



STATE OF WISCONSIN
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BOARD OF NURSING
ROOM 121A, 1400 E. WASHINGTON AVENUE, MADISON WI
CONTACT: DAN WILLIAMS (608) 266-2112
FEBRUARY 14, 2013

Notice: The following agenda describes the issues that the Board plans to consider at the meeting. At the time of the meeting, items may be removed from the agenda. Please consult the meeting minutes for a description of the actions and deliberations of the Board.

PRACTICE COMMITTEE

8:00 A.M.

CALL TO ORDER – ROLL CALL

OPEN SESSION: Practice Committee – Julie Ellis (Chair), Julia Nelson, Jeffrey Miller, Lillian Nolan, Maria Joseph

- A. Approval of Agenda (1)**
- B. Approval of the Practice Committee Minutes of January 10, 2013 (7-8)**
- C. Discussion and Consideration of BON Position Papers (9-10)**
 - 1) Delegation (11-14)
 - 2) Pain Management (15-16)
 - 3) Military Nurse School (17-18)
- D. Other Committee Business**
- E. Public Comments**

ADJOURNMENT OF PRACTICE COMMITTEE MEETING

EDUCATION AND LICENSURE COMMITTEE

8:30 A.M.

(OR IMMEDIATELY FOLLOWING ADJOURNMENT OF THE PRACTICE COMMITTEE MEETING)

CALL TO ORDER – ROLL CALL

OPEN SESSION: Education and Licensure Committee –Carol Ott (Chair), Kay Coppens, Rachelle Lancaster, Gretchen Lowe

- A. **Adoption of Agenda (1-2)**
- B. **Approval of Education & Licensure Committee Minutes of January 10, 2013 (19-20)**
- C. **BON Position Statement on Appealing Academic Decisions - Discussion and Consideration (21-22)**
- D. **NLNAC Report of Initial Accreditation Site Visit to Lac Courte Oreilles Ojibwe Community College - Discussion and Consideration (23-128)**
- E. **Request for Approval of Educational Administrator at Wisconsin Indianhead Technical College - Discussion and Consideration (129-134)**
- F. National Council Licensure Examination (NCLEX) items - Discussion and Consideration
- G. Items Received After Printing of the Agenda
- H. Other Committee Business
- I. Public Comments

ADJOURNMENT OF EDUCATION & LICENSURE COMMITTEE MEETING

BOARD OF NURSING MEETING

9:00 A.M

(OR IMMEDIATELY FOLLOWING ADJOURNMENT OF EDUCATION AND LICENSURE COMMITTEE MEETING)

CALL TO ORDER – ROLL CALL

- A. **Adoption of Agenda (2-6)**
- B. **Approval of Board of Nursing Minutes of January 10, 2013 (135-144)**
- C. Secretary Matters
- D. **Administrative Matters – Discussion and Consideration (145-146)**
 - 1) Paperless Initiative **(147-150)**
 - 2) Chair Appointments/Liaison Roles
 - 3) Status Update as to BON Newsletter
 - 4) Staff Updates
- E. **WNA Request to Appear Before the Board to Provide Information on the *Nurses Caring for Nurses* Program – Discussion and Consideration (151-154)**
- F. **Report of Practice Committee**

- G. **Report of Education and Licensure Committee**
- H. **Legislative/Administrative Rule Matters - Discussion and Consideration (155-156)**
 - 1) Rule Making Order Creating N9 Relating to Nurse Licensure Compact (red folder)
 - 2) Scope Statement for N2 and N3 relating to licensure (red folder)
- I. **Delegation of DSPS Staff to Attend the NCSBN IT Conference – Discussion and Consideration (157-158)**
- J. **WNA Request for Board Member Presentation at Nurses Day at the Capitol, March 5, 2013 – Discussion and Consideration (159-160)**
- K. Informational Item(s)
- L. Discussion and Consideration of Items **Received After** Printing of the Agenda:
 - 1) Introductions, Announcements and Recognition
 - 2) Presentations of Petition(s) for Summary Suspension
 - 3) Presentation of Proposed Stipulation(s), Final Decision(s) and Order(s)
 - 4) Presentation of Proposed Final Decision and Order(s)
 - 5) Informational Item(s)
 - 6) DLSC Matters
 - 7) Status of Statute and Administrative Rule Matters
 - 8) Education and Examination Matters
 - 9) Credentialing Matters
 - 10) Practice Questions/Issues
 - 11) Legislation/Administrative Rule Matters
 - 12) Liaison Report(s)
 - 13) Speaking Engagement(s), Travel, or Public Relation Request(s)
- M. New Business
- N. Public Comments

CONVENE TO CLOSED SESSION to deliberate on cases following hearing (s. 19.85(1)(a), Stats.; to consider closing disciplinary investigation with administrative warning (s. 19.85(1)(b), Stats. and 440.205, Stats., to consider individual histories or disciplinary data (s. 19.85 (1)(f), Stats.; and, to confer with legal counsel (s. 19.85(1)(g), Stats.)

- O. **Deliberation on Monitoring Matters (161-162)**
 - 1) 1:00 P.M. APPEARANCE – Wendy Aguirre, R.N. – Requesting Reinstatement of Full License **(163-180)**
 - 2) 1:25 P.M. APPEARANCE – Patrick M. Lavoie, R.N. – Requesting Reinstatement of Full License **(181-204)**
 - 3) Jennifer Flynn, R.N. – Requesting Modification of Order **(205-218)**
 - 4) Angela M. Leonard, R.N. – Requesting Modification of Order **(219-240)**
 - 5) Amanda R. Luedtke, L.P.N. – Requesting Reinstatement of Full License **(241-248)**
 - 6) Sue R. Schindler, R.N. – Requesting Stay of Suspension **(249-260)**
 - 7) Regina Young, R.N. – Requesting Stay of Suspension **(261-276)**

- P. **Application Review (277-278)**
- 1) APNP Application Review – Joy Amundson **(279-284)**
 - 2) LPN Examination Review – Tiffany Leavitt **(285-292)**
 - 3) RN Examination Review – Linde Vogel **(293-324)**
- Q. **Deliberation on Issuance of Administrative Warnings**
- 1) 12 NUR 424 **(325-326)**
 - 2) 12 NUR 427 **(327-328)**
 - 3) 12 NUR 457 **(329-330)**
 - 4) 12 NUR 511 **(331-332)**
- R. **Deliberation of Proposed Stipulations, Final Decision and Orders**
- 1) Tammy S. Fleming-Markart, L.P.N. (12 NUR 080) **(333-340)**
 - 2) Jennifer A. Howard, R.N. (12 NUR 156) **(341-348)**
- S. **Deliberation of Proposed Final Decision and Order in the Matter of the Disciplinary Proceedings Against Linda A. Reddish, R.N. Respondent (DLSC #11 NUR 289 and DHA #SPS-11-0087) (349-376)**
- T. **Division of Legal Services and Compliance**
- 1) Case Status Report
 - 2) Case Closings
- U. Deliberation on Orders Fixing Costs
- V. Consulting with Legal Counsel
- W. Deliberation of Items **Received After** Printing of the Agenda:
- 1) Application Issues and/or Reviews
 - 2) Professional Assistance Procedure (PAP)
 - 3) Monitoring Matters
 - 4) Administrative Warnings
 - 5) Review of Administrative Warning
 - 6) Proposed Stipulations, Final Decisions and Orders
 - 7) Proposed Final Decisions and Orders
 - 8) Orders Fixing Costs/Matters Related to Costs
 - 9) Petitions for Summary Suspension
 - 10) Petitions for Re-hearings
 - 11) Complaints
 - 12) Examination Issues
 - 13) Credential Issues
 - 14) Appearances from Requests Received or Renewed
 - 15) Motions

RECONVENE INTO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION

Voting on Items Considered or Deliberated on in Closed Session, If Voting is Appropriate

X. **Discussion of Board Meeting Process (Time Allocation, Agenda Items)**

Y. **Discussion and Consideration of Board Strategic Planning and its Mission, Vision, and Values**

Z. Other Board Business

ADJOURNMENT

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PRACTICE COMMITTEE
BOARD OF NURSING
MEETING MINUTES
JANUARY 10, 2013

PRESENT: Kay Coppens, Julie Ellis, Julia Nelson, Lillian Nolan, Maria Joseph

STAFF: Dan Williams, Executive Director; Pamela Stach, Legal Counsel; Matthew C. Niehaus, Bureau Assistant and other Department Staff

CALL TO ORDER

Julie Ellis, Chair, called the meeting to order at 8:02 a.m. A quorum of five (5) members was present.

ADOPTION OF AGENDA

Amendments to the Agenda

MOTION: Lillian Nolan moved, seconded by Lillian Nolan, to adopt the agenda as published. Motion carried unanimously.

APPROVAL OF MINUTES OF DECEMBER 6, 2012

Amendments to the Minutes

MOTION: Kay Coppens moved, seconded by Julia Nelson, to approve the minutes of December 6, 2012 as published. Motion carried unanimously.

DISCUSSION AND REVIEW OF BON POSITION PAPERS

Appeal of Academic Decisions

MOTION: Lillian Nolan moved, seconded by Maria Joseph, that the education and licensure committee shall examine and approve the Appeal of Academic Decisions position paper for upload to the website. Motion carried unanimously.

Nurses Practicing at a Level Below Their Licensure

MOTION: Kay Coppens moved, seconded by Maria Joseph, to pull the nurse practicing at a level below their licensure position paper from the website. The Board will draft a new paper to replace the nurse practicing at a level below their licensure position paper. Motion carried unanimously.

ADJOURNMENT

MOTION: Julie Ellis moved, seconded by Maria Joseph, to adjourn the Practice Committee meeting. Motion carried unanimously.

The meeting adjourned at 8:39 a.m.

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Dan Williams		2) Date When Request Submitted: 1/23/13 Items will be considered late if submitted after 4:30 p.m. and less than: <ul style="list-style-type: none"> ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others 	
3) Name of Board, Committee, Council, Sections: WI Board of Nursing			
4) Meeting Date: 2/14/13	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Discussion and Consideration of Board position statements	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? If yes, who is appearing? <input type="checkbox"/> Yes by <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required: N/A	
10) Describe the issue and action that should be addressed: The Committee will begin the review of each Position Statement that is currently on the DSPS website and provide the Board with a recommendation as to each. Possible topics to be covered at this meeting are: a) Delegation b) Pain Management c) Military Nurse School			
11) Authorization			
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date			
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Board Services Bureau Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Executive Assistant prior to the start of a meeting.			

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DELEGATION

The Board of Nursing receives frequent requests to interpret the Rules and Regulations that address the delegation of nursing acts. This Position Paper is prepared in response to those requests.

The inquiries that we have received can be generalized into the following questions / statements:

- 1) What can or cannot be delegated?
- 2) To whom can a registered nurse delegate a nursing action?
- 3) Does the person accepting a delegated action work “under the RN’s license”?
- 4) Assigning a medically delegated action to an LPN or a less skilled assistant.
- 5) Accepting a delegated medical or nursing action.
- 6) The level of supervision required for delegated actions.

Definitions:

The following definitions are taken from N6.03(1)(a-d):

Assessment: Assessment is the systematic and continual collection and analysis of data about the health status of a patient culminating in the formulation of a nursing diagnosis.

Planning: Planning is developing a nursing plan of care for a patient which includes goals and priorities derived from the nursing diagnosis.

Intervention: Intervention is the nursing action to implement the plan of care by directly administering care or by directing and supervising nursing acts delegated to LPN’s or less skilled assistants.

Evaluation: Evaluation is the determination of a patient’s progress or lack of progress toward goal achievement which may lead to modification of the nursing diagnosis.

What nursing actions can or cannot be delegated?

Based on the standards of practice for RN’s contained in N6.03(1), a Registered Nurse is directly responsible for ensuring that Assessment, Planning, Intervention and Evaluation are performed in order to maintain health, prevent illness, or care for the ill. The only portion of the Nursing Process that contains nursing acts that can be delegated to LPN’s or less skilled assistants is the Intervention phase, which includes the collection of data (vital signs etc.) necessary to continuously Assess, Plan and Evaluate care.

A registered nurse can only delegate an act that they “own”, a nursing act, one they would be responsible for ensuring is completed on a day-to-day or shift-to-shift basis. This becomes a particularly important distinction when working in self-care residential settings, for example in Community Based Residential Facilities, prisons, or in some school settings. In these settings, the resident (or parent in the school setting) is ultimately responsible for ensuring that they or their children receive their medications. In this example, authority for administration of medication flows from the physician to

the resident or parent and ultimately to the delegate in those settings. In each of these settings, a registered nurse may be called upon in a consultative basis to ensure that the individuals who assist with medication administration are competent to perform the duty. However, the only piece of this process that the RN owns (in this model), and thereby could feasibly delegate, is the evaluation of staff for competency to perform the duty. In these examples, the “administration” of medications belongs to the resident or the parent. Authority for performing this task (delegation) comes directly from the resident or the parent.

To whom can a registered nurse delegate a nursing action?

As stated in N6.03(3) *an RN shall (a) Delegate tasks commensurate with educational preparation and demonstrated abilities of the person supervised.* Although the administration of a healthcare facility or organization may suggest which nursing acts should be delegated and/or to whom the delegation may be made, it is the RN who makes, and is ultimately responsible for making, the decision whether and under what circumstances, the delegation occurs. If an RN knows or should have known that the person supervised is not prepared by education, training or experience to safely perform a delegated nursing act, the RN may not delegate the task.

The concept that the person accepting a delegated action works “under the RN’s license”.

A RN who delegates nursing actions to LPN’s or less skilled assistants is required under N6.03(3)(b) *to provide direction and assistance to those supervised (c) Observe and monitor the activities of those supervised and (d) Evaluate the effectiveness of acts performed under supervision.*

Under the legal concept of *respondeat superior*, the RN-delegated acts performed by LPN’s or less-skilled assistants are the acts of the RN.

Assigning a medically delegated action to an LPN or a less skilled assistant

A physician does not “own” an act by virtue of writing a prescription or a request for service. A registered nurse can delegate any act that they “own”, one they are responsible for ensuring is completed on a day-to-day or shift-to-shift basis.

Accepting a delegated medical or nursing action.

A nurse should only accept those delegated acts that they are competent to perform. Inherent in the refusal to accept a delegated act is the absolute requirement that the nurse who is refusing must communicate their refusal to the physician or supervisor who is delegating it.

The level of supervision required for the delegated actions.

There are two levels of supervision that are defined in N6.02. In N6.02(6) *“Direct supervision” means immediately available to continually coordinate, direct and inspect at first hand the practice of another.* And in N6.02(7) *“General supervision” means regularly available to coordinate, direct and inspect the practice of another.* In practice, Direct Supervision means an RN is at all times in the facility and able to respond rapidly

to a request for assistance. General Supervision does not require 24 hour per day onsite RN availability.

The level of supervision that is required in any given situation is dependent upon the complexity of the patient's condition. Basic patient situations are defined in N6.02(2) and could be coordinated, directed and inspected under General Supervision. Complex patient situations are defined in N6.02(3). Because of the changing nature of these complex situations, an RN should be immediately available to assess the patient and to coordinate direct and inspect the practice provided by the delegates.

As in all situations where multiple laws may apply, the nurse or facility is held to the highest standard.

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Pain Management

Safe and competent care of the management of pain involves appropriate and effective assessment by the professional nurse. Under treatment of pain continues to be a major public health problem. Inadequate pain control may result from nurses' lack of knowledge about pain assessment and management and/or their misunderstanding of the safety and efficacy of opioid analgesics, drugs that are essential for the management of moderate to severe pain.

The Board of Nursing recognizes that the profession nurse shares in the responsibility for the assessment and management of pain. The Board encourages professional nurses to view effective pain management as part of nursing practice for all patients with pain, whether it is acute or chronic. It is especially important for patients who are experiencing pain at the end of life. Professional nurses should be knowledgeable about the safe and effective methods of pain management as well as the statutory requirements related to the use of controlled substances.

The Board recognizes that opioid analgesics are subject to abuse by individuals who seek them for mood altering and other psychological effects rather than for legitimate medical purposes. The professional nurse who administers these drugs in the course of treatment should be diligent and incorporate established safeguards into their practices to minimize the potential for abuse and diversion of controlled substances.

The Board also recognizes that opioids can cause life-threatening respiratory depression if they are not administered at appropriate doses and at appropriate dosing intervals. Nurses should be knowledgeable about the signs and symptoms of impending respiratory depression and about the risk factors that increase the likelihood of the occurrence of this drug side effect. However, excessive and inappropriate concerns about respiratory depression should not lead to nursing practices that deprive patients of doses needed for effective pain control, especially to those patients who are experiencing pain at the end of life.

The Board of Nursing is disseminating this white paper to support and encourage safe, competent and high quality nursing care for persons with pain.

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MILITARY NURSING SCHOOL APPROVAL

Applicants for the nursing license must graduate from a board-approved school of nursing.

A “board approved school” means an institution located in the United States, a US territory, or a province of Canada which has a school college program or department of nursing which meets standards of the board or holds accreditation by a board-recognized accreditation agency. [N2.02(2)]

The Wisconsin Board of Nursing directly approves all nursing programs with campuses in the State of Wisconsin. For those U.S. nursing programs outside the state, the Board recognizes the approval of the board of nursing of the state where the program is physically based. Otherwise, for foreign schools, the Board relies on the Council on Graduates of Foreign Nursing Schools.

Some military nursing programs have obtained approval from their state board of nursing. Graduates wishing to apply based on their military education must determine from their school if it was approved by the state board at the time they went to school. As part of the individual’s application for license, the school must attest to having this approval from the local state board.

Wisconsin does not permit military graduates who have not graduated from an approved school to “challenge” the NCLEX examination (i.e., take the examination without the education qualification). Also not permitted is to substitute on-the-job experience for education.

However, there are options available for those with military training and experience to build on that training and experience and achieve the equivalent of approved education.

Excelsior College offers a primarily on-line associate degree nursing program approved by the State of New York Board of Nursing and accredited by the National League for Nursing Accreditation Council.

The college accepts certain classifications of military corpsman into the associate degree program, and grants credit by test-out examinations as well as providing advice to military personnel on courses and training still needed, and access to veterans education benefits. Contact them at 888-647-2388, or online at <http://www.excelsior.edu>. Once on the main page, find School of Nursing, and also Military Programs (bottom of page) for more information.

It is also possible to apply and return to school in an approved nursing program in Wisconsin. See the list of approved programs at <http://165.189.60.145/docview.asp?docid=733&locid=0>

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EDUCATION AND LICENSURE COMMITTEE
BOARD OF NURSING
MEETING MINUTES
JANUARY 10, 2013

PRESENT: Kay Coppens, Carol Ott, Gretchen Lowe

EXCUSED: Rachelle Lancaster

STAFF: Dan Williams, Executive Director; Matt Niehaus, Bureau Assistant; Ryan Zeinert, Office of Education and Examinations; other DSPS staff

CALL TO ORDER

Carol Ott, Chair, called the meeting to order at 8:40 a.m. A quorum of three (3) members was present.

ADOPTION OF AGENDA

MOTION: Kay Coppens moved, seconded by Gretchen Lowe, to adopt agenda as published. Motion carried unanimously.

**APPROVAL OF EDUCATION & LICENSURE
COMMITTEE MINUTES OF DECEMBER 6, 2012**

Amendments to the Minutes

MOTION: Kay Coppens moved, seconded by Gretchen Lowe, to approve the minutes of December 6, 2012 as published. Motion carried unanimously.

**DISCUSSION AND CONSIDERATION OF UW-STEVENSON POINT REQUEST FOR
AUTHORIZATION TO ADMIT STUDENTS TO BSN COMPLETION PROGRAM**

8:40 A.M. Appearance by Carol Paulson from UW-Stevens Point

MOTION: Gretchen Lowe moved, seconded by Kay Coppens, to approve the UW-Stevens Point request for authorization to admit students to the BSN Completion Program. Motion carried unanimously.

**DISCUSSION AND CONSIDERATION OF THE WISCONSIN LUTHERAN COLLEGE
BSN SIX-MONTH POST-GRADUATION REPORT/NCLEX PASS RATE
IMPROVEMENT PROGRAM**

MOTION: Kay Coppens moved, seconded by Gretchen Lowe, to table a decision on approval of the Wisconsin Lutheran College's BSN program and request an updated report. Motion carried unanimously.

DISCUSSION AND CONSIDERATION OF SURVEY VISIT TO BRYANT AND STRATTON COLLEGE

MOTION: Gretchen Lowe moved, seconded by Kay Coppens, to accept the survey visit report to Bryant and Stratton College. Motion carried unanimously.

ADJOURNMENT

MOTION: Gretchen Lowe moved, seconded by Kay Coppens, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 9:22 a.m.

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Dan Williams		2) Date When Request Submitted: 1/23/13 Items will be considered late if submitted after 4:30 p.m. and less than: <ul style="list-style-type: none"> ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others 	
3) Name of Board, Committee, Council, Sections: WI Board of Nursing			
4) Meeting Date: 2/14/13	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Discussion and Consideration as to a BON Position Statement	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? If yes, who is appearing? <input type="checkbox"/> Yes by <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required: N/A	
10) Describe the issue and action that should be addressed: At the January meeting of the BON Practice Committee, the decision was made to refer the attached document to the Edu/Lic Committee for review. The request is that the Edu/Lic Committee make a recommendation to the Board as to whether this Statement remains on the DSPS Website as is, or needs to be taken down and/or revised.			
11) Authorization			
Signature of person making this request			Date
Supervisor (if required)			Date
Executive Director signature (indicates approval to add post agenda deadline item to agenda)			Date
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Board Services Bureau Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Executive Assistant prior to the start of a meeting.			

Q. I have a complaint about my nursing program or wish to appeal an academic decision. Can the Board of Nursing respond to my complaint?

A. The Wisconsin Board of Nursing should not be the first place to seek redress on complaints about your nursing program; instead, students with complaints about their program should first seek to resolve their complaint with the school. While the Board of Nursing has authority under [chapter 441](#) of the Wisconsin Statutes to regulate nursing programs, the regulation is limited to the confines of [chapter N1](#) of the Wisconsin administrative code. In addition, it is the Board's experience that most, if not all accredited or EAB-schools have policies and procedures to address student complaints.

In general, the Board of Nursing approves programs to provide nursing education under continuation of their program approval status based on guidelines established under [ss. N 1.04, 1.05 and 1.06, Wis. Admin](#) code. If a program fails to meet those guidelines, the Board may place the program on probation status. Student complaints about grading procedures and student/teacher conflicts may not fall under the authority of the Board.

If you have a complaint about your program or wish to appeal an academic decision, ***the Board of Nursing strongly advises that you first work within the school to resolve your issues.*** If you do not have information about your school's complaint resolution or academic appeals procedures, please seek to obtain information from the school. Information should be available from a number of sources, such as a school catalog, your academic advisor, student services, the dean of students, etc.

For institutions approved by the state's Educational Approval Board (EAB), you can contact EAB about your complaint. A list of EAB-approved schools and details pertaining to filing complaints are available from the EAB's website at <http://eab.state.wi.us>.

If you have a complaint about the professional conduct of a Nurse in your academic program, the Board may have jurisdiction based on the nature of your complaint. If the Nurse appears to have violated professional standards under [chapter N6](#) or rules of conduct under [chapter N7](#) of the Wisconsin Administrative code, the Board of Nursing requests that you file a complaint with the Department of Regulation & Licensing. On the front page of the Department's Website at <http://drl.wi.gov/>, you may find information about complaints under "How Do I... File a Complaint" and the appropriate forms under "[Complaints](#)" or "[File a Complaint](#)".

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

Name and Title of Person Submitting the Request: Jill M. Remy, Program Manager		Date When Request Submitted: 12/28/2012	
		Items will be considered late if submitted after 5 p.m. and less than: <ul style="list-style-type: none"> ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before meeting for all other boards 	
Name of Board, Committee, Council: Board of Nursing			
Board Meeting Date: 2/14/2013	Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	How should the item be titled on the agenda page? Review of NLNAC Report of Initial Accreditation Site Visit to Lac Courte Oreilles Ojibwe Community College	
Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	Is an appearance before the Board being scheduled? If yes, by whom? <input type="checkbox"/> Yes by _____ (name) <input checked="" type="checkbox"/> No	Name of Case Advisor(s), if required:	
Describe the issue and action the Board should address: Review and discuss final report from NLNAC relating to the October 2012 initial accreditation site visit to Lac Courte Oreilles Ojibwe Community College; make recommendations and motions as needed.			
If this is a "Late Add" provide a justification utilizing the Agenda Request Policy:			
Directions for including supporting documents: <ol style="list-style-type: none"> 1. This form should be attached to any documents submitted to the agenda. 2. Documents submitted to the agenda must be single-sided. 3. Only copies of the original document will be accepted. 4. Provide original documents needing Board Chairperson signature to the Bureau Director or Program Assistant prior to the start of a meeting. 			
Authorization:			
Jill M. Remy		12/28/2012	
Signature of person making this request		Date	
Supervisor signature (if required)		Date	
Bureau Director signature (indicates approval to add late items to agenda)		Date	

Celebrating 25 Years of Career, Cultural & Liberal Arts Education



Lac Courte Oreilles
Ojibwe Community
College

Wisconsin Department of Regulation and Licensing
1400E. Washington Ave
PO Box 8935
Madison, WI 53708-8935

December 18, 2012

Dear Ms. Remy,

This letter is to inform the Wisconsin State Board of Nursing that Lac Courte Oreilles Ojibwa Community College has received the final draft of the site visitors' report from the National League of Nursing Accrediting Commission. The college and the nursing department is moving forward in a positive manner to correct the areas mentioned in the final draft. We have hired a consultant to assist us in this process. Enclosed is a copy of the plan. We are going to be revisiting our student learning objectives and program outcomes to meet the NLN 2010 objectives, QSEN and our cultural component. We expect to be sending revised Syllabi in the spring of 2013 for the fall of 2013 semester, the spring of 2014 semester the fall of 2014 semester, and the spring of 2015 semester. After discussion with Dr. Sharon Tanner tomorrow at 9a.m. we hope to have information on a revisit for our program to be reviewed for NLNAC Accreditation. Please advise us if you need any further information.

