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SECTION IV APPENDIX

APPENDIX 1 UTAH COUNTIES MAP

APPENDIX 2 UVSC MISSION AND VALUE STATEMENT

MISSION

Utah Valley State College is a state college comprised of two interdependent divisions. The lower division embraces and preserves the philosophy and mission of a comprehensive community college, while the upper division consists of programs leading to baccalaureate degrees in areas of high community demand and interest. Utah Valley State College is dedicated to providing a broad range of quality academic, vocational, technical, cultural, and social opportunities designed to encourage students in attaining their goals and realizing their talents and potential, personally and professionally. The College is committed to meeting student and community lower division and upper division needs for occupational training; providing developmental, general, and transfer education; meeting the needs for continuing education for personal enrichment and career enhancement; and providing diverse social, cultural, and international opportunities, and student support services.

VALUES

Our Student Community

We are deeply committed to the success of each student associated with Utah Valley State College. We value our students as our major focus and first priority. We foster this value through support of vigorous academic programs, vibrant student support and extracurricular programs and vital student governance and voice.

Our Campus Community

We value our faculty and staff. We respect their diverse life experiences, encourage their individual professional development and appreciate their contributions to our campus and community. We affirm that all members of the campus community have a legitimate voice in matters of policy through shared governance.

The Community We Serve

We honor the trust placed in us by the community to respond to its educational needs. We take pride in developing partnerships that contribute to the development of the individual and the local, state, and global community. We recognize our obligation to prepare an educated citizenry and a skilled workforce.

Learning and Scholarship

We value a philosophy of lifelong learning and scholarship for our students, faculty and staff. We foster this philosophy through a broad array of academic, professional and experiential learning opportunities that emphasize quality teaching, learning and scholarship.

Excellence and Innovation

We pursue excellence in all endeavors. We celebrate the entrepreneurial spirit and seek to achieve our educational mission in an innovative, timely and enterprising manner.

Ethics and Integrity

We value ethics as an integral part of education. We engage members of the campus and community in experiences which encourage a broader understanding of ethics across disciplines, professions, and communities. We believe honor and integrity are essential in our learning community.

Academic Freedom

We embrace an academic climate conducive to the free examination of ideas. We encourage thoughtful debate and civil discourse and respect the right and responsibility of faculty and students to explore all topics relevant to the educational experience.

Diversity and International Understanding

We seek to establish a more diverse campus community. We value the contribution each individual makes to our campus, community and world. We value the diversity inherent in an

open enrollment institution serving an increasingly multicultural community of learners. We recognize the unique international capacities and interests among our campus community and support experiences leading to an appreciation and understanding of our global society.

APPENDIX 3 SCHOOL OF SCIENCE AND HEALTH MISSION STATEMENT, VISION, AND VALUES

MISSION

The mission of the School of Science and Health is to provide each student a professional, ethical, and stimulating educational experience. We will provide an education to prepare students to meet their life goals in science and health professions.

VISION

The School of Science and Health is committed to meeting needs for higher education in the sciences and health. The School has, and will continue to develop, an expert faculty with qualifications to provided courses and programs at the baccalaureate and higher degree levels. We will continue to develop programs in anticipation of the time when the community will need graduate courses and degrees as a metropolitan university.

VALUES

Student Community: We value students and their quest for knowledge. We help students take responsibility for their own learning processes.

Campus Community: We value faculty and staff and encourage their continued development through participation in lifelong learning experiences, professional organizations, community service, shared governance, and research.

The Community We Serve: We maintain active partnerships in our community in order to meet developing needs for education in the areas of health and science and to foster development of faculty, staff, students and the community.

Learning and Scholarship: We support vigorous academic programs with a variety of individual and collaborative learning experiences to engage students in the learning process and allow faculty opportunities for continued learning in their disciplines. We encourage a friendly,

supportive and exciting learning environment while maintaining an appropriate level of rigor in our School

Excellence and Innovation: Our goal is for faculty, staff and students to reach excellence in all they do; learning, social responsibility, and life goals.

Ethics and Integrity: We strive to develop in our students an understanding of and drive to be ethical in their professions and lives.

Academic Freedom: We encourage thoughtful and civil exploration of topics relevant to educational experiences provided by the school. We recognize and promote the academic freedom of all faculty members and students.

Diversity and International Understanding: We respect the diversity of all faculty, staff and students. We endeavor to teach and instill in our students the ability to recognize and accept differences in thought, life style, values, and politics.

APPENDIX 4 DEPARTMENT OF NURSING MISSION, VISION, AND PHILOSOPHY

MISSION

Our mission is to promote quality nursing education through a dynamic curriculum and to cultivate requisite knowledge, sound reasoning ability and a foundation for lifelong learning in students as they progress toward becoming competent, compassionate nurses.

VISION

The Department of Nursing is committed to the educational preparation of nurses who are competent to meet the needs of the profession in a dynamic health care environment. The department anticipates the time when the baccalaureate degree is the basic entry into nursing, and when graduate level nursing courses, are offered.

PHILOSOPHY

The philosophy of nursing faculty at Utah Valley State College is in accord with the general philosophy of Utah Valley State College. Program philosophy is based on the following beliefs held by nursing faculty:

Nursing is both an art and a science applied to assist individuals in meeting their health care needs. Knowledge from natural and behavioral sciences, in combination with an understanding of health and wellness, guides nurses as they assist health care recipients to identify and meet perceived needs. Nursing decisions are based on judgment derived from scientific knowledge and nursing process based clinical practice. Practitioners use the body of scientific knowledge to intervene in promoting health.

Nurses assume a variety of roles as avenues through which nursing care is delivered. These encompass multiple actions taken by nurses on behalf of and in conjunction with the multidisciplinary health care team. These roles include member of the discipline, provider of care and manager of care. Nurses function in these roles in an assortment of settings. Nursing actions are viewed as a systematic process of assessment, diagnosis, planning, intervention and evaluation within regulations for practice.

Critical analysis and sound judgment are used to apply the nursing process in a caring and consistent manner. Nurses use critical thinking, ie. accurate, prudent and open-minded judgment, in conjunction with the nursing process.

Health Care Recipients are individuals, families, groups and communities in varying states of health and wellness who use the services of nurses in a variety of settings for the purpose of health promotion, health maintenance and /or health restoration. Health care recipients are integral parts of the multidisciplinary health care team. The faculty subscribe to the World Health Organization's definition of **Health** as a state of complete physical, mental, spiritual and social well-being not merely the absence of disease. **Wellness** is a dynamic state of physical, mental, spiritual, cultural and social well-being as perceived by the health care recipient.

