSDT (Early Periodic Screening and Developmental Testing) programs for a three county district
- Performed direct supervision of approximately twenty staff members
- Program Management and Administrative duties as required

Public Health Nurse (2/90–3/91)

- Direct client care which involved providing services to clients in Family Planning, WIC, Immunizations, and EPSDT programs

10/88–2/90 Mecosta County General Hospital Big Rapids, MI

Registered Nurse

- Charge Nurse Obstetrics (OB) Department
- Worked Labor & Delivery, Post-Partum, and Newborn Nursery

7/87–10/88 Butterworth Hospital Grand Rapids, MI

Registered Nurse

- Charge Nurse and Staff Nurse in the Regional High Risk Center in Labor & Delivery
- Scrubbed and Circulated during cesarean section deliveries
- 12/87– NCC Certified in Inpatient Obstetrics

5/85-7/87 Mecosta County General Hospital Big Rapids, MI

Registered Nurse

- Charge Nurse in Obstetrics, Labor & Delivery, Post-Partum, and Nursery

1978-1985

Worked at Gratiot Community Hospital (78), Michigan Masonic Home (78), Central Michigan Community Hospital (79-84), Edmore Community Hospital (84-85), and Kelsey Memorial Hospital (84). Worked as a LPN and Graduate Nurse in all areas of the Community Hospitals.

1976-1977

Worked as a Bank Teller and Bookkeeper at Blanchard State Bank (Now Isabella Bank & Trust) and First National Bank in Big Rapids, MI.

EDUCATION

12/04 Drexel University College of Nursing and Health Professions Philadelphia, PA

- ❖ Masters of Science in Nursing (MSN)

6/95 Planned Parenthood Women's Nurse Practitioner Program Milwaukee, WI

- ❖ 12/95 Certified as Women's Health Nurse Practitioner ~ Michigan Nurse Practitioner Specialty Certification # 4704152127 Exp. 3/31/06

6/94 Ferris State University ~ Big Rapids, MI

- ❖ Bachelor of Science in Nursing (BSN)

8/84 Ferris State University ~ Big Rapids, MI

- ❖ Associate Degree in Nursing (ADN)
- ❖ 12/84 Michigan Registered Nurse License # 4704152127 Exp. 3/31/06

7/78 Mid-Michigan Community College ~ Harrison, MI

- ❖ Licensed Practical Nursing Certificate
- ❖ 12/78 Michigan Licensed Practical Nursing (LPN) License

PAST & PRESENT MEMBERSHIPS

- Michigan Nurse Association (MNA)
- American Nurse Association (ANA)
- Michigan Council of Nurse Practitioners (MICNP)
- Michigan Association of Nurse Practitioners in Women's Health (MANPWH)
- National Association of Nurse Practitioners in Reproductive Health (NANPRH)
- American Heart Association ~ CPR ~ 9/02-9/04
- Certified Red Cross Instructor (CPR & First Aide)
- National Certification Corporation (NCC) ~ Nurse Practitioner Women's Health
- NCC ~ Inpatient Obstetrics
- Key Volunteer Network (KVN) ~ U. S. Marine Corps ~ 1st Battalion, 24th Marines, Reserve Unit—Saginaw, Michigan

CONTINUING EDUCATION

List available upon request

REFERENCES

Available upon request

11487 North Six Lakes Road ~ Six Lakes, Michigan 48886 ~ (989) 365-3637
Mary Jo Doerr

Mary Jo Doerr MSN, APRN, BC

REFERENCES

Betty Knapp RN

Nursing Supervisor
Mid-Michigan District Health Dept.
615 N. State Rd.
Stanton, Michigan 48888
bknapp@mmdhd.org

Work ~ (989) 831-3620

Irene O'Boyle Ph.D., CHES

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HP 2209 – CMU
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Suzy Reiter MSN, RNCNP

Planned Parenthood Centers of
West Michigan
425 Cherry Street
Grand Rapids, Michigan 49503
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Work ~ (616) 774-8302

11487 North Six Lakes Road ~ Six Lakes, Michigan 48886 ~ (989) 365-3637

CURRICULUM VITAE

NAME: Barbara (Bobbie) J. Jamison

ADDRESS: 8230 Star Route
Shibui #20
St. Thomas, USVI 00802
340-715-2196
E-Mail: bjamiso@uvi.edu