Please do not hesitate to call me if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Carrie Arrigo". The signature is fluid and cursive, with a long horizontal flourish extending to the right.

Carrie Arrigo RN, MSN

Lac Courte Oreilles Ojibwa Community College
Nursing Program Director
(715) 634-4790 ext 170
carrigo@lco.edu

NLNAC Action Plan

Standard	Improvement	Plans for Correction	Questions, thoughts?
1.2 The governing organization and nursing education unit ensure representation of students, faculty, and administrators in ongoing governance activities.	<ul style="list-style-type: none"> • Implement strategies to ensure that students are represented in governance activities of the governing organization. 	What are your plans?	I have ideas on how to do this.
1.4 Partnerships exist that promote excellence in nursing education, enhance the profession, and benefit the community.	<ul style="list-style-type: none"> • Partnerships exist that promote excellence in nursing education, enhance the profession, and benefit the community. 	Plans to partner with one (1) new agency every two (2) years. What are you doing about this? What are the specific action plan for this?	
Standard 1.6 The nurse administrator has authority and responsibility for the development and administration of the program and has adequate time and resources to fulfill the role responsibilities.	<ul style="list-style-type: none"> • The Nursing Program Director does not have adequate time or resources allocated to administer the nursing program or fulfill the responsibilities of her role • Ms. Arrigo stated that she has received neither compensation nor release time as outlined in the Faculty Policy Manual for her role as the Allied Health Division Chair. • At the time of the site visit, there was no administrative assistant or other clerical support assigned to assist the Nursing Program Director or the faculty. • Nursing Director must be on the Organizational Chart • Position Description needed for Nursing Director 	What are your plans to correct these things?	Nursing Director job descriptions (I have some examples of these to share with you).

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Standard	Improvement	Plans for Correction	Questions, thoughts?
	<ul style="list-style-type: none"> • Mentoring for Director • Professional Development for Director 		
<p>2.5 Faculty (full- and part-time) performance reflects scholarship and evidence-based teaching and clinical practices.</p>	<ul style="list-style-type: none"> • In a review of faculty files, the site visitors could find little evidence of scholarship other than faculty members' attendance at continuing education programs. • What Active Learning methods are used? 		<p style="color: red;">Develop a chart showing me the active learning activities that are used In your program.</p>
<p>2.4 The number and utilization of faculty (full- and part-time) ensure that program outcomes are achieved.</p>	<ul style="list-style-type: none"> • There is a lack of evidence of a sufficient number of faculty to meet student learning needs or program goals and outcomes. • Faculty in overload status of credits 		
<p>2.7 Faculty (full- and part-time) are oriented and mentored in their areas of responsibilities.</p>	<ul style="list-style-type: none"> • There is a lack of orientation and mentoring of faculty to their areas of responsibility. 		
<p>2.8 Systematic assessment of faculty (full- and part-time) performance demonstrates competencies that are consistent with program goals and outcomes.</p>	<ul style="list-style-type: none"> • There is a lack of evidence of systematic assessment of faculty to verify demonstration of competencies consistent with program goals and outcomes. 	<p>The site visitors met with the Interim Academic Dean, who has been in the position since March 2012. She indicated that if she is appointed to the position, she plans to revise the faculty evaluation process. Implementation Spring 2013:</p> <p>Will this happen?</p>	

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Standard	Improvement	Plans for Correction	Questions, thoughts?
<p>2.7 Faculty (full- and part-time) are oriented and mentored in their areas of responsibilities.</p> <p>(Preceptors as well)</p>	<ul style="list-style-type: none"> There is a lack of evidence of specific criteria for selection of preceptors; orientation to their responsibilities, including evaluation of the student; or a formal mechanism for monitoring their performance. 		<p>Need a preceptor manual. I may have some things to help you out on this. I'll have to dig into my information.</p>
<p>Standard 6 Program Assessment and trending</p>	<p>The site visitors could find no evidence that the program has reviewed the scores to determine correlation with student performance and/or progression in the program.</p>	<p>ATI Comp Predictor Analysis? Entrance Exams with retention?</p>	
<p>3.7 Orientation to technology is provided and technological support is available to students, including those receiving instruction using alternative methods of delivery.</p>	<p>In the meeting with the students, the students could not indicate how they were oriented to the use of technology used in the program;</p>	<p>Survey questions in exit survey?</p>	

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<p>4.1 The curriculum incorporates established professional standards, guidelines, and competencies, and has clearly articulated student learning and program outcomes.</p>	<p>Curriculum National Standards</p> <ul style="list-style-type: none"> • There is a lack of evidence that the curriculum incorporates current professional standards, guidelines, and competencies, and has clearly articulated student learning outcomes and program outcomes. 		<p>I have templates for this and in two 6 hour days with the faculty, we could get the new NLN standards implemented into your program if you'd like.</p>
<p>4.3 The student learning outcomes are used to organize the curriculum, guide the delivery of instruction, direct learning activities, and evaluate student progress.</p>	<p>In some cases, the learning outcomes for the courses were the same throughout the curriculum.</p>		<p>Day 1: Determine Student Learner Outcomes to new National Levels. Determine activities and evaluation methods for courses.</p>
<p>4.5 Evaluation methodologies are varied, reflect established professional and practice competencies, and measure the achievement of student learning and program outcomes.</p>	<p>Clinical Evaluation tools In some cases, the learning outcomes for the courses were the same throughout the curriculum.</p>		<p>Day 2: Complete the NLN Templates for National Standards. Update course outcomes after reviewing holes in curriculum.</p>
	<p>textbook test banks/Test Statistical Analysis</p>	<p>Need to Purchase a Scantron Machine or some other statistical analysis tool</p>	<p>We'll talk about this but will not be able to accomplish on our 2 days with faculty.</p>
<p>4.6 The curriculum and instructional processes reflect educational theory, interdisciplinary collaboration, research, and best practice standards while allowing for innovation, flexibility, and technological advances.</p>	<p>Educational Theory</p> <ul style="list-style-type: none"> • There is a lack of evidence that the curriculum and instructional processes reflect educational theory, interdisciplinary collaboration, research, and best practice standards. 		<p>Day 1: We can go over Educational Theories. Doesn't take much time.</p>
	<p>Simulation Experiences</p>		<p>We will talk about this but unable to accomplish this on our</p>

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			2 days with faculty.
4.8 Practice learning environments are appropriate for student learning and support the achievement of student learning and program outcomes; current written agreements specify expectations for all parties and ensure the protection of students.	<p>Clinical Site Evaluations</p> <ul style="list-style-type: none"> Practice learning environments are not formally evaluated by the students or faculty. 		This is easy to implement. I have templates for these surveys.
	National Patient Safety Goals for Hospital	You need to talk to your clinical facilities about what National projects they are working on.	
4.7 Program length is congruent with the attainment of identified outcomes and consistent with the policies of the governing organization, state and national standards, and best practices.	<ul style="list-style-type: none"> Ensure that program length is consistent with national standards and best practices. 	? how many credits to decrease? ? General Education credits?	
5.1 Fiscal resources are sufficient to ensure the achievement of the nursing education unit outcomes and commensurate with the resources of the governing organization.	<ul style="list-style-type: none"> Ensure the sustainability of the nursing program through securing ongoing fiscal resources. 		
5.3 Learning resources and technology are selected by the faculty and are comprehensive, current, and accessible to faculty and students, including those engaged in alternative methods of delivery.	<ul style="list-style-type: none"> Implement strategies for faculty involvement in the selection and purchasing of resources for the nursing collection and ensure that all learning resources are current. 		
6.1 The systematic plan for evaluation emphasizes the ongoing assessment and evaluation of the student learning and program outcomes of the nursing education unit and NLNAC standards.	There is a lack of evidence that the systematic plan for evaluation emphasizes the ongoing assessment and evaluation of the student learning outcomes, program outcomes, and NLNAC Standards.		I have a template for this and you and I can work for 8 hours and get this pretty much completed for the entire Systematic Review and Standard 6.

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<p>6.2 Aggregated evaluation findings inform program decision-making and are used to maintain or improve student learning outcomes.</p>	<p>There is no provision for trending and aggregating data in the systematic plan for evaluation.</p>		<p>I can help you with this as well</p>
<p>6.4 Graduates demonstrate achievement of competencies appropriate to role preparation.</p>	<p>The expected levels of achievement are not consistently specific or measurable.</p>		<p>We will work on this with the curriculum and SEP</p>
<p>6.5 The program demonstrates evidence of achievement in meeting the following program outcomes:</p> <ul style="list-style-type: none"> – Performance on licensure exam – Program completion – Program satisfaction – Job placement 	<p>There is a lack of evidence for assessment of graduates' achievement of competencies appropriate to role preparation.</p> <p>There have been no expected levels of achievement established for the required program outcomes.</p>		<p>I have survey templates to use to get the information you need for this.</p>

Submitted by Sue Field DNP, RN, CNE

11/30/2012

MEMORANDUM

TO: Carrie Arrigo, MSN, RN
Nursing Program Director
Lac Courte Oreilles Ojibwa Community College

FROM: Sharon J. Tanner, EdD, RN
Chief Executive Officer 

RE: Site Visitors' Report

Enclosed are two copies of the final Site Visitors' Report, one copy for you and one copy for your Chief Executive Officer.

Thank you for your participation in the accreditation process. Best wishes for a successful academic year!

Enc.

SITE VISITORS' REPORT
Lac Courte Oreilles Ojibwa Community College
Hayward, WI

Program Type: Associate
Purpose of Visit: Initial Accreditation
Date of Visit: October 9-11, 2012

GENERAL INFORMATION

Nursing Education Unit

Associate Nursing Program
13466 W. Trepania Road
Hayward, WI 54843

Governing Organization

Lac Courte Oreilles Ojibwa Community College
13466 W. Trepania Road
Hayward, WI 54843

Nurse Administrator

Carrie Arrigo, MSN, RN
Nursing Program Director
Telephone: (715) 634-4790, ext. 170
Fax: (715) 634-5049
E-mail: carrigo@lco.edu

Chief Executive Officer

Raymond Burns, MEd, EdD (c)
President
Telephone: (715) 634-4790, ext. 138
E-mail: rburns@lco.edu

State Board of Nursing Approval Status

Agency: Wisconsin Department of
Regulation and Licensing
Last Review: June 2012
Outcome: Approved

Accreditation Status (Governing Organization)

Agency: North Central Association of
Colleges and Schools
Last Review: 2012
Outcome: Accredited with follow-up report
Next Review: 2014

SITE VISIT INFORMATION

I. INTRODUCTION

Site Visit Team:

Chairperson

Anna Moore, MS, RN
Associate Professor
Nursing Program
J. Sargeant Reynolds Community College
PO Box 85622
Richmond, VA 23285-5622
Telephone: (804) 523-5536
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E-mail: amoore@reynolds.edu

Member

Doris Hill, PhD, RN, CNOR
Dean
Allied Health Sciences - Nursing
Inver Hills Community College
2500 East 80th Street
Inver Grove Heights, MN 55076
Telephone: (651) 450-3372
Fax: (651) 450-3679
E-mail: dhill@inverhills.edu

NLNAC Criteria Used: 2008

Program Demographics:

Year nursing program established: **January 2010**

Faculty:

Number of faculty teaching full-time in the associate program: 2
Number of faculty teaching part-time in the associate program: 0

Students:

Total enrollment: 20
Full-time: 20
Part-time: 0

Length of program:

74 credits, 36 general educational and 38 nursing; four (4) semesters

Additional program options/tracks:

No additional program options/tracks

Locations:

No additional locations

Third Party Comment: The nursing unit had a reasonable process for soliciting third party comments. The methods used to announce the accreditation visit to the program's communities of interest were public service announcements aired on WLS, a local radio station, beginning September 29, 2012, and newspaper advertisements published in the *Four Seasons* on September 29, 2012, and the *Sawyer County Record* on October 3, 2012.

Four (4) people attended the public meeting. One (1) was a nurse from a local nursing home where students have clinical experiences; one (1) was a graduate; and two (2) were current students. All four (4) commented on the need for the program in the community so that students who want to become nurses do not have to drive the long distance to another program. Three (3) attendees also commented on the need for nurses who understand the culture of the community and can integrate it into the care that they provide.

Interviews:

Individual Conferences

Roxanne Martinson, BS, Secondary Education, Student Success Coordinator
Annette Wiggins, AA, Business Administration, Interim Dean for Student Services Trio-Registrar
Jill Matchett, AS, Business Administration, Accounting, Interim Financial Aid Director
Raymond Burns, MEd, EdD (c), President
Beth Paap, MA Education, Interim Academic Dean
Caryl Pfaff, MA Library Science, Librarian
Carrie Arrigo, MSN, RN, Nursing Program Director/Division Chair

Group Conferences

Nursing Faculty

Pamela Rutter, MSN, CNP, RN, Nursing Faculty
Cliff Geimer, MSN, RN, Nursing Faculty
Carrie Arrigo, MSN, RN, Nursing Program Director/Division Chair

Students, n=8
Second year students, n=5
First year students, n=3

General Education Faculty

Deb Anderson, PhD, Science, Math and Applied Technology Division Chair, Life Science and
Water Resources Faculty
John Cerman, MS, Adjunct Faculty

Public Meeting

Barbara Wickstom, RN, Water's Edge Nursing Home
Melinda Lambert, MA, LCO Student
Danielle Carley, WBL, LCO Alumni
Darryl Coons, Junior President, Student Government Association, LCO

Class Attended:

NSG Pharmacology for Nurses

Clinical Agencies and Facilities Visited:

Hayward Area Memorial Hospital
Tracy Jensen, RN, Medical-Surgical Nursing Coordinator
Trina Sjostrum, RN, Nurse Manager, Medical-Surgical Nursing Unit

Documents Reviewed:

Catalogs, Handbooks, Manuals

LCOOCC Catalog
LCOOCC Faculty Handbook
LCOOCC Student Handbook

External Constituencies

Wisconsin Board of Nursing Correspondence
NLNAC Correspondence
Higher Learning Commission Report

Lac Courte Oreilles Ojibwa Community College
Associate

4

Nursing/Governing Organization Documents

Budget Report Title 3 Grant
Agency Contacts
Student Records
Faculty Records
Faculty Curriculum Vitae
Class and Clinical Schedules, 2011; 2012
Program Overview
Curriculum and Assessment Committee Paperwork

Nursing Unit Minutes

Department of Nursing Minutes
Interdepartmental Minutes

Course Materials

Course Syllabi for all nursing courses, 2011; 2012
Clinical Evaluation Tools, 2011; 2012
Course Tests/Examinations, 2011; 2012
Samples of Student Assignments, 2011; 2012

II. EVALUATION OF THE STANDARDS AND CRITERIA

STANDARD 1

Mission and Administrative Capacity

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

- 1.1 The mission/philosophy and outcomes of the nursing education unit are congruent with those of the governing organization.
- 1.2 The governing organization and nursing education unit ensure representation of students, faculty, and administrators in ongoing governance activities.
- 1.3 Communities of interest have input into program processes and decision-making.
- 1.4 Partnerships exist that promote excellence in nursing education, enhance the profession, and benefit the community.
- 1.5 The nursing education unit is administered by a nurse who holds a graduate degree with a major in nursing.
- 1.6 The nurse administrator has authority and responsibility for the development and administration of the program and has adequate time and resources to fulfill the role responsibilities.
- 1.7 With faculty input, the nurse administrator has the authority to prepare and administer the program budget and advocates for equity within the unit and among other units of the governing organization.
- 1.8 Policies of the nursing education unit are comprehensive, provide for the welfare of faculty and staff, and are consistent with those of the governing organization; differences are justified by the goals and outcomes of the nursing education unit.
- 1.9 Records reflect that program complaints and grievances receive due process and include evidence of resolution.

For nursing education units engaged in distance education, the additional criterion is applicable:

- 1.10 Distance education, as defined by the nursing education unit, is congruent with the mission of the governing organization and the mission/philosophy of the nursing education unit.

Commentary:

The Lac Courte Oreilles Ojibwa Community College (LCOOCC) is a non-profit, public, technical and community college located in Hayward, Wisconsin. The LCOOCC also has four (4) outreach sites operating on nearby Ojibwa reservations in Bad River, Lac du Flambeau, Red Cliff, and St. Croix.

The College was founded in 1982 by the Lac Courte Oreilles Band of Lake Superior Chippewa Indians to serve the tribe and the local community. The LCOOCC is one (1) of two (2) tribal colleges in the State of Wisconsin; the College offers 17 associate degree and technical diploma programs as well as other certifications and adult continuing education programs. The Tribally Controlled Community College Assistance Act of 1978 continues to be the prime source of funding for the College.

The mission/philosophy and outcomes for the nursing education unit are congruent with those of the governing organization. The SSR (pp. 21-24) and the LCOOCC Nursing Student Handbook (pp. 2-4) illustrate the congruence between the missions, philosophies, and program learning outcomes of LCOOCC and the Nursing Department. The site visitors verified in interviews with the administration, faculty, and students that the nursing education unit exemplifies the mission of the governing institution by meeting the needs of the Anishinaabe communities through the curriculum incorporating Ojibwa culture and nursing.

The governing organization and the nursing education unit ensure that the faculty, students, and administrators are involved in the governance of the College. The site visitors confirmed that the Nursing Program Director is a member of varied College and Allied Health committees (SSR, pp. 29-30). The faculty currently participate on the Faculty Senate, Curriculum and Assessment Committee, and varied subcommittees (SSR, p. 30). Interviews with the faculty and review of College and Divisional minutes confirmed participation. The nursing students verified that they are currently establishing a Nursing Alliance through their leadership course and have developed bylaws and selected officers to have increased input in the governance of the College. The SSR (p. 40) recognizes limited student participation in Nursing Department meetings, and the site visitors verified through interviews with the Nursing Program Director and the faculty to have student representatives identified by the Nursing Alliance to participate in Nursing Department meetings in the future. Interviews with the students confirmed that they do not currently participate in the governance of the Nursing Department.

The program has identified the communities of interest as being both internal and external constituencies (SSR, p. 31). The Nursing Department established an Advisory Board in March 2012, and it has met at least twice as evidenced by a review of the minutes. This has helped the Department to officially document input from the communities of interest and discuss and consider changes needed for the nursing program. Membership on the Advisory Board includes representatives from the local healthcare industry and affiliating clinical agencies (SSR, p. 31). The Nursing Program Director confirmed that the Nursing Department also invites the Ojibwa community to participate through announcements, flyers, and the WOJB radio station.

The nursing education unit has identified their partnerships with hospitals, county health departments, school systems, long-term care, and a variety of specialized units which include doula opportunities, hospice, and behavioral health. Students recently administered flu shots at the Water's Edge long-term care facility. The program has no other partnerships identified. The SSR (p. 44) confirms that the nursing program is considering expansion to locations that are located in other regions of Wisconsin with plans to partner with one (1) new agency every two (2) years. The College President verified that this is part of the strategic plan for expansion of the nursing program.

The nursing education unit is administered by a nurse who holds a graduate degree with a major in nursing. Carrie Arrigo, the Nursing Program Director, received a master's degree in nursing education in June 2009 from the University of Phoenix; a baccalaureate degree in nursing in November 2006 from the University of Phoenix; and an associate degree in nursing from Wisconsin Indianhead Technical College in June 1994. Her transcripts were verified by the site visitors. The nurse administrator's workload consists of 50% administration of the nursing program with limited teaching responsibilities for both didactic and clinical. The remaining 50% of her time includes teaching, hiring of faculty, attending meetings, and addressing student and faculty concerns.

The site visitors confirmed that the nurse administrator is also the Chair of the Allied Health Division. As the Chair of the Allied Health Division, she is responsible for the medical assistant, medical transcription, medical office and management, health information specialist, and nursing assistant programs as well as responsible for the pre-nursing students. Ms. Arrigo stated that her responsibilities include student advising, addressing student concerns, scheduling of classes, and attending standing committee meetings. The site visitors noted that the Faculty Policy Manual (May 2003, 4.0040-Division Structure) outlines the

duties, compensation, and appointment term of the Division Chair. Ms. Arrigo stated that she has received neither compensation nor release time as outlined in the Faculty Policy Manual for her role as the Allied Health Division Chair. At the time of the site visit, there was no administrative assistant or other clerical support assigned to assist the Nursing Program Director or the faculty.

During an interview with the site visitors, the Interim Academic Dean verified that Ms. Arrigo has the authority and adequate resources to administer the nursing program. However, the organizational chart does not acknowledge either the Nursing Program Director or the Allied Health Division roles. Further, the Nursing Department is not recognized in the organizational structure as verified by the organizational chart. Ms. Arrigo confirmed that at times she feels overwhelmed and challenged to administer her authority and responsibility for the nursing program. The site visitors learned that the Nursing Program Director has had no mentoring or professional development since assuming her role.

Since 2002, Ms. Arrigo has worked at LCOOCC in a variety of positions including adjunct faculty in the nursing assistant program and pre-nursing program adjunct faculty member before becoming a full-time instructor in 2007. She then became the lead instructor for the nursing program and was appointed as the Nursing Program Director in 2010. Ms. Arrigo indicated that her salary did not increase when she was appointed the Nursing Program Director, and the site visitors could not find evidence of a position description. The Nursing Program Director position is a nine-month (38 weeks) contracted position with salary payment for 52 weeks. Faculty contracts are from July 1st to June 30th and are renewed annually. The Nursing Program Director has attended the NLNAC Self-Study Forum, the NLN Education Summit, and an International Education Conference in the past year in addition to obtaining certification as a wound care nurse. She has worked collaboratively with Sawyer County to obtain "Stepping On" leader training to assist elders in decreasing their risk for falls.

The Nursing Program Director verified that a Title III grant is currently the main budget source for the nursing program until 2014; there are plans to seek continued funding. If additional funds are needed, the Nursing Director on behalf of the Nursing Department submits a budget proposal to the Academic Dean, which then goes to the Executive Council, President, and Budget Committee, where it is then returned to the Executive Council level before formal presentation to the Board of Regents, which makes the final decisions related to resources.

Policies of the nursing education unit are comprehensive, provide for the welfare of the faculty and staff, and are consistent with those of the governing organization; differences are justified by the goals and outcomes of the nursing education unit. The nursing faculty are subject to the same policies as all other LCOOCC employees as outlined in the Faculty Handbook, Employee Handbook, and human resources policies, which were verified by the site visitors. Nursing program policies are approved by the Policy and Procedure Committee, reviewed and updated annually, and available on the College share drive for the faculty and the administration. The site visitors verified the Nursing Department policies, including the criminal background check and licensure as a nurse in Wisconsin, which are required for nursing faculty for supervising students in local healthcare agencies.

A review of records and an interview with the Nursing Program Director verified that program complaints and grievances receive due process and resolution. The students are able to access policies on filing student complaints/grievances in the LCOOCC Student Handbook available on the College website and in the Nursing Program Student Handbook (pp. 25-27). The SSR (p. 50) verifies that no grievances or complaints have been reported as of the date of the site visit.

The Nursing Department does not engage in distance education.

Summary:

Compliance:

The program is not in compliance with the Standard as Criterion 1.6 is not met, as evidenced by:

- The Nursing Program Director does not have adequate time or resources allocated to administer the nursing program or fulfill the responsibilities of her role.

With the following area needing development:

- Implement strategies to ensure that students are represented in governance activities of the governing organization.

STANDARD 2
Faculty and Staff

Qualified faculty and staff provide leadership and support necessary to attain the goals and outcomes of the nursing education unit.

- 2.1 Full-time faculty are credentialed with a minimum of a master's degree with a major in nursing and maintain expertise in their areas of responsibility.
 - 2.1.1 The majority of part-time faculty are credentialed with a minimum of a master's degree with a major in nursing; the remaining part-time faculty hold a minimum of a baccalaureate degree with a major in nursing.
 - 2.1.2 Rationale is provided for utilization of faculty who do not meet the minimum credential.
- 2.2 Faculty (full- and part-time) credentials meet governing organization and state requirements.
- 2.3 Credentials of practice laboratory personnel are commensurate with their level of responsibilities.
- 2.4 The number and utilization of faculty (full- and part-time) ensure that program outcomes are achieved.
- 2.5 Faculty (full- and part-time) performance reflects scholarship and evidence-based teaching and clinical practices.
- 2.6 The number, utilization, and credentials of non-nurse faculty and staff are sufficient to achieve the program goals and outcomes.
- 2.7 Faculty (full- and part-time) are oriented and mentored in their areas of responsibilities.
- 2.8 Systematic assessment of faculty (full- and part-time) performance demonstrates competencies that are consistent with program goals and outcomes.
- 2.9 Non-nurse faculty and staff performance is regularly reviewed in accordance with the policies of the governing organization.