Practitioners within the discipline are committed to enhancing quality of life by promoting optimal wellness and allowing for dignified death. Nurses value individuals as holistic beings who interact continuously with the environment. We respect the diversity of all individuals. Each individual has distinct and unique needs which, when met, will assist them to regain, attain or maintain a desirable level of health. Addressing these needs acknowledges the holistic nature of the individual. Individuals are a part of the global society.

The entry level of nursing education at Utah Valley State College leads to an Associate of Science in Nursing and prepares graduates to take the National Council Licensing Examination for Registered Nurses (NCLEX-RN). Students at this level build from the broad foundational knowledge acquired in general education courses to develop the knowledge and skills required to function as registered nurses. The primary role of Associate degree nurses is direct provision of care.

Students in the Associate degree program are prepared to utilize the nursing process and critical thinking to provide safe effective holistic nursing care for small groups of health care recipients with complex alterations in health in structured and unstructured health care settings.

Functioning as members of the health care team, Associate degree nurses work with other health care providers in many settings to meet health care needs of individuals and families. Graduates of the program are prepared to supervise other health care providers and to delegate and manage care given by others. Associate degree nurses subscribe to legal and ethical tenets of nursing practice.

Completion of the first year of the Associate degree program fulfills the requirements to take the National Council Licensing Examination for Practical Nurses (NCLEX-PN), through equivalency. The primary focus in the first year is to provide nursing care for individuals experiencing common, well-defined health problems in structured settings. Students who choose to conclude their nursing education at the end of this year can work under supervision of a registered nurse or other health care provider and contribute to components of the nursing process.

The second level of nursing education at Utah Valley State College leads to a Bachelors degree and is another level for registered nursing. The baccalaureate prepared registered nurse bases nursing practice on sound scientific and humanistic knowledge gained from the study of diverse fields including, but not limited to, behavioral and social sciences, biological science, natural science, economics and management. Baccalaureate graduates form partnerships with health care recipients and multidisciplinary team members to promote health and wellness in diverse settings. The program prepares graduates to use holistic assessments in meeting present and emergent health concerns of health care recipients; to use information and health care technologies; and to apply decision-making, communication, teaching-learning, research, critical thinking, communication, negotiation, delegation, and evaluation concepts in the practice of nursing. Incorporation of professionalism is emphasized in all nursing components of the baccalaureate program. Baccalaureate degree nurses subscribe to the legal and ethical tenets of nursing. The Baccalaureate level will provide graduates with concepts and skills necessary to advance in their careers, to enter midlevel management positions, to practice in all settings, to develop leadership and management concepts and skills, and to pursue graduate education in nursing.

Education encompasses the scientific knowledge and caring attributes needed to achieve cognitive, affective and psychomotor skills necessary for competent nursing practice. It should be an opportunity available to all persons capable of meeting required competencies. Education should allow for upward and/or horizontal mobility according to individual needs, desires and abilities. Nursing education builds on a foundation of life experience as well as education acquired from prerequisite and support courses. Students from diverse backgrounds have opportunity to improve learning skills and cultivate meaningful careers. Nursing faculty endorse open access policy of the College but recognize specific admission criteria for the nursing department must be identified and maintained in order for students and graduates to succeed. Faculty support educational mobility within nursing and recognize common, foundational concepts for all levels of nursing education.

The educational process involves active participation of both learner and teacher. Principles of education and the teaching/learning process are used to enhance learning. Faculty use and teach about current technologies while adhering to basic principles of nursing practice.

Learning is a purposeful process resulting in a change in thinking, feeling and/or behavior. All learning is perceived as a hierarchical process, which progresses from simple to more complex concepts. Past experiences, knowledge and skills students bring to the learning environment provide a sound base for lifelong learning. Learning integrates theory and clinical experiences. Goal directed interactions between students and faculty provide a clear vision as to expected learning.

Faculty mentor, facilitate, motivate, guide and direct the learning experience. Synergistic exchange between student and mentor encourages learning at highest levels. Faculty encourage an open exchange of ideas. Principles of adult learning are of paramount importance. These principles are used to enhance the learning process along with a need for personalized learning events, which demonstrate respect, trust and concern for the individual. Ultimately, students are responsible for their own learning. Continued learning and participation in professional activities are encouraged throughout the curriculum.

The goal is for students to recognize learning as a lifelong process.

Legal and ethical behavior, caring, integrity and accountability are essential to nursing practice. Nursing faculty has opportunity to reinforce the value of these qualities in students by acting as role models and mentors.

Students are the primary focus of the Department of Nursing. Individual student needs are addressed within the constraints of the nursing department. Students of nursing identify the need for self-understanding in order to allow for personal and professional growth necessary to achieve excellence as providers of care.

The **Environment** encompasses surroundings of both the student and the recipient of nursing care. This may include significant others, physical surroundings as well as various settings in which nursing/education occur. Examples include the classroom, Nursing Resource Center, individual homes and clinical agencies. We maintain active partnerships to meet developing needs for nursing education in our community.

FRAMEWORK

Curricular offerings reflect the changing health care environment in a diversified, worldwide community. Elements of the nursing process give structure to the entire curriculum. Frameworks for each unit are held together by these elements. This enhances student opportunity to learn in a problem solving mode. Specialty areas (i.e., Medical/Surgical Nursing, Obstetrical Nursing, Psychiatric/Mental Health Nursing) are leveled and integrated. Pharmacology, Nutrition and

Pathophysiology are also leveled and integrated. Competent performance of cognitive, affective and psychomotor skills is an expectation at each level.

Utah Valley State College nursing curriculum is based on two focal areas, **CONCEPTS AND ROLES**. **CONCEPTS** are explored in increasing depth and complexity as the student progresses

through the curriculum. **ROLES** are introduced in the first semester of the curriculum and integrated in the exploration of all **CONCEPTS** throughout the curriculum.

CONCEPTS and their definitions are:

Comfort/Rest/Sleep Physiological and psychological functions and activities that maintain or alter health and sense of well-being, including sleep, stress management, pain control, hygiene, and grooming.