U.S. Address:
P.O. Box 461
Northport, MI 49670
231-386-7326

PRESENT POSITION: Associate Professor of Nursing
University of the Virgin Islands

Adjunct Assistant Professor (online)
Medical University of South Carolina

LICENSES: Advanced Registered Nurse Practitioner
South Carolina, U.S. Virgin Islands, Florida, Michigan

CERTIFICATIONS: Board Certified Pediatric Nurse Practitioner (ANCC)

EDUCATION:

Ed.D.	Florida State University, Tallahassee, FL.	2003
M.S.N.	University of Florida, Gainesville, Florida	1995
M.B.A.	Nova University, Fort Lauderdale, Florida	1987
	Youngstown State University Graduate Business School	1979-1983
B.S.N.	Youngstown State University	1979
A.A.S.	Youngstown State University	1975

ACADEMIC POSITIONS:

2004-	University of the Virgin Islands Associate Professor of Nursing
2004-	Medical University of South Carolina Adjunct Assistant Professor Distance Education
2003- 2004	Medical University of South Carolina Assistant Professor of Nursing

PUBLICATIONS/SCHOLARLY WORKS

Mathis, R., Shoaf, B., Weiner, T., (1993). Pertussis: Return of the bad penny. Pediatric Emergency Care, Aug., 218-22.

Jamison, B. (1995). A comparison of missed opportunities to immunize among 2-year-old children who are fully immunized and those who are partially immunized with assessment of provider's knowledge of contraindications.(Unpublished Master's Thesis).

Jamison, B. (2002) Cultural Competence in Business: Implications for Educators. *Business Education Digest*. Fall, 2002.

Jamison, B. (2003). Storytelling: An administrator's Tool. *Management in Practice*. Jan, 2003.

Jamison, B. (2003). Advanced Practice Nurses in Florida: Do they possess the management skills necessary for clinical practice? (Unpublished Doctoral Dissertation)

Jamison, B. (2004) Storytelling: A Tool for Teaching Cultural Competence in Health Care? *Journal of Cultural Diversity*. Summer, 2004.

Editor: *Noles Nursing News* Florida State University

PROFESSIONAL ORGANIZATIONS: American Nurses' Association
University of Florida Alumni
Florida State Alumni
Sigma Theta Tau
Phi Kappa Phi
NAPNAP
NONPF
AAUW

OTHER POSITIONS: Norwegian Cruise Line. Ship's Nurse (S.S. Norway)

COURSES TAUGHT:

Youngstown State University: Fundamentals of Nursing (Medical-Surgical), Neurological, Mental Health, Orthopedics, Pediatrics, Advanced Medical-Surgical.

Daytona Beach Community College: Medical-Surgical, Pediatrics, Orthopedics.

University of the Virgin Islands: Introduction to Professional Nursing, Trends and Issues, Pediatrics, Leadership/Management, Maternal-Child.

Florida State University: Health Assessment, Pediatrics, Leadership/Management, Family Nurse Practitioner, Community.

Western Carolina University: RN – BSN. Community Health Nursing and Practicum, Leadership/ Management, Nursing Perspectives, Pediatrics.

Medical University of South Carolina: Pediatric Nurse Practitioner Track
Curriculum Development Web-based, RN-BSN Web-based

Biosketch

Dana F. Lehmann, Clinical Coordinator of The Institute for Clinical Nursing Instruction, Ferris State University

Educational Background

<u>Institution</u>	<u>Degrees</u>	<u>Date</u>
Northern Michigan University	BS - Nursing	1979
University of Southern California	Paralegal	1986
Walden University	MS – Nursing	will complete by May 2007

Professional Experience

- 2000 – present Adjunct Clinical Nursing Instructor for Ferris State University
- 2004 – present Adjunct Clinical Nursing Instructor for Grand Rapids Community College
- 1998 – present Advanced Cardiac Life Support Instructor
- 1998 – present Supervisor, ICU, ER Relief at Zeeland Community Hospital
- 1986 – 1998 RN Surgical Trauma Neuro Intensive Care at Spectrum Health
- 1981 – 1992 Various work in public health, critical care travel nursing and critical care homecare.

Professional Goal

To aid in the restructuring of clinical nursing instruction, increase available clinical faculty, and increase the number of practicing RN's in Michigan.

Curriculum Vitae

Susan Elizabeth North
921 West Beyer Road
Ludington Michigan 49431
231.757.9653 – Home
231.357.0020 – Cell
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.