For nursing education units engaged in distance education, the additional criterion is applicable:

- 2.10 Faculty (full- and part-time) engage in ongoing development and receive support in distance education modalities including instructional methods and evaluation.

Commentary:

Faculty Academic Credentials – (Highest Degree Only)										
Number of Faculty	Doctoral		Master's		Baccalaureate		Associate		Other	
	Nursing	Non-nursing	Nursing	Non-nursing	Nursing	Non-nursing	Nursing	Non-nursing	Nursing	Non-nursing
Full-Time			2							
Part-Time										

Changes have been made to the faculty table included in the SSR (Appendix C); a revised table is included as an attachment to this report.

There are currently two (2) full-time faculty members who are credentialed with a minimum of a master's degree in nursing. One (1) of the faculty members is an adult nurse practitioner as well as a geriatric nurse practitioner. The second full-time faculty member was hired in August 2012, following the resignation of the full-time faculty member as reported in the SSR (p. 51). The site visitors verified that this faculty member completed her master's degree in nursing as anticipated in May 2012. The new full-time faculty member hired in August 2012 had previous teaching experience and has been able to assume a full teaching load of 15 credits during the Fall 2012 semester.

The nursing program had no part-time faculty at the time of the site visit. The Nursing Program Director explained that she had originally anticipated the need for part-time/adjunct faculty but had been able to preceptor students for clinical experiences in OB when a master's-prepared nurse could not be found to serve as an adjunct faculty member. In addition, she noted that one (1) of the students in the second cohort left the program, and enrollment for that cohort's second semester in the program was only eight (8) students.

In a review of faculty files, the site visitors could find little evidence of scholarship other than faculty members' attendance at continuing education programs. The nurse practitioner faculty member is currently participating in a community service project involved with fall prevention for seniors. It is a state-wide initiative reflective of evidence-based practices. The Nursing Program Director is also involved in this same project. The nurse practitioner faculty member has also been involved in the development of the nursing curriculum since the inception of the program. The Faculty Handbook (section 1.0010) defines the functions of faculty as teaching, advising, scholarship, and service; examples of activities that might fulfill the requirement in each area are provided. The faculty had completed at least one (1) activity in each of the categories within the past year as confirmed in a review of faculty folders.

The full-time faculty members meet the requirements of the governing organization and the Wisconsin Board of Nursing. Copies of current faculty licenses were verified in their files.

At the present time, the nursing program does not employ any practice laboratory personnel. The Nursing Program Director explained that work-study students set-up the skills laboratory for the faculty; however, the work-study students are not involved in working with students in the laboratory. The students are supervised in the skills laboratory by the full-time faculty members. The site visitors verified that the full-time faculty member who is a nurse practitioner signed all of the skills checklists in the skills courses for the currently enrolled students.

The site visitors verified that the faculty-to-student ratio in the classroom does not exceed 1:16, and with the second cohort, the ratio is 1:8. The faculty-to-student ratio in the clinical settings is 1:8 or less as the students are rotated to other hospital units for observational experiences. The Nursing Program Director explained that students currently enrolled in the OB course are being preceptored for their clinical experiences. The site visitors confirmed that the program does not have criteria for selection of preceptors, and there has been no orientation for the preceptors. Due to the distance of the clinical facilities from the College, communication with the preceptors occurs through e-mail. The Nursing Program Director stated that the program has relied on the clinical agency to choose the preceptors because the agency knows the qualifications of their staff. Preceptors have been provided with the syllabus for the OB course; the dates for clinical experiences; and the names of the students enrolled in the clinical course. The experience is primarily an observational experience. The preceptors are responsible for completing the students' clinical evaluation forms.

The students enrolled in the final course in the fourth semester will also be preceptored during their internship of 124 clinical hours. Those students will be working in a local long-term care setting and assuming the roles of the charge nurse, supervisor, and the nurse administrator for clinical experiences. They will be supervised by the regular staff members in these roles as well as by the course faculty. Clinical hours will occur during the daytime shift of the facility. In the roles, students will carry-out the activities regularly performed by the staff to whom they have been assigned.

The site visitors also learned during the meeting with faculty that the faculty member who is a nurse practitioner is currently carrying a workload of 19 credits, four (4) credits over the required fifteen (15) credits per semester designated in the Faculty Handbook. The Nursing Program Director is also carrying a teaching load of two (2) two-credit courses and one (1) credit of clinical teaching. She is teaching the didactic portion of the OB course and is assisting with the supervision of the students in the internship clinical experiences.

The faculty maintain expertise in their areas of responsibility by attending professional development activities. The site visitors noted current professional development plans for the year in the files of both full-time faculty members; the goals involved areas that would strengthen their teaching expertise. The faculty member hired in August is also currently enrolled in a DNP program through the University of Colorado.

In interviews, the Nursing Program Director clarified the Woksape Oyate resource mentioned in the SSR; she indicated that it is a grant supported by the federal government that can be used for education or professional development. The Director indicated that as a faculty member, she had used these funds to obtain her master's degree as well as for wound care nurse certification and attendance at an international nursing education conference in Baltimore, Maryland, during Summer 2012.

Currently, there are no non-nurse faculty or staff employed in the program.

The site visitors verified that there is a form to document the orientation for new faculty members. The site visitors reviewed the form of the faculty member hired in August 2012. Documentation demonstrated that several basic areas such as College department and faculty, ATI, and MyNursingLab information had been provided to the new faculty member by the Nursing Program Director. During the faculty meeting, this newest faculty member stated that he had not received any real orientation to the College or the nursing program other than those areas documented on the orientation form. The Nursing Program Director acknowledged that the College is working to strengthen their orientation process for new faculty. She also noted that with the resignation of the previous faculty member just prior to the start of fall classes and the need for classes to be taught, there had been little time to orient the new faculty member. There is no formal mentoring program in place in the nursing program at this time; however, the Nursing Program Director acknowledged the need to develop a mentoring program for the faculty.

The site visitors reviewed the requirements for faculty evaluation as stated in the Faculty Handbook (p. 10) and noted that the faculty evaluation process includes a self-evaluation; student evaluations every semester; and a formal evaluation by the Academic Dean based on the years of service. During the first year, the faculty member is evaluated each semester; during the second year, the evaluation is done annually; during years three (3) through ten (10), the evaluation is done every other year; and after ten (10) years, the evaluation is done every three (3) years. During interviews, the faculty stated that they had not received an evaluation since employment. No evaluations were found in the faculty records as reviewed by the site visitors.

The Nursing Program Director explained that the faculty evaluations are usually conducted by the Academic Dean and have not been completed over the past several years due to turnover in that position. The site visitors met with the Interim Academic Dean, who has been in the position since March 2012. She indicated that if she is appointed to the position, she plans to revise the faculty evaluation process.

She envisions the revised process to include a peer evaluation from within the faculty member's division or like content area; an evaluation by the Division Chair; and an evaluation by the Academic Dean. She stated that this combination from a variety of perspectives would help the faculty to improve their overall teaching effectiveness. She reported an anticipated implementation of the process at the midpoint of the Spring 2013 semester if she is appointed to the Dean position. The Interim Dean acknowledged that there is a search underway to fill the position, and she is one (1) of the candidates who has been interviewed. The site visitors verified that the faculty have been evaluated by the students every semester since the inception of the program using an electronic process. The students verified that they evaluate the faculty at the end of each course.

Summary:

Compliance:

The program is not in compliance with the Standard as Criteria 2.4, 2.7, and 2.8 are not met, as evidenced by:

- There is a lack of evidence of a sufficient number of faculty to meet student learning needs or program goals and outcomes.
- There is a lack of orientation and mentoring of faculty to their areas of responsibility.
- There is a lack of evidence of systematic assessment of faculty to verify demonstration of competencies consistent with program goals and outcomes.
- There is a lack of evidence of specific criteria for selection of preceptors; orientation to their responsibilities, including evaluation of the student; or a formal mechanism for monitoring their performance.

STANDARD 3
Students

Student policies, development, and services support the goals and outcomes of the nursing education unit.

- 3.1 Student policies of the nursing education unit are congruent with those of the governing organization, publicly accessible, non-discriminatory, and consistently applied; differences are justified by the goals and outcomes of the nursing education unit.
- 3.2 Student services are commensurate with the needs of students pursuing or completing the associate program, including those receiving instruction using alternative methods of delivery.
- 3.3 Student educational and financial records are in compliance with the policies of the governing organization and state and federal guidelines.
- 3.4 Compliance with the Higher Education Reauthorization Act Title IV eligibility and certification requirements is maintained.
 - 3.4.1 A written, comprehensive student loan repayment program addressing student loan information, counseling, monitoring, and cooperation with lenders is available.
 - 3.4.2 Students are informed of their ethical responsibilities regarding financial assistance.
- 3.5 Integrity and consistency exist for all information intended to inform the public, including the program's accreditation status and NLNAC contact information.
- 3.6 Changes in policies, procedures, and program information are clearly and consistently communicated to students in a timely manner.
- 3.7 Orientation to technology is provided and technological support is available to students, including those receiving instruction using alternative methods of delivery.

For nursing education units engaged in distance education, the additional criterion is applicable:

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

Commentary:

Student policies of the nursing education unit are congruent with those of the governing organization, publicly accessible, non-discriminatory, and consistently applied; differences are justified by the goals and outcomes of the nursing education unit. The site visitors reviewed the student policies of the College located on the College website and the policies in the Student Handbook for the nursing education unit, which was also located on the website. Policies are the same with the exceptions that nursing students must complete a physical examination; show proof of immunizations; show proof of tuberculosis screening; and submit to a criminal background check as part of the requirements for admission to the program.

The nursing program has a higher grading scale than the remainder of the College. The program grading scale is 93-100%=A; 85-92%=B; 78-84%=C; 60-77%=D; and below 60%=F; students in the nursing program must earn a grade of 78% to pass a course.

The site visitors verified with the students the information related to the admission process as listed in the SSR (p. 68). The students noted that both the faculty and the Registrar were very helpful in completing the admission process. They stated that everything needed for the application process was clearly stated in the application documents. The students reported awareness of the NLNAC contact information on the College website and confirmed that the policies in the nursing education unit are consistently applied.

The nursing program currently uses Compass scores in writing, reading, and math as a part of the admission process. The site visitors could find no evidence that the program has reviewed the scores to determine correlation with student performance and/or progression in the program. Assessment of the impact of Compass scores on progression is not included in the systematic plan for evaluation (SPE) for the program. The Nursing Program Director stated that the program is exploring the possibility of implementing the use of a standardized test as a part of the admission process; she stated that a science score may be better correlated with student performance and progression in the program.

The student services are commensurate with the needs of the students pursuing or completing the associate program. The site visitors verified the availability of students services as listed in the SSR (p. 69). The Registrar is currently serving as the Interim Dean of Student Services in addition to her duties as Registrar. The Registrar sits on the Admissions Committee for the nursing program. The Interim Dean of Student Services explained that there are really two (2) branches of student services, those handled by the Registrar and those handled by the newly developed Learning Center.

The Interim Dean of Student Services clarified that students with academic issues as stated in the SSR (p. 69) refers to students with behavioral problems. Students with grade problems are referred to the Learning Center. She explained that the Learning Center is in the process of being developed. Currently, there are seven (7) peer tutors; four (4) of these are work-study students, and the other peer tutors have been hired through Learning Center budget funds. The peer tutors are used primarily for the general education courses. The faculty recommends names for peer tutors. The Learning Center is exploring online tutorials for all disciplines. The Interim Dean of Student Services explained that the Director of TRIO runs the men's talking circle, and the assistant to the Academic Dean runs the female talking circle. They explained the cultural practice of the talking circles.

The Interim Dean of Student Services explained that the TRIO program serves a specific student population within the College; to be eligible for TRIO services, a student has to be a first-generation college student; meet income guidelines; or have a disability. The Learning Center coordinator explained that the College did not receive Perkins funding this year as the College did not have a sufficient enrollment to meet the guidelines for the minimum level of funding. It is expected that the College will meet the eligibility requirements for Perkins funding for the next cycle.

During the meeting with the students, the students were knowledgeable of the services available to them. One (1) student present indicated that he had been served by TRIO. The students were also aware that the Learning Center is in the process of development. The students confirmed that they had the availability of multiple resources for tutoring and other support to assist them in completing the program. In interviews, the students acknowledged the tremendous support and availability of the faculty and the Nursing Program Director.

The College does not offer a loan program. Both the Director of Financial Aid and the President of the College explained that the College does not offer a loan program because they do not want students to graduate and be deeply in debt for their education. They noted that the College is located in a very economically deprived area of the state. The students can seek assistance with costs for their education by applying for Pell Grants; the federal work-study program; the Federal Supplemental Educational Opportunity Grant (FSEOG); Wisconsin minority student grants; Western Indian Grants (WIG); the talent incentive program; and scholarships available through the College. Currently, there are no scholarships available for nursing students. In the meeting with the Director of Financial Aid, she indicated that the

College offers a payment plan to assist those students who owe monies to the College beyond what is covered by their Pell or other grants. Several students in the group indicated that they had used grants to pay for their tuition. The Financial Aid Director indicated that approximately 85% of the enrolled students receive Pell Grant monies.

Integrity and consistency exist for all information intended to inform the public and includes the program's accreditation status and the NLNAC contact information. The site visitors verified that information regarding the program's Candidacy status is posted on the College website, and the students and the community-at-large have been made aware as well. The notification of the NLNAC visit was also on the College website. The website contains the address and telephone number for NLNAC.

The non-discrimination statement is consistent in all documents. It was not clear to the site visitors from reading the SSR whether the pre-nursing program is part of a transfer program for an upper division nursing program or whether the associate degree in nursing program is classified as a vocational program. In the student meeting, the students reported that they were aware that the credits they earn in the associate degree in nursing program are not a part of an upper division nursing program.

Through discussion, the students verified that changes in policy are communicated to them as identified in the SSR (p. 72).

In the meeting with the students, the students could not indicate how they were oriented to the use of technology used in the program; however, they indicated that they can access the CINAHL and EBSCO databases available in the College library as well as ATI and MyNursingLab used throughout the program. Through a review of orientation agenda, the site visitors confirmed that students are oriented to ATI and MyNursingLab during orientation to the program.

Summary:

Compliance:

The program is in compliance with the Standard.

STANDARD 4 **Curriculum**

The curriculum prepares students to achieve the outcomes of the nursing education unit, including safe practice in contemporary health care environments.

- 4.1 The curriculum incorporates established professional standards, guidelines, and competencies, and has clearly articulated student learning and program outcomes.
- 4.2 The curriculum is developed by the faculty and regularly reviewed for rigor and currency.
- 4.3 The student learning outcomes are used to organize the curriculum, guide the delivery of instruction, direct learning activities, and evaluate student progress.
- 4.4 The curriculum includes cultural, ethnic, and socially diverse concepts and may also include experiences from regional, national, or global perspectives.
- 4.5 Evaluation methodologies are varied, reflect established professional and practice competencies, and measure the achievement of student learning and program outcomes.
- 4.6 The curriculum and instructional processes reflect educational theory, interdisciplinary collaboration, research, and best practice standards while allowing for innovation, flexibility, and technological advances.
- 4.7 Program length is congruent with the attainment of identified outcomes and consistent with the policies of the governing organization, state and national standards, and best practices.
- 4.8 Practice learning environments are appropriate for student learning and support the achievement of student learning and program outcomes; current written agreements specify expectations for all parties and ensure the protection of students.
 - 4.8.1 Student clinical experiences reflect current best practices and nationally established patient health and safety goals.

For nursing education units engaged in distance education, the additional criterion is applicable:

- 4.9 Learning activities, instructional materials, and evaluation methods are appropriate for the delivery format and consistent with student learning outcomes.

Commentary:

The site visitors noted that Criterion 4.1 is incorrectly presented in the SSR (p. 80). Upon arrival to the program, the site visitors asked that the Nursing Program Director to correct this information. The revised information is included as an attachment to this report.

The site visitors verified that the curriculum incorporates the NLN Competencies for ADN graduates; the ANA Scope and Standards of Practice; the Wisconsin Board of Nursing (WBON) regulations; and Ojibwa Environmental Knowledge. There are nine (9) program outcomes stated in the SSR on pages 81-82, and six (6) listed on pages 86-88. The nine (9) on pages 81-82 incorporate the NLN Competencies for ADN Graduates plus an outcome related to culture to incorporate the Ojibwa Environmental Knowledge. The program outcomes listed on pages 86-88 omit the human caring and relationship competency, the knowledge integration competency, and the cultural competency. The list of the program outcomes on the program's website omits the knowledge integration and cultural competencies.

The site visitors noted that the program had not used the most recent NLN Competencies but continued to use the competencies from 2000. The Nursing Program Director stated that these competencies had been used because curriculum development began in 2009. The site visitors could find no evidence of efforts to update the program outcomes based on the revised NLN Competencies. The program outcomes are inconsistent in the inclusion of the concept of collaboration and legal/ethical practice except as inferred from the statement "deliver care based on the standards of care." Program outcomes make reference to evidence-based practice, and the faculty discussed how they incorporate this into the curriculum in interviews.

Student learning outcomes (SLOs) for courses appear in the SSR (pp. 95-135) and incorporate the program outcome areas of assessment, communication, critical thinking, caring/relationship, teaching, management, leadership, and culture. The site visitors verified that student learning outcomes as listed in the SSR were the same as those in the syllabi for the courses. The student learning outcomes are written in measurable terms and are appropriate for associate nursing students. The site visitors noted that several of the student learning outcomes for culture (SSR, p. 95, N100; p. 97, N102; p. 105, N201; p. 106, N203; p. 124, N212) all state, "use cultural competence in the workplace." During the meeting with the faculty, they were unable to trace the development of the student as the student progresses through the curriculum with regard to this outcome.

The site visitors noted that the student learning outcomes do not consistently demonstrate progression. For example, N110 second semester uses "identify" verbs (SSR, p. 95); N112 uses "provide nursing" and "apply leadership principles" (SSR, p. 98); N200 uses "identify," "describe," and "demonstrate" (p. 104); N203 uses "identify," "define," "describe," and "explain" (p. 105); N213 uses "demonstrate," "practice," "utilize," and "develop" (p. 125); and N214 uses "demonstrate," "use," "practice," and "develop" (p. 130).

The site visitors verified through a review of minutes that the faculty have been involved in the development of the curriculum since 2009. All program outcomes, course outcomes, and course content were submitted for review and approval to the WBON. The site visitors confirmed the following dates of approval by the WBON of the curriculum submissions: February 23, 2012; March 12, 2012; and June 7, 2012. On October 14, 2010, the WBON granted approval for the program to admit students beginning in January 2011.

During the meeting with the faculty, they discussed various revisions made to courses the second time they were taught. It appeared that they are peripherally involved in review of the rigor and currency of the curriculum. The Nursing Program Director clarified that the 2000 NLN Competencies for Graduates of Associate Degree Programs had been used to develop the curriculum because the development of courses started in 2009.

The site visitors noted that narrative for Criterion 4.3 in the SSR (p. 90) did not address the correct Criterion. Upon arrival, the Nursing Program Director was asked to address this Criterion. The revision is attached as an attachment to this report.

The site visitors verified that student learning outcomes appear in the syllabi for all courses and are as they appear in the SSR (pp. 98-135). The site visitors noted that medical-surgical courses N200 Intermediate Medical-Surgical Nursing and N210 Advanced Medical Surgical Nursing (SSR, pp. 104, 109-109) have very similar outcomes and cover the same systems (musculoskeletal, cardiovascular, respiratory, endocrine, and hematology). N210 adds neurological and immunological content (SSR, p. 109). It was not clear to the site visitors how the content related to the musculoskeletal, cardiovascular, respiratory, endocrine, and hematology is different in depth or scope between the two (2) courses. The faculty said that different diseases are taught, but this is not evident in course outlines in the syllabi for the courses. The faculty could not clarify the differences in the level of expectation of student performance in the clinical area between the courses. The site visitors noted that the clinical evaluation tools for all

courses are the same and contain the program outcomes; they are not based on the course outcomes/student learning outcomes.

The curriculum includes cultural, ethnic, and socially diverse concepts. The Ojibwa Environmental Knowledge is incorporated into the curriculum; however, its identifying concepts are difficult to discern in the same manner as they are explicitly explained in the SSR (p. 82) and in the pictorial representation that appears on the front of the SSR. During the faculty meeting, the faculty attempted to explain the basic tenets as incorporating mind, body, and spirit into a holistic framework as applied when providing care for a patient. The framework incorporates the four (4) seasons—summer, fall, winter, and spring—and the four (4) directions—north, east, south, and west. The faculty explained that there are only certain topics that can be discussed in certain seasons; for example, challenges to be born, nutrition, development, infants, and communication must be discussed only in spring and represent the east direction.

In the meeting, the students could identify Ojibwa Environmental Knowledge that they use in their care of patients. They cited examples of how the Ojibwa Environmental Knowledge is incorporated in courses such as the plants project in which they examine the healing properties of specific native plants and the spirituality of the Ojibwa community that they examine in every nursing course. The students also indicated that they are required to interview an Elder to learn about Ojibwa cultural ways as well as any wisdom that might be offered by the Elder. The students emphasized that they are taught throughout the curriculum to be culturally sensitive to all persons and to be aware of traditional culture (Native American) practices.

Evaluation methodologies are varied and include skills check-offs; journaling about clinical experiences; tests/quizzes; cultural paper assignments; workbook assignments; case studies; and a leadership project assignment. The Nursing Program Director stated that the students currently enrolled in the leadership course have developed a nursing student organization as their leadership project. Rubrics have been developed for the evaluation of all assignments that are not examinations. ATI testing and the supplemental books are used throughout the program. Currently, the program does not administer a predictor examination. During the meeting with the faculty, they acknowledged that they do not conduct item analysis of the tests administered in their courses.

The site visitors noted that the same outcomes appear on all course evaluation tools. On the clinical evaluation tools, there is space allowed for student comments and faculty comments; however, there is no rating scale to define the level of performance expected of the student. In a review of evaluations in student folders, faculty comments were repetitive of the outcomes and not supported with specific examples of performance. The students did not consistently practice self-evaluation as evidenced by a lack of documentation in the designated student column on some of the evaluation forms. The course evaluation tools did not contain the name or number of the nursing course in which the student was enrolled.

The faculty verified that they do not conduct item analysis of the tests administered in the nursing courses; they also stated that the tests come primarily from the textbook test banks. A review of course tests confirmed this statement. The site visitors could not find evidence of trending of data related to ATI performance throughout the curriculum. When questioned about this, the Nursing Program Director stated that trending and aggregating of ATI performance had been done. She identified several changes instituted based on review and trending of ATI scores including the addition of quizzes to skills classes; the addition of quizzes on anatomy and physiology; and the addition of a course requirement that ATI testing counts as 10% of the course grade. It is now a requirement that any student who does not meet the benchmark of Level II participates in remediation. The Nursing Program Director acknowledged the need to work on remediation for students who score below Level I; currently, test-taking strategies are reviewed with them, but that is the extent of the work done with this at-risk group.

The curriculum and instructional processes incorporate Bloom's taxonomy throughout; however, the curriculum lacks verbiage that demonstrates progression or leveling as the courses progress. The faculty were unable to describe how expectations for the students' performance changes in relationship to the objectives as the student progresses through the curriculum. The faculty were unable to provide examples of what a student in N 214 would do differently from a student in N 102 to be evaluated as satisfactory in the outcome "use cultural competence in the workplace." In some cases, the learning outcomes for the courses were the same throughout the curriculum. During the meeting with the faculty, they were unable to articulate an educational theory that guides their teaching practices.

Equipment is in place for the use of technology in teaching; however, the site visitors were unable to confirm the use of technology to deliver instruction during the classroom observations. It was difficult to discern from a review of course syllabi and discussions with the faculty and students how the use of simulation is incorporated into the curriculum. Some skills assessment check-offs stated that the performance was completed on a mannequin. The students did not mention the use of simulation other than in the OB course in which they talked about the use of NOELLE and Baby Hal.

The nursing program consists of 74 credits, 38 credits of nursing and 36 credits of general education courses. The program can be completed in four (4) semesters of full-time study. From a review of the SSR (pp. 147-152) and the syllabi for nursing courses, it was difficult to determine if the stated credit hours and contact hours are correct. During the faculty meeting, the site visitors learned that for theory, one (1) contact hour equals one (1) credit; for laboratory, two (2) contact hours equal one (1) credit; for clinical, three (3) contact hours equal one (1) credit. The nursing courses are taught in eight-week blocks with theory preceding clinical practice. Based on this information, the site visitors verified that the credits for courses as they appear in the SSR (pp. 147-152) are correct. The curriculum incorporates the typical general education courses for an associate nursing program. Because the College is a tribal college, all students must take three (3) credits in Introduction to Ojibwe Culture.

Practice learning environments are appropriate for student learning and support the achievement of the SLOs and program outcomes. The site visitors verified the clinical agencies as stated in the SSR (pp. 154-155). During interviews, the faculty acknowledged that the clinical agencies used for experiences are not evaluated by the students or by them. Interviews with the faculty and students confirmed that the clinical sites support the SLOs. The site visitors reviewed the contracts for all clinical agencies. The College has a standard format used by all of the clinical agencies with the exception of one (1) site, which has its own form. All contracts specify the expectations of both parties, and all contain a protection clause for the students. All contracts had been signed within the last year; most of the contracts call for automatic renewal.