Oxygenation/Perfusion Physiological and psychological functions and activities that maintain or alter the intake of oxygen and delivery of oxygen and nutrients to organs and/or tissues.

Nutrition/Absorption/Elimination Physiological and psychological functions and activities that maintain or alter the intake, use and excretion of nutrients and fluids.

Cognition/Perception/Sensory Physiological and psychological functions and activities that maintain or alter the process of obtaining, identifying, interpreting and analyzing stimuli from the internal and external environment.

Exercise/Activity Physiological and psychological functions and activities that maintain or alter necessary and desired activities of life, including mobility, positioning and alignment.

Protective/Safety Physiological and psychological functions and activities that defend the individual from physical or emotional insult.

(The) Regulatory/Reproductive Physiological and psychological functions and activities that maintain or alter metabolic function, human reproduction and sexuality.

Self/Role Relationships Physiological and psychological functions and activities that maintain or alter the individual's identity, social behaviors and engagement with others.

ROLES are:

Provider of Care encompasses actions undertaken directly with health care recipients to assist them in meeting health care needs. This include:

Communication: An interactive process for the exchange of information relative to the needs of health care recipients. This process may consist of oral, nonverbal, written or electronic modes.

Health Teaching: An interactive process of presenting information for the purpose of enhancing knowledge, skills and understanding.

Holistic Care A comprehensive approach which considers how the interaction of the health care recipient's physiological psychological, cultural, racial, socioeconomic, spiritual and life style variations influence their ability to promote, maintain and restore health.

Nursing Process: A systematic process of assessment, diagnosis, planning, implementation, and evaluation to meet the needs of the health care recipient.

Manager of Care encompasses actions to organize and oversee the implementation of care. This includes:

Management: A collaborative process of planning, organizing, directing and coordinating healthcare with responsibility for outcomes.

Delegation: Transferring to a competent individual the authority to perform a selected nursing task in a selected situation. The nurse retains accountability for the delegation.

Member of the Profession encompasses the individual nurse's actions to maintain ethical and legal standards and professionalism.

Ethics: Professional standards of conduct based on moral reasoning and values.

Legal: Professional standards of conduct based on current laws and regulations affecting

the practice of nursing.

Professionalism: Behavior and actions that reflect professional values such as personal accountability, awareness of and involvement in political processes to improve health and health care, altruism, respect for human dignity, and nondiscrimination in the delivery of nursing care support for the autonomy of health care recipients.

Research: The systematic search for knowledge about issues significant to the practice of nursing. Participation in research ranges from consumer to producer of research using scientific methods.

Nursing Theory: A systematic approach to organizing and understanding concepts in the nursing domain to guide nursing practice, expand nursing knowledge base, provide a common language within the discipline of nursing, and promote autonomy and accountability within the profession.

EDUCATIONAL GOALS

Graduates of the Associate Degree Level should be prepared to:

PROVIDER OF CARE

1. Utilize the nursing process and critical thinking to provide safe effective holistic nursing care for small groups of health care recipients with complex alterations in health in unstructured health care settings.
2. Evaluate the effects of therapeutic communication for small groups of health care recipients and modify communication to meet the needs of health care recipients.
3. Evaluate the effectiveness of teaching plans for small groups.
4. Modify skills to meet the individualized needs of health care recipients in unstructured health care settings.

MANAGER OF CARE

5. Direct and evaluate the effectiveness of the health care team to provide safe effective holistic nursing care for groups of HCRs in an unstructured health care setting.
6. Prioritize nursing care for small groups in an unstructured health care setting.
7. Modify and evaluate the use of material resources in the provision of safe effective holistic nursing care in unstructured health care settings.
8. Evaluate communication with members of the health care team to resolve problems.

MEMBER OF THE PROFESSION

9. Integrate and evaluate responsibility and accountability in all nursing experiences.
10. Incorporate the Utah State Board of Nursing's Standards of Practice for the Registered Nurse into own nursing practice.
11. Integrate ethical principles into own nursing practice
12. Assist in collection of research data within a structured format.
13. Use established nursing protocols in providing nursing care for small groups of Health Care Recipients.

Graduates of the Baccalaureate Degree Level should be prepared to:

PROVIDER OF CARE

1. Utilize the nursing process and critical thinking to provide safe effective nursing care for individuals, families, groups and the community across the continuum of health promotion to health maintenance and restoration in structured and unstructured health care settings.
2. Integrate therapeutic communication in nursing care of individuals, families, groups and communities in structured and unstructured health care settings.
3. Manage health teaching for individuals, families, groups and the community in structured and unstructured health care settings.

MANAGER OF CARE

4. Organize nursing skills of self and other healthcare personnel to meet the needs of individuals, families, groups and the community in structured and unstructured health care settings.
5. Organize effective health care teams to provide safe effective holistic nursing care for individuals, families, groups and the community in structured and unstructured health care settings.
6. Manage nursing care for individuals, families, groups and the community using various members of the healthcare team in structured and unstructured health care settings.
7. Manage the use of material resources in the provision of safe effective holistic nursing care in structured and unstructured healthcare settings.
8. Manage communication with members of the healthcare team to resolve conflict.

MEMBER OF THE PROFESSION

9. Integrate and critique responsibility and accountability in all nursing experiences.
10. Integrate and critique Utah State Board's Standards of Practice for nursing.
11. Integrate and critique ethical principles in nursing practice.
12. Apply research findings to nursing practice.
13. Share research findings with colleagues.
14. Evaluate Nursing practice using nursing theories.
15. Synthesize nursing theories in developing a personal philosophy of nursing.