Classroom Observation:

NSG 219 Pharmacology for Nurses was observed with ten (10) nursing students and five (5) medical assistant students in attendance. The Nursing Program Director informed the site visitors that the medical assistant students had recently joined the class in order to elevate their performance, and the class was combined due to low enrollment in the medical assistant program. During the observation, the instructor solicited responses from the students by using open-ended questions; however, student-centered approaches or active learning methods were not evident. The only teaching method used was verbal discussion of the material with students using their textbooks to locate and highlight the information such as charts, diagrams, and narrative. Hand-outs were provided to supplement the instruction; however, no instructions were provided to the students regarding their use. Further, at times, the students demonstrated limited interest in the information being discussed. The instructor had a flat affect and provided little or no depth to the presentation of the topic.

Clinical Observation:

The site visitors visited Hayward Memorial Hospital, which is designated as a critical access facility by Centers for Medicare & Medicaid Services (CMS) and as such has a bed capacity of 25. The usual census

on the medical-surgical unit is 12-13 patients; the census was 18 on the day of the visit. There are six (6) rooms designated as OB rooms included in the 25-bed capacity. The Hospital was built around a patient-centered philosophy to promote a healing environment with private rooms and accommodations for family members to stay. The Hospital is involved in a new initiative focusing on transforming care at the bedside and a program, Partners for Patients, in which the focus is fall and pressure ulcer prevention. There were three (3) fourth semester students in clinicals on the medical-surgical unit. Each student was assigned to two (2) patients and expected to administer the medications and other treatments throughout the day; documentation was included in the electronic medical record.

The students were also involved in patient teaching activities. The site visitors interacted with students who were knowledgeable regarding their assigned patients and had developed plans for their care for the day. They described numerous independent nursing interventions that they were initiating with their assigned patients. The students acknowledged that they documented in the electronic medical record and had their own computer access codes. They verified that they had received orientation to the facility at the beginning of the rotation. The students had been issued agency name tags that permitted them access to areas of the Hospital; they stated that the access was de-activated on the last day of clinical.

One (1) student was assigned to the ED for the day; the remaining students were in other facilities for observational experiences. The site visitors interacted with the student assigned to the ED, who explained how she had assessed a three-year-old and interacted with the child's parents to reduce their anxiety. The students indicated that they are required to journal about their clinical experiences on Moodle and must respond to the entries of two (2) peers; journal entries are evaluated using a journal rubric.

A tour of the unit and interaction with the students confirmed that the Hospital environment provides opportunities to apply cultural concepts emphasized throughout the curriculum as well as other experiences appropriate for achievement of the SLOs and program outcomes. The site visitors interacted with the nurse manager on the medical-surgical unit, who indicated that the students communicate well with the staff regarding their patients, are well-informed regarding their assignments, and come prepared for clinical assignments. She cited areas that need strengthening as organization and prioritization of care. She stated that two (2) of the graduates had been offered positions at the Hospital.

While the National Patient Safety Goals at Hayward Memorial Hospital were not visible, the students were aware of Hospital policies and best practices. The Hospital is engaged in new initiatives related to the prevention of falls and the development of pressure ulcers.

Summary:

Compliance:

The program is not in compliance with the Standard as Criteria 4.1, 4.3, 4.5, 4.6, and 4.8 are not met, as evidenced by:

- There is a lack of evidence that the curriculum incorporates current professional standards, guidelines, and competencies, and has clearly articulated student learning outcomes and program outcomes.
- There is a lack of evidence that the student learning outcomes are used to organize the curriculum, guide the delivery of instruction, direct learning activities, and evaluate student progress.
- There is a lack of progression in the student learning outcomes and evaluation methodologies.
- There is a lack of evidence that the curriculum and instructional processes reflect educational theory, interdisciplinary collaboration, research, and best practice standards.
- Practice learning environments are not formally evaluated by the students or faculty.

With the following area needing development:

- Ensure that program length is consistent with national standards and best practices.

STANDARD 5

Resources

Fiscal, physical, and learning resources promote the achievement of the goals and outcomes of the nursing education unit.

- 5.1 Fiscal resources are sufficient to ensure the achievement of the nursing education unit outcomes and commensurate with the resources of the governing organization.
- 5.2 Physical resources (classrooms, laboratories, offices, etc.) are sufficient to ensure the achievement of the nursing education unit outcomes and meet the needs of faculty, staff, and students.
- 5.3 Learning resources and technology are selected by the faculty and are comprehensive, current, and accessible to faculty and students, including those engaged in alternative methods of delivery.

For nursing education units engaged in distance education, the additional criterion is applicable:

- 5.4 Fiscal, physical, technological, and learning resources are sufficient to meet the needs of faculty and students and ensure that students achieve learning outcomes.

Commentary:

Fiscal resources are approved for LCOOCC by the Wisconsin Board of Regents. The Nursing Program Director, the Interim Dean of Academic Affairs, and the College President confirmed that funding for the nursing program is solely supported by a Title III federal grant. Salaries of the Nursing Program Director and one (1) full-time nursing faculty member are 100% funded by the grant funds. The other full-time nursing faculty salary is paid 50% with grant funds with the remaining 50% funded by the LCOOCC general funds. The College President confirmed that the Title III funds will be available in an ongoing manner, but the amount to be disbursed may vary each year. Also, he is seeking other funding sources to include adding endowed chairs for Departments within the College, specifically for the Nursing Department.

LCOOCC is an open campus with a Migizi Cultural Center highlighting Ojibwa culture. Parking is available nearby for students as it is a commuter campus. Gathering and study areas are available throughout the campus. The site visitors verified that the Nursing Department has two (2) main classrooms with a seating capacity of 16 students. All classrooms are equipped with multimedia including an LED monitor, a DVD/VCR player, a computer, and a ceiling-mounted projector and screen.

Resources from the Title III grant were used to fund new construction of a new state-of-the-art simulation laboratory; purchase of simulators; equipment and flooring for the laboratory; and hospital beds. There is a second laboratory area for OB simulation. Materials and equipment available for the laboratories include headwalls for suction, O₂, and blood pressure; IV arms and poles; a Chester chest simulator; a decubiti mannequin; a Surgical Sally simulator; breast and testicle lump detection simulators; simulators including SimMan, NOELLE, Baby Hal, SimBaby, and VitalSim; a Kangaroo feeding pump; medication carts; anatomical models; general patient care supplies; hospital beds; and laptops for student use.

The site visitors verified that the office space for full-time faculty members is shared, with two (2) faculty assigned to each space. The Nursing Program Director is assigned a private office space. The part-time/adjunct faculty have the use of a shared adjunct faculty office for the overall campus. Each private/shared office contains seating for student/faculty consultations, a desk, telephone, computer with a

networked printer, a bookshelf, and filing space. Conference rooms are available on campus and at the clinical sites as needed.

The LCOOCC library is located adjacent to the Migizi Cultural Center. The library maintains study rooms that the students may access for studying or group discussions. Also, the library has a number of computer carrels located throughout to accommodate student access to the library resources, Internet, and databases. The librarian confirmed that reserved and open circulation resources are available for nursing student use with current nursing textbooks obtained from the bookstore as they are updated. CINAHL and EBSCOhost are two (2) databases that provide full-text and PDF evidence-based articles for nursing students.

The site visitors noted that the majority of texts on the open circulation shelf were outdated and published as early as the 1960s. The librarian shared that she maintains a budget for the library and buys books and resources as needed for the Nursing Department. Further, she does not meet with the Nursing Department faculty or the Nursing Program Director to discuss their needs, but the faculty occasionally make requests. There is a systematic process for removing outdated resources, and to date, the nursing faculty have not participated. The librarian also stated that the LCOOCC library is part of a consortium of 30 libraries across the State of Wisconsin and that journal articles can be ordered through this system as well as other resource items.

Learning resources and technology are comprehensive, current, and accessible to the faculty and students. Technical support for the students and faculty is provided by support staff and the IT Department during the normal operating hours of the College. Moodle, MyNursingLab, e-mail, and library resources are able to be accessed through the College website. The site visitors confirmed that the College maintains three (3) computer laboratories with the ability to administer the ATI predictor online examination and admission assessment testing.

Summary:

Compliance:

The program is in compliance with the Standard with the following areas needing development:

- Ensure the sustainability of the nursing program through securing ongoing fiscal resources.
- Implement strategies for faculty involvement in the selection and purchasing of resources for the nursing collection and ensure that all learning resources are current.

STANDARD 6
Outcomes

Evaluation of student learning demonstrates that graduates have achieved identified competencies consistent with the institutional mission and professional standards and that the outcomes of the nursing education unit have been achieved.

- 6.1 The systematic plan for evaluation emphasizes the ongoing assessment and evaluation of the student learning and program outcomes of the nursing education unit and NLNAC standards.
- 6.2 Aggregated evaluation findings inform program decision-making and are used to maintain or improve student learning outcomes.
- 6.3 Evaluation findings are shared with communities of interest.
- 6.4 Graduates demonstrate achievement of competencies appropriate to role preparation.
- 6.5 The program demonstrates evidence of achievement in meeting the following program outcomes:
 - Performance on licensure exam
 - Program completion
 - Program satisfaction
 - Job placement
- 6.5.1 The licensure exam pass rates will be at or above the national mean.
- 6.5.2 Expected levels of achievement for program completion are determined by the faculty and reflect program demographics, academic progression, and program history.
- 6.5.3 Program satisfaction measures (qualitative and quantitative) address graduates and their employers.
- 6.5.4 Job placement rates are addressed through quantified measures that reflect program demographics and history.

For nursing education units engaged in distance education, the additional criterion is applicable:

- 6.6 The systematic plan for evaluation encompasses students enrolled in distance education and includes evidence that student learning and program outcomes are comparable for all students.

Commentary:

There is a systematic plan for evaluation (SPE) that includes all of the NLNAC Standards and Criteria. Many of the expected levels of achievement (ELAs) are not measurable, but are a re-statement of the Criterion (SSR, pp. 39, 44, 46-48, 59, 66, 62, 73, 156-157, 163, 165, 167, 177, 179, 194). Some Criteria do not have ELAs (SSR, pp. 161, 178); the time/frequency column contains statements that are actually assessment methods (SSR, p. 40); and the data/results do not match the ELAs (SSR, pp. 42, 47-48, 74, 166). The plan does not indicate that data are aggregated over time. The plan also does not provide for summative evaluation as most of the assessments are designed to be completed annually. In addition, the action plans are not specific (SSR, p. 40).

This is a new program, and the program had not graduated a cohort of students at the time of the site visit. The program administers ATI testing throughout, and as described by the Nursing Program Director, the

ATI data have been aggregated and trended. However, there is no evidence in the SPE in the assessment methodology to indicate that there will be aggregation of any data including the ATI data. As noted, the trended data for the ATI testing were used to make changes in the program to improve student outcomes.

The site visitors verified that evaluation findings have been shared with the Advisory Committee since the inception of the Committee in March 2012. ATI data and performance of the students as they progress throughout the curriculum have been shared with the Advisory Committee. Evaluation findings have also been shared with clinical agencies as representatives from the clinical agencies make-up most of the membership of the Advisory Committee.

The site visitors noted in the SSR (p. 188) that no ELAs have been set for licensure examination performance, program completion, program satisfaction, graduate satisfaction, employer satisfaction, or job placement. The Nursing Program Director shared the proposed graduate and employer survey instruments with the site visitors. It was noted that the student learning outcomes do not appear on either instrument.

Licensure Exam Pass Rates

The program has not established an ELA.

Job Placement

The program has not established an ELA.

Program Completion

The program has not established an ELA.

Graduate Satisfaction

The program has not established an ELA.

Employer Satisfaction

The program has not established an ELA.

Summary:

Compliance:

The program is not in compliance with the Standard as Criteria 6.1, 6.2, 6.4, and 6.5 are not met, as evidenced by:

- There is a lack of evidence that the systematic plan for evaluation emphasizes the ongoing assessment and evaluation of the student learning outcomes, program outcomes, and NLNAC Standards.
- The expected levels of achievement are not consistently specific or measurable.
- There is no provision for trending and aggregating data in the systematic plan for evaluation.
- There is a lack of evidence for assessment of graduates' achievement of competencies appropriate to role preparation.
- There have been no expected levels of achievement established for the required program outcomes.

III. RECOMMENDATION FOR ACCREDITATION STATUS:

Recommendation:

Initial Accreditation:

Denial of initial accreditation as the program is not in compliance with all Accreditation Standards.

Standard 2 Faculty and Staff

Faculty Name	FT/PT	Rank	Baccalaureate Degree and Name of Institution Granting Degree	Master's Degree and Name of Institution Granting Degree	Doctoral Degree and Name of Institution Granting Degree	Areas of Clinical Expertise	Academic Teaching	Other Areas of Responsibility including committee work within the college
Carrie Arrigo	FT	Associate Degree of Nursing Lead Faculty Nursing Administrator	University of Phoenix	University of Phoenix	None	Nursing Home Staff Supervisor Asst Director of Nursing Peritoneal Dialysis I.V. PICC lines IV meds Trach care Lab draws Assessment Planning Intervention Evaluation MDS Program Director Minor surgical procedures in ambulatory care setting	On-site Clinical Sites NSG 102 Introd. to professional nursing clinical 8:1 ratio NSG 110 Nursing for the Well Client 16:1 ratio NSG 111 Nursing Clinical Across the Lifespan 8:1 ratio NSG/HTH 219 Pharmacology for Nurses and Allied Health Professionals 16+:1 ratio NSG 212 Nursing	Nursing Administrator Advisement of Nursing and Pre-Nursing Students Nursing Student Orientation Spring Semester Curriculum and Assessment Representative General Education Sub-Committee Faculty Senate Higher Learning Commission Sub-committee Associate Degree of Nursing Policy and Procedure Committee Allied Health and Nursing Department Team Member

							Leadership 16:1 ratio NSG 214 Nursing Internship 8:1 ratio	Nursing Department Committee Pre- Nursing and Nursing Program Assessment Pre- Nursing and Nursing Program Assessment Participating in General Education Program Assessment
Pamela Rutter	FT	RN, CNP	Virtebo College	St. Scholastica College	St. Scholastica College	Geriatric Nurse Practi- tioner Trauma Critical Care ER	NSG 100 Introduction to Proff Nursing Skills 8:1 ratio NSG 101 Introduction to Proff Nursing 16: 1 ratio NSG 102 Introduction to Proff Nursing Clinical 8:1 ratio NSG 112 Nursing Health Alterations 16:1 ratio NSG 113	Advising of pre- nursing and nursing students Nursing Student Orientation Spring Semester Higher Learning Commission Sub-committee Faculty Senate Allied Health and Nursing Department Team Member Nursing Department Committee

							<p>Introduction to Clinical Care Management</p> <p>8:1 ratio</p>	<p>Associate Degree of Nursing Policy and Procedure Committee</p> <p>Pre- Nursing and Nursing Program Assessment</p> <p>Participating in General Education Program Assessment</p>
							<p>NSG 202 Mental Health Nursing</p> <p>16:1 ratio</p> <p>NSG 203 Mental Health Nursing Clinical</p> <p>8:1 ratio</p> <p>NSG 204 Intermediate Medical Surgical Nursing skills</p> <p>8:1 ratio</p> <p>NSG 211 Advanced Medical Surgical Nursing Clinical</p> <p>I</p>	

							8:1 ratio NSG 212 Nursing Leadership 16:1 ratio NSG 213 Advanced Medical Surgical Nursing Clinical II 8:1 ratio NSG 214 Nursing Internship 8:1 ratio	
Mary Mignerey Mary taught one semester . Spring of 2012. Left before the Fall of 2012 Did obtain Master's Degree in May of 2012	FT	RN,BSN	Western Governor's university in March of 2011	Pending May of 2012		Long-term care, Hospice, Medical Surgical Care, Urgent Care	NSG 101 Introduction to Proff Nursing 16: 1 ratio NSG 102 Introduction to Proff Nursing Clinical 8:1 ratio NSG 202 Mental Health Nursing 16:1 ratio NSG 203 Mental Health Nursing Clinical 8:1 ratio	Advising of pre-nursing and nursing students Faculty Senate Allied Health and Nursing Department Team Member Nursing Department Committee Associate Degree of Nursing Policy and Procedure Committee

								Pre- Nursing and Nursing Program Assessment
								Participating in General Education Program Assessment C.N.A. Program Director
Clifford Geimer	FT	RN, MSN Nursing Faculty	Broadfield Science Secondary Education UW Lacrosse Baccalaureate in Nursing Clarke College in Dubuque Iowa	Master's of Science in Nursing Regis University Denver Colorado	Working on Doctoral Degree	Long-term care, operating room nurse, medical surgical nursing	NSG 112 Nursing Health Alterations 16:1 ratio NSG 113 Introduction to Clinical Care Management 8:1 ratio NSG/HTH 219 Pharmacology for Nurses and Allied Health Professionals 16+:1 ratio NSG 213 Advanced Medical Surgical Nursing Clinical II 8:1 ratio	Advising of pre-nursing and nursing students Faculty Senate Allied Health and Nursing Department Team Member Nursing Department Committee Associate Degree of Nursing Policy and Procedure Committee Pre- Nursing and Nursing Program Assessment

								Participating in General Education Program Assessment C.N.A. Program Director
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STANDARD 4

CURRICULUM

The curriculum prepares students to achieve the outcomes of the nursing education unit, including safe practice in contemporary health care environments.

Criterion 4.1: The curriculum incorporates established professional standards, guidelines, and competencies, and has clearly articulated student learning and program outcomes.

The Associate of Applied Science in nursing program's curriculum prepares students to achieve the outcomes of the nursing educational unit, including safe practice in contemporary health care environment. The nursing Program's curriculum was modeled after the Wisconsin Technical College System program with an emphasis in Ojibwa culture. The use of the National League of Nursing organizing framework was used as learning objectives to reach educational competencies and outcomes. The Associate of Applied Science in nursing program's educational framework integrates nursing and Ojibwa Environmental Knowledge.

Outcomes: are defined as characteristics graduates must achieve by the end of the program. This Associate of Applied Science in nursing program has developed the program outcomes to measure the level of achievement of the graduating students.

Competencies are measurable behaviors, knowledge, actions, and skills necessary to perform as a registered nurse based on the NLN standards.

These competencies increase in complexity throughout the program. Students meet the competencies and acquire knowledge to meet the program outcomes.

Outcomes

- **Assessment and Intervention Performance Evaluations:** Utilize standards of care in application of the nursing process in caring for clients across the life-span.

- **Communication Competency performance evaluations:** Communicate in a professional manner.

- **Critical Thinking Competency performance evaluations:** Base nursing care decisions on evidence based practice and theoretical concepts.

- **Human Caring and Relationship Competency performance evaluations:** Provide holistic and compassionate care.

- **Teaching Competency performance evaluations:** Effectively educate client(s).

- **Management Competency performance evaluations:** Demonstrate accountability and responsibility.

- **Leadership Competency performance evaluations:** Lead in a professional manner based on standards of nursing practice.

- Knowledge Integration Competency performance evaluations: Apply knowledge and competency performance evaluations for continuous self-development & life-long learning.
- Cultural Competence: Apply knowledge of Ojibwa and other cultures in aspects of diverse health care.

In the initial development of the curriculum, the Educational Competencies for Graduates of Associate Degree Nursing programs provided by the National League of Nursing was studied. The curriculum was developed around the eight core components. In keeping with the mission of the College, the goal during development of this program was to imbed Ojibwa Environmental Knowledge within the curriculum. The organizing framework of curriculum identifies the four directions, the four seasons, and the development of the person as they grow. This symbolization correlates with the growth of the nursing student from novice to graduate. The organizing framework of the curriculum corresponds to the program outcomes. The National League of Nursing's eight components were further developed into program outcomes.

Skill levels for the Educational Objectives of the program

<p>Level 5 Evaluation</p>	<p>At this level the student demonstrates involvement of evaluating ideas and is able to demonstrate this through application. The student interprets, solves, concludes, debates, assesses and evaluates patient care indicating advanced mental processes. Examples of this level of achievement include; investigation into disease processes, clinical evaluations of competencies met, group discussions, working as a leader, self-evaluation, report, and care plans.</p>
<p>Level 4 Synthesis</p>	<p>At this level the student demonstrates cognitive understanding based on knowledge comprehension and application. The student predicts, assumes, translates, collects, composes, formulates, integrates and manages. Students organize, plan, prepare and produce quality work. Examples of this level of achievement include; teaching plans, intermediate annotated bibliographies, and intermediate care plans integrating specific patient outcomes, group community projects and beginning leadership.</p>

<p>Level 3 Analysis</p>	<p>At this level students can break down and examine information and distinguish between the parts. The student, analyzes, debates, diagrams, summarizes, tests, compares and contrasts. Examples of this level of achievement include; performing intermediate skills within their scope of practice, care plans, clinical evaluations, written papers, and case studies.</p>
<p>Level 2 Application</p>	<p>At this level the students has the ability to use the knowledge gained in previous knowledge and professional courses. Students are able to recognize and recall, memorize and repeat information. The student organizes, collects, applies, summarizes, classifies, models, operates, practices, uses, writes and translates information at this level. Examples of this level of achievement include; performing beginning skills within their scope of knowledge, beginning journaling, response, discussion, group interaction.</p>
<p>Level 1 Knowledge</p>	<p>At this level students has the ability to recognize, recall, memorize and repeat information. Students are able to observe, demonstrate, define, identify and report information learned.</p>

Blooms taxonomy, NLN Standards, and Ojibwa Environmental Knowledge guided the development of the curriculum to provide students with opportunities to gain knowledge, skills, values and strengths important in nursing practice. In initial development the nursing curriculum was built on meeting the general education requirements of the college, biological and physical sciences, humanities and detailed requirements for the application process into the program. The Wisconsin Board of Nursing Curriculum standards (included in the following table) assisted in guiding the development of the curriculum. Native American faculty and staff and elders assisted in the origination of the Ojibwa Environmental Knowledge, community nurses provided a basis for the program philosophy and added insight on expatiations of a nursing program. An

experienced consultant, Piper Larsen, assisted with the process of development of the curriculum.

Wisconsin Board of Nursing standards for Curriculum

<p>1. Area of general education, the curriculum in the area of general education should include:</p>	<ul style="list-style-type: none"> • Specific knowledge basic to nursing practice which includes principles from the biological and physical sciences. • Human and cultural knowledge which includes current acceptable concepts and practices from the social and behavioral sciences and are basic to understanding and motivation and behavior.
<p>2. Area of nursing education, the curriculum in the area of nursing education shall include theory and selected experiences designed to enable students to provide nursing care which shall promote, maintain, and restore physical and mental health of the individual throughout the life span. Upon completion the graduate should be able to:</p>	<ul style="list-style-type: none"> • Use the nursing process to plan and provide nursing care. • Apply knowledge derived from scientific, human, and cultural areas to meet health needs. • Individualize nursing care during preventative, maintenance, restorative and terminal phases. • Promote best health practices. • Understand the roles and relationships of nursing to other health care providers. • Plan for health services with individuals, families, communities and health care providers. • Practice professional nursing according

	<p>to acceptable legal standards.</p> <ul style="list-style-type: none"> • Function as a responsible and accountable nursing professional. • Identify the need for continued competency. • Recognize the impact of historical trends in nursing.
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The core components and competencies for the American Nurses Association Nursing: Scope and Standards of Practice played a role in curriculum development. The outcomes from the National League for Nursing Educational Competencies for Graduates 2000 were reviewed and were incorporated and were congruent with the program outcomes see the table below.

Curriculum Support Guidelines

Associate of Applied Science in Nursing Program Outcomes	NLN Educational Competencies for A.D.N. graduates	ANA Scope and Standards of Practice	Ojibwa Environmental Knowledge
<p>Culture-</p> <p>The graduate will be prepared with a Native American cultural focus and prepared to administer culturally competent care in ethical nursing</p>	<ul style="list-style-type: none"> • Caring Interventions 	<ul style="list-style-type: none"> • Ethics 	<ul style="list-style-type: none"> • Personal Development • Society Values • Caring • Understanding of Family cultural structure • Cultural health beliefs of the patient and family/support • Blending Ojibwa Environmental Knowledge with Modern Academia through values and Knowledge • Spring infants

practice.			
<p>Clinical Professional Behaviors- The graduate will be prepared as an entry level nurse portraying the characteristic s of an ethical nurse performing within legal and regulatory frameworks including; assessment, clinical decision making, and managing care.</p>	<ul style="list-style-type: none"> • Professional Behaviors • Assessment • Clinical decision making • Collaboration • Managing Care 	<ul style="list-style-type: none"> • Assessment • Diagnosis • Outcomes • Identification • Planning • Implementation • Evaluation • Quality of Practice • Collegiality • Collaboration 	<ul style="list-style-type: none"> • Cultural Competence in relation to the health beliefs of the patient/family/ Support • Identity/autonomy • Problem Solving • Individual/Family Community • Summer youth
<p>Lifelong learning- the graduate will be prepared for lifelong learning, evaluation of nursing practice with a commitment of continuing</p>	<ul style="list-style-type: none"> • Teaching and Learning • Clinical Decision making 	<ul style="list-style-type: none"> • Education • Professional Practice • Evaluation 	<ul style="list-style-type: none"> • Purposeful life • Evidenced-based research • Medicine Pole • Thanksgiving Feast • Fall adults

education			
Leader- the graduate will be a beginning leader in nursing practice	<ul style="list-style-type: none"> • Leadership 		<ul style="list-style-type: none"> • Critical Thinking • Teaching • Healing • Theoretical Knowledge • Leadership • Reflection • Personal Growth • Flexible • Integrated • Culturally Competent • Life Changing • Carative Art • North • Winter • Elders • Healers • Teachers

To assure that the program outcomes were evidence-based and congruent with the college, the program outcomes were reviewed with the assessment coordinator of the college and met the mission of the NLN and the mission of the college and program.

Program Outcomes

Associate of Applied Science in Nursing Program Outcomes	NLN Standards
<p>Assessment and Intervention Performance</p> <p>Evaluations: Utilize standards of care in application of the nursing process in caring for clients across the life-span.</p>	<ul style="list-style-type: none"> • Professional Behaviors • Patient-centered Care and Safety • Assessment

<p>Communication Competency performance evaluations: Communicate in a professional manner.</p>	<ul style="list-style-type: none"> • Communication
	<ul style="list-style-type: none"> • Assessment
<p>Critical Thinking Competency performance evaluations: Base nursing care decisions on evidence based practice and theoretical concepts.</p>	<ul style="list-style-type: none"> • Clinical Decision Making
<p>Teaching Competency performance evaluations: Effectively educate client(s).</p>	<ul style="list-style-type: none"> • Caring Interventions
<p>Teaching Competency performance evaluations: Effectively educate client(s).</p> <p>Management Competency performance evaluations: Demonstrate accountability and responsibility.</p>	<ul style="list-style-type: none"> • Managing Care
<p>Assessment, planning, intervention, and evaluation of the client incorporate cultural influences. Caring interventions in meeting the health beliefs of all persons based on his or her cultural preferences</p> <p>Care for the individual based on his or her individual cultural influences</p> <p>Demonstrate and understanding of a clients family structure in relation to cultural preference</p> <p>Demonstrate understanding of family involvement in the client's health goals</p> <p>Identify decision making strategies of the client in relation to culture</p> <p>Demonstrate knowledge of alternative therapy in relation to client wishes</p> <p>Cultural Responses to Nursing Education Flexible</p>	<ul style="list-style-type: none"> • Cultural component

<p>Integrated</p> <p>Personal Growth</p> <p>Participate in college cultural activities:</p> <p>Spring:</p> <ul style="list-style-type: none">• graduation feast,• storytelling• advanced communication• critical thinking• teaching/Healing• theoretical knowledge• wisdom• leadership• reflection• elders	
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The learning objectives of each course build upon previous courses to meet the program outcomes. The organizing framework structures learning objectives and program outcomes incorporating Ojibwa Environmental Knowledge. The curriculum structure is congruent with nursing practice and the national and local level. The structure adds a cultural component meeting the mission of the college and the intent to graduate culturally competent nurses.

The qualities of the program outcomes drive the learning objectives in each course syllabus. Both learning objectives and program outcomes are assessed and evaluated throughout the program and are integrated into the curriculum. The method of evaluation of student learning is identified in each syllabus. Program outcomes will be evaluated after our first graduating class.

Documents of review would include journaling through the semesters, clinical evaluations tools, student portfolios, monitoring graduation rates, NCLEX success rate of graduates, job placement, and in graduated employer satisfaction.

Criterion 4.3: The student learning outcomes are used to organize the curriculum, guide the delivery of instruction, direct learning activities, and evaluate student progress

Student learning outcomes

In each syllabus student learning outcomes are outlined. Each course builds on the other course. The introductory courses, offered in the first semester, identify basic nursing practices, skills and assessment to be practiced in a clinical setting. Learning objectives in the nursing courses are as follows: In all courses, professional behavior, objectives, communication, assessment, clinical decision making, caring interventions, and managing care are outlined. Program outcomes are identified in each syllabus for each course. Culture is integrated throughout the curriculum in the classroom and clinical setting. Laboratory setting incorporates cultural components when working on manikins with cultural based scenarios.

In addition to the following objectives/outcomes each semester builds upon the other.

The following is a list of professional behavior objectives, communication, assessment, clinical decision making, caring interventions, and managing care and program outcomes are outlined.

Course Outcomes/Objectives

PROFESSIONAL BEHAVIORS

1. Practice within the ethical, legal, and regulatory frameworks of nursing and standards of professional nursing practice.
2. Use standards of nursing practice to perform and evaluate client care.
3. Maintain organizational and client confidentiality.

4. Practice within the parameters of individual knowledge and experience.
5. Participate as a member of professional organizations.
6. Delineate and maintain appropriate professional boundaries in the nursing relationship.

COMMUNICATION

1. Utilize therapeutic communication skills when interacting with clients and significant support person(s).
2. Report and document assessments, interventions, and progress toward client outcomes.
3. Protect confidential information.
4. Utilize information technology to support and communicate the planning and provision of client care.

ASSESSMENT

1. Assess the impact of development, emotional, cultural, religious, and spiritual influences on the client's health status.
2. Assess the client's response to actual or potential health problems.
3. Assess the client's response to interventions.
4. Assess the client's ability to access available community resources.

CLINICAL DECISION MAKING

1. Use evidence-based information, collected electronically or through other means to support clinical decision making.

CARING INTERVENTIONS

1. Protect and promote the client's dignity.
2. Identify and honor the emotional, cultural, religious, and spiritual influences on a client's health.
3. Assist the client to achieve optimum comfort and functioning.
4. Adapt care in consideration of the client's values, customs, culture, and/or habits.

MANAGING CARE

1. Demonstrate competence with current technologies.

Program Outcomes

Outcomes

- Assessment and Intervention Performance Evaluations: Utilize standards of care in application of the nursing process in caring for clients across the life-span.

- Communication Competency performance evaluations: Communicate in a professional manner.
- Critical Thinking Competency performance evaluations: Base nursing care decisions on evidence based practice and theoretical concepts.
- Human Caring and Relationship Competency performance evaluations: Provide holistic and compassionate care.
- Teaching Competency performance evaluations: Effectively educate client(s).
- Management Competency performance evaluations: Demonstrate accountability and responsibility.
- Leadership Competency performance evaluations: Lead in a professional manner based on standards of nursing practice.
- Knowledge Integration Competency performance evaluations: Apply knowledge and competency performance evaluations for continuous self-development & life-long learning.
- Cultural Competence: Apply knowledge of Ojibwa and other cultures in aspects of diverse health care.

Core Abilities

- . Communicate clearly
- . Learn effectively
- . Think critically and creatively

The course competencies build on previous courses encouraging knowledge.

First Semester	Second Semester
<p>Course Objectives NSG 100 Introduction to Professional Nursing Skills</p> <p>Culture</p> <p>Use cultural competence in the workplace</p> <p>Communicate therapeutically in relation to culture</p> <p>Assessment of the client incorporates cultural influences</p> <p>Care for the individual based on his or her individual cultural influences</p> <p>Course Level Learning Outcomes - Competencies</p> <ol style="list-style-type: none"> 1. Use aseptic technique 2. Perform mathematic calculation related to clinical practice 3. Provide wound care 4. Measure blood pressure 5. Manage oxygen therapy 	<p>Course Objectives NSG 110 Nursing For the Well Client</p> <p>Culture</p> <ol style="list-style-type: none"> 1. Identify coping mechanisms during labor and deliver in relation to culture 2. Identify Cultural remedies for clients with reproductive issues 3. Identify cultural influences for the pre and post partum client 4. 4. Identify cultural influence for the newborn and developing child 5. Identify a health diet in relation to cultural preferences/norms <p>Competencies</p> <ol style="list-style-type: none"> 1. Use principles of teaching/learning when reinforcing teaching plans 2. Apply principles of family dynamics to nursing care 3. Adapt nursing interventions for

<p>6. Perform tracheostomy care and suctioning procedures (oral, nasal, pharyngeal, and tracheostomy)</p>	<p>maladaptive patterns of behavior</p>
<p>7. Demonstrate specimen collection specimen collection procedures</p>	<p>4. Provide nursing care for clients with reproductive issues</p>
<p>8. Maintain enteral tubes (feeding, irrigation, suction)</p>	<p>5. Provide nursing care for a healthy pregnant woman</p>
<p>9. Administer medications via the enteral route (oral/tube/rectal)</p>	<p>6. Provide nursing care during uncomplicated labor and delivery</p>
<p>10. Administer medications via the parenteral routes (Intradermal/Subcutaneous/Intramuscular)</p>	<p>7. Provide nursing care for a healthy newborn</p>
<p>11. Administer medications via topical, transdermal, eye, ear, inhalation, and vaginal routes</p>	<p>8. Provide nursing care for the post-partum client</p>
<p>12. Manage intravenous therapy</p>	<p>9. Adapt nursing care for the developing child</p>
<p>13. Facilitate alternative methods of elimination (urinary and bowel)</p>	<p>10. Plan a healthy diet for a well client</p>
<p>14. Obtain a health history</p>	<p>11. Encourage healthy lifestyle behaviors in clients</p>
<p>15. Perform a general survey assessment</p>	<p>12. Promote safety/accident prevention across the lifespan</p>
<p>16. Perform an integumentary assessment</p>	<p>13. Promote healthy coping in acute and chronic illness</p>
<p>17. Perform a musculoskeletal assessment</p>	
<p>18. Perform a head/neck assessment</p>	
<p>19. Perform a basic eye/ear assessment</p>	
<p>20. Perform a basic neurological assessment</p>	
<p>21. Perform a basic respiratory assessment</p>	
<p>22. Perform a basic cardiovascular assessment</p>	
<p>23. Perform an abdominal assessment</p>	

<p>24. Perform a breast/testicular assessment</p>	
<p>Course Objectives NSG 101 Introduction to Professional Nursing</p> <p>Culture</p> <p>Demonstrate and understanding of a clients family structure in relation to cultural preference</p> <p>Demonstrate understanding of family involvement in the client's health goals</p> <p>Identify decision making strategies of the client</p> <p>Demonstrate knowledge of alternative therapy in relation to client wishes</p> <p><i>Course Level Learning Outcomes - Competencies</i></p> <ol style="list-style-type: none"> 1. Differentiate scopes of practice within the nursing profession 2. Maintain a safe, effective care environment 3. Use appropriate communication techniques 4. Use the nursing process 5. Adapt nursing practice to meet the needs of diverse clients in a variety of settings 6. Provide nursing care for clients with sleep/rest/mobility alterations 7. Provide nursing care for clients with comfort alterations 8. Provide nursing care for clients with nutritional, fluid, and 	

<p>electrolytes disturbances</p> <p>9. Provide nursing care for clients with commonly occurring alterations in elimination patterns</p> <p>10. Provide nursing care for clients with integumentary disorders</p> <p>11. Provide nursing care for clients with infection</p> <p>12. Provide nursing care for clients with cognitive and sensory impairments</p> <p>13. Provide nursing care for clients and families experiencing grief and loss</p>	
<p>NSG 102 Introduction to Professional Nursing Clinical</p> <p>Culture</p> <p>Use cultural competence in the workplace</p> <p>Communicate therapeutically in relation to culture</p> <p>Assessment of the client incorporates cultural influences</p> <p>Care for the individual based on his or her individual cultural influences</p> <p>Demonstrate and understanding of a clients family structure in relation to cultural preference</p> <p>Demonstrate understanding of family involvement in the client's health goals</p> <p>Identify decision making strategies of the client</p> <p>Demonstrate knowledge of alternative</p>	<p>NSG 111 Nursing Clinical Across the Lifespan</p> <p>Culture</p> <ol style="list-style-type: none"> 1. Assess of the client as an individual according to his or her needs in relation to culture 2. Identify the impact of a hospitalization in relation to the clients culture including family 3. Encourage participation of the family as unit during hospitalization based on the clients needs and culture 4. Identify alternative/complimentary therapies used by the client in relation to his or her beliefs/culture <p>Competencies</p> <ol style="list-style-type: none"> 1. Collect data with supervision on clients

<p>therapy in relation to client wishes</p> <p>Course Level Learning Outcomes - Competencies</p> <ol style="list-style-type: none"> 1. Demonstrate professional behaviors. 2. Establish nurse/client relationship. 3. Communicate effectively with peers/staff/instructor. 4. Collect data with assistance. 5. Report abnormal data. 6. Document data with assistance. 7. Provide a safe work/care environment. 8. Provide basic nursing cares. 9. Perform nursing skills following established standards. 10. Administer medication with assistance. 	<p>across the life span.</p> <ol style="list-style-type: none"> 2. Document assessments, cares, and client responses with supervision. 3. Participate in planning nursing care. 4. Provide complex cares under direct supervision for clients across the life span. 5. Administer meds to a complex client with supervision. 6. Provide health care instruction to clients. 7. Communicate therapeutically with clients and families.
	<p>NSG 112 Health Alterations</p> <p>Culture</p> <ol style="list-style-type: none"> 1. Identify cultural response to pain 2. Identify interaction of client in relation to his or her culture and the healthcare system 3. Develop a plan of care in relation to the culture of the client and the impact of illness 4. Identify the impact of illness on the family <p>Course Level Learning Outcomes - Competencies</p> <ol style="list-style-type: none"> 1. Provide nursing care for clients undergoing surgery (peri-operative) 2. Provide nursing care for clients with

	<p>alterations in the muscular-skeletal system</p> <ol style="list-style-type: none"> 3. Provide nursing care for clients with alterations in the cardiovascular system 4. Provide nursing care for clients with alterations with autoimmune and malignancy disorders 5. Provide nursing care for clients with alterations in hematology 6. Provide nursing care for clients with alterations of the nervous system 7. Provide nursing care for clients with alterations of endocrine system 8. Provide nursing care for clients with alterations of the gastrointestinal system 9. Provide nursing care for clients with alterations of the renal/urinary system 10. Develop a plan for making the transition from student to practicing nurse 11. Apply leadership principles 12. Manage care for a group of clients according to the Nurse Practice Act 13. Provide nursing care for clients with alterations in the respiratory system
	<p>NSG 113 Introduction to Clinical Care Management</p> <p>Culture</p> <ol style="list-style-type: none"> 1. Identify cultural response to pain 2. Identify interaction of client in relation to his or her culture and the healthcare system 3. Develop a plan of care in relation to the

	<p>culture of the client and the impact of illness</p> <p>4. Identify the impact of illness on the family</p> <p>Competencies</p> <ol style="list-style-type: none"> 1. Manage a group of clients with supervision. 2. Collaborate professionally within the health care team. 3. Administer medication to a group of clients with supervision. 4. Demonstrate leadership behaviors. 5. Organize clinical activities using principles of priority setting and time management. 6. Use problem-solving skills when managing client care. 7. Adapt care based on assessment findings with supervision. 8. Manage team member performance.
	<p>NSG/HTH 219 Pharmacology for Nurses and Allied Health Professionals</p> <p>Course Objectives:</p> <ol style="list-style-type: none"> 1. Identify Key events in the history of pharmacology 2. Identify professional, ethical, and legal issues related to the administration of medications 3. Identify drug classes and schedules 4. Explain the applications of pharmacokinetics to clinical practice, absorption, distribution, metabolism and excretion 5. Principles of drug administration

	<ol style="list-style-type: none">6. Calculate adult and pediatric medication using ratio and proportion, the metric system, and body weight.7. Calculate complex problems for oral, parental, intravenous and topical medications8. Use the nursing process to care for patients receiving drug therapy for each body system:<ol style="list-style-type: none">a. Nervousb. Cardiovascular and Urinaryc. Immuned. Respiratorye. Gastrointestinalf. Endocrineg. Integumentary and Eyes/Ears9. Use the nursing process to care for patients receiving drug therapy for infections and pain10. For each drug, according to their classification, know and explain their mechanisms, action, primary actions, and important adverse effects and drug interactions11. Identify psychosocial, cultural and spiritual factors that affect pharmacotherapeutics12. Explain the role of complimentary alternative medicine in promoting patient wellness, pharmacologic and non-pharmacologic
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Students in the first semester learn the nursing process, scope of practice, ethics, safety care planning, and lecture on the body systems in relation to nursing and basic assessment skills. The students demonstrate their knowledge through individual and group projects, test taking skills, case studies and return demonstration on each other and manikins in the skills laboratory. These skills are further honed during clinical practice where students are able to demonstrate the continuity of learned skills to practice those skills in a real life situation under the direct supervision of a faculty member. Students gain

knowledge on culture and beliefs in health practices, they are able to comprehend and apply different strategies in meeting the cultural needs of their patients in relation to health care.

As the students enter the second semester, the courses add in maternal and child nursing, pharmacology, and beginning medical surgical nursing. The maternal and child nursing adds a new component to the nursing process in relation to growth and development and specialized patient care. Students build upon the nursing process and basic assessment and implementation skills to take care of patients in this area. They learn new assessment skills of the newborn, toddler, school age, and adolescent patient in relation to growth, development and psychosocial adaptations.

The students use their nursing skills to assess abnormalities and use critical thinking to plan patient care related to those abnormalities.

Culture is integrated throughout the semesters as students are exposed to many cultures. In the clinical setting students took care of religious, Hmong and Native American patients on a maternity ward, in the community at the Lac Courte Oreilles Ojibwa Community School, The Honoring our Children program, the NICU in Duluth Minnesota, The Hayward Community School, the Ladysmith Community School and the Sawyer County and Rusk County Public Health. Case studies for ob and pediatric patients thought-out the lifespan and different nationalities were presented. Care plans on ob/pediatric patients were built upon from previous courses. As the students worked in Health alterations, they moved further into understanding the nursing anatomy/physiology relationship of body systems including:

Provide nursing care for clients undergoing surgery (peri-operative)

2. Provide nursing care for clients with alterations in the muscular-skeletal system
3. Provide nursing care for clients with alterations in the cardiovascular system

4. Provide nursing care for clients with alterations with autoimmune and malignancy disorders
5. Provide nursing care for clients with alterations in hematology
6. Provide nursing care for clients with alterations of the nervous system
7. Provide nursing care for clients with alterations of endocrine system
8. Provide nursing care for clients with alterations of the gastrointestinal system
9. Provide nursing care for clients with alterations of the renal/urinary system
10. Develop a plan for making the transition from student to practicing nurse
11. Apply leadership principles
12. Manage care for a group of clients according to the Nurse Practice Act
13. Provide nursing care for clients with alterations in the respiratory system

This provided a basis for taking care of a diverse population in the medical surgical unit. Students worked on a teaching plan and performed all care for their post-surgical patients and acutely ill patients ranging from gastric bypass, AIDS, Colon cancer, wound care, abdominal surgeries, etc. The students prepared a teaching plan in relation to one of their patients.

The students built upon the first semester nursing courses by incorporating what they were taught to more intermediate patient care. Care plans built upon the previous semesters care plans.

The pharmacology course added the philosophy of medication administration in teaching the pharmacokinetics of medications and pharmacology math. This included:

1. Identify professional, ethical, and legal issues related to the administration of medications

2. Identify drug classes and schedules
3. Explain the applications of pharmacokinetics to clinical practice, absorption, distribution, metabolism and excretion
4. Principles of drug administration
5. Calculate adult and pediatric medication using ratio and proportion, the metric system, and body weight.
6. Calculate complex problems for oral, parental, intravenous and topical medications
7. Use the nursing process to care for patients receiving drug therapy for each body system:
 - a. Nervous
 - b. Cardiovascular and Urinary
 - c. Immune
 - d. Respiratory
 - e. Gastrointestinal
 - f. Endocrine
 - g. Integumentary and Eyes/Ears
8. Use the nursing process to care for patients receiving drug therapy for infections and pain
9. For each drug, according to their classification, know and explain their mechanisms, action, primary actions, and important adverse effects and drug interactions

10. Identify psychosocial, cultural and spiritual factors that affect pharmacotherapeutics

11. Explain the role of complimentary alternative medicine in promoting patient wellness,
pharmacologic and non-pharmacologic interventions

Third Semester Nursing Courses

NSG 200 Intermediate Medical Surgical Nursing

Assessment of patient according to body system:

Peri-operative nursing

Culture

Identify cultural impacts on patients in relation to his or her health status

Describe and identify cultural health practices

Course Level Learning Outcomes - Competencies

1. Describe culturally competent care in relation to the Ojibwa and other cultures of persons presenting with complex health alterations
2. Identify the pathologies that contribute to complex health alterations and compare them globally
3. Identify and explain the role of complementary and alternative modalities specific to culture and in general
4. Deliver evidenced based nursing practice in relation to diseases found in acute health care settings
5. Describe the path physiology, presenting symptoms, testing, treatments and nursing care of patients experiencing alterations in musculoskeletal, cardiovascular, respiratory, endocrine and hematological systems
6. Demonstrate ability to research health care advancement to maintain and enhance personal knowledge and skills
7. Apply evidenced-based practice to nursing skills
8. Identify the roles and compare and contrast those roles of different healthcare providers: Registered Nurse, Licensed Practical Nurse, and Certified Nursing Assistant

NSG 201 Intermediate Medical Surgical Nursing Clinical

Culture

Use cultural competence in the workplace

Communicate therapeutically in relation to culture

Assessment of the client incorporates cultural influences

- Care for the individual based on his or her individual cultural influences
- Demonstrate and understanding of a clients family structure in relation to cultural preference
- Demonstrate understanding of family involvement in the client's health goals
- Identify decision making strategies of the client in relation to culture
- Demonstrate knowledge of alternative therapy in relation to client wishes

Course Level Learning Outcomes - Competencies

1. Initialize patient care plans based upon the clients cultural beliefs
2. Provide evidence based nursing care to clients
3. Demonstrate use of the nursing process in care of assigned clients
4. Assess and identify the use of alternative/complimentary alternative therapy when working with assigned clients
5. Implement a teaching plan for an assigned client according to individuals needs
6. Develop knowledge and skills within scope of practice
7. Integrates current research into the clients plan of care
8. Observes delegation of duties of licensed and un-licensed professionals within the interdisciplinary team
9. Describes beginning leadership strategies by delegating patient care
10. Organize, direct and implement the care of one or two patients daily/weekly
11. Demonstrate effective communication methods with the interdisciplinary health care team including students, instructor, client, and family members

NSG 203Mental Health Nursing

Assessment

1. Assess the biopsychosocial adaptation response of clients with alterations in mental health.
 2. Identify support systems that provide continuity of care for clients within the community
 3. Define the role of the nurse in mental health and community health settings.
- Explain the role of complementary and alternative therapies in the care of clients in mental health and community settings

Culture

Identify cultural impacts on patients in relation to his or her health status

Describe and identify cultural health practices

Course Level Learning Outcomes - Competencies

1. Describe culturally competent care in relation to the Ojibwa and other cultures of persons presenting with mental health alterations
2. Identify the pathologies that contribute to mental health alterations
3. Complete ongoing, comprehensive assessment through collection, analysis and synthesis of relevant data to appraise the client's health status
4. Use teaching strategies and the learning process to reduce risks and to promote, maintain and restore client health
5. Collaborate across disciplines to provide holistic centered care in diverse health settings
6. Identify and explain the role of complementary and alternative modalities specific to culture and in general
7. Deliver evidenced based nursing practice in relation to mental health alterations found in the population
8. Demonstrate ability to research health care advancement to maintain and enhance personal knowledge and skills
9. Apply evidenced-based practice to nursing skills

Describe the importance of maintaining current nursing skills and identify ways in which new innovations are learned which enhances the nurse's knowledge and skills.

NSG 203 Mental Health Nursing Clinical

Culture

Use cultural competence in the workplace

Communicate therapeutically in relation to culture

Assessment of the client incorporates cultural influences

Care for the individual based on his or her individual cultural influences

Demonstrate and understanding of a clients family structure in relation to cultural preference

Demonstrate understanding of family involvement in the client's health goals

Identify decision making strategies of the client in relation to culture

Demonstrate knowledge of alternative therapy in relation to client wishes

NSG 204 Intermediate Medical Surgical Nursing Skills

Course Level Learning Outcomes – Competencies

Review of:

1. Use aseptic technique
2. Perform mathematic calculation related to clinical practice
3. Provide wound care
4. Measure blood pressure
5. Manage oxygen therapy
6. Perform tracheostomy care and suctioning procedures (oral, nasal, pharyngeal, and tracheostomy)
7. Demonstrate specimen collection specimen collection procedures
8. Maintain enteral tubes (feeding, irrigation, suction)
9. Administer medications via the enteral route (oral/tube/rectal)
10. Administer medications via the parenteral routes (Intradermal/Subcutaneous/Intramuscular)
11. Administer medications via topical, transdermal, eye, ear, inhalation, and vaginal routes
12. Facilitate alternative methods of elimination (urinary and bowel)
14. Obtain a health history
15. Perform a general survey assessment
16. Perform an integumentary assessment
17. Perform a musculoskeletal assessment
18. Perform a head/neck assessment
19. Perform a basic eye/ear assessment
20. Perform a basic neurological assessment
21. Perform a basic respiratory assessment
22. Perform a basic cardiovascular assessment
23. Perform an abdominal assessment
24. Perform a breast/testicular assessment

New Skills:

25. Manage intravenous therapy
26. PICC Line management
27. Central Line management
28. Drawing blood from a port
29. Administer medications via port
30. Tracheostomy Management
31. Administer blood products

- | |
|--------------------------------------|
| 32. Blood draws |
| 33. Lab interpretation |
| 34. EKG placement and interpretation |

The third semester courses are building upon the second semester courses. Students are adding in another specialized health area, mental health.