Revised: 4-6-2000, 8-9-2000, 8-18-2000, 12-12-2000, 05-11-2001, 6-5-2001, 04-04-2002, 8-15-2002, 9-5-2002

APPENDIX 5 DEPARTMENT DIRECTOR'S BRIEF VITAE

Alene Harrison, Ed.D., R.N.
Utah Valley State College

Academic Appointment

Associate Dean school of Science and Health and Professor 1995

Director Department of Nursing 2000

Education

<u>Year</u>	<u>Degree</u>	<u>Discipline</u>	<u>Institution</u>
1988	Doctorate of Education	Psychoeducational Processes	Temple University
1969	Masters of Science	Psych/Mental Health Nursing	University of Michigan
1965	Bachelor of Science	Nursing	Idaho State University

Professional Experience

<u>Year</u>	<u>Title</u>	<u>Institution</u>
1995-present	Associate Dean and Professor	Utah Valley State College
1987-1995	Associate Professor	Idaho State University
1989-1995	Chairperson Dept. Of Nursing	Idaho State University
1982-1989	Assistant Professor	Wilkes College
1977-1982	Instructor/Assistant Professor	College Misericordia
1972-1975	Instructor	Skidmore

1970-1972	Instructor	College Lennox Hill Hospital School of Nursing
1969-1970	Clinical Specialist	Gracie Square Hospital
1966-1969	Staff Nurse, Psychiatric units	Roosevelt Hospital
1965-1966	Staff Nurse Adolescent Psychiatry	Hillside Hospital

Professional Activities

Academic

Department of Nursing Committees:

General Faculty Organization Chair: 2000 to present

Ex-officio Member of all committees

School of Science and Health Committees:

Policy

Scholarship

College Committees:

UVSC Department of Fire Science Advisory Committee (2000-present)

Scholarship Task Force 2000-present

Advisement Forum Steering Committee Co-Chair 1999-2003

Advisement Forum Co-Chair 1999-2003

ADA Committee 2001-present

Institutional Review Board 2001-present

Statewide Education Committees

Utah Nursing Leadership Forum Task Force on Education(2000-02) Task Force on Student Competencies (2001-present)

Utah Coalition of Health Care Deans Health Professionals Shortage Task Force(2001-present)

Applied Technology Articulation Committee (2003-present)

Community

Utah Health Department/Channel 2 Ask The Expert Telephone responder (2001)

South County Health Care Coalition Board Member (1997-2002)

Utah Hugh O'Brian Youth Leadership Seminar Presentations 1999-2001

Continuing Education (*past 3 years*)

<u>Title</u>	<u>Location/Sponsor</u>	<u>Date(s)</u>
Education Summit	NLN/ Nashville	Sept 2000
Annual Conference	UONL /Salt Lake	Oct 2001
Legislative Issues for Nursing	UONL/ Salt Lake	Jan 2001
Conference on Workforce Issues	UONL /Salt Lake	Aug 2001
Annual Meeting: The Utah Nursing Shortage	UONL /Salt Lake	Oct 2001
Legislative Awareness Forum	UNA/UONL/ Salt Lake	Nov 2001

You Can Make a Difference	UONL /Salt Lake	Jan
		2002
UNA Nurses' Day at the Legislature	UNA/ Salt Lake	Jan
		2002
Self Study Forum	NLNAC/ Atlanta	Mar
		2002
Toward Excellence in Nursing Service	UONL/ Salt Lake	Jun
		2002
Conference on Nursing Shortage	UONL/ St George	Sep
		2002
Education Summit	NLN/Anaheim	Sep
		2002
Legislative Issues for Nursing	UONL/Salt Lake	Jan
		2003
Self Study Forum	Northwest Regional Accreditation	
	Seattle	Feb
		2003
Faculty Scholarly Portfolios Using		
Problem Based Learning	UVSC Dept. of Nursing	Mar
		2003

Professional Organizations

Utah Organization of Nurse Executives

Bylaws Chair (Jan1998-Dec 2000)

Secretary (Jan 2001-Dec 2003)

Crossroads Area Health Education Center

Advisory Board (2000-present)

NLN

Council of Baccalaureate and Higher Degree Programs Accreditation Evaluator 1990-1998, Board of Review Member 1995-1998

AONE Member

GRANTS and DONATIONS:

2000-01

Worked with Intermountain Health Care to obtain a donation of \$50,000 to support nursing education and assist the Department's efforts in graduating qualified students.

Worked with Timpanogos Regional Medical Center to obtain a donation of \$2,800 for faculty externships.

Anonymous donations were received from two donors. The first donation allowed the Department to purchase SimMan and Cath Sim. The second donation was used to fund the pilot testing of the HESI Admission Assessment test with first semester students. The amount of these two donations was approximately \$80,250.

2002-03

Perkins Grants:

1. Cath Sim \$25,990.
2. High School Counselors Orientation to Nursing and Dental Hygiene Programs \$3,300.
3. Preceptor Orientation \$6,495.
4. Faculty Externship \$9,662.
5. UVSC Merit Foundation Grant for Pediatric Simulator \$1,194
6. Worked with IHC Urban South Region for admission of up to twenty-four additional students to

the Associate degree program. The students in this special-funded group were admitted January 2003. A special summer section of the last nursing course will be offered summer semester so that these students will graduate in August. IHC donated \$37,350 to cover the costs for the additional students.

APPENDIX 6 POSITION DESCRIPTION: DEPARTMENT DIRECTOR

1. Manage and present and future needs related to the Nursing Program including faculty, budget and facilities

Identify both human and fiscal resources for the nursing program and articulate needs to college administration

Suggest the appointment and assignment of faculty and classified staff to the appropriate administrator

Prepare budget recommendation for submission to the appropriate administrator

Oversee the approved departmental budget

Initiate purchase requisitions for expenditure of departmental allocations

Assign office and work space to faculty and staff

Determine computer and media software and hardware needed to maintain a state-of-the-art nursing program

Assist in the development of grant proposals

Advise departmental personnel of matters related to occupational safety

Inform the appropriate administrator of staff and faculty needs

2. Coordinate policies and practices relating to nursing faculty and departmental staff

Check that all personnel actions are in compliance with applicable EEO and affirmative action policies

Supervise clerical and other departmental support staff

Establish and maintain open channels of communication by regularly scheduling faculty meetings

Inform faculty of their professional responsibilities, rights and liability in student interactions

Collaborate with faculty in promoting professional growth and scholarly activities

Initiate salary adjustments, leaves of absence, and tenure for faculty

Implement a program of annual performance appraisal for faculty and staff and review progress of tenure track faculty

Recommend the discipline of departmental faculty and staff in accordance with college policy

Assist faculty in meeting obligations required by college and departmental committee assignments

3. Direct student admission, progression, retention and graduation activities

Coordinate the development of policies relevant to student admission, progression, and graduation

Initiate the formation of the ad hoc committee specific to admission, progression, retention and graduation activity

Assist students in exploring issues and/or concerns relevant to achieving academic goals

Recommend students for graduation

4. Oversee and guide articulation of the Nursing Program between on-campus educational units and off-campus clinical units

Prepare and schedule classes in coordination with other academic departments

Determine faculty theory and clinical assignments according to program needs, faculty resources and academic load