Course objectives address the aspects of mental health; students will apply those aspects to the clinical setting and will be presenting a group project to the community on a mental health disorder. Care planning and critical thinking increases as students apply what they have learned in the last two semesters to new areas and improve upon what they already know. In the skills course, advanced skills are performed and return demonstration so that students build upon previous skill knowledge to apply in the clinical setting, they include but are not limited to:

New Skills:

- Manage intravenous therapy
- PICC Line management
- Central Line management
- Drawing blood from a port
- Administer medications via port
- Tracheostomy Management
- Administer blood products
- Blood draws
- Lab interpretation
- EKG placement and interpretation
- Surgical asepsis

The Intermediate Medical Surgical Nursing Course builds on the Health alterations course by discussing respiratory system, cardiovascular system, nervous system and the musculoskeletal systems. The clinical time spent in relation to day surgery, surgery observation, dialysis, hospice,

emergency room and other clinical opportunities where students will have the opportunity to monitor the above skills and perform the skills. Care plans expand the knowledge and students become more adept at writing plans of care. Students continue to learn new ideas and cultural applications and begin to analyze cultural influences and health disparities.

Fourth Semester Courses

NSG 210 Advanced Medical Surgical Nursing

Course Objectives/Outcomes

PROFESSIONAL BEHAVIORS

1. Practice within the ethical, legal, and regulatory frameworks of nursing and standards of professional nursing practice.
2. Use standards of nursing practice to perform and evaluate client care.
3. Maintain organizational and client confidentiality.
4. Practice within the parameters of individual knowledge and experience.
5. Participate as a member of professional organizations.
6. Delineate and maintain appropriate professional boundaries in the nursing relationship.

COMMUNICATION

1. Utilize therapeutic communication skills when interacting with clients and significant support persons.
2. Report and document assessments, interventions, and progress toward client outcomes.
3. Protect confidential information.

4. Utilize information technology to support and communicate the planning and provision of client care.

ASSESSMENT

4. Describe the pathology, clinical manifestations, diagnostic tests, treatments for patients according to body system:

Musculoskeletal

Cardiovascular

Respiratory

Endocrine

Hematological

Immunological

Neurological

Reproductive

5. Nursing Management of Patients Experiencing illnesses according to body system:

Musculoskeletal

Cardiovascular

Respiratory

Endocrine

Hematological

Immunological

Neurological

CLINICAL DECISION MAKING

1. Use evidence-based information, collected electronically or through other means to support clinical decision making.

CARING INTERVENTIONS

1. Protect and promote the client's dignity.

2. Identify and honor the emotional, cultural, religious, and spiritual influences on a client's health.

3. Assist the client to achieve optimum comfort and functioning.

4. Adapt care in consideration of the client's values, customs, culture, and/or habits.

6. Assist the client to achieve optimum comfort and functioning.

4. Adapt care in consideration of the client's values, customs, culture, and/or habits.

MANAGING CARE

1. Demonstrate competence with current technologies.

GENERAL EDUCATION OUTCOMES

1. Express themselves clearly and correctly in writing

2. Be able to locate, gather and synthesize information

Outcomes

- Assessment and Intervention Performance Evaluations: Utilize standards of care in application of the nursing process in caring for clients across the life-span.
- Communication Competency performance evaluations: Communicate in a professional manner.
- Critical Thinking Competency performance evaluations: Base nursing care decisions on evidence based practice and theoretical concepts.
- Human Caring and Relationship Competency performance evaluations: Provide holistic and compassionate care.
- Teaching Competency performance evaluations: Effectively educate client(s).
- Management Competency performance evaluations: Demonstrate accountability and responsibility.
- Leadership Competency performance evaluations: Lead in a professional manner based on standards of nursing practice.
- Knowledge Integration Competency performance evaluations: Apply knowledge and competency performance evaluations for continuous self-development & life-long learning.
- Cultural Competence: Apply knowledge of Ojibwa and other cultures in aspects of diverse health care.

Core Abilities

- . Communicate clearly
- . Learn effectively
- . Think critically and creatively

Culture

Culture

Assessment of the client incorporates cultural influences

Care for the individual based on his or her individual cultural influences

Demonstrate and understanding of a clients family structure in relation to cultural preference

Demonstrate understanding of family involvement in the client's health goals

Identify decision making strategies of the client in relation to culture

Demonstrate knowledge of alternative therapy in relation to client wishes

Cultural Responses to Nursing Education

Flexible

Integrated

Personal Growth

Participate in college cultural activities:

Spring:

- graduation feast,
- storytelling
- advanced communication
- critical thinking
- teaching/Healing
- theoretical knowledge
- wisdom
- leadership
- reflection
- elders
- woman's talking circle (female students)
- men's talking circle (male students)

Identify cultural impacts on patients in relation to his or her health status

Describe and identify cultural health practices

Course Level Learning Outcomes - Competencies

9. Describe culturally competent care in relation to the Ojibwa and other cultures of persons presenting with complex health alterations
10. Identify the pathologies that contribute to complex health alterations and compare them globally
11. Identify and explain the role of complementary and alternative modalities specific to culture and in general
12. Deliver evidenced based nursing practice in relation to diseases found in acute health care

settings

13. Describe the pathophysiology, presenting symptoms, testing, treatments and nursing care of patients experiencing alterations in musculoskeletal, cardiovascular, respiratory, endocrine and hematological systems
14. Demonstrate ability to research health care advancement to maintain and enhance personal knowledge and skills
15. Apply evidenced-based practice to nursing skills
16. Identify the roles and compare and contrast those roles of different healthcare providers: Registered Nurse, Licensed Practical Nurse, and Certified Nursing Assistant

COMMUNICATION

1. Utilize therapeutic communication skills when interacting with clients and significant person(s).
2. Report and document assessments, interventions, and progress toward client outcomes.
3. Protect confidential information.
4. Utilize information technology to support and communicate the planning and provision

ASSESSMENT

7. Describe the Advanced; pathology, clinical manifestations, diagnostic tests, and treatment patients according to body system:

Musculoskeletal

Cardiovascular

Respiratory

Endocrine

Hematological

Immunological

Neurological

8. Nursing Management of Patients Experiencing illnesses according to body system:

Musculoskeletal

Cardiovascular

Respiratory

Endocrine

Hematological

Immunological

Neruoological

9. Describe the pathology, clinical manifestations, diagnostic tests, and treatments for high risk newborns and the ill child according to body system:

Musculoskeletal

Cardiovascular

Respiratory

Endocrine

Hematological

Immunological

Neruoological

10. Describe the pathology, clinical manifestations, diagnostic tests, treatments of peri-natal patients according to body system:

Musculoskeletal

Cardiovascular

Respiratory

Endocrine

Hematological

Immunological

Neruoological

CLINICAL DECISION MAKING

1. Use evidence-based information, collected electronically or through other means to support clinical decision making.

CARING INTERVENTIONS

1. Protect and promote the client's dignity.

2. Identify and honor the emotional, cultural, religious, and spiritual influences on a client's health.

3. Assist the client to achieve optimum comfort and functioning.

4. Adapt care in consideration of the client's values, customs, culture, and/or habits.

11. Assist the client to achieve optimum comfort and functioning.

4. Adapt care in consideration of the client's values, customs, culture, and/or habits.

MANAGING CARE

2. Demonstrate competence with current technologies.

GENERAL EDUCATION OUTCOMES

3. Express themselves clearly and correctly in writing
4. Be able to locate, gather and synthesize information

Program Outcomes

Outcomes

- Assessment and Intervention Performance Evaluations: Utilize standards of care in application of the nursing process in caring for clients across the life-span.
- Communication Competency performance evaluations: Communicate in a professional manner.
- Critical Thinking Competency performance evaluations: Base nursing care decisions on evidence based practice and theoretical concepts.
- Human Caring and Relationship Competency performance evaluations: Provide holistic and compassionate care.
- Teaching Competency performance evaluations: Effectively educate client(s).
- Management Competency performance evaluations: Demonstrate accountability and responsibility.
- Leadership Competency performance evaluations: Lead in a professional manner based on standards of nursing practice.
- Knowledge Integration Competency performance evaluations: Apply knowledge and competency performance evaluations for continuous self-development & life-long learning.
- Cultural Competence: Apply knowledge of Ojibwa and other cultures in aspects of diverse health care.

Core Abilities

- . Communicate clearly
- . Learn effectively
- . Think critically and creatively

Culture

Identify cultural impacts on patients in relation to his or her health status

Describe and identify cultural health practices

Course Level Learning Outcomes - Competencies

17. Describe culturally competent care in relation to the Ojibwa and other cultures of persons presenting with complex health alterations
18. Identify the pathologies that contribute to complex health alterations and compare them globally
19. Identify and explain the role of complementary and alternative modalities specific to culture and in general
20. Deliver evidenced based nursing practice in relation to diseases found in acute health care settings
21. Describe the pathophysiology, presenting symptoms, testing, treatments and nursing care of patients experiencing alterations in musculoskeletal, cardiovascular, respiratory, endocrine and hematological systems
22. Demonstrate ability to research health care advancement to maintain and enhance personal knowledge and skills
23. Apply evidenced-based practice to nursing skills
24. Identify the roles and compare and contrast those roles of different healthcare providers: Registered Nurse, Licensed Practical Nurse, and Certified Nursing Assistant

NSG 211 Advanced Medical Surgical Nursing Clinical I

Course Specific Objectives/Outcomes

PROFESSIONAL BEHAVIORS

1. Practice within the ethical, legal, and regulatory frameworks of nursing and standards of professional nursing practice.

2. Report unsafe practices of healthcare providers using appropriate channels of communication.
3. Demonstrate accountability for nursing care given by self and/or delegated to others.
4. Use standards of nursing practice to perform and evaluate client care.
5. Advocate for client rights.
6. Maintain organizational and client confidentiality.
7. Practice within the parameters of individual knowledge and experience.
8. Serve as a positive role model within healthcare settings and the community at large.
9. Recognize the impact of economic, political, social, and demographic forces on the delivery of healthcare.
10. Develop and implement a plan to meet self learning needs.
11. Delineate and maintain appropriate professional boundaries in the nursing relationship.

COMMUNICATION

1. Communicate relevant, accurate, and complete information in a concise and clear manner.
2. Report and document assessments, interventions, and progress toward client outcomes.
3. Protect confidential information.
4. Utilize information technology to support and communicate the planning and provision of client care.

ASSESSMENT

1. Assess the interaction patterns of the individual client or significant support person(s).
2. Assess the impact of development, emotional, cultural, religious, and spiritual influences on the client's health status.
3. Assess the client's health status by completing health history and performing a physical, cognitive, psychosocial, and functional assessment.
4. Assess client and significant support person(s) for learning, strengths, capabilities, barriers, and educational needs.
5. Assess the client's response to actual or potential health problems.
6. Assess the client's response to interventions.
7. Assess the client for changes in health status and identified needs.
8. Assess the client for changes in relation to body systems pathophysiology
9. Assess the pathology, clinical manifestations, diagnostic tests, treatments for patients acco

system:

Musculoskeletal

Cardiovascular

Respiratory

Endocrine

Hematological

10. Nursing Management of Patients Experiencing illnesses according to body system:

Musculoskeletal

Cardiovascular

Respiratory

Endocrine

Hematological

CLINICAL DECISION MAKING

1. Analyze and utilize assessment and reassessment data to plan care.
2. Evaluate the effectiveness of care provided in meeting client outcomes.
3. Modify client care as indicated by the evaluation of outcomes.
4. Use evidence-based information, collected electronically or through other means to support clinical decision making.

CARING INTERVENTIONS

1. Protect and promote the client's dignity.
2. Identify and honor the emotional, cultural, religious, and spiritual influences on a client's health.
3. Demonstrate caring behavior towards the client, significant support person(s), and other members of the healthcare team.
4. Provide accurate and safe nursing care in diverse settings.
5. Implement the prescribed care regimen within the legal, ethical, and regulatory framework of nursing practice.
6. Perform nursing skills competently.
7. Provide a safe physical and psychosocial environment for the client.
8. Assist the client and significant support person(s) to cope with and adapt to stressful events and changes in health status.
9. Assist the client to achieve optimum comfort and functioning.
10. Prepare the client and significant support person(s) for intervention, treatment

modalities, and self-care.

12. Adapt care in consideration of the client's values, customs, culture, and/or habits.

TEACHING AND LEARNING

COLLABORATION

1. Work cooperatively with others to achieve client and organizational outcomes.
2. Collaborate with the client, significant support person(s), and other members of the healthcare team to evaluate progress toward achievement of outcomes.
3. Interact creatively and openly with others to solve problems to achieve client goals and outcomes.
4. Collaborate to bring about fair solutions that balance differing needs, values, and motivations for the purpose of achieving positive client outcomes.

MANAGING CARE

1. Prioritize client care.
2. Demonstrate competence with current technologies.

Culture

Use cultural competence in the workplace

Communicate therapeutically in relation to culture

Assessment of the client incorporates cultural influences

Care for the individual based on his or her individual cultural influences

Demonstrate understanding of a client's family structure in relation to cultural preference

Demonstrate understanding of family involvement in the client's health goals

Identify decision making strategies of the client in relation to culture

Demonstrate knowledge of alternative therapy in relation to client wishes

Participate in college cultural activities:

Spring:

- graduation feast,
- storytelling
- advanced communication
- critical thinking
- teaching/Healing
- theoretical knowledge
- wisdom
- leadership

- reflection
- elders

General Education Outcomes

Express themselves clearly and correctly in writing

Be able to locate, gather and synthesize information

Outcomes

- **Assessment and Intervention Performance Evaluations:** Utilize standards of care in application of the nursing process in caring for clients across the life-span.
- **Communication Competency performance evaluations:** Communicate in a professional manner.
- **Critical Thinking Competency performance evaluations:** Base nursing care decisions on evidence based practice and theoretical concepts.
- **Human Caring and Relationship Competency performance evaluations:** Provide holistic and compassionate care.
- **Teaching Competency performance evaluations:** Effectively educate client(s).
- **Management Competency performance evaluations:** Demonstrate accountability and responsibility.
- **Leadership Competency performance evaluations:** Lead in a professional manner based on standards of nursing practice.
- **Knowledge Integration Competency performance evaluations:** Apply knowledge and competency performance evaluations for continuous self-development & life-long learning.
- **Cultural Competence:** Apply knowledge of Ojibwa and other cultures in aspects of diverse health care.

Core Abilities

- A. Act responsibly
- B. Communicate clearly
- C. Learn effectively
- D. Think critically and creatively
- E. Value self positively
- F. Work cooperatively
- G. Work productively

Course Level Learning Outcomes - Competencies

- 1. Initialize patient care plans based upon the clients cultural beliefs
- 2. Provide evidence based nursing care to clients
- 3. Demonstrate use of the nursing process in care of assigned clients
- 4. Assess and identify the use of alternative/complimentary alternative therapy when working with assigned clients
- 5. Implement a teaching plan for an assigned client according to individuals needs
- 6. Develop knowledge and skills within scope of practice
- 7. Integrates current research into the clients plan of care
- 8. Observes delegation of duties of licensed and un-licensed professionals within the interdisciplinary team
- 9. Describes beginning leadership strategies by delegating patient care
- 10. Organize, direct and implement the care of one or two patients daily/weekly
- 11. Demonstrate effective communication methods with the interdisciplinary health care team including students, instructor, client, and family members

Competencies

- 1. **Use appropriate communication techniques consistently with instructor, peer group, and members of the health care team.**

Performance Standards

You will demonstrate your competence:

- in a medical surgical nursing clinical setting.
- working with clients, peers, and staff.

- by reflecting on Your use of skills.

Criteria:

- You efficiently communicate complete, accurate, pertinent information.
- You use appropriate channels of communication.
- You document complete, accurate, pertinent information.
- You document according to agency guidelines.
- You establish therapeutic relationships with clients and family.
- You use therapeutic communication techniques appropriate to the situation to assist clients in attaining health care goals.
- You determine how to improve your skills.

Learning objectives

What you will learn as you master the competency:

- Utilize therapeutic communication skills with health care providers, instructors, and clients.
- Complete accurate and pertinent documentation using nursing process and technology available to the agency.
- Identify assets and limitations in personal communication.
- Utilize channels of appropriate communication to resolve conflict.

2. Assess the client for changes in health status.

Performance Standards

You will demonstrate your competence:

- in a clinical setting.
- working with clients, peers, and staff.

Criteria:

- You perform a comprehensive client assessment.
- You include the client's family and community in the assessment.
- You collect accurate data and validate assessment findings.
- You perform a focused assessment based on health needs.
- You adapt assessment techniques based on client characteristics (age, culture, development, mental state, etc.).
- You anticipate and assess for changes in health status.

Learning objectives

What you will learn as you master the competency:

- Independently performs a comprehensive client assessment.
- Validates assessment findings as needed with appropriate health care team member.
- Reassess client based on changes in health status.

- Interprets assessment findings to anticipate potential changing needs of client.

3. Assure client-centered nursing care in complex situations.

Performance Standards

You will demonstrate your competence:

- in a clinical setting.
- working with clients, peers, and staff.

Criteria:

- You maintain a safe, effective care environment.
- You maintain client's dignity, privacy, and confidentiality.
- You demonstrate caring behavior towards the client and family.
- You implement the prescribed care plan.
- You perform nursing skills and use technology competently.
- You consider client's family and community when developing and implementing nursing care.

Learning objectives

What you will learn as you master the competency:

- Provides safe nursing care in simple to complex situations.
- Performs all nurses skills competently utilizing agency standards.
- Utilize the appropriate agency and or community resources to provide client-centered care.
- Provides holistic client-centered care utilizing the prescribed plan of care.

4. Make clinical decisions with supervision.

Performance Standards

You will demonstrate your competence:

- in a clinical setting.
- working with clients, peers, and staff.
- by reflecting on critical thinking and decision-making skills.

Criteria:

- You describe decision making process use.
- You gather adequate and relevant information for decision making.
- You use rational thinking strategies in decision making.

- You consult with instructor and staff for assistance with and validation of decisions.
- You evaluate the effect and/or appropriateness of decisions made.

Learning objectives

What you will learn as you master the competency:

- Incorporate the nursing process in decision making related to client care.
- Validate clinical decisions with instructor and or members of the health care team as needed.
- Consult with instructor and/or staff for assistance with decision making as needed.

5. Modify a plan of care.

Performance Standards

You will demonstrate your competence:

- in a clinical setting.
- working with clients, peers, and staff.

Criteria:

- You evaluate effectiveness of existing plan of care.
- You select appropriate modifications after considering alternatives.

- You respond to changes in client health status by modifying the plan of care.
- Your response reflects awareness of the significance of the change.
- You collaborate with the client and health care team members in changing the plan of care.
- You evaluate the effectiveness of the modification(s).

Learning objectives

What you will learn as you master the competency:

- Analyze effectiveness of existing plan of care.
- Determine alternatives when modifications are needed.
- Collaborate with client and health care team members when changing the plan of care.
- Implement modifications appropriate to the need of client.
- Evaluate the effectiveness of the modifications to the plan of care on an ongoing basis.

6. Develop individualized teaching plans based on assessed needs.

Performance Standards

You will demonstrate your competence:

- in a clinical setting/and or community
- by completing a Written product on [TOPIC].
- working with clients, peers, and staff.

Criteria:

- You assess client learning needs.
- You assess readiness for and barriers to learning.
- You consider client characteristics (age, culture, development, etc) in development of the teaching plan.
- You provide relevant health information.
- You evaluate the client's attainment of learning outcomes.
- You revise the teaching plan as indicated by the evaluation.

Learning objectives

What you will learn as you master the competency:

- Utilize the teaching and learning process to identify the client and or family learning needs on an ongoing basis.
- Assess client and or family for readiness and or barriers to learning.
- Develop relevant teaching plan incorporating characteristics unique to client and family.
- Utilizes agency resources when developing teaching plan.
- Teach client and or family relevant health information on an ongoing basis.
- Evaluate the client and or family attainment of learning outcomes on an ongoing basis.
- Revise the teaching plan as indicated by the evaluation on an ongoing basis.

NSG 212 Nursing Leadership

Course Objectives/Outcomes

PROFESSIONAL BEHAVIORS

1. Demonstrate accountability for nursing care given by self and/or delegated to others.
2. Use standards of nursing practice to perform and evaluate client care.
3. Maintain organizational and client confidentiality.
4. Practice within the parameters of individual knowledge and experience.
5. Develop and implement a plan to meet self learning needs.

COMMUNICATION

1. Utilize therapeutic communication skills when interacting with healthcare team members
2. Report and document effectively as a leader/manager

3. Protect confidential information.
4. Utilize information technology to support and communicate the planning and provision of client care, interdepartmental collaboration and collaboration with community resources and other organizations
5. Define leadership/managerial roles in relation to the mission of the organization.
6. Identify ways in which the leader/manager assists the organization in meeting the mission/goals of the organization
7. Define the organizations mission, values, customs, culture, and/or habits.

MANAGING CARE

1. Demonstrate competence with current technologies.

GENERAL EDUCATION OUTCOMES

1. Express themselves clearly and correctly in writing
2. Be able to locate, gather and synthesize information

Outcomes

- Assessment and Intervention Performance Evaluations: Utilize standards of care in application of the nursing process in caring for clients across the life-span.
- Communication Competency performance evaluations: Communicate in a professional manner.
- Critical Thinking Competency performance evaluations: Base nursing care decisions on evidence based practice and theoretical concepts.
- Human Caring and Relationship Competency performance evaluations: Provide holistic and compassionate care.
- Teaching Competency performance evaluations: Effectively educate client(s).

- Management Competency performance evaluations: Demonstrate accountability and responsibility.
- Leadership Competency performance evaluations: Lead in a professional manner based on standards of nursing practice.
- Knowledge Integration Competency performance evaluations: Apply knowledge and competency performance evaluations for continuous self-development & life-long learning.
- Cultural Competence: Apply knowledge of Ojibwa and other cultures in aspects of diverse health care.

Culture

Use cultural competence in the workplace

Identify and incorporate the office of minority report in the workplace

Communicate therapeutically in relation to culture

Assessment of the client incorporates cultural influences

Care for the individual based on his or her individual cultural influences

Demonstrate and understanding of a clients family structure in relation to cultural preference

Demonstrate understanding of family involvement in the client's health goals

Identify decision making strategies of the client in relation to culture

Demonstrate knowledge of alternative therapy in relation to client wishes

Cultural Responses to Nursing Education

Flexible

Integrated

Personal Growth

Participate in college cultural activities:

Spring:

- graduation feast,
- storytelling
- advanced communication
- critical thinking
- teaching/Healing

- theoretical knowledge
- wisdom
- leadership
- reflection
- elders

Course Level Learning Outcomes - Competencies

1. Identify evidence-based practice in relation to leadership and management
2. Apply evidenced-based practice to leadership and managerial positions
3. Identify the roles and compare and contrast those roles of different healthcare providers: Advanced Practice Nurse, Registered Nurse, Licensed Practical Nurse, and Certified Nursing Assistant
4. Apply critical thinking in relation to health care decisions in a role of leader
5. Describe legal accountability as a leader in health care
6. Describe the role of the professional nurse:
 - As an educator
 - As a researcher
 - As a care provider
 - As a manager/supervisor
 - As a director of nursing
 - As a director of a specific department
 - As an advanced practice nurse in a specialty
7. Identify the

Course Method of Evaluation

1. Tests on each unit of study cumulative passing grade of a 78% or better
2. Case studies correlating with unit testing
3. Written projects on leadership in relation to culture
4. Written project on ethics in relation to culture
5. Written response paper on instructor subject of choice

NSG 213 Advanced Medical Surgical Nursing Clinical II

Course Objectives/Outcomes

PROFESSIONAL BEHAVIORS

1. Demonstrate accountability for nursing care given by self and/or delegated to others.
2. Use standards of nursing practice to perform and evaluate client care.
3. Maintain organizational and client confidentiality.
4. Practice within the parameters of individual knowledge and experience.
5. Develop and implement a plan to meet self learning needs.

COMMUNICATION

1. Utilize therapeutic communication skills when interacting with healthcare team members
2. Report and document effectively as a leader/manager
3. Protect confidential information.
4. Utilize information technology to support and communicate the planning and provision of client care, interdepartmental collaboration and collaboration with community resources and other organizations
5. Define leadership/managerial roles in relation to the mission of the organization.
6. Identify ways in which the leader/manager assists the organization in meeting the mission/goals of the organization
7. Define the organizations mission, values, customs, culture, and/or habits.

MANAGING CARE

2. Demonstrate competence with current technologies.

GENERAL EDUCATION OUTCOMES

3. Express themselves clearly and correctly in writing
4. Be able to locate, gather and synthesize information

Outcomes

- Assessment and Intervention Performance Evaluations: Utilize standards of care in application of the nursing process in caring for clients across the life-span.

- Communication Competency performance evaluations: Communicate in a professional manner.
- Critical Thinking Competency performance evaluations: Base nursing care decisions on evidence based practice and theoretical concepts.
- Human Caring and Relationship Competency performance evaluations: Provide holistic and compassionate care.
- Teaching Competency performance evaluations: Effectively educate client(s).
- Management Competency performance evaluations: Demonstrate accountability and responsibility.
- Leadership Competency performance evaluations: Lead in a professional manner based on standards of nursing practice.
- Knowledge Integration Competency performance evaluations: Apply knowledge and competency performance evaluations for continuous self-development & life-long learning.
- Cultural Competence: Apply knowledge of Ojibwa and other cultures in aspects of diverse health care.

Culture

Culture

Use cultural competence in the workplace

Communicate therapeutically in relation to culture

Assessment of the client incorporates cultural influences

Care for the individual based on his or her individual cultural influences

Demonstrate and understanding of a clients family structure in relation to cultural preference

Demonstrate understanding of family involvement in the client's health goals

Identify decision making strategies of the client in relation to culture

Demonstrate knowledge of alternative therapy in relation to client wishes

Participate in college cultural activities:

Spring:

- graduation feast,
- storytelling
- advanced communication
- critical thinking
- teaching/Healing
- theoretical knowledge
- wisdom
- leadership
- reflection
- elders

1. Provide instruction to other health care team members.

Performance Standards

You will demonstrate your competence:

- in a clinical setting.
- working with clients, peers, and staff.

Criteria:

- You assess a need for learning.
- You provide relevant information in a respectful manner.
- You evaluate the attainment of the learning objective.

Learning objectives

What you will learn as you master the competency:

- Utilize the teaching and learning process to identify the learning needs of peers and or members of the health team.
- Teaches relevant information to peers and staff using agency standards when appropriate.
- Evaluate the attainment of the learning objective.

2. Manage multiple priorities with supervision.

Performance Standards

You will demonstrate your competence:

- in a clinical setting.
- working with clients, peers, and staff.
-

Criteria:

- You determine and support client preferences.
- You select cost-effective strategies.
- You prioritize individual client needs and the needs of groups of clients.
- You consider available time, resources, and environmental factors.

Learning objectives

What you will learn as you master the competency:

- Establishes priorities of care for a group of patients based on patient needs utilizing available resources as needed.
- b. Organizes the duties and tasks for the day, and adjusts organization as patient needs change.
- c. Incorporates cost-effective behavior into nursing practice.

3. Collaborate with other members of the health care team in developing a plan of care.

Performance Standards

You will demonstrate your competence:

- in a clinical setting.
- working with clients, peers, and staff.

Your performance will be successful when:

- You seek information from other health care team members.
- You share relevant client information with other health care team members.
- You confer with other health care team members regarding client care needs.
- You incorporate information from other health care team members into client's plan of care.

Learning objectives

What you will learn as you master the competency:

- Demonstrate collaborative skills in the health care setting.
- Exchange information and ideas with multidisciplinary team regarding client care needs.

4. Delegate nursing care with supervision.

Performance Standards

You will demonstrate your competence:

- in a clinical setting.
- working with clients, peers, and staff.

Criteria:

- You supervise and evaluate the activities of assistive personnel.
- You provide clear, complete directions when delegating.
- You determine if the directions were correctly understood.
- You provide feedback regarding performance of delegated acts.
- You delegate tasks based on competence of assistive personnel, needs/conditions of the client, potential for harm, complexity of task, and predictability of outcome.

Learning objectives

What you will learn as you master the competency:

- Delegate tasks based on the Nurse Practice Act and agency guidelines.
- Supervise and evaluate the activities of assistive personnel.
- Provide feedback regarding performance of delegated acts.

5. Perform within the role of the RN with supervision.

Performance Standards

You will demonstrate your competence:

- in a clinical setting.
- by preparing a written response to a Case study.

- working with clients, peers, and staff.

Criteria:

- You report errors promptly and take appropriate corrective action.
- Case study response demonstrates a thorough understanding of relevant aspects of the case.
- Case study response outlines in detail the decision selected by the learner.
- Case study response includes an explanation of why the decision was selected.
- Case study response is supported by relevant evidence.
- Case study response is well-organized.
- Case study response evidences correct grammar, punctuation, and spelling.
- You comply with school and agency guidelines.
- You practice within the legal and ethical frameworks for nursing.
- You perform procedures consistent with current level of knowledge and skills.
- You evaluate own performance based on standards of practice.
- You demonstrate appropriate behaviors of the student nurse role (timeliness, attendance, appearance, preparation, positive attitude).
- You serve as an advocate for individuals and groups.

Learning objectives

What you will learn as you master the competency:

- Practices within the ethical and legal frameworks for nursing.
- Evaluates own performance based upon standards of practice.
- Acts as an advocate for clients and families using agency resources as appropriate.
- Demonstrate appropriate behaviors of the student nurse role.
- Perform procedures consistent with current level of knowledge and skills within the scope of practice as a student nurse.

Outcomes

- Assessment and Intervention Performance Evaluations: Utilize standards of care in

application of the nursing process in caring for clients across the life-span.

- Communication Competency performance evaluations: Communicate in a professional manner.
- Critical Thinking Competency performance evaluations: Base nursing care decisions on evidence based practice and theoretical concepts.

- Human Caring and Relationship Competency performance evaluations: Provide holistic and compassionate care.
- Teaching Competency performance evaluations: Effectively educate client(s).
- Management Competency performance evaluations: Demonstrate accountability and responsibility.
- Leadership Competency performance evaluations: Lead in a professional manner based on standards of nursing practice.
- Knowledge Integration Competency performance evaluations: Apply knowledge and competency performance evaluations for continuous self-development & life-long learning.
- Cultural Competence: Apply knowledge of Ojibwa and other cultures in aspects of diverse health care.

Course Methods of Evaluation:

1. Two Annotated Bibliographies
2. Weekly Journaling and response to classmates journaling
3. Weekly care plans and assessment sheets/worksheets
4. Final care plan on a client
5. Identify a patient with a medical diagnosis, develop a teaching plan to meet the needs of that patient in relation to culture and evidence based practice.
6. Apply critical thinking to the role of the leader through a scenario experienced at the workplace or one given by the instructor
7. Identify changes in the role of yourself as a leader, showing wisdom, theoretical

- knowledge and reflection
8. Attendance
 9. Mid-term and final evaluation of self and that of instructor

NSG 214 Nursing Internship

Course Objectives/Outcomes

PROFESSIONAL BEHAVIORS

1. Demonstrate accountability for nursing care given by self and/or delegated to others.
2. Use standards of nursing practice to perform and evaluate client care.
3. Maintain organizational and client confidentiality.
4. Practice within the parameters of individual knowledge and experience.
5. Develop and implement a plan to meet self learning needs.

COMMUNICATION

1. Utilize therapeutic communication skills when interacting with healthcare team members
2. Report and document effectively as a leader/manager
3. Protect confidential information.
4. Utilize information technology to support and communicate the planning and provision of client care, interdepartmental collaboration and collaboration with community resources and other organizations
5. Define leadership/managerial roles in relation to the mission of the organization.
6. Identify ways in which the leader/manager assists the organization in meeting the mission/goals of the organization
7. Define the organizations mission, values, customs, culture, and/or habits.

MANAGING CARE

3. Demonstrate competence with current technologies.

GENERAL EDUCATION OUTCOMES

5. Express themselves clearly and correctly in writing
6. Be able to locate, gather and synthesize information

Program Outcomes

- A Adhere to professional standards of practice within legal, ethical, and regulatory frameworks of the registered nurse
- B Use effective communication skills
- C Provide safe caring interventions with diverse populations

Culture

Use cultural competence in the workplace

Competencies

- 1. Use appropriate communication techniques consistently with instructor, peer group, and members of the health care team.**

Performance Standards

You will demonstrate your competence:

- in a medical surgical nursing clinical setting.
- working with clients, peers, and staff.
- by reflecting on Your use of skills.

Criteria:

- You efficiently communicate complete, accurate, pertinent information.
- You use appropriate channels of communication.
- You document complete, accurate, pertinent information.
- You document according to agency guidelines.
- You establish therapeutic relationships with clients and family.
- You use therapeutic communication techniques appropriate to the situation to assist clients in attaining health care goals.
- You determine how to improve your skills.

Learning objectives

What you will learn as you master the competency:

- Utilize therapeutic communication skills with health care providers, instructors, and clients.
- Complete accurate and pertinent documentation using nursing process and technology available to the agency.
- Identify assets and limitations in personal communication.
- Utilize channels of appropriate communication to resolve conflict.

- 2. Assess the client for changes in health status.**

Performance Standards

You will demonstrate your competence:

- in a clinical setting.
- working with clients, peers, and staff.

Criteria:

- You perform a comprehensive client assessment.
- You include the client's family and community in the assessment.
- You collect accurate data and validate assessment findings.
- You perform a focused assessment based on health needs.
- You adapt assessment techniques based on client characteristics (age, culture, development, mental state, etc.).
- You anticipate and assess for changes in health status.

Learning objectives

What you will learn as you master the competency:

- Independently performs a comprehensive client assessment.
- Validates assessment findings as needed with appropriate health care team member.
- Reassess client based on changes in health status.
- Interprets assessment findings to anticipate potential changing needs of client.

3. Assure client-centered nursing care in complex situations.

Performance Standards

You will demonstrate your competence:

- in a clinical setting.
- working with clients, peers, and staff.

Criteria:

- You maintain a safe, effective care environment.
- You maintain client's dignity, privacy, and confidentiality.
- You demonstrate caring behavior towards the client and family.

- You implement the prescribed care plan.
- You perform nursing skills and use technology competently.
- You consider client's family and community when developing and implementing nursing care.

Learning objectives

What you will learn as you master the competency:

- Provides safe nursing care in simple to complex situations.
- Performs all nurses skills competently utilizing agency standards.
- Utilize the appropriate agency and or community resources to provide client-centered care.
- Provides holistic client-centered care utilizing the prescribed plan of care.

4. Make clinical decisions with supervision.

Performance Standards

You will demonstrate your competence:

- in a clinical setting.
- working with clients, peers, and staff.
- by reflecting on critical thinking and decision-making skills.

Criteria:

- You describe decision making process use.
- You gather adequate and relevant information for decision making.
- You use rational thinking strategies in decision making.

- You consult with instructor and staff for assistance with and validation of decisions.
- You evaluate the effect and/or appropriateness of decisions made.

Learning objectives

What you will learn as you master the competency:

- Incorporate the nursing process in decision making related to client care.
- Validate clinical decisions with instructor and or members of the health care

team as needed.

- Consult with instructor and/or staff for assistance with decision making as needed.

5. Modify a plan of care.

Performance Standards

You will demonstrate your competence:

- in a clinical setting.
- working with clients, peers, and staff.

Criteria:

- You evaluate effectiveness of existing plan of care.
- You select appropriate modifications after considering alternatives.
- You respond to changes in client health status by modifying the plan of care.
- Your response reflects awareness of the significance of the change.
- You collaborate with the client and health care team members in changing the plan of care.
- You evaluate the effectiveness of the modification(s).

Learning objectives

What you will learn as you master the competency:

- Analyze effectiveness of existing plan of care.
- Determine alternatives when modifications are needed.
- Collaborate with client and health care team members when changing the plan of care.
- Implement modifications appropriate to the need of client.
- Evaluate the effectiveness of the modifications to the plan of care on an ongoing basis.

6. Develop individualized teaching plans based on assessed needs.

Performance Standards

You will demonstrate your competence:

- in a clinical setting/and or community
- by completing a Written product on [TOPIC].
- working with clients, peers, and staff.

Criteria:

- You assess client learning needs.
- You assess readiness for and barriers to learning.
- You consider client characteristics (age, culture, development, etc) in development of the teaching plan.
- You provide relevant health information.
- You evaluate the client's attainment of learning outcomes.
- You revise the teaching plan as indicated by the evaluation.

Learning objectives

What you will learn as you master the competency:

- Utilize the teaching and learning process to identify the client and or family learning needs on an ongoing basis.
- Assess client and or family for readiness and or barriers to learning.
- Develop relevant teaching plan incorporating characteristics unique to client and family.
- Utilizes agency resources when developing teaching plan.
- Teach client and or family relevant health information on an ongoing basis.
- Evaluate the client and or family attainment of learning outcomes on an ongoing basis.
- Revise the teaching plan as indicated by the evaluation on an ongoing basis.

The fourth semester nursing courses build upon the third semester nursing courses to complete the training of the nursing student. Students learn advanced medical surgical nursing and leadership skills. They apply, analyze, create and validate the nursing process through advanced assessment, planning, interventions and evaluations. Students use evidence-based research to meet the goals of the patient. They act as leaders within the clinical setting taking on

more role responsibilities enhancing the learning experience through knowledge of nursing, comprehension of the nursing process, application of the process the ability to synthesis the information through data collection and evaluate the process through determining the best course of action for patient care.



AshlandNewRichmondRiceLakeSuperiorHaywardLadysmith

Administrative Office

Bob Meyer
President

January 8 2012

Ref No 13-40

Director, Education and Examinations
Wisconsin Board of Nursing
Wisconsin Department of Safety & Professional Services
PO Box 8935
Madison, WI 53708

To Whom It May Concern:

I am writing to request approval of a program change that might alter compliance with Chapter N1 of Wisconsin Administrative Code, Program Approval for Schools of Nursing. As of December 19, 2012, there has been a change in the Educational Administrator for the Associate Degree Nursing program at Wisconsin Indianhead Technical College. Please see updated information below, as well as Form #1114 (Administrator/Faculty Qualifications Form), and Ms Miller's CV.

ADN Program Administrator
Chaudette Miller, MSN, RN
WITC-Superior
600 N 21st St
Superior WI 54880
Phone: 800.243.9482 Ext. 6826
Fax: 715.394-3771
chaudette.miller@witc.edu

Thank you for your consideration of this matter.

Sincerely,

Julie Kantarik, MSN, RN
Divisional Dean, Allied Health

Enclosures

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935

FAX #: (608) 261-7083
Phone #: (608) 266-2112

1400 E. Washington Avenue
Madison, WI 53703

E-Mail: web@dps.wi.gov
Website: http://dps.wi.gov

BUREAU OF HEALTH SERVICE PROFESSIONS

FACULTY / EDUCATIONAL ADMINISTRATOR QUALIFICATION RECORD

Completion of this form is required by all schools in order to maintain approval of the board. For educational administrators, please return this form to the Department upon appointment. For faculty, keep this form on file in the school of nursing office and available to the Board upon request. The information collected on this form will be used to determine compliance with standards in sec. N 1.06, Wis. Adm. Code.

Applicant's Name (Last, First, Middle) Wisconsin RN Licensure Yes No

Miller, Chaudette Marie

Position:

Educational Administrator

Faculty

Date Appointment Effective:

December 19, 2012

Employment Status:

Full-time

Part-time

School of Nursing Employed By:

Wisconsin Indianhead Technical College

Subjects Hired to Teach:

Complex Health Alterations I
Mental Health
Advanced Clinical Skills

Educational Preparation (Include Nursing School, College, University & Special Studies)

Name of Institution	Location	Period Attended	Date Graduated	Diploma Degree, or # Credits	Major	Minor
Walden University	Online	8/2012-current	In progress	6 credits earned	EdD-Adult Education	
University of Phoenix	Online	8/2000-12/2004	12/2004	Masters of Science	Nursing	
Columbus State University	Columbus, GA	8/1996-6/1998	6/1998	Bachelor of Science	Nursing	
College of St. Scholastica	Duluth, MN	8/1990-5/1994	5/1994	Bachelor of Arts	Exercise Science	

#1114 (Rev. 9/12)
Ch. 41, Wis. Stats.
N 1.06(4)(g), Wis. Adm. Code

-OVER-

Wisconsin Department of Safety and Professional Services

Nursing Practice Experience (Please List Most Recent First)

From Mo/Yr	To Mo/Yr	Part or Full-time	Employer	Location City State	Position Title
June 2010	August 2010	PT	St. Luke's Hospital	Duluth, MN	RN
July 2003	July 2007	FT	Park Nicollet, Methodist Hospital	St Louis Park, MN	Staff Nurse/Charge Nurse 3 South/CCU
December 2000	September 2002	FT	US Army, Weed Community Hospital	Ft. Irwin, CA	Charge Nurse Emergency Dept
September 1998	December 2000	FT	US Army, Madigan Army Medical Ctr	Tacoma, WA	Charge Nurse and Clinical Staff Nurse

Nursing Education Experience (Please List Most Recent First)

From Mo/Yr	To Mo/Yr	Part or Full-time	Employer	Location City State	Position Title
August 2010	Current	FT	WI Indianhead Technical College	Superior WI	Nursing Instructor
August 2004	May 2010	FT	Normandale Community College	Bloomington, MN	Nursing Instructor

Chaudette Miller RN, MSN

Signature of Educational Administrator

Chaudette Marie Miller

1209 Faxon Street, Superior, WI 54880 [763-229-0307] chaudette.miller@witc.edu

EDUCATION

Walden University-Minneapolis, MN

Doctor of Education

In progress

Current GPA: 4.0

University of Phoenix-Phoenix, AZ

Master of Science in Nursing

2004

Project: "Budget Development at the Nurse Manager Level"

Columbus State University-Columbus, GA

Bachelor of Science in Nursing

1998

College of St. Scholastica-Duluth, MN

Bachelor of Arts in Exercise Science

1994

AWARDS

Distinguished Faculty Award

Normandale Community College-Bloomington, MN

2008

Letter of Commendation, Nursing

Weed Army Medical Center, Ft. Irwin, CA

2001

Lewis A. Hazzouri Baccalaureate Nursing Student of the Year Award

Columbus State University-Columbus, GA

1997

TEACHING EXPERIENCE

Wisconsin Indianhead Technical College, Superior, WI

Instructor-Associate Degree Nursing Program

2010-Present

Collaborated on curriculum and exam development; selected clinical assignments; met with students upon request and for final evaluations; graded all exams, written work, and clinical performance; maintain ongoing professional memberships and continuing education activities; demonstrate knowledge of and experience in assessment of student learning outcomes; participate in department meetings. Courses: Fundamentals, Pharmacology, Advanced Skills, Intermediate Clinical Practice, Mental Health and Community Concepts, Complex Health Care Alterations

Normandale Community College, Bloomington, MN

Instructor-Associate Degree Nursing Program

2004-2010

Taught both classroom and clinical experiences in an NLN accredited AD program; worked closely with the MN State Board of Nursing Abilities to update and revise as needed; participated in ensuring accreditation through the NLNAC for the 2007 academic year; implementation, revision, and evaluation of curriculum; student advising; hiring and mentoring of new faculty; served as chair of the curriculum committee. Courses: Fundamentals,

Nero/Endocrine, Advanced Med/Surg, LPN to RN Transition

RELATED EXPERIENCE

St. Luke's Medical Center, Duluth, MN

Travel Nurse

2010

Medical/Surgical Float nurse for 16 weeks

Park Nicollet, Methodist Hospital, St. Louis Park, MN

Staff Nurse/ Charge Nurse 3 South/CCU

2003-2007

Provide optimal efficiency in managing the large number of patients who present to the ED with chest pain.

United States Army, Weed Community Hospital, Ft. Irwin, California

Charge Nurse Emergency Department/ACLS Instructor

2000-2002

Charge Nurse and occasional acting head nurse of the emergency department, urgent care clinic, and ambulance section serving a population of 16,000 active duty soldiers, family members, and retirees.

United States Army, Madigan Army Medical Center, Tacoma, WA

Charge Nurse and Clinical Staff Nurse

1998-2000

Charge Nurse and clinical staff nurse of a 32 bed multispecialty Medical/Surgical Ward

Memberships

National League of Nursing

American Nurse's Association

**BOARD OF NURSING
MEETING MINUTES
JANUARY 10, 2013**

PRESENT: Kay Coppens, Julie Ellis, Maria Joseph, Julia Nelson, Lillian Nolan, Carol Ott, Jeffrey Miller, Gretchen Lowe

ABSENT: Rachelle Lancaster

STAFF: Dan Williams, Executive Director; Pamela Stach, Legal Counsel; Matthew Niehaus, Bureau Assistant; Sharon Henes, Paralegal; and other Department Staff

CALL TO ORDER

Julia Nelson, Chair, called the meeting to order at 9:30 a.m. A quorum of eight (8) members was present.

ADOPTION OF AGENDA

Amendments to the Agenda

- Item “J” (open session) **ADD** the agenda item titled “J-13) NCSBN Long Term Care Conference”
- Item “M” (closed session) **REMOVE** the agenda item titled “M-11) Andrea Warren, R.N. – Requesting Reinstatement of License”
- Item “N” (closed session) **REMOVE** the agenda item titled “N-5) R.N. Endorsement – Miranda Fredericksen”

MOTION: Kay Coppens moved, seconded by Carol Ott, to adopt the agenda as amended. Motion carried unanimously.

APPROVAL OF MINUTES OF DECEMBER 6, 2012

MOTION: Gretchen Lowe moved, seconded by Jeffrey Miller, to approve the minutes of December 6, 2012 as published. Motion carried unanimously.

ADMINISTRATIVE MATTERS

Election of Officers

NOMINATION: Kay Coppens nominated the 2012 slate of officers to continue in 2013. Nomination carried by unanimous vote.

Dan Williams called for other nominations three (3) times.

The 2012 slate of officers was elected to continue in 2013.

2013 ELECTION RESULTS	
Board Chair	Julia Nelson
Vice Chair	Gretchen Lowe
Secretary	Maria Joseph

Appointment of Liaisons

MOTION: Kay Coppens moved, seconded by Jeffrey Miller, that the record indicate the delegation of liaisons as discussed below. Motion carried unanimously.

Education & Licensing Committee

APPOINTMENT: Julia Nelson appointed the following Board Members to the Education & Licensing Committee:

Carol Ott (Chair)
 Kay Coppens
 Rachelle Lancaster
 Gretchen Lowe

Practice Committee

APPOINTMENT: Julia Nelson appointed the following Board Members to the Practice Committee:

Julie Ellis (Chair)
 Julia Nelson
 Maria Joseph
 Lillian Nolan
 Jeffrey Miller

Rules & Legislation Committee

APPOINTMENT: Julia Nelson appointed the following Board Members to the Rules & Legislation Committee:

Gretchen Lowe
 Carol Ott
 Rachelle Lancaster

Legislative Liaison(s)

APPOINTMENT: Julia Nelson appointed Rachelle Lancaster, Gretchen Lowe, and Jeffrey Miller as Legislative Liaisons.

Professional Assistance Procedure (PAP) Liaison(s)

APPOINTMENT: Julia Nelson appointed Julia Nelson (with Kay Coppens and Jeffrey Miller as an alternate) as PAP Liaison.

Endorsements/Examinations/Credentialing Liaison(s)

APPOINTMENT: Julia Nelson tabled appointment of an endorsements/examination/credentialing liaison until the next meeting.

Interstate Compact

APPOINTMENT: Julia Nelson appointed Dan Williams as the Board's representative in the Interstate Compact.

Education Review Liaison(s) to the Office of Education and Examinations

APPOINTMENT: Julia Nelson appointed Rachelle Lancaster (with Carol Ott as an alternate) as Liaison to the Office of Education and Examinations.

Practice Question Liaison(s)

APPOINTMENT: Julia Nelson appointed Julia Nelson (with Julie Ellis as an alternate) as Practice Question Liaison.

Board Member Screening Panel Rotation

APPOINTMENT: Julia Nelson appointed the following Board Members to the Screening Panel Rotation for January-June 2013:

Julie Ellis
Maria Joseph
Kay Coppens
Gretchen Lowe

APPOINTMENT: Julia Nelson appointed the following Board Members to the Screening Panel Rotation for July-December 2013:

Carol Ott
Julia Nelson
Jeffrey Miller
Lillian Nolan

MOTION: Julie Ellis moved, seconded by Maria Joseph, that a staff person assist the attorney with screening panel. Motion carried unanimously.

MOTION: Kay Coppens moved, seconded by Maria Joseph, to accept the additions proposed by Patara Horn, with discussed alterations, for modifications to monitoring liaison roles. Motion carried unanimously.

MOTION: Gretchen Lowe moved, seconded by Lillian Nolan that the Board delegates authority to the Chair (or order of succession) to sign documents on behalf of the Board. In order to carry out duties of the Board, the Chair has the ability to delegate this signature authority for purposes of facilitating the completion of assignments during or between meetings. The Chair delegates the authority to the Executive Director, to sign the name of the Chair (or order of succession) on documents as necessary. Motion carried unanimously.

REPORT OF PRACTICE COMMITTEE

BOARD MOTION: Julie Ellis moved for the adoption of the Committee's recommendations. The Board adopts by unanimous consent.

Discussion and Review of BON Position Papers currently on the DSPS website

Appeal of Academic Decisions

COMMITTEE MOTION: Lillian Nolan moved, seconded by Maria Joseph that the education and licensure committee shall examine and approve the Appeal of Academic Decisions position paper for upload to the website. Motion carried unanimously.

Nurses Practicing at a Level Below Their Licensure

COMMITTEE MOTION: Kay Coppens moved, seconded by Maria Joseph, to pull the nurse practicing at a level below their licensure position paper from the website. The Board will draft a new paper to replace the nurse practicing at a level below their licensure position paper. Motion carried unanimously.

REPORT OF EDUCATION AND LICENSURE COMMITTEE

BOARD MOTION: Carol Ott moved for the adoption of the Committee's recommendations. The Board adopts by unanimous consent.

Discussion and Consideration of UW-Stevens Point Request for Authorization to Admit Students to BSN Completion Program

COMMITTEE MOTION: Gretchen Lowe moved, seconded by Kay Coppens, to approve the UW-Stevens Point request for authorization to admit students to the BSN Completion Program. Motion carried unanimously.

Discussion and Consideration of the Wisconsin Lutheran College BSN Six-Month Post-Graduate Report/NCLEX Pass Rate Improvement Program

COMMITTEE MOTION: Kay Coppens moved, seconded by Gretchen Lowe, to table a decision on approval of the Wisconsin Lutheran College's BSN program and request an updated report. Motion carried unanimously.