Coordinate class schedules and catalog materials within college guidelines

Coordinate with clinical facilities in placing students in clinical sites in hospital and community settings

Collaborate and interface with other educational institutions on issues impacting nursing education at UVSC

5. Direct the planning, implementing, evaluating, and revising of the nursing program

Determine maintain and evaluate program offerings in accordance with college and accreditation

standards

Update and keep informed on current trends, studies, and research in nursing education

Evaluate data relevant to the nursing program and determine methods to improve the total program

Assist in the development of the program's long range educational plan

Coordinate with other state nursing educators in short and long range planning for nursing education in Utah

Collaborate with other colleges and universities in articulating nursing curricula

Serve on standing, ad hoc, and nursing program advisory committees

6. Coordinate activities relative to continued State Board of Nursing approval, National League for Nursing Accreditation, Northwest Accreditation, and other college review activities

Collect and complete information for the nursing program's annual report to the Utah State Board of Nursing

Direct activities specific to obtaining and maintaining National League for Nursing Accreditation

Update and submit data requested by college, state, and national agencies annually and on an as-needed basis

Evaluate data and determine methods to improve the total nursing program.

APPENDIX 7 WORKLOAD POLICY

Department of Nursing Workload Guidelines

1. All faculty must carry a 16 contact hour workload per semester or 32 contact hours per contract year. Overload pay will not be given, except in extenuating circumstance and with prior negotiation and approval of the Department Director.
 - a. Contact hours are awarded only for time spent directly with students in the classroom, lab, or clinical setting. Each credit hour of classroom courses equals one contact hour, except for Nursing 3000, 3010, 3020 and 3040. These courses shall carry a workload of one credit per course, given the majority of the work in these courses is completed through standardized testing. Each clock hour of assigned clinical time equals one contact hour.
 - b. Workload for a given semester may include approved reassigned time activities to a maximum of 16 contact hours per semester with prior negotiation and with approval of the Department Director.
2. Reassigned time may be given for the following:
 - a. Course Coordinator: one hour;
 - b. SNA Faculty Representative: two hours;
 - c. Associate Director as negotiated;
 - d. Lab management or open lab hours;
 - e. Approved, or assigned, scholarly activities or projects.
3. Each course will determine whether classroom content is team or turn taught.
 - a. Courses with more than two full-time faculty may determine teaching teams on a unit by unit basis.
 - b. Faculty who team teach will be awarded contact hours for all units in which they team teach.

- c. Faculty who turn teach will be awarded contact hours for only those units which they teach.
- 4. Although faculty may have more than 16 contact hours in any given week, the overall average for the semester may not exceed 16 contact hours, without prior negotiation with the Department Director.
- 5. A faculty member may have fewer hours one semester and more the other semester of the contract year, provided the average is 16 contact hours per year. For example, a faculty member may have 14 contact hours during fall semester and 18 contact hours Spring semester, for an average of 16 contact hours per semester. This requires prior negotiation with and approval of the Director of the Department.

Approved Dept. of Nursing : April, 17 2003

APPENDIX 8 OUTCOMES ASSESSMENT REPORT
ASSESSMENT REPORT FOR

Registered Nursing
(Instructional Degree Program)

Associate of Science
(Degree Level)

2001-2002
(Assessment Period Covered)

January 2, 2003
(Date Submitted)

Mission Linkage:

Mission Reference: . . .providing a broad range of quality academic, vocational, technical, cultural, and social opportunities designed to encourage students in attaining their goals and realizing their talents and potential, personally and professionally. The college is committed to meeting student and community. . .needs for occupational training;. . .meeting the needs for continuing education for personal enrichment and career enhancement. . .

Goals (refer to Strategic Plan):

1. To provide an education that encompasses the scientific knowledge and caring attributes needed to achieve cognitive, affective and psychomotor skills necessary for competent nursing practice.
2. To integrate theory with clinical experiences to prepare graduates for nursing practice.
3. To provide students with the tools necessary to allow for the personal and professional growth necessary to achieve excellence as providers of care.

Intended Educational (Student) Outcomes:

1. Nursing graduates will pass the *National Council Licensure Examination for Registered Nursing* (NCLEX-RN).

2. Nursing students will be able to think critically.

3. Nursing students will provide therapeutic nursing interventions.

4. Nursing students will demonstrate communication skills.

5. Nursing graduates will be employed as registered nurses.

6. Nursing graduates will report satisfaction with the Nursing Program

7. Nursing students will successfully complete the Nursing Program

Intended Educational (Student) Outcome:

Note: There should be one form C for each intended outcome listed on form B. Intended outcome should be restated in the box immediately below and the intended outcome number entered in the

blank spaces.

1. *Nursing graduates will pass the National Council Licensure Examination for Registered Nursing (NCLEX-RN).*

First Means of Assessment for Outcome Identified Above:

1.a. Means of Program Assessment & Criteria for Success: Eighty percent of first time writers will pass the NCLEX-RN.

1.a. Description of Data Collection & Assessment Results: The Program Reports from the National council of State Boards of Nursing were reviewed, and the following data was collected:

October, 2001 through March, 2002

The pass-rate for the NCLEX-RN was 88%. The pass-rate for the jurisdiction was 88%, and the pass-rate for the Nation was 84%. There were 26 candidates, with 23 passing the exam on their first writing. UVSC was ranked 3 of 5 programs in the jurisdiction.

April, 2002 through September, 2002

The pass-rate for the NCLEX-RN was 84%. The pass-rate for the jurisdiction was 91%, and the pass-rate for the nation was 87%. There were 44 candidates, with 37 passing the exam on their first writing. UVSC was ranked 7 of 8 programs in the jurisdiction.

1.a. Use of Results to Improve Instructional Program: The outcome of 80% success for first-time writers was exceeded. We will continue to prepare students for the NCLEX-RN by using similar test questions, giving test-taking strategies, offering resources, and by encouraging them to study independently.

Second Means of Assessment for Outcome Identified Above:

1.b. Means of program Assessment & Criteria for Success: Eighty percent of students enrolled in NURS 2110 who take the Health Education Systems, Inc. (*HESI*) *Exit Exam* will receive scores indicating they will likely pass the *NCLEX-RN*.

1.b. Description of Data Collection & Assessment Results: The *Summary Report* from HESI stated “The total group of Utah Valley State College students who took the HESI Exit Exam in March of 2002 and participated in the analysis had an average probability of passing the NCLEX-RN of 88.26%.”