Discussion and Consideration of Survey Visit to Bryant and Stratton College

COMMITTEE MOTION: Gretchen Lowe moved, seconded by Kay Coppens, to accept the survey visit report to Bryant and Stratton College. Motion carried unanimously.

DISCUSSION AND CONSIDERATION AS TO BOARD DELEGATION OF ATTENDEES TO THE NCSBN MID-YEAR MEETING, MARCH 11-13, 2013 IN SAN JOSE, CA

MOTION: Gretchen Lowe moved, seconded by Julie Ellis, that the Board delegates Julia Nelson and Jeffrey Miller as the Board's representatives to attend the NCSBN Mid-Year Meeting on March 11-13, 2013 in San Jose, California. Motion carried unanimously.

DISCUSSION AND CONSIDERATION AS TO BOARD DELEGATION OF ATTENDEES TO THE NCSBN LONG TERM CARE CONFERENCE, APRIL 16-17, 2013 IN SAN DIEGO, CA

MOTION: Carol Ott moved, seconded by Kay Coppens, that the Board delegates Lillian Nolan as the Board's representative to attend the NCSBN Long Term Care Conference on April 16-17, 2013 in San Diego, California. Motion carried unanimously.

DISCUSSION AND CONSIDERATION OF SCOPE STATEMENT FOR N7.04 RELATING TO UNPROFESSIONAL CONDUCT

MOTION: Carol Ott moved, seconded by Jeffrey Miller, to approve the Scope for submission to the Governor's Office and publication. Furthermore, the Chair is authorized to approve the Scope after publication. Motion carried unanimously.

CLOSED SESSION

MOTION: Lillian Nolan moved, seconded by Maria Joseph, to convene to closed session pursuant to Wisconsin State statutes 19.85(1)(a)(b)(f) and (g) for the purpose of conducting appearances, reviewing monitoring requests, requests for licensure, deliberate on stipulations, administrative warnings, proposed decisions and orders, consulting with Legal Counsel and Division of Legal

Services and Compliance case status reports. Roll Call Vote: Kay Coppens-yes; Julie Ellis-yes; Gretchen Lowe-yes; Julia Nelson-yes; Lillian Nolan-yes; Jeffrey Miller-yes; Maria Joseph-yes; and Carol Ott-yes. Motion carried unanimously.

The Board convened into Closed Session at 10:37 a.m.

RECONVENE TO OPEN SESSION

MOTION: Kay Coppens moved, seconded by Carol Ott, to reconvene into open session. Motion carried unanimously.

The Board reconvened into Open Session at 3:17 p.m.

VOTING ON ITEMS CONSIDERED OR DELIBERATED ON IN CLOSED SESSION

MOTION: Julie Ellis moved, seconded by Carol Ott, to affirm all motions made in closed session. Motion carried unanimously.

MONITORING

Thomas Berthold, R.N. – Requesting Reinstatement of Full Licensure

MOTION: Gretchen Lowe moved, seconded by Lillian Nolan, to grant the request of Thomas Berthold, R.N. for reinstatement of full licensure. Motion carried.

*Carol Ott recused herself from voting in the matter of Thomas Berthold, R.H.
Kay Coppens abstained from voting in the matter of Thomas Berthold, R.H.*

Shauna Dettinger, R.N. – Requesting Voluntary Surrender of License

MOTION: Kay Coppens moved, seconded by Maria Joseph, to grant the request of Shauna Dettinger, R.N. for voluntary surrender of her license, 142093-30, as well as her right to renew. Motion carried unanimously.

Barbara A. Ensor, R.N. – Requesting Voluntary Surrender of License

MOTION: Jeffrey Miller moved, seconded by Gretchen Lowe, to grant the request of Barbara A. Ensor, R.N. for voluntary surrender of her license, 161787-30. Motion carried unanimously.

Briana Foley, R.N. – Requesting Voluntary Surrender of License

MOTION: Julie Ellis moved, seconded by Kay Coppens, to grant the request of Briana Foley, R.N. for voluntary surrender of license, 138694-30. Motion carried unanimously.

Derrick Marrone, R.N. – Requesting Reinstatement of License

MOTION: Kay Coppens moved, seconded by Carol Ott, to deny the request of Derrick Marrone, R.N. for reinstatement of full licensure. **Reason for Denial:** The Board does not have proof of sobriety and treatments and has been out of practice for a significant period of time. Motion carried unanimously.

Michael Nowak, R.N. – Requesting Reinstatement of License

MOTION: Gretchen Lowe moved, seconded by Julie Ellis, to grant the request of Michael Nowak, R.N. for reinstatement of full licensure. Motion carried unanimously.

Angel Parkinson, L.P.N. – Requesting Reinstatement of License

MOTION: Julie Ellis moved, seconded by Lillian Nolan, to deny the request of Angel Parkinson, L.P.N. for reinstatement of full licensure. **Reason for Denial:** The fitness report submitted was insufficient and not current. The Board requests that Angel Parkinson submit a current fitness to practice evaluation that addresses the four areas outlined by the NCSBN. Motion carried unanimously.

Shelly Rietmann, L.P.N. – Requesting Reinstatement of License/Removal of Limitations

MOTION: Kay Coppens moved, seconded by Gretchen Lowe, to grant the request of Shelly Rietmann, L.P.N. for reinstatement of full licensure. Motion carried unanimously.

Diane Stegall DuPree, R.N. – Requesting Reinstatement of License

MOTION: Kay Coppens moved, seconded by Carol Ott, to grant the request of Diane Stegall DuPree, R.N. for reinstatement of full licensure. Motion carried unanimously.

Tracey Vetrone-Elendt, L.P.N. – Requesting Termination of Treatment

MOTION: Gretchen Lowe moved, seconded by Julie Ellis, to deny the request of Tracey Vetrone-Elendt, L.P.N. for termination of treatment. **Reason for Denial:** Continues on Suboxone, prognosis is listed as moderate, inadequate written recommendation for termination. Motion carried unanimously.

APPLICATION REVIEW

- MOTION:** Kay Coppens moved, seconded by Gretchen Lowe, to request that credentialing, in cases involving convictions or pending charges for DUIs, ask for additional information from the applicant regarding the circumstances of the DUI and any AODA assessments and/or treatment records. Motion carried unanimously.
- MOTION:** Julie Ellis moved, seconded by Lillian Nolan, that every time an applicant has met all other requirements for licensure by endorsement, but they have not practiced as a nurse in 5 or more years they be recommended by DSPS staff for a refresher course. Motion carried unanimously.
- MOTION:** Gretchen Lowe moved, seconded by Julie Ellis, to table Joy Amundson's application. Motion carried unanimously.
- MOTION:** Julie Ellis moved, seconded by Jeffrey Miller, to deny Erik Costea's application to take the NCLEX. **Reason for Denial:** Prior criminal convictions are substantially related to the practice of nursing. Motion carried unanimously.
- MOTION:** Lillian Nolan moved, seconded by Maria Joseph, to grant Nicole Dohm's application to sit for the NCLEX. Motion carried unanimously.
- MOTION:** Jeffrey Miller moved, seconded by Kay Coppens, to issue an intent to deny with regard to Rosemary Doty's application for R.N. licensure. **Reason for Denial:** The Board intends to deny Rosemary Doty's application unless information is supplied regarding whether she has been terminated from employment in any state for reasons of negligence or incompetence. Motion carried unanimously.
- MOTION:** Kay Coppens moved, seconded by Jeffrey Miller, to request additional information from Angela Frenette regarding AODA assessment and/or treatment ordered as a result of the conviction of the DUI, and details regarding the conviction of theft. Motion carried unanimously.
- MOTION:** Gretchen Lowe moved, seconded by Maria Joseph, to request additional information from James Garski's regarding AODA assessment and/or treatment ordered as a result of the conviction of the 2008 DUI. Motion carried unanimously.
- MOTION:** Gretchen Lowe moved, seconded by Kay Coppens, to grant Kristin Holm's application for R.N. licensure once all requirements are met. Motion carried unanimously.
- MOTION:** Jeffrey Miller moved, seconded by Carol Ott, to deny Nicole Penass' application for L.P.N. licensure. **Reason for Denial:** Application is incomplete. Motion carried unanimously.

MOTION: Julie Ellis moved, seconded by Kay Coppens, to deny Beth Richards' application for R.N. licensure. **Reason for Denial:** Applicant has been out of practice for more than 5 years. Applicant will need to take a nurse refresher course prior to applying again. Motion carried unanimously.

MOTION: Kay Coppens moved, seconded by Gretchen Lowe, to deny Lisa Schipp's application for R.N. licensure. **Reason for Denial:** Applicant is under current discipline in Minnesota. Motion carried unanimously.

CASE CLOSINGS

MOTION: Kay Coppens moved, seconded by Carol Ott, to close the case #12 NUR 266 for Insufficient Evidence (IE). Motion carried unanimously.

MOTION: Kay Coppens moved, seconded by Carol Ott, to close the case #12 NUR 470 for Insufficient Evidence (IE). Motion carried unanimously.

MOTION: Kay Coppens moved, seconded by Carol Ott, to close the case #12 NUR 322 for Prosecutorial Discretion (P7). Motion carried unanimously.

MOTION: Kay Coppens moved, seconded by Carol Ott, to close the case #12 NUR 232 (S.N.) for No Jurisdiction. Motion carried unanimously.

MOTION: Kay Coppens moved, seconded by Carol Ott, to close the case #12 NUR 232 (S.M.) for Insufficient Evidence (IE). Motion carried unanimously.

MOTION: Kay Coppens moved, seconded by Carol Ott, to close the case #12 NUR 410 for Insufficient Evidence (IE). Motion carried unanimously.

MOTION: Kay Coppens moved, seconded by Carol Ott, to close the case #12 NUR 485 for Prosecutorial Discretion (P5 with a flag). Motion carried unanimously.

MOTION: Kay Coppens moved, seconded by Carol Ott, to close the case #12 NUR 606 for Prosecutorial Discretion (P7). Motion carried unanimously.

MOTION: Kay Coppens moved, seconded by Carol Ott, to close the case #12 NUR 466 (T.B.) for No Violation. Motion carried unanimously.

MOTION: Kay Coppens moved, seconded by Carol Ott, to close the case #12 NUR 521 for Prosecutorial Discretion (P7). Motion carried unanimously.

MOTION: Kay Coppens moved, seconded by Carol Ott, to close the case #12 NUR 389 for Insufficient Evidence (IE). Motion carried unanimously.

MOTION: Kay Coppens moved, seconded by Carol Ott, to close the case #12 NUR 267 for Insufficient Evidence (IE). Motion carried unanimously.

ADMINISTRATIVE WARNINGS

MOTION: Julie Ellis moved, seconded by Gretchen Lowe, to issue an administrative warning in the matter of case number 12 NUR 346. Motion carried unanimously.

MOTION: Kay Coppens moved, seconded by Jeffrey Miller, to issue an administrative warning in the matter of case number 12 NUR 398. Motion carried unanimously.

MOTION: Lillian Nolan moved, seconded by Maria Joseph, to issue an administrative warning in the matter of case number 12 NUR 421. Motion carried unanimously.

PROPOSED STIPULATIONS, FINAL DECISIONS AND ORDERS

MOTION: Gretchen Lowe moved, seconded by Jeffrey Miller, to adopt the Findings of Fact, Conclusions of Law, Final Decisions and Orders in the disciplinary proceedings against:

- Pamela J. O'Donnell, R.N. (10 NUR 634)
- Kimberly A. Sheppard, L.P.N. (12 NUR 061)
- Cynthia M. Garcia-Dionysius, R.N. (12 NUR 212)
- Diane M. Marschall, R.N. (12 NUR 297)
- Kristine L. Kennedy, R.N. (12 NUR 422)

Motion carried unanimously.

ADJOURNMENT

MOTION: Gretchen Lowe moved, seconded by Carol Ott, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 3:43 p.m.

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Dan Williams		2) Date When Request Submitted: January 25, 2013 <small>Items will be considered late if submitted after 4:30 p.m. and less than:</small> <ul style="list-style-type: none"> ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others 	
3) Name of Board, Committee, Council, Sections: WI BOARD OF NURSING			
4) Meeting Date: February 14, 2013	5) Attachments: <input type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Administrative Matters - Discussion and Consideration	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? If yes, who is appearing? <input type="checkbox"/> Yes by <input type="checkbox"/> No	9) Name of Case Advisor(s), if required: N/A	
10) Describe the issue and action that should be addressed: 1) Paperless Initiative 2) Chair appointment / liaison roles 3) Status update as to BON Newsletter 4) Staff updates			
11) Authorization			
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda)			
Date			
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Board Services Bureau Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Executive Assistant prior to the start of a meeting.			

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**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Matthew C. Niehaus		2) Date When Request Submitted: 1/23/2013	
Items will be considered late if submitted after 4:30 p.m. and less than: <ul style="list-style-type: none"> ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others 			
3) Name of Board, Committee, Council, Sections: Board of Nursing			
4) Meeting Date: 2/14/2012	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Paperless Initiative	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed: Brief presentation of how Board Members can sign up for SharePoint access as a part of the paperless initiative.			
11) Authorization			
Matthew C. Niehaus			
Signature of person making this request			Date
Supervisor (if required)			Date
Executive Director signature (indicates approval to add post agenda deadline item to agenda)			
Date			
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

How to register for a username/password on <http://register.wisconsin.gov> .

In order to access the Board SharePoint site, Board Members must obtain a State of WI/DOA username/password from this site <http://register.wisconsin.gov> . Once registered, Board Members will be provided a DOA credential under the Wisconsin External (wiext) domain. This account is intended to provide users with access to multiple State of Wisconsin web applications, including the DSPS SharePoint site.

To Begin, use the 'Self Registration' link

DOA/Wisconsin Logon Management System - Windows Internet Explorer provided by State of Wisconsin

<http://register.wisconsin.gov/AccountManagement/>

DOA/Wisconsin Logon Management System

wisconsin.gov home state agencies subject directory

Wisconsin Department of Administration | News | Search | Home

Main Menu | Help | FAQ

DOA/Wisconsin Logon Management System

The DOA/Wisconsin Logon Management System allows authorized individuals to access many DOA Internet applications using a single ID and password. When access to information or services is restricted to protect your privacy or the privacy of others, you will be asked to provide your DOA/Wisconsin Logon and password. Your DOA/Wisconsin Logon and password verifies your identity so that we can provide you with access to your information and services and prevent access by unauthorized individuals.

User Acceptance Agreement

Please note that only certain types of information will be stored in your user profile, as described in the [User Acceptance Agreement](#). Your user profile will never contain records such as driving history, tax information, unemployment compensation, vehicle registrations or prison records.

Sign Up for your DOA/Wisconsin Logon

[Self Registration](#) (Request a DOA/Wisconsin Logon and Password.)

Self Registration allows you to create **your personal** DOA/Wisconsin Logon. This is your key to doing secure business with DOA over the Internet.

Change / Update Your Information

[Profile Management](#) allows you to change your account information, e-mail address and other information.

Change Your Password

[Password Management](#) allows you to change your password.

Forgot Your Logon ID or Password?

[Logon ID/Password Recovery](#) allows you to recover a forgotten DOA/Wisconsin Logon and/or Password.

Updated February 6, 2009
DET - Bureau of Business Applications Services
Content Contact: [BBAS/BA](#)

Wisconsin.gov | Search | Legal | DOA Home

Not sure if you already have DOA/State of WI account?

Use the 'Forgot Your Logon ID or Password' link to check

After accepting the user agreement, complete the 'Account Creation' form.

Indicate 'SharePoint' under the section entitled, 'Systems You Will Access'

Account Creation

* Indicates Required Field

Profile Information

First Name *

Middle Initial

Last Name *

Suffix

E-Mail *

Use this format 6085551234

Phone ext.

Mailing Address

Street Address

City

State/Province

Zip Code -

Systems You Will Access

Use your mouse to highlight the system that you want to access.

Systems *

Account Information

Your Logon ID must be between 5-20 characters and **CAN** be a combination of letters and numbers. Your Logon ID must not contain spaces or special characters.

Logon ID *

Your Password must be 7-20 characters long and **MUST** contain a combination of letters and either numbers or special characters (except the @ ? / signs). Passwords are case sensitive. Your Password cannot contain the Logon ID.

[Password Tip](#)

Password *

Re-enter Password *

Logon ID/Password Recovery

Enter a question and answer for use if you forget your DOA/Wisconsin Logon ID or Password. Your Secret Question and Secret Answer cannot contain your password. [Secret Question and Answer Tip](#)

Secret Question *

Secret Answer *

Verification

This step helps prevent automated registrations. If you cannot see the number below [click here](#).

80542 Please enter the number as it is shown in the box to the left. *

Please use a login ID of your first initial followed by your middle initial followed by your last name, as in the example to the left.

Remember your logon ID, as you will need to provide that to DSPS staff in order for you to receive proper access rights.

Once you have been granted permission to access the Board's website, you should receive an automated 'Welcome to SharePoint' email with a link to the site.

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**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Dan Williams		2) Date When Request Submitted: January 25, 2013 <small>Items will be considered late if submitted after 4:30 p.m. and less than:</small> <ul style="list-style-type: none"> ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others 	
3) Name of Board, Committee, Council, Sections: WI BOARD OF NURSING			
4) Meeting Date: February 14, 2013	5) Attachments: <input type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? WNA request to appear before the Board in order to provide information on the <i>Nurses Caring for Nurses</i> Program.	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? If yes, who is appearing? <input type="checkbox"/> Yes by <input type="checkbox"/> No	9) Name of Case Advisor(s), if required: N/A	
10) Describe the issue and action that should be addressed: <div style="text-align: center;">  <p>WNA WISCONSIN NURSES ASSOCIATION</p> </div> <hr style="border: 1px solid red;"/> <p style="text-align: center;">6117 Monona Drive • Madison, WI 53716 • 608-221-0383 • Fax 608 221-2788 Info@wisconsinnurses.org • www.wisconsinnurses.org</p> <p>TO: Julia Nelson, Chair and Members of the Wisconsin Board of Nursing FROM: Gina Dennik-Champion, MSN, RN, MSHA WNA Executive Director RE: Information on WNA's <i>Nurses Caring for Nurses</i> Program DATE: January 24, 2013</p>			
<p>The Wisconsin Nurses Association thanks you for the opportunity to provide information on our <i>Nurses Caring for Nurses</i> Program. The program provides education, information, support and advice on the issue of chemical abuse and dependency for nurses in Wisconsin. The materials attached include the following:</p> <ul style="list-style-type: none"> • Nurses Caring for Nurses Program Brochure • Presentation outline 			



CONTRIBUTIONS

Person wishing to offer financial support to NCN may do so through the Nurses Foundation of Wisconsin.

Contributions should be made payable to the Nurses Foundation of Wisconsin and mailed to:

**Nurses Foundation of Wisconsin
C/o Wisconsin Nurses Association
6117 Monona Drive
Madison, Wisconsin 53716**

Nurses Caring for Nurses

Wisconsin Nurses Association
6117 Monona Drive
Madison, WI 53716
800.362.3959

info@wisconsinnurses.org
www.wisconsinnurses.org

NURSES *Caring for* NURSES



For nurses who have questions about alcohol or substance abuse.

800.362.3959

www.wisconsinnurses.org



PURPOSE:

- » To serve as a **resource for nurses** with questions about **alcohol and drug use**.
- » To provide **support and advocacy for nurses** seeking **assistance with recovery** through the **Nurses Caring for Nurses Network of Volunteers**.
- » To **educate** health care workers and consumers about the **Nurses Caring for Nurses** programs.
- » To **educate nurses** and nurse employers about **chemical abuse/dependency** among nurses.



NCN is a voluntary confidential advocacy program incorporated in the Wisconsin Nurses Workplace Advocacy Program. It was established in 1993 because of the growing awareness of the need for WNA to address the needs of the chemically dependent nurse.

WNA's Nurses Caring for Nurses (NCN) program does not provide counseling, intervention treatment, or monitoring during recovery.

WNA and NCN are **not** affiliated with the Wisconsin Board of Nursing.

COMPONENTS:

Support and/or Advocacy from our Nurses Caring for Nurses Network of Volunteers trained to help nurses who perceive a need for assistance in seeking treatment, remaining in recovery, or for workplace reentry.

Consultation for any nurse (LPN, RN, WNA members, nonmembers, student nurses), employer, family or friend concerning treatment options available.

Resource for Information on nursing practice issues associated with chemical dependency/abuse in the workplace and treatment program availability.

Education programs for the nursing community to promote awareness and knowledge of chemical dependency, to develop skills in identification reporting, and gain knowledge of how **NCN** can assist the dependent nurse and his/her employer.

To view educational tools on impaired practice, go to:
<http://www.wisconsinnurses.org>





6117 Monona Drive • Madison, WI 53716 • 608-221-0383 • Fax 608 221-2788
Info@wisconsinnurses.org • www.wisconsinnurses.org

Overview of WNA's Chemical Dependency and Impaired Nursing Practice

Presentation Outline

A. Purpose of Presentation

1. Relay information about impaired nursing practice.
2. Identify legal responsibilities in reporting an impaired practitioner
3. List ways to offer support to a nurse in recovery.
4. Identify the role of the Wisconsin Nurses Association in supporting nurses in recovery.

B. RN Response to Chemical Dependency and Impaired Practice

Nurses have an ethical obligation to patient, self and the profession - ANA Code of Ethics for Nursing

C. What is chemical dependency?

D. What is impaired nursing practice?

E. Characteristics of alcohol and drug addiction

F. Number of Impaired nurses

G. Risk factors for nurse addiction

H. Reporting Requirements

I. Objectives of Boards that are a part of the Department of Safety and Professional Services

J. Board of Nursing discipline data

K. Signs and symptoms of substance use disorder

L. Signs and symptoms of alcoholism

M. Co-worker concern

N. Personal concern

O. Description of WNA's Nurses Caring for Nurses Program

P. References and Resources

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Sharon Henes Paralegal		2) Date When Request Submitted: <i>28 January 2013</i>	
		Items will be considered late if submitted after 4:30 p.m. and less than: <ul style="list-style-type: none"> ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others 	
3) Name of Board, Committee, Council, Sections: Board of Nursing			
4) Meeting Date: 14 February 2013	5) Attachments: <input type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Review and Consider the Rule Making Order creating N 9 relating to nurse licensure compact.	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? If yes, who is appearing? <input type="checkbox"/> Yes by _____ (name) <input type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed: Review and Consider rule making order. (Red folder)			
11) Authorization			
<i>Sharon Henes</i>		<i>28 February 2013</i>	
Signature of person making this request		Date	
Supervisor (if required)		Date	
Bureau Director signature (indicates approval to add post agenda deadline item to agenda)		Date	
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Board Services Bureau Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

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State of Wisconsin
Department of Safety & Professional Services

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Dan Williams		2) Date When Request Submitted: January 25, 2013 <small>Items will be considered late if submitted after 4:30 p.m. and less than:</small> <ul style="list-style-type: none"> ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others 	
3) Name of Board, Committee, Council, Sections: WI BOARD OF NURSING			
4) Meeting Date: February 14, 2013	5) Attachments: <input type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Delegation of DSPS staff to attend the NCSBN IT Conference - Discussion and Consideration	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? If yes, who is appearing? <input type="checkbox"/> Yes by <input type="checkbox"/> No	9) Name of Case Advisor(s), if required: N/A	
10) Describe the issue and action that should be addressed: <p>The 2013 Information Technology Conference will be held on Thursday, May 23rd and Friday, May 24th at the One Ocean Resort in Atlantic Beach, Florida. We encourage our Member Boards in both Operations Management and Information Technology to participate and present topics so that all can benefit from a business and technology collaboration. Let's solve business issues with efficient technology.</p> <p>The NCSBN Board of Directors sponsors one attendee from every Board of Nursing. Additional sponsorships may be obtained through the Membership Resource Fund. Please contact Alicia Byrd, Director of Member Relations at 312.525.3666 or via e-mail at abyrd@ncsbn.org</p>			
11) Authorization			
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda)		Date	
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Board Services Bureau Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Executive Assistant prior to the start of a meeting.			

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**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Dan Williams		2) Date When Request Submitted: January 25, 2013 <small>Items will be considered late if submitted after 4:30 p.m. and less than:</small> <ul style="list-style-type: none"> ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others 	
3) Name of Board, Committee, Council, Sections: WI BOARD OF NURSING			
4) Meeting Date: February 14, 2013	5) Attachments: <input type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? WNA request for BON member presentation at Nurses Day at the Capitol, Tuesday March 5, 2013 – Discussion and Review	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? If yes, who is appearing? <input type="checkbox"/> Yes by <input type="checkbox"/> No	9) Name of Case Advisor(s), if required: N/A	
10) Describe the issue and action that should be addressed: <p>Dan, the WNA's Nurses Day at the Capitol is scheduled for Tuesday March 5, 2013 at Monona Terrace in Madison, WI. We have a breakout session where we would like to invite a member(s) of the Board of Nursing to provide information on the role, responsibility and regulatory authority of the Board. We would also like an update on the intent to amend N7. The audience will be RNs, nursing faculty and nursing students. We usually have around 550 attendees. Thank you</p> <p>Gina Dennik-Champion WNA Executive Director</p>			
11) Authorization			
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda)		Date	
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Board Services Bureau Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Executive Assistant prior to the start of a meeting.			

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