Students probability scores were grouped into eight categories:

Category	Description	Number	Percent
A. 95%<	Outstanding probability of passing	9	26.47%
B. 90-94.9%	Excellent probability of passing	8	23.53%
C. 85-89.9%	Average probability of passing	6	17.65%

Category	Description	Number	Percent
D. 80-84.9%	Below average probability of passing	4	11.76%
E. 75-79.9%	Additional preparation needed	4	11.76%
F. 70-74.9%	Serious preparation needed	2	5.88%
G. 65-69.9%	Grave danger of failing	1	2.94%
H. <64.9%	Poor performance expected	0	0.00%

- 1.b. Use of Results to Improve Instructional Program:** The *HESI Exit Exam* results were similar to the actual NCLEX-RN results. We will continue to offer the *HESI Exit Exam* as a predictor for students NCLEX-RN success. The HESI also offers valuable feed-back to students in helping guide their studies.

Third Means of Assessment for Outcome Identified Above:

- 1.c. Means of Program Assessment & Criteria for Success:** Graduates will perform at or above the 50th percentile on all areas of the NCLEX-RN.
- 1.c. Description of Data Collection & Assessment Results:** The *NCLEX Program Reports* from the National council of State Boards of Nursing were reviewed, and the following data was collected:

October, 2001 through March, 2002 Graduates

Nursing Process

Graduates scored *at or higher* than the 50th percentile (as compared to the national average of graduates from similar programs) in the following areas: Analysis; and Implementation.

Graduates scored *lower* than the 50th percentile (as compared to the national average of graduates from similar programs) in the following areas: Assessment; Planning; and Evaluation.

Human Functioning

Graduates scored *at or higher* than the 50th percentile (as compared to the national average of graduates from similar programs) in the following areas: Protective Functions; Nutrition; Growth and Development; and Elimination.

Graduates scored *lower* than the 50th percentile (as compared to the national average of graduates from similar programs) in the following areas: Sensory-Perceptual Functions; Comfort, Rest, Activity, Mobility; Fluid-Gas Transport; and Psychosocial-cultural Functions.

Health Alterations

Graduates scored *at or higher* than the 50th percentile (as compared to the national average of graduates from similar programs) in the following areas: Cardiovascular; Gastro-intestinal; Reproductive; and Integumentary/Musculoskeletal.

Wellness/Illness Continuum

Graduates scored *at or higher* than the 50th percentile (as compared to the national average of graduates from similar programs) in the following area: Health Promotion.

Graduates scored *lower* than the 50th percentile (as compared to the national average of graduates from similar programs) in the following areas: Health Maintenance; Health Restoration, Acute/Simple; and Health Restoration, Acute/Complex.

Stages of Maturity

Graduates scored *lower* than the 50th percentile (as compared to the national average of graduates from similar programs) in the following areas: Natal; Childhood; Adulthood; and Older Adulthood.

Graduates scored *lower* than the 50th percentile (as compared to the national average of graduates from similar programs) in the following areas: Adolescence; and Life Span..

Stress, Adaptation and Coping

Graduates scored *lower* than the 50th percentile (as compared to the national average of graduates from similar programs) in the following area: Self-Concept.

Graduates scored *lower* than the 50th percentile (as compared to the national average of graduates from similar programs) in the following areas: Physiologic Needs; Role Function; and Interdependence.

April, 2002 through September, 2002 Graduates

Nursing Process

Graduates scored *lower* than the 50th percentile (as compared to the national average of graduates from similar programs) in the following areas: Assessment; and Planning

Graduates scored *lower* than the 50th percentile (as compared to the national average of graduates from similar programs) in the following areas: Analysis; Implementation; and Evaluation.

Human Functioning

Graduates scored *lower* than the 50th percentile (as compared to the national average of graduates from similar programs) in the following areas: Sensory-Perceptual Functions; Nutrition; Growth and Development; Psychosocial considerations; and Elimination.

Graduates scored *lower* than the 50th percentile (as compared to the national average of graduates from similar programs) in the following areas: Protective Functions: Comfort, Rest, Activity, Mobility; and Fluid-Gas Transport.

Health Alterations

Graduates scored *lower* than the 50th percentile (as compared to the national average of graduates from similar programs) in the following areas: Endocrine/Metabolic; Gastro-intestinal; Reproductive; and Integumentary/Musculoskeletal.

Graduates scored *lower* than the 50th percentile (as compared to the national average of graduates from similar programs) in the following areas: Cardiovascular; Immune; Nervous/Sensory; Psychosocial Behaviors; Renal/Urinary; and Respiratory.

Wellness/Illness Continuum

Graduates scored *lower* than the 50th percentile (as compared to the national average of graduates from similar programs) in the following areas: Health Restoration, Acute/Simple.

Graduates scored *lower* than the 50th percentile (as compared to the national average of graduates from similar programs) in the following areas: Health Promotion; Health Maintenance; and Health Restoration, Acute/Complex.

Stages of Maturity

Graduates scored *lower* than the 50th percentile (as compared to the national average of graduates from similar programs) in the following areas: Natal; and Adolescence.

Graduates scored *lower* than the 50th percentile (as compared to the national average of graduates from similar programs) in the following areas: Childhood; Adulthood; Older Adulthood; and Life Span.

Stress, Adaptation and Coping

Graduates scored *lower* than the 50th percentile (as compared to the national average of graduates from similar programs) in the following areas: Physiologic Needs; and Interdependence.

Graduates scored *lower* than the 50th percentile (as compared to the national average of graduates from similar programs) in the following areas: Self-Concept; and Role Function.

1.c. Use of Results to Improve Instructional Program:

Graduates did not score above the 50th percentile in *all* areas. The *NCLEX Program Reports* are somewhat difficult to interpret. In the two reporting periods, graduates vacillated between being above or below the 50th percentile in many areas. It is difficult to determine why graduates in some areas do well, and in other areas with similar categories they do not do well.

It has been decided that in order to obtain more meaningful data, we will graph the results and trend the data over time. This will help us determine areas in which there is a pattern of lower scores. In addition, faculty from this program will meet as a group, determine which areas are consistently identified as weaknesses, and review content areas.

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| <p>2. <i>Nursing students will be able to think critically.</i> (Critical thinking is defined as “accurate, prudent, and open-minded judgement based on the Nursing Process which incorporates Assessment, Diagnosis, Planning, Intervention, and Evaluation.”)</p> |
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First Means of Assessment for Outcome Identified Above:

- 2.a. Means of program Assessment & Criteria for success:** The average critical thinking score of students enrolled in NURS 2110 taking the *HESI Exit Exam* will be at or above the ‘acceptable’ level. (‘Acceptable’ as indicated by HESI, is 85-89%; ‘recommended’ is 90% or above)

- 2.a. Description of Data Collection & Assessment Results:** The *Summary Report* from HESI indicates that the average critical thinking score of students enrolled in NURS 2110 who took the *HESI Exit Exam* in March, 2002, is 89.35%. This score is 4.35 percentage points above the ‘acceptable’ level, and 0.65 percentage points below the ‘recommended’ level.
- 2.a. Use of Results to Improve Instructional Program:** Student’s critical thinking scores met the expectation. We feel the *HESI Exit Exam* is a valid and reliable tool. We will continue to use the *HESI Exit Exam* as one measure of critical t hinking.

Second Means of Assessment for Outcome Identified Above:

- 2.b. Means of Program Assessment & Criteria for Success:** Ninety percent of students enrolled in NURS 2110 will score an average of 3 points or more on the *Clinical Evaluation Tool* (see Attachment “A”) in each of the following sections: 1.1, 1.2, 1.3, 1.4, 1.5, and 5.7.

- 2.b. Description of Data Collection & Assessment Results:** The average scores on the *Clinical Evaluation Tool* for all clinical rotations of students enrolled in NURS 2110 were as follows:

<i>Section</i>	Fall 2001	Spring 2003
1.1	4.3	4.4
1.2	4.3	4.6
1.3	4.2	4.7
1.4	4.2	4.5
1.5	4.4	4.7
1.6	4.2	4.4
5.7	4.6	3.9

- 2.b. Use of Results to Improve Instructional Program:** The expectation was met. We will continue to provide critical thinking activities (i.e., scenarios, case-studies, journaling, etc.) for students both in theory and in clinical settings.

Third Means of Assessment for Outcome Identified Above:

- 2.c. Means of Program Assessment & Criteria for Success:** Ninety percent of students enrolled in NURS 2110 will rate themselves with an average of 3 points or more on the *Clinical Evaluation Tool* in each of the following sections: 1.1, 1.2, 1.3, 1.4, 1.6, and 5.7.
- 2.c. Description of Data Collection & Assessment Results:** The average self-evaluation scores on the *Clinical Evaluation Tool* for all clinical rotations of students enrolled in NURS 2110 were as follows:

<i>Section</i>	Fall 2001	Spring 2002
1.1	4.1	4.3
1.2	4	4.2
1.3	3.8	4.2
1.4	3.8	4.1
1.5	4	4.3
1.6	3.9	4.1
5.7	4	3.5

- 2.c. Use of Results to Improve Instructional Program:** This expectation was met. (It is interesting to note that instructors rated students higher than students rates themselves.) We will continue to have students perform self-evaluation. We will also discuss evaluation criteria.

3. *Nursing students will provide therapeutic nursing interventions.* (Therapeutic nursing interventions are defined as “those nursing behaviors and actions that assist the client to move toward a desired or positive outcome.”)

First Means of Assessment for Outcome Identified Above:

- 3.a. Means of Program Assessment & Criteria for Success:** The average therapeutic nursing interventions score of students enrolled in NURS 2110 taking the *HESI Exit Exam* will be at or above the ‘acceptable’ level.
- 3.a. Description of Data Collection and Assessment Results:** The *Summary Report* from HESI indicates that the average therapeutic nursing interventions score of students enrolled in NURS 2110 who took the *HESI Exit Exam* in March 2002 is 89.78%. This score is 4.78 percentage points above the “Acceptable” Level, and 0.22 percentage points below the “recommended” level.
- 3.a. Use of Results to Improve Instructional Program:** Students’ therapeutic nursing intervention scores met the expectation. We feel the *HESI Exit Exam* is a valid and reliable tool. We will continue to use the *HESI Exit Exam* as one measure of therapeutic nursing

interventions.

Second Means of Assessment for Outcome Identified Above:

- 3.b. Means of Program Assessment & Criteria for Success:** Ninety percent of students enrolled in NURS 2110 will score an average of 3 points or more on the Clinical Evaluation Tool in each of the following sections: 1.1, 1.2, 1.3, 1.4, 1.5, 1.6, 2.1, 2.2, 2.3, 2.4, 2.5, 2.6, 3.1, 4.1, 4.2, 4.3, 4.4, and 6.4.
- 3.b. Description of Data Collection & Assessment Results:** The average scores on the *Clinical Evaluation Tool* for all clinical rotations of students enrolled in NURS 2110 were as follows:

<i>Section</i>	Fall 2001	Spring 2002
1.1	4.3	4.4
1.2	4.3	4.6
1.3	4.2	4.7
1.4	4.2	4.5
1.5	4.4	4.7
1.6	4.2	4.4
2.1	4	4.3
2.2	4.1	4.2
2.3	4	4.1
2.4	4.1	3.7
2.5	4	3.6
2.6	4.1	3.7
3.1	4.3	3.9
4.1	4.1	3.7
3.1	4.3	3.9
4.1	4.1	3.7
4.2	4.1	3.8
4.3	4	3.5
4.4	4	3.7
6.4	4.1	3.5

- 3.b. Use of Results to Improve Instructional Program:** This expectation was met. We will continue to assist students in finding opportunities to provide therapeutic nursing interventions.

Third Means of Assessment for Outcome Identified Above:

- 3.c. Means of Program Assessment & Criteria for Success:** Ninety percent of students enrolled in NURS 2110 will rate themselves with an average of 3 points or more on the *Clinical Evaluation Tool* in the following sections: 1.1, 1.2, 1.3, 1.4, 1.5, 1.6, 2.1, 2.2, 2.3, 2.4, 2.5, 2.6, 3.1, 4.1, 4.2, 4.3, 4.4, and 6.4.

- 3.c. Description of Data Collection & Assessment Results:** The average self-evaluation scores on the *Clinical Evaluation Tool* for all clinical rotations of students enrolled in NURS 2110 were as follows:

<i>Section</i>	Fall 2001	Spring 2002
1.1	4.1	4.3
1.2	4	4.2
1.3	3.8	4.2
1.4	3.8	4.1
1.5	4	4.3
1.6	3.9	4.1
2.1	4	4.2
2.2	4	4.1
2.3	3.9	4
2.4	4.2	3.7
2.5	3.9	3.5
2.6	4.2	3.7
3.1	3.8	3.4
4.1	4.1	3.7
4.2	4	3.5
4.3	3.5	3.4
4.4	4	3.6
6.4	4.1	3.5

- 3.c. **Use of Results to Improve Instructional Program:** This expectation was met. We will continue to have students perform self-evaluation.

4. *Nursing students will demonstrate communication skills.* (Communication skills are defined as “the capacity to act in a specified way when participating in the ongoing, ever-changing process of sending and receiving messages.”)

First Means of Assessment for Outcome Identified Above:

- 4.a. **Means of Program Assessment & Criteria for Success:** The average therapeutic communication score of students enrolled in NURS 2110 taking the *HESI Exit Exam* will be at or above the ‘acceptable’ level.
- 4.a. **Description of Data Collection & Assessment Results:** The *Summary Report* from HESI indicates that the average therapeutic communication score of students enrolled in NURS 2110 who took the *HESI Exit Exam* in March, 2002, is 86.26%. This score is 1.26 percentage points above the ‘acceptable’ level, and 3.74 percentage points below the ‘recommended’ level.
- 4.a. **Use of Results to Improve Instructional Program:** Students’ therapeutic communication scores met the expectation. We feel the *HESI Exit Exam* is a valid and reliable tool. We will continue to use the *HESI Exit Exam* as one measure of therapeutic communication.

Second Means of Assessment for Outcome Identified Above:

- 4.b. **Means of Program Assessment & Criteria for Success:** Ninety percent of student enrolled in NURS 2110 will score an average of 3 points or more on the *Clinical Evaluation Tool* in the following sections: 1.7, 1.8, 1.9, 2.1, 5.6, and 6.5
- 4.b. **Description of Data Collection & Assessment Results:** The average scores on the *Clinical Evaluation Tool* for all clinical rotations of students enrolled in NURS 2110 were as follows:

<i>Section</i>	Fall 2001	Spring 2002
1.7	4.3	4.4
1.8	4.3	4.7
1.9	4.7	4.8
2.1	4	4.3
5.6	4.5	4.1
6.5	4.9	4.4

- 4.b. **Use of Results to Improve Instructional Program:** This expectation was met. We will continue to assist students in finding opportunities to provide therapeutic communication.

Third Means of Assessment for Outcome Identified Above:

4.c. Means of Program Assessment & Criteria for Success: Ninety percent of students enrolled in NURS 2110 will rate themselves with an average of 3 points or more on the *Clinical Evaluation Tool* in the following sections: 1.7, 1.8, 1.9, 2.1, 5.6, and 6.5.

4.c. Description of Data Collection & Assessment Results: The average self-evaluation scores on the *Clinical Evaluation Tool* for all clinical rotations of students enrolled in NURS 2110 were as follows:

<i>Section</i>	Fall 2001	Spring 2002
1.7	4.1	4.3
1.8	4	4.3
1.9	4.3	4.6
2.1	4	4.2
5.6	4.1	3.8
6.5	4.3	4.1

4.c. Use of Results to Improve Instructional Program: This expectation was met. We will continue to have students perform self-evaluation.

5. *Nursing graduates will be employed as Registered Nurses (RNs).*

First Means of Assessment for Outcome Identified Above:

5.a. Means of Program Assessment & Criteria for Success: Ninety percent of all graduates who desire to be employed as RNs will be employed within 6 months of graduation.

5.a. Description of Data Collection & Assessment Results: Postcard surveys were mailed to Spring, 2001 graduates and Fall, 2001 graduates 6 months post-graduation. The following information was the result:

	Spring 2001 Graduates	Fall 2001 Graduates
Survey return rate	10 out of 34 (29.4%)	16 out of 36 (44.4%)
Current employment in nursing	10 out of 10 (2 as LPNs, 8 as RNs) (100%)	15 out of 16 (3 as LPNs, 12 as RNs) (94%)
Reason for non-employment in nursing	Education: 0% Family: 0% Not licensed: 0% Unable to find employment: 0% Other: 0%	Education: 0% Family: 100% Not licensed: 0% Unable to find employment: 0% Other: 0%

5.a. Use of Results to Improve Instructional Program: This expectation was met. Our graduates are not having difficulty finding employment upon licensure.

6. *Nursing graduates will report satisfaction with the Nursing Program.*

First Means of Assessment for Outcome Identified Above:

6.a. Means of Program Assessment & Criteria for Success: Eighty percent of graduates who return the *Graduate Survey* postcard will report an overall satisfaction with the Nursing program of “4” or higher on a scale of 1 to 5, with 1 being “not at all satisfied” and 5 being “completely satisfied.”

6.a. Description of Data Collection & Assessment Results: Postcard surveys were mailed to Spring, 2001 graduates and Fall, 2001 graduates 6 months post-graduation. The following information was the result:

	Spring 2001 Graduates	Fall 2001 Graduates
Survey return rate	10 out of 34 (29.4%)	16 out of 36 (44.4%)
Satisfaction with Nursing Program	"1" 0% "2" 0% "3" 0% "4" 60% "5" 40%	"1" 0% "2" 6% "3" 0% "4" 38% "5" 56%

- 6.a.** Use of Results to Improve Instructional Program: This expectation was met. The return rate for graduate surveys has improved since the implementation of the postcard survey. The survey indicates that UVSC nursing students are satisfied with their program. We will continue to provide a quality nursing program for our students.

7. *Nursing students will successfully complete the Nursing program.*

First Means of Assessment for Outcome Identified Above:

- 7.a. Means of Program Assessment & Criteria for Success:** Ninety percent of students who are accepted to nursing will complete their program of study within one year of their projected completion date.
- 7.a. Description of Data Collection & Assessment Results:** The following information was collected from the Nursing Department:

	Spring 2001 Graduates	Fall 2001 Graduates
Number of students admitted to program	36	36
Number of students withdraw	0	1 (for health reasons)
Number of students failing	0	0
Number of students completing program	36 (100%)	35 (97%)

- 7.a. Use of Results to Improve Instructional Program:** This expectation was met. We will continue to assist students with the completion of their program of study.